

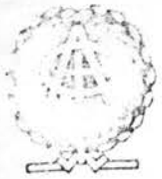
Carolen Bailey papers

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Interviewing the Rape Victim



The interview of a rape victim requires exceptionally intimate communication between the police officer and a victim who has been physically and psychologically assaulted. As such, the investigative nature of the interview represents only one dimension of the officer's responsibility. By conducting the interview tactfully and compassionately--and with an understanding of the victim's psychological condition--the officer can avoid intensifying the victim's emotional suffering. At the same time, the cooperation of the victim is gained and the investigative process is thereby made easier.

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Training Key #210

Law enforcement authorities agree that, for a number of reasons, rape is the most underreported crime in the United States. Because of the highly personal nature of rape, many victims are too embarrassed to report the crime. They would rather forget the incident than discuss it. In some instances, the rapist may be a relative or family friend, and therefore the victim is reluctant to file a complaint. Some victims do not contact the police because they fear that the investigative, medical, and prosecutorial procedures followed in a rape case are as psychologically traumatic as the crime itself.

The legal process that the rape victim encounters is unfamiliar to her and, under the circumstances, emotionally threatening. The police interview, in which the victim necessarily relives the crime by giving a detailed account of the rape and answers intimate questions, is followed by the courtroom trial where she can be subjected to an intimidating cross-examination by the defense lawyer. The legal process may take years to complete, constantly reminding the victim of the experience and making her relive it each time.

As the initial step in the legal process, therefore, the police interview should be more than an investigative inquiry. It should also be used to acquaint the victim with the complicated legal and medical system that she will encounter.

Important to the successful interview is the officer's understanding of the emotional condition of a rape victim. When interviewing a victim, the officer should not regard rape as solely a physical sexual assault. He should consider the psychological effects rape has on its victims. Often the lasting scar of rape is an emotional one, leading to marital problems, mental illness--even suicide.

Legal Elements of Rape

According to common law, there are three elements to the crime of rape when the female is over the age of consent: carnal knowledge (penetration), force, and lack of consent.

Penetration, as an essential element of rape, means that the sexual organ of the male entered and penetrated the sexual organ of the female. Court opinions have held that penetration, however slight, is sufficient to sustain a charge of rape. There need not be an entering of the vagina or rupturing of the hymen; the entering of the vulva or labia is all that is required. During the interview, the officer must clearly establish that penetration occurred with the penis. Penetration of a finger is not rape, although it is, of course, another form of assault.

The victim must have resisted the assault, and her resistance must have been overcome by force. The amount of resistance that the victim is expected to have displayed depends on the specific circumstances of the case. The power and strength of the aggressor and the physical and mental ability of the victim to resist vary in each case. The amount of resistance expected in one case will not necessarily be expected in another situation. It can be expected that one woman would be paralyzed by fear and rendered voiceless and helpless by circumstances that would inspire another to fierce resistance. There must be real, not token or feigned, resistance on the part of the woman before there can be a foundation for a rape charge.

Although there is no universal accord as to what degree of resistance is necessary to establish the absence of consent, the generally accepted doctrine is that a female, who was conscious and possessed of her natural mental and physical powers when the attack occurred, must have resisted to the extent of her ability at the time. Resistance is necessarily relative and the presence or absence of it depends on the specific facts and circumstances. Some women will have been so terrified that there will be no physical signs of resistance.

The kind of fear that would render resistance by a woman unnecessary to support a case of rape includes a fear of death or serious bodily harm, a fear so extreme as to preclude resistance, or a fear that would render her incapable of continuing to resist. On the other hand,

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most cases, the victim's psychological defenses will interfere with her ability and desire to remember what occurred. The victim may not be able to recall certain parts of the attack, or she may consciously change certain facts or omit them. The officer must exercise great patience and understanding in eliciting from the victim the necessary details of an experience she does not want to relive. Officers need to realize that this "reliving" of the experience, if not properly handled, can amount to a psychological rape of the victim.

Another important factor is that the interview should be thoroughly conducted. The officer should gather complete information during the in-depth interview; thus he avoids the need to repeatedly question the victim at later dates. This constant re-interviewing in effect requires the victim to relive the experience again and again. To avoid repeated interviews, the officer must overcome some victims' reluctancy and difficulty to talk by conducting a structured interview.

The Interview

The investigative goal of the police officer in interviewing a rape victim is to determine if and how the crime occurred. It is from the statements made by the victim to the officer that the essential elements of the offense and the direction of the investigation are established.

Because the interview process may be considered as a routine operation, the police officer may, if not careful, project the feeling of not being concerned with victim as a person. The danger is that the victim may be left with the impression that she is being treated as an object of physical evidence rather than as a person. The officer cannot allow this to happen. It is during the personal and sensitive communication of the interview that the victim's cooperation is gained and her emotional well-being is maintained. If the officer treats the victim impersonally, he will not gain her confidence and the interview will be unsuccessful. The officer may also cause the victim further emotional stress.

OFFICER'S ATTITUDE: When interviewing a rape victim, the officer must realize that, from the victim's viewpoint, what has occurred has not only been a violent sexual intercourse but also a perverted invasion of her self. Further, the officer must be constantly aware of his own sexual attitudes and the subtle and not so subtle ways in which they emerge. Special care should be exercised so that the rape victim is not placed in the position of perceiving herself as being guilty because of the personal nature of the crime and the social stigma attached to it. A professional bearing throughout the interview will help the officer obtain an accurate report of the crime without causing the victim to experience unnecessary anxiety.

PHYSICAL COMFORT: It is unreasonable to expect a rape victim to respond to detailed questioning while she is uncomfortable or in physical pain. The victim may have been beaten as well as raped. Frequently, the rape has occurred outdoors, and the victim and her clothing have been soiled. Sometimes the victim has been urinated on or has been forced to commit oral sex. Under conditions such as these, the preliminary interview should be brief, and the in-depth follow-up interview should be conducted after the victim has been medically examined and treated, and her personal needs such as washing and changing clothes have been met.

SETTING: The interview should take place in a comfortable setting where there is privacy and freedom from distraction. Places such as a crowded office where the interview is subject to interruption are inappropriate. A rape victim finds it difficult to discuss the intimate details of the crime with the interviewer; her reluctance to talk will greatly increase if there are other people present. She should be isolated from everyone. This includes friends, children, husband, boyfriends, and other victims.

It is often desirable that a policewoman conduct the interview. In some incidents, particularly with a juvenile, a rape victim can more easily discuss the crime with a woman than with a man. In most jurisdictions, however, use of a female officer is not possible. However, the police should consider the utilization of the presence of a trained female, such as a nurse or social worker, to help to ease the victim's embarrassment and anxiety.

OPENING REMARKS: To most rape victims, the interviewing officer is not just a police officer. The officer is also an official representative of society, probably the first representative met during a legal process that traditionally has placed a moral burden on rape victims. As such, the officer may symbolize to the victim the entire society. His behavior may represent to the victim the general attitude of the community toward her plight. If the officer is callous, accusatory in manner or speech, the victim may leave the interview fully expecting society—and perhaps even her family—to react in the same way. In addition, the victim may begin to, or further, question her own motives and therefore feel unnecessary guilt.

At this critical point, when the officer should presume that his attitudes are being expressed to the victim, he must gain her confidence by letting her know that a major part of his function is to help and protect her. He should make plain his sympathy for and interest in the victim. By doing this, the officer contributes to the immediate and long-term emotional health of the victim. He also lays the foundation of mutual cooperation and respect on which is built the effective interview

"VENTILATION" PERIOD: Following the opening remarks, the officer should allow the victim to discuss whatever she wants. This "ventilation" period gives the victim an opportunity to relieve emotional tension. During this time, the officer should listen carefully to the victim, but he should be aware that any initial description of the incident may be colored by the trauma of the experience. Everyone's perception of reality is altered by extreme stress.

INVESTIGATIVE QUESTIONING: After the necessary ventilation period, the victim should be allowed to describe what occurred in her own words and without interruption. As the victim tells the story of the rape, she will also tell a great deal about herself. Her mood and general reaction, her choice of words, and her comments on unrelated matters can be useful in evaluating the facts of the case. It is important in such an interview that the police officer be humane, sympathetic, and patient. He should be alert to inconsistencies in the victim's statement. If the victim's story differs from the originally reported facts, the officer should point out the discrepancies and ask her to explain them in greater detail. The officer should phrase his questions in simple language making sure that he is understood. It is best if the questions are presented in a manner that encourages conversation rather than implies interrogation.

Often the rape victim will omit embarrassing details from her description of the crime. Officers should expect

consent, however reluctantly given, at any time prior to penetration deprives the subsequent intercourse of its criminal character of rape. There is, however, a wide difference between consent and submission to the act: Consent may involve submission, but submission does not necessarily imply consent.

In the absence of a statute requiring corroboration, common law generally holds that the unsupported testimony of the victim, if not contradictory or incredible, is sufficient to sustain a conviction of rape. Some states, in order to provide safeguards against unfounded accusations of rape, have laws that require corroborative evidence. Corroboration is supportive evidence that tends to prove that a crime was committed. It lends credence to the allegation that the crime occurred and needs not to be proved beyond doubt.

It is incumbent upon the police officer to obtain all possible corroborating evidence even if there is no statute requiring it. Corroboration of a rape offense can take physical forms such as semen stains on clothing, bruises, cuts, and medical evidence of sexual intercourse. It can be circumstantial, such as statements and observations of witnesses.

Although in some jurisdictions rape can be proved by the sole testimony of the victim, it is not common. Medical and scientific evidence is of prime importance and will frequently directly influence the successful prosecution of a case.

Psychological Reactions of Victims

That rape is intrinsically a crime of physical violence is explicit in its legal definition—"the having of unlawful carnal knowledge by a man of a woman, forcibly and against her will."[1] That it is more than that, however, is apparent from the reactions of rape victims, who in many cases sustain more psychological damage than they do physical injury.

SELF-CONCEPT: Except for homicide, rape is the most serious violation of a person's body because it deprives the victim of both physical and emotional privacy and autonomy. When rape occurs, the victim's ego or sense of self as well as her body is penetrated and used without consent. She has lost the most basic human need and right: control of physical and emotional self.

Perhaps most damaging to her self-concept is the intrusion of her inner space. Psychologically, it does not matter which orifice has been violated. Symbolically, breachment of any one represents to the victim a forced entry into her ego.[2]

Police officers should be aware that the rape victim has been forced to experience an event that, from her viewpoint, is emotionally asexual. The victim's psychological response to rape primarily reflects her reaction to violation of self. As such, it is extremely important that police officers view rape as an emotional as well as a physical assault.[3] This is true regardless of the moral reputation of the victim. Even prostitutes, who regularly sell their bodies, will experience the psychological violation of self when raped.

[1] Anderson, William S., Ed., *Ballentine's Law Dictionary*. The Lawyers Co-operative Publishing Co., Rochester, N.Y., p. 1054.

[2] Morton Bard and Katherine Ellison, "Crisis Intervention and Investigation of Forcible Rape", Police Chief (IACP; Gaithersburg, Md.) May 1974, p. 71.

[3] Ibid., p. 71.

RESPONSE TO INTERVIEW: The way in which rape victims respond to the interview situation is varied, depending on their physical condition and individual psychological makeup. The verbal styles of the victims can range from quiet and guarded to talkative. Some victims find it extremely difficult to talk about the rape, perhaps because of the personal nature of the subject or because they are uncommunicative while under pressure. Others find relief in discussing the details of the rape. Often a victim will exhibit both patterns during the course of an interview.

The two verbal patterns frequently displayed by rape victims during an interview are indicative of general emotional states that are commonly associated with the psychological effects of rape. The victim may respond to the crime in an expressed manner; that is, she verbally and physically exhibits fear, anger, and anxiety. Or, the victim may respond in a controlled behavior pattern. In this pattern the victim hides her feelings and outwardly appears to be calm, composed, or subdued.

A number of rape victims will show their feelings through physical manifestations of expressed reaction. Crying, shaking, restlessness, tenseness—all are means of expression that accompany discussion of the crime, especially the more painful details. Some women may react by smiling or laughing. They do so to avoid their true feelings. Comments such as "really, nothing is wrong with me" combined with laughter serve as a substitute for the distressing memory of the attack.

Rape victims who are composed and able to calmly discuss the rape are usually controlling their true feelings. Presenting a strong controlled appearance during a personal crisis may be the way they cope with stress. In some cases, however, the victim's state of calmness may result from physical exhaustion rather than a conscious effort to remain composed. Because many rapes occur at night, victims are frequently exhausted, not having slept since the previous night.

A silent reaction on the part of the victim may also be encountered. The officer needs to realize that silence does not mean that the victim is hiding facts. It does mean that she is having a difficult time in starting to talk about the incident.

Another emotional reaction of rape victims is to express shock that the incident occurred. Statements such as "I can't believe it happened," "It doesn't seem real," or "I just want to forget it" are common psychological responses to the trauma of rape.

Although there is no doubt that general emotional reactions to rape vary among individuals, there does seem to be one common psychological denominator: fear. Experienced police officers have often observed that the victim has feared for her life during the rape, that she viewed the rapist as a potential murderer. In most cases, the emotional reaction to this fear does not dissipate by the time of the interview.

Regardless of the victim's emotional reaction and its observable manifestations to the crime, the interview itself creates additional anxiety. In many cases, the victim is totally ignorant of police procedures; perhaps she has never before talked with a police officer. The only certain thing is that she will have to discuss with a "stranger" the details of what is probably the most traumatic experience of her life. This produces a conflict within the victim: She *knows* that to make possible an investigation, the details of the rape must be discussed, but she *feels* apprehensive about describing the experience.

The character of the emotional stress that the victim experiences when she describes the rape is perhaps frequently misunderstood. To recount the details of the rape, the victim must mentally relive the incident. In

most cases, the victim's psychological defenses will interfere with her ability and desire to remember what occurred. The victim may not be able to recall certain parts of the attack, or she may consciously change certain facts or omit them. The officer must exercise great patience and understanding in eliciting from the victim the necessary details of an experience she does not want to relive. Officers need to realize that this "reliving" of the experience, if not properly handled, can amount to a psychological rape of the victim.

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a certain amount of reluctance on the part of the victim to describe unpleasant facts. The officer should explain that certain information must be discussed to satisfy the legal aspects of rape and pursue the investigation. He may add that the same questions will be asked in court if the case results in a trial.

In a majority of cases the attack is premeditated, and about half the time the rapist has known or has seen the victim before the assault. Because of this, certain types of questions should be asked.

The victim should be asked if, and how long, she has been acquainted with the offender. The circumstances of their meeting and the extent of their previous relationship, including any prior sexual relations, should be discussed. Although previous sexual acts with the accused will not absolve the offender at this particular time knowledge of them helps to establish the validity of the complaint. Along these same lines, the officer should determine if the victim has ever made a charge of this nature in the past; review of previous records, if any, will provide insight to the present complaint.

Where it is determined that the victim had known the rapist prior to the incident, he should be identified and interviewed. If the offender is unknown, the officer must get a detailed description of him including clothing, speech, and mannerisms. The officer should determine whether the offender had accomplices or revealed any personal facts such as area of residence or places he frequented. Questions such as "Was anyone else present when first meeting or being attacked by the rapist?" should be asked. Did the offender use a weapon? What type? What kind of vehicle did he drive? After obtaining all the possible information about the unknown rapist, the officer will begin his search to identify him.

INTERVIEW'S END: As a result of having been raped, some victims suffer long-range emotional problems. At his discretion, the police officer may suggest that the victim seek assistance from an appropriate counseling agency, family physicial, psychologist, or clergyman. In addition, the officer may explain to the victim's family the emotional suffering rape victims typically encounter.

Summary

From the information given by the rape victim during the interview is developed the investigative direction of the case. Without these facts, as personal and unpleasant as they always are to recount, police investigation of the crime cannot proceed.

The manner in which the interview is conducted is vital to the emotional health of the victim. The police officer should be aware that the rape victim has been assaulted psychologically as well as physically. In conducting all phases of the interview, he should keep the well-being of the victim uppermost in his mind by acting tactfully and compassionately.

Discussion Guide

1. In many rape cases, there is a brief *preliminary* interview with the victim that takes place at the scene of the crime or at the hospital. Discuss the purpose of this interview.

A. General Considerations
- . . . Determine the nature of the crime.
- . . . Identify suspect if possible.
- . . . Broadcast a wanted message if possible.

B. Specific Considerations
- . . . Administer first aid if required.
- . . . Comfort the victim.
- . . . Remain alert to signs of emotional stress.
- . . . Use tact and compassion in asking basic questions about the rape.
- . . . Determine if there is any physical evidence, such as hair, blood, or clothes of assailant, that should be collected.
- . . . If interview occurs in home, ask victim to change clothing so you can preserve clothing worn at time of attack.
- . . . If interview takes place at crime scene other than home, make arrangements for fresh clothing to be sent to hospital.
- . . . Instruct the victim not to wash or douche before medical examination.

2. Rape is a psychological as well as physical act of violence. Review the general emotional reactions of victims that frequently are observable during the interview situation.

A. Verbal Styles
- . . . Verbal patterns can range from quiet to talkative.
- . . . Some victims find it difficult to discuss incident.
- . . . Others are relieved to be able to talk about it.
- . . . Often the same victim will be intermittently talkative and quiet.

B. Emotional States
- . . . "Expressed" behavior–verbal and physical reactions, including fear, anger, and anxiety, are demonstrated.
- . . . "Controlled" behavior–victim hides her stress and appears to be calm and composed.
- . . . "Substitution"–victim laughs or smiles to avoid her true feelings.
- . . . Victim is calm because of physical exhaustion.
- . . . Victim expresses shock.
- . . . Fear as common psychological denominator in rape cases.

3. Satisfying the legal requirements needed to sustain a charge of rape is a vital part of the investigative process. Discuss the following aspects:

... Penetration—must be with the penis
... Force—amount of resistance required varies depending on specific circumstances.
... Lack of consent—submission does not imply consent.
... Corroborative evidence is required in some states to sustain charge of rape.
... Regardless of state statute regarding corroboration, officer should seek corroborative evidence to strengthen case.

4. The follow-up interview of a rape victim is a delicate matter. Certain conditions should be met to make the situation conducive to discussion, to protect the victim from further emotional injury, and to conduct a productive interview.

A. Physical Comfort
... Victim has been attended to medically.
... Personal needs, such as washing and new clothes, have been met.

B. Setting
... Interview takes place where there is privacy and no interruption.
... Avoid physical barriers between you and victim if they interfere with interview.
... If possible, female officer conducts interview, or female nurse or social worker is present.

C. Preparation
... Thoroughly review all available information about the incident.
... Know what has been reported: names, places, descriptions.
... Check the police records for victim's involvement in criminal activities or previous complaints filed.
... When possible gather personal information about the victim.
... Be familiar with the crime scene and evidence gathered.
... Know the necessary elements of the offense and what facts need to be established.

D. Opening Remarks
... Officer symbolizes to victim her community's attitude towards her plight.
... Officer should not be accusatory.
... Officer gains confidence of victim by being sympathetic and putting her at ease.

E. Ventilation
... Victim relieves tension verbally.
... Officer should note remarks of victim in the emotional context.

F. Victim's Statement
... Allow victim to tell her story without interruption.
... Expect reluctance to immediately relate intimate details.

G. Investigative Questioning
... After she has stated the incident in her own words, the officer will need to ask questions to draw out the details.
... Explain that knowledge of personal details is necessary to pursue the investigation.
... The officer should put his questions in simple language, being sure he is understood.
... Tactfully point out discrepancies in victim's response, if any.
... Be alert to what is said and what is not said.
... Encourage conversation by open-end questions and the use of the long pause and by repetition of statements.
... Summarize what has been covered and ask the victim if anything needs to be added or emphasized.

H. Ending the Interview
... The officer should realize that some rape victims experience long-range emotional problems.
... If thought necessary, he should suggest to the victim to seek assistance from an appropriate agency, family physician, psychologist or clergyman.
... If possible, explain to the victim's family that she may encounter emotional difficulties and advise them to observe signs of trauma such as depression or withdrawal.

5. Throughout the nation special rape investigation units are being staffed with female officers. Many victims find it easier to talk to female investigators than to male officers. It would be desirable for every department to have female officers specially trained to handle rape victims; however, for the present time this is not possible in many agencies. Therefore, each officer, male or female, should be prepared to humanely handle a rape case, including the in-depth interview.

6. Women's anti-rape groups and police agencies are playing an increasingly active role in rape incidents. Discuss these developments and the police response to them.

A. Anti-Rape Groups
... These groups provide information to the victims about hospitals, treatment, legal matters.
... They may operate rape crisis centers and send a representative with the victim for support when she goes to the police or hospital.

B. Recommended Police Response
... Establish lines of communication to unify the range of services and procedures.
... Coordinate the many public and private groups as well as individuals involved.
... Document the extent of the rape problem in your jurisdiction.

7. To help combat and prevent rape, police departments can develop programs that inform the general public of the problems involved. Distribution of brochures outlining the preventive steps women should take to avoid being victimized and what to do if they are assaulted can reach a large cross section of the community. Representatives of the department can present lectures on the subject to social and professional groups and use radio or television to disseminate the information. In jurisdictions having a reputable anti-rape group, representatives of these groups should participate in the police public education program and even help train police officers in handling rape victims. Jurisdictions not having such a group probably could obtain assistance from a group in a neighboring city.

questions

The following questions are based on material in this Training Key. Select the best answers.

1. Which one of the following statements best describes the proper setting of an interview with a rape victim?

(a) A friend or relative should be present to calm the victim.
(b) The victim should be interviewed as soon as possible regardless of the location.
(c) The setting should be comfortable and afford privacy.
(d) Several officers should be present to witness the victim's statements.

2. In the context of interviewing a rape victim, what is meant by "ventilation?"

(a) Officer's attempt to get the victim to talk about the rape.
(b) Victim's substitution of true emotional reaction with laughter.
(c) Anxiety caused by discussing personal details of rape.
(d) Verbal release of tension.

3. If the victim knew the rapist before the attack, what can the officer assume?

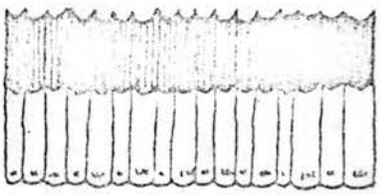
(a) Nothing.
(b) There was probably an element of consent during the incident.
(c) The victim is protecting her reputation.
(d) A rapist would not attack a woman who can identify him.

answers

1. (c) The interview should take place in a comfortable setting where there is privacy and where the victim feels free to discuss the personal details of the assault.

2. (d) Before the actual questioning by the officer, he should give the victim an opportunity to release tension by talking.

3. (a) Although the fact that the victim knows the rapist influences the direction of the investigation, at this point the officer can make no assumption based on such knowledge.



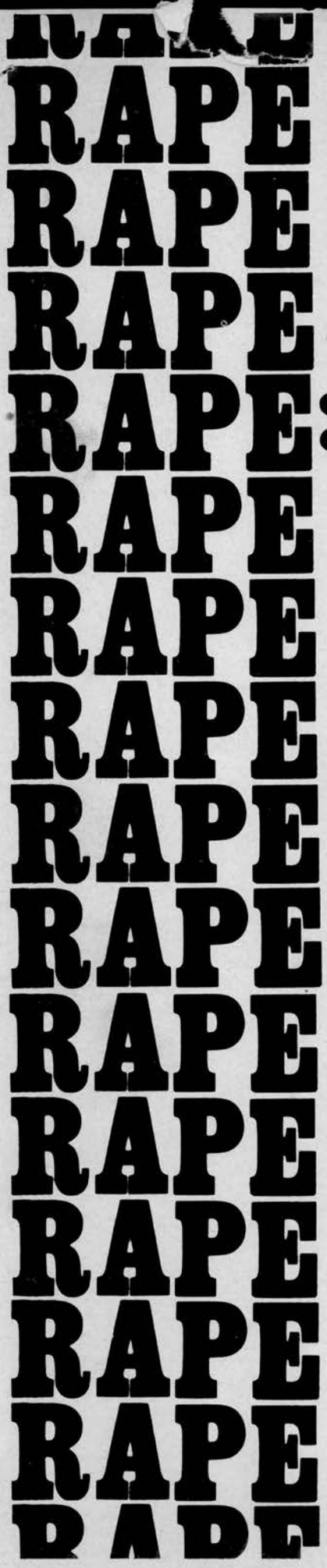
Have you read . . .

The Police Chief. "Police-Victim Relationships in Sex Crime Investigations." January 1970. International Association of Chiefs of Police, Eleven Firstfield Road, Gaithersburg, Maryland 20760.

The contention of this article is that the police by handling the victims of sex crimes with tact and courtesy can perform not only a real humanitarian service but actually do a better job of investigation.

The Police Chief. "Crisis Intervention and Investigation of Forcible Rape." May 1974. International Association of Chiefs of Police, Eleven Firstfield Road, Gaithersburg, Maryland 20760.

This article is a presentation of forcible rape in the context of crisis theory. Police officers employing crisis intervention techniques can aid the rape victim in preserving her psychological integrity.



RAPE: The Victim as Defendant

by Sybil Landau

Across the entire United States the attention of the legal community has recently been focused upon a startling phenomenon: the widespread incidence of rape and the miniscule number of convictions for that crime that are secured in our trial courts and sustained by our appellate tribunals. As our knowledge about this phenomenon has grown, so too has our sense of outrage and our sense of uneasiness.

The uninitiated, upon first acquaintance with this discouraging statistic, may well believe that it reflects an increasing tendency on the part of women to charge rape when it has not in fact occurred. The reality is otherwise. And, as an ever growing number of women are willing to speak out and admit — many after long years of hiding — that they too have been the victims of forcibly compelled intercourse, we must recognize the urgent necessity of altering this statistic.

The hard truth is that our rape laws do not protect their intended beneficiaries. Lord Hale was wrong when he said, in his now famous dictum, that here is "an accusation easily to be made and hard to be proved; and harder to be defended against by the party accused, tho' never so innocent." We have placed a severe price on those who report the fact of rape, and, while we have made it extremely difficult to establish the existence of that fact in court, it is all too easy to defend against the charge once it has been made.

The reason for this contradiction is apparent when a close look is taken at this area of our law. Careful scrutiny reveals that we are doing two things at the same time, and each is cancelling the other out. For, our rape laws express both our deep revulsion at this crime and our equally deep distrust of those women who accuse another human being of having committed it. We abhor this crime so intensely that we find it difficult to believe that the particular individual who stands before us accused of rape could possibly be guilty of having committed it.

To put it another way, we have

(Continued on next page)

Sybil Landau is an associate professor of law at Hofstra University, and a member of the American Law Institute. She has actively been engaged in research on rape laws for over two years, has spoken on the subject to various legal groups, and has led the Rape Workshops at the last two Annual Women and Law Conferences.

LANDAU *from page 19*

certain expectations about this crime that do not correspond to its realities. We expect that the rapist will appear as repulsive as his crime, that if he does not he will at least be unattractive and without acceptable sexual outlets. Because we find this crime itself so inexplicable, we expect that the victim's appearance will explain this man's uncontainable desire for her. And, finally, we expect that before the act was accomplished the fiercest possible struggle took place or the man was armed with a deadly weapon that he threatened to use immediately.

We do know, of course, that the pattern of rape is as variable as the participants and that the circumstances under which it is committed are widely disparate. But this knowledge is not reflected either in our statutes or in our case law or, with certain exceptions, notably Michigan's Senate Bill No. 1207 and House Bill No. 5802, in any of the proposed revisions of the existing law. Rather, it is our subjective expectations that we find entrenched in this area of our jurisprudence.

Significantly, we expect that a woman who is confronted by a would-be rapist will respond in a certain way, and, that if she is nevertheless overcome in the ensuing struggle, that her behavior following the rape will conform to our sense of outrage. If this woman's conduct does not measure up to our expectations, then the conclusion is drawn — by our legislators, our jurors, and our judges — that she has not been the unwilling victim of a forcibly compelled intercourse.

The gap between these expectations as they are embodied in our law and the realities of the conduct which that law is intended to proscribe, has a direct bearing on the disproportionately small number of convictions obtained for this crime. A useful starting point for exploring this relationship is the legislation that penalizes the conduct which we call rape.

To begin with, in most states we recognize only one degree of this crime when the victim of the unwanted intercourse is a mentally competent adult woman. Unlike other crimes of violence, rape is not broken down into different degrees depending upon the severity of the force employed. In our contemplation, as expressed in the statutes, the conduct is against the woman's will only if the act was compelled by the use, or threatened use, of maximum force.

Here too, the intensity of our abhorrence of this crime finds expression. We allow for only one degree of rape because we expect that a woman will not submit unless she has been threatened with crippling injury or death, or unless she has been beaten beyond her ability to endure. Thus our statutes mandate the victim's preference and leave her no choice. If a woman simply does not want to be hurt, if she submits to avoid an injury which we do not regard as grievous bodily harm, then the intercourse was not against her will, it was accomplished with her consent.

Moreover, in order to get within the statutory definition of rape, the woman must have physically resisted her attacker. Until recently, this meant that the woman was



required to use the utmost resistance of which she was capable to repel the force employed by the rapist. Today, however, utmost resistance is not required when it is clear that the further resistance would be futile or would put the woman in danger of death or severe physical injury.

A typical statute containing these unique features is the New York Penal Law, which was revised and modernized in 1967. In New York, "A male is guilty of rape in the first degree when he engages in sexual intercourse with a female" [to whom he is not married] "by forcible compulsion" [Section 130.35(1)]. The statute defines "forcible compulsion" as "physical force" that overcomes earnest resistance; or a threat, express or implied, that places a person in fear of immediate death or serious physical injury to himself (sic) or another person, or in fear that he (sic) or another person will immediately be kidnapped." [Section 130.00 (8)]

"Serious physical injury" is also defined in the New York Penal Law. It means, "physical injury which creates a substantial risk of death, or which causes death or serious and protracted impairment of health or protracted loss or impairment of the function of any bodily organ." [Section 10.00 (10)]

The New York statute makes it clear that it is an element of this crime "that the sexual act was committed without consent of the victim," and that, for our purposes, this "lack of consent results from the use of forcible compulsion." [Section 130.05 (2) (a)] In the words of the persons responsible for drafting this legislation, any force or duress that falls short of these stringent standards "does not render the victim's submission non-consensual for purposes of a sex-crime prosecution based upon 'forcible compulsion.' "

Clearly then our statutes do not protect a significant number of women against unwanted sexual intercourse. But this harsh legislative view of consensual intercourse is not the only reason why there exists a

wide gap between the number of women forced to submit against their will and the number of men who have been convicted of raping them. Of equal importance in accounting for this phenomenon has been the interpretation of these statutory standards by our appellate judges.

Statutory language, as with any form of words, requires interpretation and application to individual factual situations. Such terms as "utmost resistance," "earnest resistance," "physical violence," and "against the will," are not self-defining, and the rape statutes are no exception to this general rule.

In their handling of these



legislative concepts, however, our appellate courts have given expression to their own subjective expectations about this crime. They have tended to assess the conduct presented in individual cases by measuring it against their view of what an adult woman who did not want sexual intercourse would have done under the given set of circumstances. Unfortunately, this judicial view of the average woman frequently does not correspond to the way in which real women actually respond to perceived dangers. As a result, our appellate courts have frequently dealt in an unrealistic manner with the actual events as experienced by a woman subjected to forcible intercourse.

An excellent illustration of this judicial view of what is an expected and appropriate response of the "ordinary" woman is provided by the decisional law in Wisconsin. In that state, rape is defined as intercourse with a woman who is not the actor's wife "by force and against her will." [Section 944.01(1)] This means, according to the statute, "either that her utmost resistance is overcome or prevented by physical violence, or that her will to resist is overcome by threats of imminent physical violence likely to cause great bodily harm." [Section 944.01(2)]

In a leading decision — *Brown v. State,* handed down in 1906 — the Wisconsin Supreme Court interpreted the phrase "utmost resistance" as requiring "the most vehement exercise of every physical means or faculty within the woman's power to resist the penetration of her person, and this must be shown to persist until the offense is consummated." To meet this test, "no mere statements of the prosecutrix, involving her conclusions, that she did her utmost and the like, will suffice to establish this essential fact, but she must relate the very acts done, in order that the jury and the court may judge whether any were omitted."

Brown's conviction was reversed because the victim, who had been subdued by superior physical size and strength, had merely attempted to withdraw and escape her attacker. "Resistance," the court held, "is opposing force to force, not retreating from force." In their view, "a woman's means of protection are not limited to [trying to gain release], but she is equipped to interpose most effective obstacles by means of hands and limbs and pelvic muscles." In addition, there exists "the ability and tendency of reprisal and counter physical attack." Grant Brown, however, accomplished his purpose without sustaining any injury to his person. In the court's opinion, "It is hardly within the range of reason that a man should come out of so desperate an encounter as the determined normal woman would make necessary, without signs thereof upon his face, hands or clothing."

Brown's victim had been on her way to visit a relative when the attack occurred, and before entering the house she had attempted to fix her disheveled appearance. Although today we realize that a woman who has just been raped feels unbearably soiled, and that her first instinctive response is to cleanse herself, this conduct convinced the appellate court that she had not opposed the intercourse. It found "this thoughtfulness of the disarrangement of her clothing [not] consistent with the outraged woman's terror-stricken flight to friends to give the alarm and seek aid which is to be expected."

The fear that will excuse the victim's failure to repel force with force was defined by the Wisconsin Supreme Court in *State v. Hoffman,* decided in 1938. Summarizing a long line of cases, the court made it clear that, it "is a 'fear of death or great bodily harm,' a 'fear of great personal injury,' a fear that 'so overpowers her that she dares not resist,' a 'fear and terror so extreme as to preclude resistance,' a fear which renders her mind 'well-nigh incapable of continuing her resistance to repel him.' " The fear, in other words, "must not only be real but so great as to render her practically incapable of resistance."

The complaining witness in *Hoffman* was a "mild, timid, socially inexperienced female," who had been dragged around, choked and threatened, but whose conduct in attempting to avoid intercourse "[fell] short of proving that resistance which [Wisconsin] law require[d]." After reviewing her testimony, the Wisconsin Supreme Court concluded that she had not been too terrified to resist. They based this conclusion on the fact that her own testimony revealed "that she was fully cognizant of

(Continued on next page)

LANDAU *from page 21*

everything that was going on, fully able to relate every detail thereof," and thus "that she was in no reasonable sense dominated by that fear which excused the 'utmost resistance' within her power."

This principle was reaffirmed by the court as recently as 1968, in *State v. Muhammad.* The conviction in that case was reversed because the complaining witness's testimony did not show that she "was lacking in courage," or that she was "hysterical or in a highly emotional state during and following the alleged attack." In the court's opinion this unwanted intercourse was consensual because "although she testified that she was crying and was afraid, her testimony also indicates that she was reasonably well aware of most everything that was going on around her."

In 1971, three years after it had re-affirmed *Hoffman,* the Wisconsin Supreme Court, in *State v. Herzel,* rejected it. Herzel, after fraudulently inducing his victim to enter his home, had held a gun to her head and announced that they were going to have intercourse. His victim did not resist the act. She testified that "she was so scared she could not move or resist and thought the calmer she stayed the better off she would be"; she had been afraid that he would shoot her. Since Herzel's victim had not been prevented by physical violence from resisting, the issue raised by Herzel's appeal was "whether her will to resist was overcome by the threat of Herzel to use the gun to carry out his intention."

Herzel argued, in correct reliance upon *Hoffman,* that since the complaining witness had been "rational enough to consciously elect not to resist unwanted intercourse," she had not been "frightended enough to meet Wisconsin's standard." The court was no longer able to accept this harsh and dangerous result; it rejected the *Hoffman* rule and redefined the statutory standard. Henceforth in Wisconsin, "The test of whether a woman's will to resist is overcome by threats of imminent physical violence likely to cause great bodily harm is subjective and it need not be expressed in terms of fear and incapability to resist in every case."

Herzel marks a significant departure from the approach taken by the vast majority of our appellate courts. It represents a far more realistic appraisal of what most women will do when faced with the hostile menace posed by every would-be rapist; and it is an approach that should be adopted by all of our appellate courts. As analyzed by the Wisconsin Supreme Court:

"Some women may respond to the threat of gunpoint without great fear or being rendered incapable of resisting. Resistance may be completely and imminently dangerous. In such a situation, fear or terror not to resist as an expression of nonconsent may be supplanted by a strong motiviation or belief which induces the choice to submit. The choice under such conditions, while philosophically a choice, is legally unfair and is legally no choice; it does not constitute legal consent."

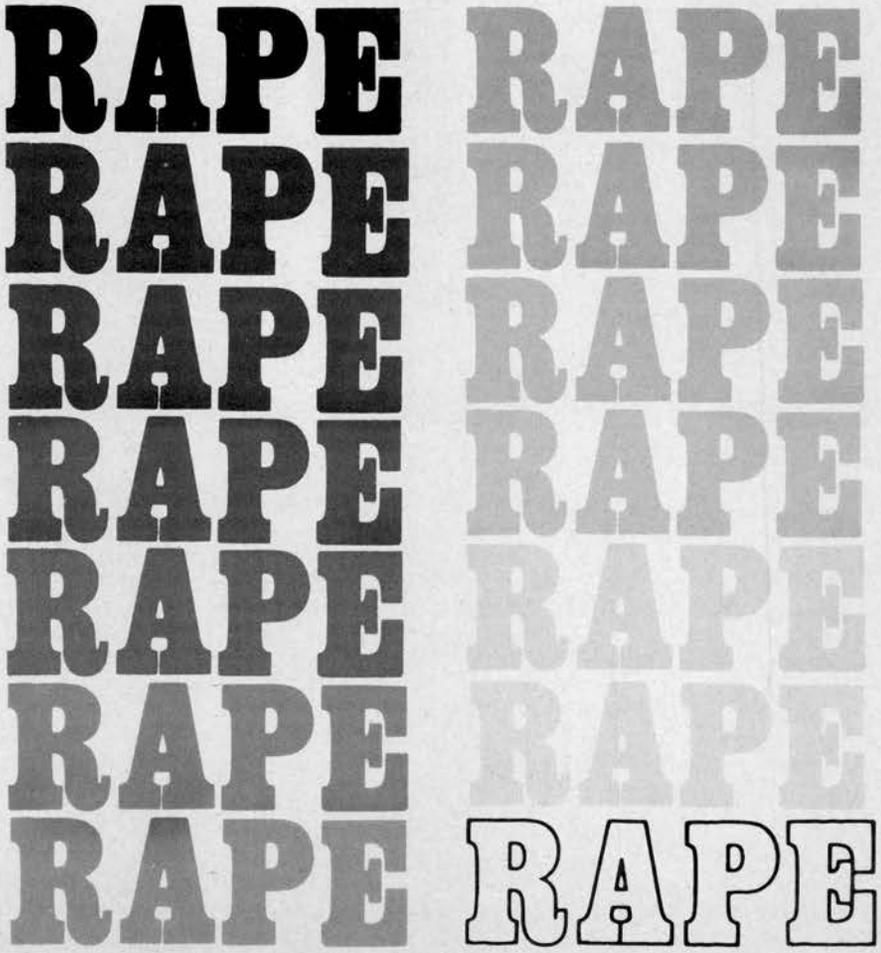
Moreover, the court noted, resistance is not the central issue:

"The threat of death or serious personal injury by use of a gun may be reason enough not to resist and to overcome the will within the meaning of this section in defining the crime of rape. The Law does not require a woman to become martyr to test by resistance the sincerity of a threat to rape at gunpoint."

In addition to this judicial reform, an alteration in our rape statutes is urgently needed. We must remove the requirement that a woman use physical force to repel her attacker. It is a well-known fact, one that applies to all crimes of violence and not alone to rape, that resistance alarms and angers the attacker. A woman who attempts to physically resist a man who is bent on raping her is far more likely to be severely injured or put to death than the woman who does not attempt to fight off her attacker. And this holds true even when there has not been an explicit threat to use violence in order to accomplish the intercourse. It is for this reason that police departments across the United States are increasingly advising women — and men too — not to resist physical attack.

Moreover, many women believe that if a man is willing to force them to have intercourse against their will, he is certainly prepared to hurt them if they resist. And many, many women, truly do not want to be hurt.

And next, we must divide the crime of rape into different degrees to reflect differences in the amount of force employed in individual situations. As the Wisconsin Supreme Court recognized in 1971, all women are not cast in the same mold; they have different tolerance levels for violence. The woman who gives up in despair after only a few hard punches has not, in any meaningful sense, consented to the intercourse. We must stop concentrating our exclusive attention on the woman's conduct and begin to focus upon the conduct and intentions of her attacker. Adoption of these reforms will go a long way towards fulfilling the goal of our rape legislation: the protection of women against unwanted intercourse.



RAPE: THE MOST SAVAGE CARNAL KNOWLEDGE

FBI statistics suggest that rape is now the most widely committed violent crime in the nation. Yet sexual assault is more difficult to prosecute and less commonly reported than any other felony! The fault is not only with backward laws, but also with the sick mythology that presupposes a woman somehow *invites* rape, which in turn taints the judgment of police, attorneys, even jurors. The following account of a brutal rape that went unprosecuted is true . . . the victim's comments, interwoven with court transcripts and followed by comments from jury members, show how the forces of myth and law conspired to protect the criminal, not his victim.

By Shirley Silverberg

□ At 11:30 P.M. on a warm October night, Linda M., eighteen, kissed her boyfriend good night and decided to take a walk. She left her parents' house in a quiet, residential section of mid-Westchester, and headed for a nearby playground. Linda was raped that night, but when her case came to court, it was dismissed for lack of evidence. The trial, an apparent miscarriage of justice, opened on April 19, 1972; the following is the actual court transcript:

MR. MAFFEI (prosecuting attorney): Your Honor, at this time the People will move Indictment No. 1092 against the Defendant, ——, to trial.

COURT CLERK: Is the Defendant ready?

MR. WALDHORN (defense attorney): Yes.

COURT CLERK: Will the Defendant please stand. ——, if you wish to challenge an individual Juror, you must do so before they are sworn. Do you understand that?

THE DEFENDANT: Yes.

COURT CLERK: You may be seated. Will the entire panel of Jurors please stand and raise your right hand. (The Jury panel was then duly sworn by the Court Clerk.)

THE COURT: Good morning, ladies and gentlemen of the panel, my name is Harold Wood. I am going to officiate in this trial. The District Attorney's office is represented by Mr. Lawrence Maffei, and the Defendant's attorney is Mr. Morris Waldhorn. The Grand Jury of the County of Westchester has handed down the following accusation and that is all it is. Under our form of Government, a person is accused of a crime and that starts the machinery for Judicial Administration.

I will read this indictment, which is an accusation. The Grand Jury of the County of Westchester accuses the Defendant of the Crime of Rape in the first degree as follows . . .

So the trial began. The case was dismissed six days later, and a few weeks afterwards I interviewed Linda M. in her parents' comfortable living room. Wearing a T-shirt and jeans, she waited quietly for questions and answered them with unusual composure. What, exactly, I asked, had happened that night?

About four blocks from her house, Linda explained, a blue car had pulled up and a man had spoken to her. "I wasn't scared at first," she said. "I just thought the poor guy was lost and needed directions. I was in my own neighborhood, and it's pretty quiet, so there didn't seem any reason to be frightened. His being black didn't scare me either . . . there have always been black kids in my classes. I didn't think a thing about it."

Cross-examination by Mr. Morris Waldhorn (defense attorney):

Q. When you got into the automobile the first time, you were pulled in? Were you scared?

A. No.

Q. You weren't scared?

A. No.

Q. The man grabbed you by the hair, pulled you into the car and you weren't scared?

MR. MAFFEI: Objection.

"I know everybody thought it was funny that I wasn't scared," Linda told me, "but I didn't *feel* scared then. I guess it seemed unreal—like this wasn't really happening to me or something. Besides, while he was driving, I knew he couldn't do anything. I didn't begin to be really frightened until he stopped. Then when I opened the door and tried to get out, he closed it and hit me. After that I just kept talking, saying anything, thinking maybe *something* would make him let me go. But the more I talked, the more he hit me, until finally I figured it was better to be quiet."

Direct examination by Mr. Maffei (prosecuting attorney):

Q. Then what, if anything, took place?

A. Well, he leaned over and he closed the door, and I kicked at the door, and then I kicked at him and then I slid underneath. I slid over to the side to try to get out of there, out of the door, and he kept hitting me and then the—then a car went by. A car was going up R—— Avenue and he pulled my head down into his lap until the car had gone by. Then I sat back up and looked in the rear view mirror and I saw there was blood.

Q. Where was the blood?

A. On my face and on my head and then I just sat there.

"I was scared that if I screamed in the car he'd knock me out or even *kill* me," Linda said. "If I could have gotten out on the street, then I would have screamed bloody murder, but I didn't want to black out . . . I wanted to be able to run if I got the chance. When he told me to get into the back seat, I thought maybe he'd open the car door and I'd be able to run, but he made me climb over the seat. Then he climbed back, too, and forced me to have sex."

Direct examination by Mr. Maffei (prosecuting attorney):

Q. Then what took place?

A. He pulled up by D—— Place and he stopped and asked me if I was all right. He said he could have killed me and what was I going to tell people and I said I would tell them I fell or that I was in a car accident and that I would sneak in the back and that nobody would see me.

Q. Then what did he do?

A. Then he asked me could he see me again and I said sure. Then I got out of the car.

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RAPE [continued]

Q. When you told him these things, why were you telling him these things?

MR. WALDHORN: Objection.

THE COURT: Sustained.

Q. Did you have a reason for telling him this?

MR. WALDHORN: Objection.

THE COURT: Sustained.

"I was so glad to get out of the car, I would have told him anything. After all that, he had the nerve to ask me if he could see me again—I couldn't believe it. I had to laugh because it all seemed so crazy.

"At first I wasn't going to try to get his plate number—I was afraid he'd hurt me later if I reported the crime. I was just going to run. But then, I don't know, at the last minute I did decide to take down the numbers. After that I started to run right home, but then I realized I was too dizzy to make it."

Sometime after midnight, Linda walked up to the first house with lights on, rang the bell and said, "Could you please call the police?"

The record shows that she was taken to the hospital where she received five stitches on her face and head, and where a cervical smear was taken, revealing traces of semen. The record also shows that she made an identification of a man from a group of about fifteen mug shots and that the police traced down a car that matched her description. The car was tagged with one of the two series of numbers Linda had glimpsed, and bore traces of blood and hair in the areas where she indicated they might be found. Medical testimony revealed that the blood and hair could have been hers. (Both blood and hair can be identified negatively far more accurately than positively.)

A grand jury considered this evidence substantial enough to deliver an indictment, and on April 19th the trial began. Six days later all charges were dismissed. The defense never had to produce its witnesses or establish the accused's alibi. When the prosecution rested its case, the judge accepted the defense attorney's move for dismissal on grounds that the state had failed to produce adequate "corroborative evidence" of the defendant's identity. (Corroboration is defined as information from other witnesses that tends to further substantiate evidence already testified to directly. Such further substantiation for many crimes other than rape is not necessary.)

"I couldn't believe it when I heard about it," Linda said. "Just like that. Thrown out."

When I questioned him, Assistant District Attorney Maffei said he felt there was sufficient corroborative evi-

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dence for the case to have gone to the jury. Still, even if the trial had been concluded, results might not have been different. Until very recently, harsh state laws have made rape cases nearly impossible to prosecute. Corroboration of *three* separate elements—penetration, force and identity—was needed to convict an assailant, and since rape is rarely committed in full view of one or more reliable eyewitnesses, an accused man was almost certain to go free.

Were Linda M.'s attacker to be tried today, the case against him would be taken more seriously; laws concerning rape *have* been amended in many areas, and prosecution is now less difficult. In January, 1974, New York followed the lead of thirty-five other states and passed legislation that did away with the need for corroborative testimony. New York's lawmakers appear to have been impressed by a shocking rise in the incidence of rape (up from 15 to 50 percent in a single year, depending upon the source), as well as an appallingly low rate of conviction (only 54 of the 1,319 men arrested for forcible rape in 1973 actually went to jail!).

Unfortunately, changes in the law have not yet made a substantial dent in these statistics; *convictions in rape cases remain astonishingly hard to obtain.* Reasons for this are psychological rather than legal: the psychosexual implications of rape are so deeply rooted that they may prevent courts and jurors from ever considering it a crime just like any other crime, no matter how the law reads.

"Rape is the most elemental of male-female confrontations," one White Plains psychiatrist said. "The vast majority of men have had rape fantasies at one time or another in which the woman submits to force and then becomes sexually aroused and is satisfied by the man." Deep in the recesses of the male mind lurks the concept that rape, however performed, is not without its pleasures for the woman.

In Linda M.'s case, one juror who *said* he felt deeply about what had happened, and who expressed genuine concern about women's safety, also volunteered this chauvinistic remark: "If rape's going to happen, relax and enjoy it." Those appointed to defend accused rapists are not ignorant of the psychology of jurors . . .

Cross-examination by Mr. Waldhorn (defense attorney):

Q. Was it completed? Was the act completed on your part?

A. No.

Q. Then the only completed act was the man's, is that right?

A. Yes.

Q. And you kicked this man in the car several times, didn't you?

A. Yes.

Q. Was that from passion?

MR. MAFFEI: Objection.

THE COURT: Sustained.

The popular belief that women enjoy (or even invite) rape isn't the *only* factor weakening the rape victim's potential case. Also to be reckoned with is the common notion that angry women often try to "get even" with lovers or boyfriends by falsely accusing them of rape. In actual fact, little evidence exists to bear out this assumption. Westchester Assistant District Attorney Maffei believes that false rape accusations are no higher, and probably lower, than such accusations in other crimes. He also points out that neurotic, phony-rape "victims" are easy to spot, and they *can* be given lie-detector tests as well.

On the other hand, estimates show that *an amazing 75 percent of legitimate rape cases are unreported altogether.* Women victims, who sense better than anyone else that *they* are the ones likely to be thought "guilty," are frequently (and tragically) frightened into silence. Often they would rather see their attackers go unpunished than submit to the humiliating, brutal questioning posed by defense lawyers.

Excerpts from cross-examination by Mr. Waldhorn (defense attorney):

Q. Well, did he actually take his pants off?

A. Well, they were halfway off.

Q. I didn't ask you that.

THE COURT: You're being argumentative.

Q. Previous to the night of this incident, had you ever had sexual relationships with any other man?

A. Yes.

Q. And how long were you in the park with Bob?

A. About forty-five minutes.

Q. Did you make any sort of love that night with Bob?

A. No.

Q. You didn't?

A. No.

Q. Had you any narcotics that night?

MR. MAFFEI: Objection.

THE COURT: Overruled.

"Nobody in her right mind would put herself through this kind of questioning unless it really happened," Linda told me. "It was like *I* was the criminal. It never even got mentioned that he'd been sentenced to ten years for assault and armed robbery and was out on parole."

While the jury in Linda's case never had an opportunity to deliver a verdict, I was interested in knowing what they might have decided if they'd had the chance. Their comments revealed certain ambiguities—not over whether or not the man was guilty (most of them concurred that he *was*), but over whether or not law and morality required he be *punished*. Their uncertainty reflects the overall confusion that prevents rape cases from being considered on hard evidence alone. Here is what a few of the jurors said:

Mrs. Mildred Claverly, an employee of Safe Flight Instrument Co. and proprietor of a women's clothing store: "I discovered that when you get in the jury box, you don't think black or white, you think evidence. On the basis of the trial where it ended, I would not have been able to convict him because, while we were sure it was his car, we could not be sure, at that point, that he was in it. . . . My heart really went out to her, particularly when she ran out of the courtroom. You could hear her sobbing all the way down the hall. . . . The defendant never had to do anything. He just sat there—never cracked a smile, never moved."

Frank H. Swenson, assistant to the director of International Sales, Homelite Division of Textron, Inc.: "I know I'm prejudiced against blacks in some ways, but I knew I wouldn't be in a courtroom—and I wasn't . . . All of our faces dropped when the judge said it was over because we had become so involved.

"I had a lot of sympathy for the girl when the trial started, but a lot of questions developed in my mind. What was an eighteen-year-old doing out alone at 11:00 P.M.? Why didn't she scream, and why did she tell him she'd be around? Also, when it came out that she had slept with someone else, that did affect my feelings. I was a little disturbed by her gum-chewing and short skirt.

"I guess he did it . . . We didn't hear all the evidence, but I probably wouldn't have voted for full punishment because in some ways I think maybe she was looking for some excitement and got more than she bargained for."

Kenneth Smalley, president, Kenmarc Advertising Co.: "It was my feeling that if there was enough evidence for the grand jury to return an indictment, then there was enough evidence to warrant a full trial. I have absolutely no doubt in my own mind that he did it, but based on the *law*, as it was explained to me later [there was no corroborative evidence of the defendant's identity], I would have had to vote for acquittal.

"Kids today are a lot different than they used to be. I don't think it was the least bit peculiar for her to be out at

that hour in this day and age. Sure, she might have been around a little, but that didn't affect my judgment of the events of that night. When something like this happens to a person, responses are unpredictable. I thought she didn't scream because she was keeping her cool or was too scared.

"I'm not in any position to make legal judgments, but as a layman I think the DA didn't object to enough questions which I thought didn't belong. On the other hand, the defense attorney objected to many. He put on quite a show with his dark glasses and wild ties. The whole thing was a tremendous education for me."

Mrs. Marie T. Reilly, White Plains housewife: "Somehow, I get the feeling that a trial is really a duel between lawyers, and I'm not so sure how important we really were. A lot was discussed that we were not permitted to hear, and, in the end, the whole thing was taken out of our hands.

"I certainly don't think she was out looking for trouble. She was dressed in jeans and a pea jacket that night, nothing light or revealing. The fact that she'd slept with someone else didn't bother me, though she might have dressed a little more demurely in court . . . The whole thing was an embarrassing and humiliating experience for the girl. She bore the brunt of the whole thing. Imagine, they showed all her clothes there —underpants, everything she wore that night. He just sat there in his apricot-colored shirt and his hand in his suit pocket . . .

"Since the trial never ended, I prefer not to say whether I felt he was guilty or innocent, but I have both a son and a daughter, and I felt I could see both sides and be fair—if we had been called on to decide."

The fifth juror, the proprietor of a men's clothing store in upper Westchester, preferred to remain anonymous: "Lawyers do an excellent job of screening potential jurors. By the time you're chosen, you're bound to be pretty broad-minded.

"I felt the girl had a tremendous amount of poise. If my daughter could conduct herself that way under such trying circumstances as existed at the trial, I would be proud of her. Her dress, her actions seemed typical teen-ager to me. I don't think she was provocative—it never crossed my mind—but even if she had been, whoever raped her broke the law.

"I think the addition of outside witnesses would have been good for her case. The DA was very thorough, but the defense attorney seemed to know all the embarrassing questions to ask. It seemed this kind of case was his meat.

"I've served on two or three juries, but this particular case gripped me a lot. It seems like an awful waste of taxpayers' money to have to try to prove rape under that law. But I felt we could have come to a conclusion on the merits of the case and wish we had been permitted to do so."

How to Protect Yourself Against Rape

Don't be a victim! Unfortunately, rape is on the increase: In New York City last year, 3,735 cases were recorded as opposed to 3,271 the year before. To help keep *you* from becoming a statistic, police officials and women's groups offer these suggestions on how you can guard against rape or, if necessary, defend yourself against an attacker . . .

AT HOME

- Keep doors locked. If you lose keys or move into a new apartment, have *new* locks installed.
- List only your first initial in

[continued on page 136]

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RAPIST PHOTOGRAPHED IN ACTION (TOP). SOPHIA LOREN & ELEANORA BROWNE AS RAPE VICTIMS IN *TWO WOMEN*

Revolt Against RAPE

One of the reasons that men continue to rape is that they continue to get away with it.
—Author Susan Brownmiller

The statistics back up Brownmiller's conclusion. More than 55,000 American women reported being raped last year. Official estimates say unreported rapes would place the figure at least three times as high, and some analysts claim as many as 500,000 people a year are attacked by rapists. Yet few rapists, perhaps 2% of offenders, are actually convicted and jailed.

At the very least, society is beginning more and more to consider rape one of the major social issues. First emphasized in the feminist press, the subject of rape slowly percolated into popular women's magazines and then into the rest of the press and television. At more than 500 "speak-outs" and conferences on rape in the past year alone and at more than 150 rape crisis centers set up by the feminist movement since 1973, women have been raising an increasing clamor for reform.

Slowly, government has been responding. In dozens of cities women have participated in rape investigations and packed police and hospital personnel off to sensitivity training courses to erase a traditional image: the snickering male authority who believes the victim "was asking for it." The Government is now pouring millions of dollars into research on the rape problem and care for victims. Seventeen states have barred courtroom inquiries into a rape victim's previous sex life on the ground that it is not pertinent. New York eliminated a requirement for corroborating evidence. In pushing through the change, feminists won the support of civil liberties groups, an unusual step for organizations devoted largely to the rights of defendants.

These measures have done little to assuage the growing anger of many American women, who look upon the rape problem not as one feminist cause among many, but as a metaphor for all suffering at the hands of men. Some women wear CASTRATE RAPISTS buttons. In Florida this year, feminists tracked and beat up a rape suspect who allegedly preyed on lonely women in singles bars. Some mutter darkly about assassinating rapists if the courts will not convict. Feminists made a national *cause célèbre* out of the case of Joan Little, the black woman acquitted of murder in the stabbing of a jailer who she says attacked her sexually. When Inez Garcia, a Chicano woman in Soledad, Calif., shot a man to death 27 minutes after he allegedly held her down during a rape, a smattering of feminists loudly applauded the act. Though troubled by this vigilante version of justice, Feminist Gloria Steinem asked: "But what *do* we do with our rage?"

One possible answer: write a book. Indeed, for more than four years, some feminists have been waiting for The Book: Journalist Brownmiller's forthcoming study of rape. ("It's one of the two books I lay awake nights lusting after," said a woman editor in the *Village Voice*.) A week before publication, *Against Our Will: Men, Women and Rape* (Simon & Schuster; $10.95) is already a major event; it is the Book-of-the-Month Club selection for November, is being serialized in four national magazines and will be promoted on a nationwide tour. All this is likely to make Brownmiller the first rape celebrity who is neither a rapist nor a rapee.

The book's thesis, startling to those who have not closely followed recent trends in the feminist movement: rape is not a random act by deviant or troubled men, but a worldwide social mechanism by which men control women. Says Brownmiller: "It is nothing more

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or less than a conscious process of intimidation by which *all men* keep *all women* in a state of fear. Rather than society's aberrants or 'spoilers of purity,' men who commit rape have served in effect as front-line masculine shock troops, terrorist guerrillas in the longest sustained battle the world has ever known."

In Brownmiller's view, civilization is in fact built upon rape. When primitive man realized he could force intercourse while women could not, "this single factor may have been sufficient to have caused the creation of a male ideology of rape. When men discovered that they could rape, they proceeded to do it . . . Man's discovery that his genitalia could serve as a weapon to generate fear must rank as one of the most important discoveries of prehistoric times, along with the use of fire and the first crude stone axe."

She thinks that early woman struck "the risky bargain" of accepting domination by a single male to prevent wholesale rape, thus leading to a rudimentary mate-protectorate and then to patriarchy. Women became property, acquired either through raiding other tribes or purchasing a daughter from a father in one's own tribe. Rape entered the law as a property crime. Brownmiller insists that to this day the law treats rape primarily as a violation of male rights of possession. Today rape is aggression against the female's "owner" as well as a reminder of male dominance.

In piling up historical and anthropological data, Brownmiller paints a convincing and awesome portrait of men's cruelty to women. The ancient Babylonians and Hebrews routinely executed married rape victims along with those who attacked them. The Hebrews also stoned to death any virgin raped within the city walls—on grounds that sound suspiciously modern: if the virgin had not wanted the sex, she would have screamed and been rescued in time. An Assyrian whose virgin daughter was raped was entitled to gain justice by raping the attacker's wife. The chivalry of medieval knights included the notion that unescorted women of the nobility could not be molested, but women of lower station were fair game.

In war, Brownmiller argues, women are usually the biggest losers—the targets of savage rape, mutilation and torture, or simply part of the natural rewards enjoyed by invaders. She also sees rape as a conscious military tactic to break the will of a civilian population (*e.g.*, the actions of the German army in Belgium and France at the start of World War I). Gang rape appears throughout history as a recurring punishment. The Mundurucú Indians of Brazil prescribed gang rape for any woman who spied on the sacred musical instruments used by men. Missourians gang-raped Mormon women in driving the sect out of the state in 1838. Among some American bike and youth gangs today, gang rape is standard punishment for infractions by females.



DOHERTY—CAMERA 5

POSTERS OF RAPE SUSPECTS
The casual war.

The rape of males in prison is also used by Brownmiller to help advance her thesis: rape is primarily an act of power, not of sex. Most penal experts agree that rape is part of the system of establishing the power structure in many jails; a prisoner will either rape or be raped. Sodomy is so important to prison society, Brownmiller says, that even if prisoners were allowed sex with visiting wives or girl friends, homosexual rape would continue.

Brownmiller is ingenious in discerning the pro-rape message in today's culture: rock stars who feature abuse of females in their routines, comic books that dwell on images of bound women, men's magazines and women's romance magazines that feed rape fantasies, the obvious hostility to women that frequently shows up in male pornography, much of it devoted to bondage and sadism. In Roger Vadim's recent film *Charlotte*, the heroine voluntarily submits to murder during sex. (Last week there was growing suspicion that some film producers were outdoing Vadim's fantasies; New York police and the FBI revealed that they were investigating persistent reports that underworld figures are discreetly, and at prices as high as $1,500, renting out "snuff films"—pornographic movies culminating in the actual murder of a woman.)

The depth of such anti-female hostility in great numbers of normal, well-adjusted males is poorly understood by men. As Germaine Greer writes: "The

BROWNMILLER'S BIG CHANCE

"I'm grateful to the Movement for giving me a channel, a constructive way to use my rage," says Susan Brownmiller, 40, a veteran journalist and one of the brightest and angriest of America's feminists.

Brownmiller lives alone in an "early bourgeois" Greenwich Village apartment, leads a spartan, work-centered life and has no hobbies. A native of Brooklyn, Brownmiller attended Cornell, leaving before graduation to study acting in Manhattan. She appeared in two off-Broadway plays and worked as a *Newsweek* researcher. Studying nights at the Jefferson School of Social Science, she took a course taught by Herbert Aptheker, the American Communist historian and specialist in Southern studies. In the historian's thunderous lectures on white exploitation of Southern blacks, including the abuse of black women, Brownmiller recalls, "I heard for the first time in my life that rape was a political act." She joined the civil rights movement, working two years in Mississippi as a summer volunteer. After a brief stint as a TV reporter in Philadelphia, she signed on as a *Village Voice* staff writer.

In the late '60s, she was invited to one of the first feminist groups in New York. At the session were Shulamith Firestone, Ellen Willis and Robin Morgan, now all familiar names in feminist circles. "All of a sudden I knew I was home," says Brownmiller. "I knew I was where I belonged." As a member of the New York Radical Feminists, she was a prime mover behind two major feminist meetings: a conference on prostitution and a 1971 speak-out on rape. Laying out the program on rape, she thought, "My God, I'm organizing a book!"

She thought the book would take six months to research and six to write. Instead, it took four years. Says Brownmiller: "The years of apprenticeship had been for this one chance, this one crack at it. Whatever I've been in my life is in that book."

NANCY CRAMPTON





DETAIL FROM RUBENS'
RAPE OF THE DAUGHTERS OF LEUCIPPUS

men who do cruel things to women are not a class apart; they are not totally incapable of relating to women."

But in supplying a theory for understandable female resentment, Brownmiller has politicized rape in a chilling way. Rape, she insists, is somehow a conscious conspiracy among all men. Men are the enemy, and the horrible rapes at My Lai were just incidents in "the casual continuing war against women." The line between psychopaths and normal men—all members of the same team—is erased. Rape is the real basis of the family, monogamy or any other exclusive sexual relationship between men and women. In sum: Brownmiller's analysis of rape may have less to do with the problem itself than with the sour anti-male, anti-family attitudes currently fashionable among militant feminists.

While many of those who have studied rapists and their victims may not accept Brownmiller's heavy ideological breathing about male conspiracy, they would agree that the cultural ideal of the aggressive male has something to do with the rape rate. They have also long accepted the theory that hostility toward women is an important ingredient in rape.

All habitual rapists "have developed an anger and contempt for women," says Nicholas Groth, chief psychologist of the Massachusetts Center for the Diagnosis and Treatment of Sexually Dangerous Persons. But he sees the core defect as "a sense of emptiness—of being nothing, and therefore having no regard for himself or for others. When you don't have anything else—job success, friendship, family ties—your last resort for creating your own identity is sexual aggression."

In studies of the rapists sent to the center over the past 16 years, Groth and his colleagues have identified four types of the act: displaced rape (brutalizing of women to strike back at a female in the rapist's past); compensating rape (an attempt to bury insecurities by controlling a woman, and sometimes trying to impress her with sexual prowess during rape); narcissistic rape (self-gratification rather than deep hostility, as in the case of the burglar who rapes a woman who happens to be in the house he robs); and sadistic rape (sexual pleasure comes only from inflicting pain).

Frederic Storaska, who has studied more than 4,000 rape cases as executive director of the National Organization for the Prevention of Rape and Assault, believes that there are two broad categories of rapists: the man who feels inferior, puts women on a pedestal and rapes to increase his own sense of worth; and the man who actually thinks women are "asking for it." Like the feminists, Storaska considers the principal cause of rape to be male aggressiveness, fostered by "the overall pressure our competitive society puts on its male contingent, giving men the impression that all things are there for the taking." Storaska is pessimistic about any attempts to curb rape by enacting tough new laws. "We have to change attitudes on juries," he says.

FRED CONRAD



LEARNING SELF-DEFENSE
A time to fight back.

Feminists agree that juries remain a troublesome problem in their anti-rape drive, a point that is also supported by Judge Lawrence H. Cooke of the New York State court of appeals. Says Cooke: "The defense rarely ever waives a jury trial, knowing that the jury is an ally, not an enemy. Juries, which are often male-dominated, are extremely reluctant to convict." So are a surprising number of female jurors. Many middle-class women jurors prefer not to believe young, braless and freewheeling rape victims. In particular, the myth that victims somehow provoke and accept rape is still very much alive. "In our many years of work with the sexual offender," reports Psychologist Groth and Co-Researcher Ann Wolbert Burgess, "we have yet to find a genuine case of sexual provocation on the part of a victim."

The dilemma for women is that they are still unlikely to win a rape conviction if they cannot present evidence of a struggle with the rapist, though fighting back may bring mutilation or murder. In an extreme example of this bias, a one-armed Chicago woman who had been raped at gunpoint was asked accusingly by the defense attorney: "Did you even try to grab the gun?" Yet researchers increasingly agree with the feminist advice to fight back unless the attacker is armed. Says Clinical Psychologist James Selkin, director of the Denver General Hospital's Violence Research Unit: "A potential rapist looks for a woman who is vulnerable to attack." In Selkin's view, an unarmed rapist who approaches a woman on a dark street, seizes her and says, "Don't scream," is usually testing the potential victim by asking, in effect, "Can you be intimidated?" His advice: scream, kick or flee instantly—since he has not yet committed a crime, the rapist can back down and pick a less troublesome victim.

Some women report success in engaging the rapist in calm conversation. One Florida woman began chattering about the book *Jonathan Livingston Seagull.* Apparently stunned—or perhaps just bored—by her tales of the book, the assailant left without raping her.

Despite the risk, the signs are that more and more women are inclined to fight back. In her book, *The Politics of Rape,* Diana Russell, a Mills College sociologist, gives a dramatic example of their growing pugnacity: three women —angry at a man who boasted that he had committed rape—sought him out, punched him in the genitals and beat him up. "I'd like to see more women hit back or hit first," said one of the women. "I think women should learn how to use guns, and I think they should carry them in the streets. And if they are harassed, they should pull them out, and if that doesn't work and a man continues to harass them, then they should shoot him."

Brownmiller, too, insists that it is time for women to fight back. But she is less interested in individual action than in defining the issue politically and forcing society to act. "My purpose in this book has been to give rape its history," she writes. "Now we must deny it a future."

Crisis Intervention And Investigation Of Forcible Rape

By
Morton Bard
and
Katherine Ellison





MORTON BARD is professor of social psychology at the Graduate School and University Center of the City University of New York. His interest in human crisis began with extensive research on the psychological impact of cancer and radical surgery. Dr. Bard has directed a number of innovative community-oriented projects and organized the first Family Crisis Intervention Program within the New York City Police Department. His current focus is on crisis intervention and interpersonal conflict management in the police function.

KATHERINE ELLISON is a doctoral student in social-personality psychology at the Graduate Center of the City University of New York. For the past year, she has served as consultant to the Sex Crimes Analysis Unit of the New York City Police Department as a trainee in urban psychology under an NIMH training grant.

THE TRADITIONAL FOCUS of the police has been on law enforcement: the solution of crime and the apprehension of offenders. However, it has become almost a cliché to point out that analyses of the police function reveal that they have increasingly fallen heir (estimated to occupy between 80 and 90 percent of their time) to an increasing array of important human service functions. Traditional training gives them few tools to aid them in performing these functions. If the police are to provide these human services in the manner most satisfactory both to the public and to the officer, it is essential to draw upon the knowledge in other fields related to human behavior. This does not mean that police officers should be made over into psychologists or social workers, rather it means that they should combine knowledge from these fields with their own unique experiences and expertise to perform all aspects of their job with maximum effectiveness, safety, and satisfaction.

Both law enforcement and human service functions are combined in an officer's dealings with a victim of forcible rape. This paper will deal with ways in which the police can use psychological knowledge both to benefit rape victims and at the same time to enhance their ability to apprehend offenders and close their cases satisfactorily.

The handling of rape investigations with psychological insight not only benefits the victim in terms of future psychological functioning, but also results in greater job satisfaction for the officer. In addition, it has ramifications in a larger sphere: "the word gets around," and an image is projected to the public of an authority with psychological and technical competence. This must lead not only to greater public cooperation but also to a greater sense of security for the public at large.

CRISIS THEORY: THE BACKGROUND

The body of psychological knowledge known as crisis theory is particularly useful in enlarging an officer's understanding of the victim's psychological state and reactions, of the way the victim views the situation, and of the officer's role in relation to that event.

Modern crisis theory had its origins in 1942 when a Boston psychiatrist, Erich Lindemann, and his colleagues from the Harvard Medical School, became involved with the victims and the families of victims of the Cocoanut Grove fire.[1] This terrible nightclub conflagration, in which almost 500 lives were lost and many more people were badly hurt, had a major impact on the city of Boston.

Lindemann's work with survivors, their relatives, and friends, produced many ideas about how to deal with victims in crisis. This work has been enlarged and elaborated on by other researchers in the field. Much of the work that has been done has dealt with people in psychiatric crises, while practical applications in other areas have been slower to develop. This paper will suggest that crisis intervention theory has particular relevance to the police especially in their interactions with the victims of crimes against the person, particularly the crime of forcible rape.

CRISIS AND ITS ASPECTS

Crisis may be interpreted in a wide variety of ways, but common to most definitions is the idea that it is a turning point in a person's life. *It is a subjective reaction to a stressful life experience, one so affecting the stability of the individual that the ability to cope or function may be seriously compromised.* Crisis comes in many kinds and degrees. An event that may be of crisis proportions for

[1] Lindemann, E. Symptomatology and Management of Acute Grief. *American Journal of Psychiatry*, 101, 1944.

officer who investigated the case and complain of acute or chronic insomnia, or phobias, or that she is depressed and cannot stop crying, and the like. Because crisis-symptoms might not be evident immediately but may show up after some period of time, the officer must act as though the situation is of crisis-proportions.

CHARACTERISTICS OF SUCCESSFUL INTERVENTION

Given the elements that make for crisis, the question then becomes, what are the basic elements that contribute to dealing successfully with a person in crisis? Specifically, what should a police officer do to help the person in crisis regain equilibrium while, at the same time, furthering his own work?

Police have several advantages as crisis intervention agents. Those who have worked with the crisis concept have emphasized the importance of earliness of the intervention. Being on the scene early allows one to take advantage of the period when the victim's defenses are down, when he/she is open and accessible to authoritative and knowledgeable intervention. The police officer is there early simply because people in crisis turn first to the police, especially when the crisis is precipitated by crime. Because the officer is on the scene first, actions taken can critically affect, either positively or negatively, the victim's subsequent behavior.

Almost as important as the immediacy is the question of authority. Most professionals in our society are seen as authority figures and their ability to perform their duties is enhanced by this aura of authority. Professional people are expected to be competent, to be able to do their jobs well. Because professionals are expected to be competent, those seeking their services act in ways that will facilitate this competency; for example, people listen and follow directions.

Some professionals have learned to take advantage of the public confidence that comes with authority. In the field of medicine, it is common knowledge that most of what a doctor cures has nothing to do with anything that is specifically wrong with people. At least 70 percent of the time of a general practitioner is devoted to functional disorders, i.e., with ailments that are basically psychological in origin. (Not unlike the 80 percent of police time being concerned with non-crime functions.) What people are cured by is a kind of laying on of hands. The doctor has come to have enormous authority in the eyes of people, and they turn to him for the satisfaction of psychological as well as physical needs. In the course of his training he learns how to use this authority in helping patients feel better.

Similarly, a police officer has considerable authority, both real and symbolic. The officer is the symbolic representation of everything from parent to the state. This is especially so when people are in trouble; people turn to the police to help in all sorts of difficulty, from a cat on the roof, to disputes with landlord or spouse, to emergency illness, to rape and robbery. Trouble is the business of the police, and society grants them much authority to help them deal with it. They must learn to use this authority. Because the police, by the nature of their job, have immediacy and authority, their behavior toward the individual in crisis must have impact upon both short and long-term adaptions of such people.

IS RAPE A SEX CRIME?

It is common to regard rape as sex crime. However, there is reason to question this view. Indeed, looking at it in the traditional way may well create a set in the police investigator's thinking that is dysfunctional. That is, to regard the act primarily as sexual in nature may distort the view of investigating officers, giving them a sense that they are dealing with something that really belongs in the area of morality. If one looks upon rape as a crime against the person, one may be more disposed to see it as one would view other aggressive crimes, such as robbery, assault, etc.

The difference in point of view may have a significant effect on the investigator's handling of the case. Despite the new morality, in our society sex is still a subject that is highly charged emotionally, and is difficult to deal with coolly and objectively. Even the most hardened officer, for example, often reports difficulty in dealing with the case of a child who has been sexually molested. The special feelings in our culture about sex are revealed by the fact that, in many states, laws dealing with sex crimes differ significantly from laws dealing with other crimes against the person. For example, a woman carrying a purse is ordinarily not considered to be "asking for" a mugging, but a woman in a short dress is often accused of "asking" to be raped. No other crime has such stringent corroboration rules or requires such blameless character and conduct on the part of the victim.

Recent research on rape[2] suggests that the intent of the offender is more often aggressive than sexual to prove his own masculinity and invulnerability by scapegoating and degrading the victim. Contrary to popular belief, the average rapist probably is not someone for whom normal sexual outlets are unavailable. Often too, the crime may follow a fight with a mother, a girlfriend or wife, and be a displacement of hostility against that woman.

RAPE IN THE CONTEXT OF CRIMES AGAINST THE PERSON

To understand the impact of rape, it would seem appropriate to examine it in the context of other crimes against the person as they are experienced by the victim. All crimes against the person can be said to be violations of the self[3] and, as such, precipitate crisis reactions.

A burglary is such a crisis-inducing violation of the self. People usually regard their homes or apartments as representative of themselves. In an important symbolic sense, their homes are extensions of themselves. It is, in the most primitive sense, both nest and castle. Particularly in a densely populated, highly complex environment it is the place that offers surcease and security. Each nest is constructed uniquely; each is different, just as individuals are different. When that nest is befouled by a burglary, it is not so much the fact that money or possessions have been taken, but more that a part of the self has been intruded upon or violated.[4]

In armed robbery, a somewhat more complex violation of self takes place. While in burglary, the victim is not directly involved, here the violation of self occurs in a somewhat intimate encounter between the victim and the criminal. In this crime, not only is an extension of the self (property, money, etc.) taken from the victim, but he or she is also coercively deprived of independence and

[2] Amir, Menachim. *Patterns in Forcible Rape*, University of Chicago: Chicago, 1971.

[3] The self is an abstract concept; sometimes called ego. It is the sum of what and who a person feels he is. A large part of the concept of self involves the body and the way one feels about the body, but it also includes such extensions of the self as clothing, automobile, and home. For example, this may be expressed in such ways as: "That's just the sort of house I'd expect him to have."

[4] This explains the sense of feeling "dirtied" often expressed by burglary victims. The intent to degrade is borne out by the fact that many burglars leave behind wanton destruction, and even, sometimes, deposits of feces.

autonomy, the ability to determine one's own fate. That is, under threat of violence, the victim surrenders autonomy and control, and his or her fate rests unpredictably in the hands of a threatening "other." This kind of situation must have a profound ego impact.

Now let us go a step further on the scale of violation of self to assault and robbery. Here there is a double threat: the loss of control, the loss of independence, the removal of something one sees symbolically as part of his "self," but now with a new ingredient. An injury is inflicted on the body, which can be regarded as the envelope of the self. The external part of the self is injured, and it is painful, not only physically, but internally in ego terms as well. Victims are left with the physical evidence reminding them that they were forced to surrender their autonomy and also of the fact that they have been made to feel like less than adequate people . . . a visible reminder of their helplessness to protect or defend themselves.

In this discussion we have moved from considering the implications of the violation of self as it relates to the extension of a person (burglary), to the loss of control and autonomy as well as part of the self (armed robbery), then to considering the insult to the envelope of the self as well as the loss of autonomy (assault and robbery). Now to the ultimate violation of self (short of homocide[5]), forcible rape. In the crime of rape, the victim is not only deprived of autonomy and control, experiencing manipulation and often injury to the envelope of the self, but also intrusion of inner space, the most sacred and most private repository of the self. It does not matter which bodily orifice is breached. Symbolically they are much the same and have, so far as the victim is concerned, the asexual significance that forceful access has been provided into the innermost source of ego.

From an ego-psychological point of view, this kind of forceful intrusion into interior space would have to be one of the most telling crises that can be sustained, particularly since it occurs in the context of the moral taboos which traditionally have surrounded the sex function. Indeed, to view rape as purely a sex crime encourages the search for possible sources of satisfaction in the experience for the victim. Actually, there is little opportunity for gratification in the context. For example, if one focuses only on the sexual, one would be tempted to minimize the effects of rape on women with considerable sexual experience. This is not the case. That is why promiscuous women or prostitutes, for whom sexual activity is certainly part of their normal adaptive pattern, will experience rape as a crisis. For all women the focus is upon the intrusion and the violation of self; even prostitutes, for whom sex is a commodity, there is a need to have a sense of control, a sense of autonomy. When this is taken from any woman, her defenses will be incapable of protecting her ego.

Adding to the victim's distress over violation is her awareness of cultural myths about rape, leading to fears of how friends and relatives will react toward her, and perhaps guilt feelings that she surrendered under duress, to a "fate worse than death." In this fearful, disrupted state, she sometimes comes to the police.

IMPLICATIONS FOR THE INVESTIGATOR

The implications of all this for police investigators are truly profound. If officers realize the crisis significance of rape and have an understanding of their role, particularly in terms of its immediacy and authority, they can be considerably aided in achieving a successful outcome of the investigation. Remember that an individual in crisis may be in a state of regression, and it is natural in such a state to try to defend the self by repressing the noxious experi-

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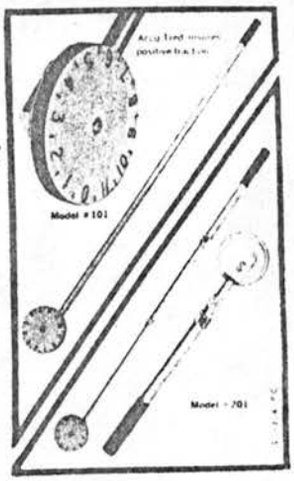
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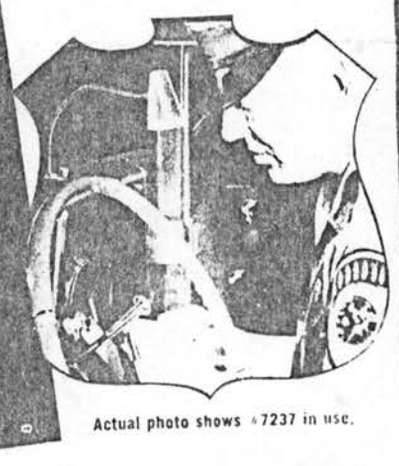
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because the officers gave her and her family the support they needed in crisis.

In the long run, then, more information is likely to be gained with a little increase in time spent by the investigators. They have established a relationship of trust with the victim and with her family. Their desire to help reciprocally will also lessen the likelihood, so frustrating to the investigators, that if a suspect is arrested, the victim will refuse to cooperate, or that her family will put pressure on her to forget the whole incident.

FURTHER GUIDELINES FOR INVESTIGATION

We have attempted to present here a broad outline of how the theory of crisis intervention may be related to work with victims of rape. This outline has emerged from a blend of psychological theory and the practical experience of officers with whom it has been discussed. In discussing this outline with police officers who have dealt with rape cases, several more specific questions about the best procedures have arisen. In answer to the most common questions, some general guidelines may be presented that seem appropriate for the majority of cases. It is up to investigators, however, to realize that each situation differs and to use their discretion and intuition in determining when these suggestions are appropriate.

1. It is critical that the investigator scrupulously avoid any suggestion of force. This is especially true if the officer is male (and of course, most officers *are* male). Often, in his zeal to complete an investigation, because he is committed to what he is doing and really involved, the officer may be perceived by the victim as aggressive and forcible. In a sense, he is acting toward her essentially as the rapist had acted. The implication is obvious.

2. It is crucial that an authoritative investigator present himself in a benign, nonjudgmental way. This is especially true for the male officer. He must have patience and attempt to create a climate that will allow the individual to bring to the surface the information willingly and naturally. The extra time that this seems to take in the short run will yield more information in the long run because it tends to short-circuit repression.

3. The officer should encourage the victim to talk about what has happened, even though he may find it painful and threatening to have to listen. He may want to probe gently in a later interview for information that may be particularly shameful to the victim or that she may not know how to express. This is particularly true if some form of sexual abuse or sodomy has or may have occurred. The officer may say something like, "Very often women tell us other things hapened to them, too, things they consider unnatural or find hard to talk about. Did anything like this happen to you?" The officer must be careful, at the same time, not to suggest things to a victim who may lie or remember incorrectly in an effort to please him. A very gentle approach, perhaps a bit off-handed, not intense probing, may prevent the tendency to induce suggested conformity.

4. The most appropriate place for interrogation differs with the circumstances. No relationship or encounter occurs in a void. It happens in a setting and the setting often determines what happens in it. Generally, the home is the best place for an interrogation, especially if the rape did not occur there and the victim has not expressed a desire that her family not know about the crime. The home is the extension of the self, and if the interview can be done privately, within the home, it often adds to the victim's sense of safety and security. If the officer is in doubt it often is appropriate to ask, "Where would you feel

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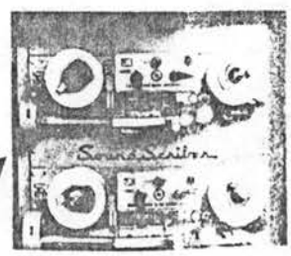
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ence. While regression provides an opportunity for fostering a relationship with the victim, repression may inhibit the communication of significant information.

A CASE HISTORY OF A RAPE SITUATION

Let us examine an example of a more-or-less typical rape case[6] and the way it was handled. Of particular interest are some of the crucial situations, how the police in this case handled them, what they did consistent with our understanding of crisis theory, and how they might have responded differently.

One Saturday afternoon an eleven year old girl, living in a large apartment complex in New York City, was accosted by a sixteen-year-old boy as she went into an elevator, was forced at knife point to the top of the building, and raped in the stairwell for half an hour. She was injured rather badly. When he left, she went down to the playground where she had been playing table tennis, picked up her racket, in a stunned manner, commented on the experience to two of her little girl friends, then went to her own building, took the elevator to her family's apartment, and told her mother about it. Her mother called the police. The police arrived quickly, questioned the family and the child with official demeanor, took the facts, and advised the family that detectives would be there shortly to conduct an investigation. They then advised a hospital examination and, indeed, took the child and her mother to the hospital which was not far away.

About two hours later, two detectives arrived, asked essentially the same questions that the original officers had asked, told the parents they would in touch again, and left.

Then the problems began. The child tried to talk about the event as the evening went on and both mother and father conspired to keep her from talking about it. The mother's guilt was operating; she experienced the event as having somehow been her fault. She had not protected her child, did not go down to the playground with her, did not keep an eye on her, etc. The father was enraged and guilty because he too had somehow failed to protect the child. There was a fifteen-year-old brother in that family who was also thrust into a state of crisis, and was being ignored. Why was he in a state of crisis? It was an event that had involved sex, an issue about which adolescents are particularly concerned. There was not much age difference between the two children; they were of different sexes, and there must have been some feelings. After all, incest taboos operate strongly in all families. And, additionally, the victim had reported that the rapist was about the same age as her brother. Thus the situation must have had serious implications for him.

What we see here is an incident in which the crime of rape has produced a crisis not only for the victim but for the entire family as well.[7] The impact of the crisis, its shattering effects, the regressive tendency of all members of this family cry out for a firm, gentle but knowledgeable authority who, by his actions, can satisfy the need for support and strength. And if this authority is a police officer, he can at this time set the basis for furthering his investigation.

For example, the parents might be approached in the following way: "Look, we're police officers; we've had experience with this sort of thing, and we understand. So let's talk about what our experience tells us is going to happen as a result of what's gone on here. You're going to feel more guilt than you may realize about what's happened to your little girl. You're going to ask yourselves, 'What could I have done to prevent this?' Well, in reality, you didn't do anything wrong, and neither did she, and there probably was nothing you could have done to prevent it. But we realize that knowing this is so doesn't keep you from feeling guilty all the same, and we understand that."

Just such a simple statement gives the message that this person with authority is knowledgeable and understanding and can actually predict and give voice to the gnawing internal experiences of these parents. Somehow this process is not only reassuring but encourages trust and an openness with the officer.

From there the investigators might go on to anticipate their future reactions so that the family and/or the victim can recognize them and deal with them as they occur. At the same time, they may set the basis for furthering the investigation. They might say something like, "We know that this is painful for the family, too. You're probably going to have a tendency not to want to hear about it, to feel that it would be best for everybody if your child didn't talk about it. But our knowledge in these situations tells us that people have a compulsive need to talk about what has happened to them, to 'get it out of their system,' to share it with someone who understands and who won't judge her or be harsh with her or blame her and says in effect, 'We still love you.'

"Now, I want you to do a job for us. I would like you to listen to what she has to say, and if at any time in the retelling of the story there is a new piece of information you didn't hear before, write it down, and call us immediately."

In other words, these officers would not only be demonstrating to the family that they know what they are doing, but they have also given them a job to do in relation to the event. They have made them partners in apprehending the offender. The family members can feel that they can do some good in the apprehension, and at the same time they are doing the most helpful thing they can for the victim.

From the viewpoint of the investigating officers, this may seem the long way around. It implies that they should not try to get more than the barest facts at first, that the original report by the patrolman first on the scene probably is enough to begin with, and that probing at this point, especially aggressive probing, is more likely to be harmful and impede the flow of information than to be helpful.

So we would suggest that the first interrogation or interview be a very general one, a helpful one, one that demonstrates to the victim and her family that the officer is concerned about them. The emphasis is on the victim and on her family, not on the offender . . . not yet. First the victim must be allowed to "pull herself together," then she will be willing and able to deal with cooperating in the process of apprehending the offender. A realization of this priority establishes a relationship that will serve as a basis for gaining information. The investigators might even set up an appointment and say, "We'll be back next Wednesday, and we'd like to talk to you then and see how things are going. Maybe then you'll feel a little differently, and will want to go into the matter a little more." The situation is defined as one of helpfulness, not force, and the victim will repay with information and cooperation

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[5] Homicide, of course, is the ultimate violation of self. However, witnesses of the homicide or relatives of the victim are usually in a crisis state. The intervention techniques useful with the victims of crimes against the person are appropriate for use with these individuals.

[6] Contrary to public expectations, the majority of victims of rape are in their teens, and younger victims are common. Parenthetically, young male victims of sodomy are not uncommon either.

[7] This must be so in all cases; even if the victim does not tell her family about the crime, the changes that will almost inevitably be produced in her behavior as a result of the crisis will become obvious to those close to her. They will wonder what is wrong and be upset by these changes for which they can see no reason.

one person may have less effect on another, but there are some situations that may be considered crisis inducing for any individuals who experience them.

Crime victimization is one of the most stressful events in life. While it is not usually seen in crisis terms, it has all of the qualities that make for crisis. People tend to react to crime with the behavior that one sees in other, more obvious, crisis-inducing situations.

As every officer realizes, people respond differently to having been victims of crime. While highly personal reactions to stress make it difficult to suggest a formula approach to people in crisis, it *is* possible to define some aspects of a situation that will typically be perceived and reacted to as a crisis. It may be useful to discuss important characteristics of stressful situations that result in a crisis reaction.

A. Stress

1. *Suddenness.* Stressful life events that are sudden tend to have a crisis impact. When a situation comes on slowly, people are able to readjust their psychological defenses slowly to cope with it. The death of a loved one who has been dying slowly over months or years usually has less crisis impact than a sudden, unexpected death.

2. *Arbitrariness.* A situation that is arbitrary usually is experienced as a crisis. This is the sort of situation that seems unfair, capricious, and highly selective; it seems to happen in a no-fault, "out of the blue" way, resulting in the "why me?" phenomenon. An out-of-control auto selectively hitting one pedestrian in a crowd is an example of arbitrariness.

3. *Unpredictability.* Closely tied to arbitrariness and suddenness is unpredictability. In everyone's life there are normal and predictable developmental crises for which one can plan: marriage, a new job, a school examination, elective surgery, or any number of other events that are stressful but that can be predicted as being such with greater or less accuracy. Crises that can be anticipated lend themselves to planning so that some of the severity of the impact may be reduced. On the other hand, there are those crises which cannot be predicted. They are precipitated by wholly unforeseen events such as natural disasters, serious accidents, or crimes. It is the unpredictable that further confounds and complicates the stressful event leading to a crisis reaction.

B. Reactions to Stress

1. *Disruptiveness.* A crisis reaction has the characteristic of disrupting normal patterns of adaptation. Normally all of us have defenses which operate all the time to preserve the sense of "self," that is, to protect the self against the normal ebb and flow of life's events. We stay on a pretty constant course that way. But under the impact of a crisis-inducing situation, those defenses are disrupted and functioning suffers. Sleeping and eating patterns may become disturbed, work inhibitions may develop, attention and concentration become difficult.

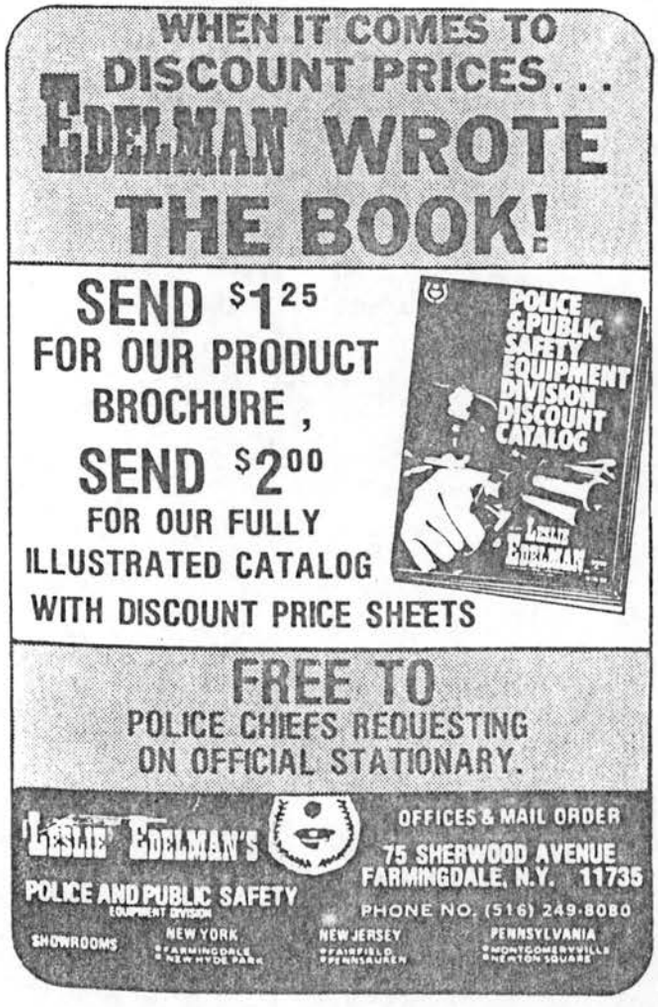
2. *Regression.* Often individuals regress, that is, emotionally they revert to a state of helplessness and dependence that characterizes an earlier stage of development. When in a crisis, an otherwise mature and effective person behaves almost like a child in seeking support and nurturance, guidance, and direction from those regarded as strong and dependable.

3. *Accessibility.* With characteristic defenses disrupted in a state of helpless dependency, individuals in crisis are extraordinarily open and suggestible. This provides a unique opportunity to affect long-term outcomes.

One of an individual's most basic needs at this time is to ventilate feelings—to be able to talk about what has happened, to "get it out of your system." At this point sensitive intervention can help the person work through turbulent feelings about the experience and can minimize the long-term damage to psychological functioning.

If there is insensitive intervention that discourages ventilation, the individual quickly regroups his defense mechanisms and attempts to use them, often in extreme forms, to deal with the crisis. The defenses, instead of being appropriate reactions to a crisis situation, might harden into inappropriate habit patterns. For example, a common defense mechanism found in victims of crime is repression; they "forget" what has happened to them and can give only the barest, most confused details to the investigating officer. (One psychological theory tells us that this forgetting is only apparent and that the events continue to influence behavior.) Victims may tend to become paranoid and to feel someone is following them, or that the environment is dangerous, or that the offender is lurking nearby, even when this is not possible. They may develop nightmares, compulsions, or excessive, unreasonable phobias. Such defensive reactions often hinder not only the initial investigation, but also the successful legal pursuit of the case when the offender is apprehended and the case comes to trial. The person who "can't remember," who refuses to leave his or her room, and who fears all strangers can hardly be an ideal witness.

The disruption that occurs with crisis may become apparent immediately or there may be a delayed reaction. A police officer often will see a victim of serious crime, such as rape, who seemed calm and unconcerned at the time, but who, three or four weeks later, will need psychiatric treatment or be hospitalized. She may even call the



most comfortable talking about this?" The station house usually is the worst place. It is an environment that is conducive neither to the sense of comfort nor of ease.

5. The question of place leads to the problem of the presence of others, and the necessity, often, of dealing with the family as well as with the victim. Most victims are part of a social network, and their reactions to a crisis will necessarily affect the way they relate to others, whether the others are told directly about the crisis or not. A victim may be afraid to tell her husband about the rape, but he cannot help but notice that her behavior has changed, that something is wrong, and this will, in turn, influence his behavior toward her, often in ways that make the crisis worse for her.

6. The victim always should be seen privately. Even the most well-meaning relative or friend will be upset by the situation and will tend to try to cut off the victim's need to ventilate. If the interview is in the home and the family members seem particularly anxious, it is sometimes helpful to interview the other members of the family first. This should be done without the victim in the room and for the purpose of assuring family members that both they and the victim are blameless. It is important that the authority make clear that the victim acted correctly because she is still alive. It is important, too, to reflect for them something of what they are feeling. They then may be enlisted as helpers in the investigative process.

7. If the victim comes to the station house alone to report the crime, she may want and need support in dealing with her family. It is appropriate to ask if she would like to be taken home and have the officer help her explain the situation to her family. At any rate, given the nature of the social view of this crime, the meaning the crime has for the victim (i.e. violation of self), and the effect upon the person, it is very important that the privacy of the relationship with that immediate authority be uncomplicated by any other relationship. It should be developed in the context of confidentiality and closeness. If the officer establishes a good relationship with the family so that they understand the crime and its significance to the victim, then they have a way of dealing with the situation. This enables them to relate to the victim with the same sense of compassion and understanding that they have just received.

8. In later interviews, the officer assigned to the case may help the victim by de-mystifying the court procedure to her in a supportive way. He may also give her the names of organizations that have been formed to help the victims of rape. In New York City, for example, members of women's organizations familiar with the court procedure are available to supportively accompany the victim through the complexities of the legal process.

9. A frequently asked question is whether the officer assigned to the victim of a rape should be male or female. The reality in most police departments in this country is that the bulk of work is done by male officers. Even if one wanted to refer the victim to a female investigator such an officer may not be available. If the victim specifically and spontaneously requests a female officer, every attempt should be made to provide one for her. However, there is some feeling that there are advantages to having a sensitive male officer deal with the case. An understanding, supportive male at this time may help the victim overcome a natural aversive reaction to men. That is, she sees, at a time when such an experience is vital, that not all men are aggressive and harmful. This may ease her job of relating to the other men in her life. In any case, more important than the sex of the investigator is the individual officer's crisis intervention and investigative competence.

SUMMARY

In this brief presentation we have attempted to place the crime of forcible rape in the context of crisis theory. An understanding of human crisis and of crisis intervention techniques by an investigating police officer can immeasurably aid the rape victim in preserving her psychological integrity and also aid the investigating officer in the apprehension of the offender and in the preparation of a case that will stand up in court. ★

GOAL SETTING/CONTINUED FROM PAGE 34.

CAUTIONS TO CONSIDER

It should be noted that goal setting should not be done haphazardly, and short-range goals should be set that are obtainable within that certain degree of stretch. If a department or division is given an objective that is unreasonable in terms of accomplishment, this may result in lower morale and cause an increase in problems. Keep in mind that objectives, or goals, are the ends toward which the activity is aimed and not the means of the activity.

ADVANTAGES OF GOAL SETTING

1. Gives a basis for measuring overall departmental effectiveness.
2. Aids administrators, government officers, and citizens in decision making.
3. Aids in reducing crime rates.
4. Points up weaknesses within the organizations.
5. Aids in budgeting funds.
6. Improves officer morale.
7. Aids in community involvement.

FACTORS TO CONSIDER

Goal setting has tremendous advantages; but it requires one thing of everyone who participates: it requires that the participants be willing to take a risk. If one fails to reach his set objectives, then both he and others know that he has fallen short of his goal. This fact may tend to instill an incentive to reach the objective to avoid personal condemnation. Goal setting must become more than a program; it must become a state of mind.

Businesses have long used objectives as tools in managing their organizations, and they are not afraid to take risks because they know that the road to success is lined with these risks. If this is true of businesses, then why should police departments, which are the greatest risk-takers in terms of physical danger and whose success as an organization is of paramount concern to the whole community, be afraid to take the necessary risk to reach their objectives? ★

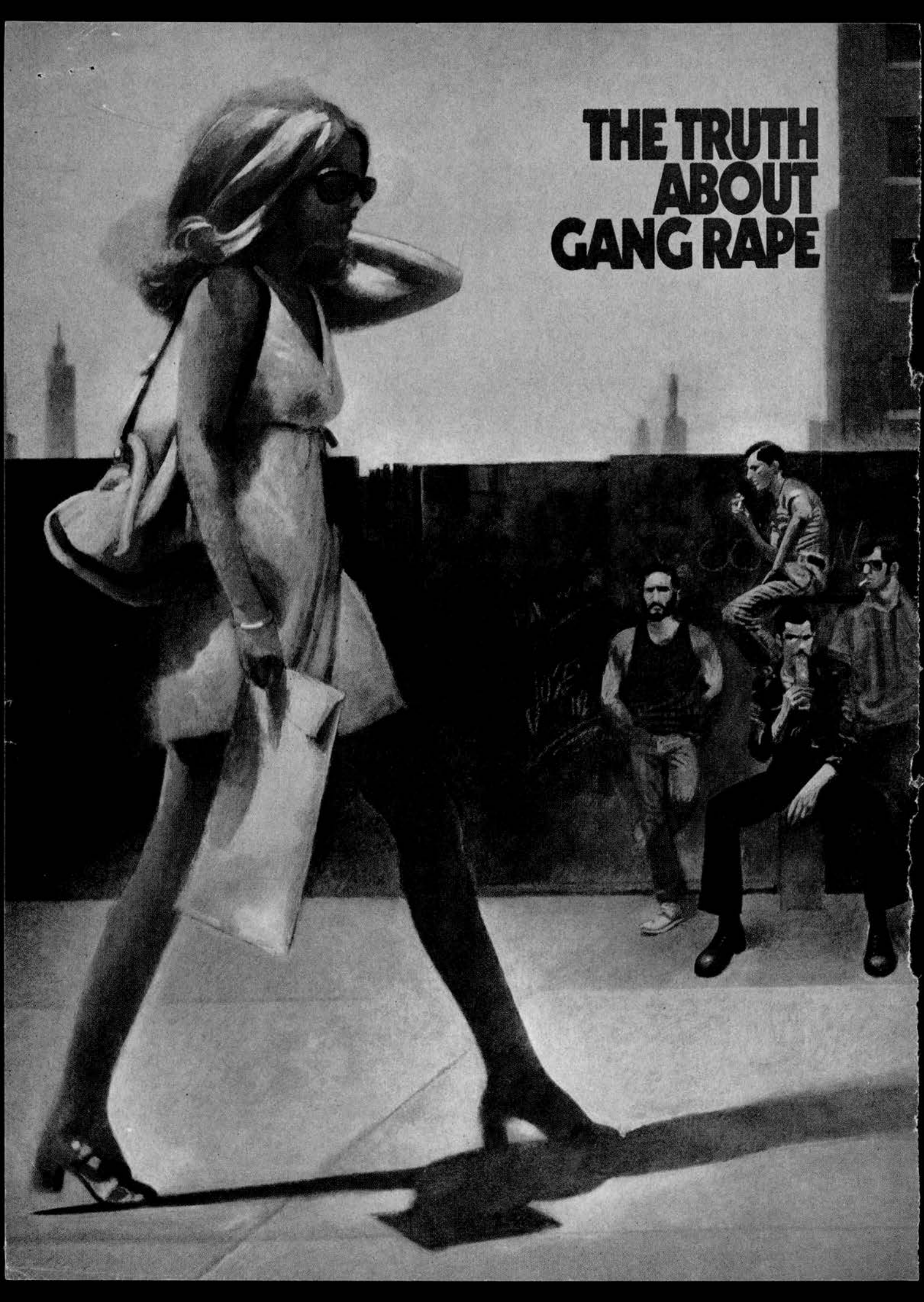
SOURCES

Learned, Edmund P., and Sproat, Audrey T. *Organization, Theory and Policy* "Notes for Analysis." Richard D. Irwin, Inc.: 1966.

Odiorne, George S. *Management by Objectives.* Pitman Publishing Corporation: 1965.

The Challenge of Crime in a Free Society. "A Report by the President's Commission on Law Enforcement and Administration of Justice": 1967.

Task Force Report: The Police. "A Report by the President's Commission on Law Enforcement and Administration of Justice": 1967.


THE TRUTH
ABOUT
GANG RAPE

Single men, therefore, join the ability to kill with a knowledge of their own expendability. It is a terrible combination when they lose their sense of ever reaching the dominant class; when they despair of being wanted by women and needed by society; when they feel they cannot meet the test and make it as men; when, indeed, they cannot even find the testing ground. Then their talent for death can be turned against themselves. And they are brilliant at it.

Single-male suicides do not mess around: no half-hacked wrists, or semisignaled sleeping pills, or window-ledge posturings. They *do* it, coolly, fiercely, efficiently. They do it four times as often as young married men, five times as often as married women, four times as often as single women. One of them I know about—a charming, intelligent young man—was interrupted by the milkman as he tried to gas himself. The boy conversed calmly for twenty minutes, disarming all suspicion, and then proceeded to finish the job. Another acquaintance, an extraordinary boy, escaped from a mental hospital and used his expert mechanical and tactical knowledge to build a perfect gallows in a darkened cellar, where he would be discovered by his mother when she turned on the lights to do the laundry.

Suicide is not restricted to *young* men. After the perilous early twenties, the older a man gets without marrying, the more likely he is to kill himself. In addition, there are many forms of suicide that are listed under other names. Single men have almost double the mortality rate of married men and three times the mortality rate of single women from all causes: from automobile accidents and other mishaps, as well as from the whole range of conventional diseases. Most of the illnesses do not become evident until after age forty-five. Many of them, it is safe to say, represent various forms of disguised or unconscious suicide.

One of the chief ultimate causes of death throughout the animal kingdom is a collapse of the will to live. Healthy animals of many kinds die in captivity. Dominant baboons and other animals often die of "natural" causes shortly after losing their positions to younger rivals. Primitive tribes suffer high death rates when economic change or technology destroys their culture. American politicians often die shortly after defeat ends their careers.

In analyzing the high death rates of single men, sociologists normally focus on the bachelors' lack of the kind of "personal maintenance" married men enjoy from their wives.

But this notion completely misses the point. Single men are perfectly capable of taking care of their physical needs when they want to. Most of them can cook, sew, clean up, and perform other "maintenance" tasks. The problem is the will, not the way.

The maintenance explanations are inadequate to explain the all-encompassing reach of single-male afflictions. Is it not more likely, for example, that if heart attacks were banished, one would merely find many of these men dying in other ways—or swelling the ranks of the mentally ill? Altogether, the pattern of mortality among single men is so various and inexorable that it suggests an organic source: a failure of the will to live, a disconnection from the life force itself as it arises in society.

Men need women—far more than women need men—for their very survival. Men need a biological and sexual tie of the sort uniquely provided by marriage and children. Otherwise they are relegated to the optional fringes of life; and, like single warriors, they know they are dispensable. The struggle for marriage and family is a struggle for life itself.

The problem is that men do not necessarily know this. Many continue to pursue an obsolescent manhood of the hunting party. They become increasingly alienated from the patterns of family life . . . which offer the *only* widely available way to work out a full manhood of seventy years.

INDECISION

[continued from page 205]

in itself. One smart girl knows she oughtn't rush an important decision. "I'm pretty sure I want to become a gynecologist, but I'm not certain yet," she says, and, in the meantime, is working at a secretarial job to give herself enough time to ponder. Sometimes we're better off letting decisions kind of make themselves; it can be a great mistake to push them. Remember, *all* indecisiveness is not neurotic; sometimes our minds and hearts merely need a little time before they tell us, surely, how we should decide.

Use tricks. While not rushing into decisions is good, we do have to decide *some*time and, here, resorting to mental gimmicks can often be helpful. A Boston cousin of mine who got a job in New York and then agonized constantly about which weekends she should spend visiting her mother, finally made a blanket decision to go home on the third weekend of each month. "That's *it*," she said. No more agonizing. Another friend has made a firm rule: When in doubt, say no. "If I don't immediately feel a spontaneous, Yes, *yes*! about something, I make it an automatic No." Such tactics can help you resolve tiny problems so you have energy enough to tackle really big decisions.

Ask advice. Now, we've already talked about the obsessional advice seeker who must ask everybody she knows about what to do before making up her mind. However, it is not neurotic to let one or two important people in your life serve as "counselors" to whom you go for help when you're feeling confounded. Rules here are to be very careful to give your advisers enough objective information so they can counsel wisely, and to be sure their advice doesn't *in itself* determine your decision. What a respected friend says ought to be one factor in helping you make up your *own* mind, and not a "dictate" you automatically follow.

Write dilemmas down. You've been living with a man for six months and can't decide if he's right for you or not. Or, you've been playing for some time with the notion of leaving your job, but can't muster the resolve to *do* it. If indecision over an important step in life is paralyzing you, try this tactic: List all the qualities about your mate (job, apartment, whatever) that you really enjoy, and, opposite these, write down all the things you hate about him or it. Then put the list away. Let a decent interval pass (say, a few months), and make another list of the same type. Compare lists. If the same things are still making you unhappy now that were bothering you months ago, this is evidence that you should *change* your situation. If, on the other hand, there are more good entries than before and "defects" are now fewer, that's an indication that you should keep job, mate, apartment, or whatever you were in doubt over. Making lists helps clarify problems and makes them easier, even for an indecisive girl, to handle.

Allow yourself some errors . . . in advance. Another big help to the indecisive is simply to realize that you are allowed mistakes. A woman vice president of one of the biggest sportswear companies in the country says, "Listen, you're going to make a certain number of wrong decisions anyway, and a certain number of right ones. So all you can do is honestly say what you think and do what seems best at the time." When you play it that way, the results will sometimes make you wince, and that's all right, too. Your choice just didn't work out. Each of us must realize that no matter how smart or careful or determined we are, every step we take in life can't be a right one. However, neither does a bad decision usually bring our world crashing down around us; most mistakes aren't *that* serious! So, relax, and remember that living in peace with your own mistakes is probably the absolutely most important factor in finally learning to *decide!*

The most brutalizing, demeaning, humiliating of all abuses against women, this hideous crime also takes its toll on men. The act reveals their potency is mock, their sexuality pseudo, their manhood sham.

By Anne Roiphe

☐ Sometimes, a young woman without a date or a prospect rebels against the thought of another long night of television. She leaves her apartment for some kind of distraction from loneliness, for some kind of contact. She may go drinking alone in a shabby bar in a neighborhood where the garbage isn't regularly collected. She may start talking with two young men who buy her a few drinks and tell sophomoric jokes on some ethnic minority a neighborhood away. She thinks she's safe because there are two of them—and anyway, it's important to trust people, otherwise you'll spend your whole life alone. How's a girl ever going to find any loving if she glares at everyone, suspecting disaster. But later, in the car, squeezed between the two men, she's beginning to wonder. "I have to call my mother," she says. No one pays any attention. They stop at another bar and pick up four more fellows who laugh and punch each other and call her Honey. Back to the car, all seven of them. The man next to her puts his hand up her skirt, and from behind, groping over the front seat of the car, hands are opening her blouse, her nipples are rubbed and squeezed, and no one seems to care that she's crying. A gang rape—an event on the statistical rise—is about to begin.

Gang rape, group rape . . . call it what you will. Rape by multiple attackers is a crime committed more frequently than is generally thought. According to the latest statistics (gathering and collating them is a task akin to counting raindrops on a windowpane, for most group rapes are not reported at all), 43 percent of all rape victims in Philadelphia, 18.5 percent in Denver, fully half in Toronto, and about 66 percent in Finland were attacked by two or more men. Gang rapes involving three or more attackers accounted for 25.7 percent of the rapists in Denver, 50 percent in Toronto, and 55 percent in Philadelphia. Victims of all kinds of rape are mostly between the ages of twenty and twenty-four. The majority of group-rape victims, as well as the substantial majority of their attackers, are between the ages of fifteen and nineteen.

Although the victims of gang rape tend to be wandering around in bad neighborhoods, picking up men whose educational level is minimal and whose social and financial impotency is obvious, every college coed who hitchhikes, every ingenuous girl out exploring the universe, indeed, any characteristically friendly woman who, for whatever of a thousand different reasons, finds herself in tricky company is a vulnerable target. And a more brutalizing experience than gang rape can hardly be imagined. Yet the humiliation and helplessness it heaps on the female are perhaps equaled by the degradation of the males who in group action reduce the sum of their human individuality to a mere violent spasm, without love or tenderness or mutual respect or even the ego pleasure of being physically wanted by another. The gang rapists are only having a quasi-sexual experience, a pseudophysical contact, a make-believe conquest. Individually, they are probably not perverts or voyeurs or flashers. They are usually fairly ordinary guys drinking at a bar with a few of their friends on a Saturday night with nothing special to do. But together, a hydra monster, they gain courage to attack. Individual scruple and private fastidiousness give way to a sharing of the same vagina, a communal urinal in which to vent rage with mock potency. "Mock," because the male erection in gang rape is not caused by desire for the female or even, I suspect, lust or sexual appetite. Rather, it seems to result from a mixture of aggression, anger, power, and a kind of male closeness—like boys playing on a team together, or a gang of kids who steal Cokes from the local supermarket. They feel a kind of love for one another, a bonding of one for all and all for one that is exhilarating, and when the exhilaration turns sexual, they share the same vagina, the same pleasure in terrorizing their victim. When it is over, while consciously exhibiting their maleness and denying homosexual feelings, they have indirectly had sex with one another, touched one another's semen, united symbolically in a fake, counterfeit manhood.

As a rare phenomenon, gang rape can be shuddered at. We can feel disgust and turn away. But as the number of attacks increases in city after city, we have to try to understand why and who and what is this particularly gruesome social symptom about. First, I suppose, we should consider the victim. Many girls who have been raped by a gang have known one of the boys before. Frequently, the act is set up by a boyfriend who arranges the sport for his pals. Or a couple of young women will be picked up by a group of men, and after one girl is taken safely home, the other is raped by all the fellows in the car. Sometimes, a girl will go to a party, drink too much, maybe smoke a little pot, and when she's fairly well stoned, the boys will drag her off from the others into a bedroom and rape her, while a more conventional party continues in the living room.

One of the sadder aspects of this kind of rape is that it usually happens to a girl who has behaved in a way that society doesn't consider totally proper to begin with. She may have a so-called bad rep, and when she protests to police about a gang rape, they are not only unsympathetic but may feel she either got what she deserved, or provoked, encouraged, and willingly participated in the event. Each of the criminals serves as a witness to the others' innocence, and her word against multiple denials carries no conviction legally or any other way. Gang rape is, then, a crime almost impossible to prosecute and, in fact, may be rather a safe venture for the groups of young men whose sexual impulses and demands can be satisfied by forcing themselves on a girl. No individual to blame. Rarely any fear of reprisal.

As for the victim, she in all probability has been struggling with herself, as most young women do, to find a way to be proud of her body, to like herself, to have some dignity in her person. This girl is now violated by several men and made to feel like a worthless, unloved, unvalued, used-up piece of physical property. How much harder it must be for her after such a rape to believe in herself, to believe in the loving and good uses her female body can be put to. Despite all that the women's movement has accomplished, nearly every girl who is at that stage of life where she is discovering herself, whose father may never have been home or never shown her tenderness and respect, almost always measures her worth by the appreciation she can gain from men. And when men expose her powerlessness, strip away her physical integrity, and show such contempt for her needs —sensual and psychological—then she can only further devalue herself. She also very likely will devalue men as well and have a tough time trusting again in their tenderness, gentleness, or caring quality. And given such distrust and natural anger, she may find herself more and more alone. It is in this aftermath, I suspect, in this daily horror of living with the trauma, that the tragedy of gang rape really lies.

The sort of trauma I'm talking about is typified in twenty-year-old Linda S. She had been to a party in an ocean-resort area, and on the way home, she and her roommate, Liza (they both had summer-waitress jobs at an elegant inn), stopped at a Dairy Queen. No sooner did Liza get out of the car to get the cones when one boy jumped into the

ILLUSTRATION BY MARTIN HOFFMAN

driver's seat beside Linda and three others climbed into the back seat. They held a knife to her throat and threatened to use it if she screamed. Liza turned around at the sound of screeching tires to see her friend being driven off.

Linda was taken out to the deserted beach and, behind the dunes, was raped and sodomized by the boys, who were both drunk and high and also angry at the invasion of city people for somehow making them feel inferior on their own turf. Eventually, she was dumped on the sparsely trafficked road in the early dawn—exhausted, hysterical, and bleeding—and had to wait several hours before a driver came along who was willing to pick her up. When Linda finally got home, she learned that Liza had called the local police, but they appeared not to have even begun a search.

Linda says the worst part of the ordeal was having the boys look at her as each took his turn. They were young and she didn't think they really wanted to kill her, but in their drunkenness, inexperience, and indifference, they hurt her badly. Linda had been going with a boy in the city, but says she is thinking of breaking off. Just for now, she says, she doesn't want any male near her at all. Not too long ago, a customer in the inn put his arm around her in a fatherly way, and she thought for a second of screaming.

The women's movement has been somewhat obsessed with the subject of rape, the difficulty of jailing offenders, of protecting innocents. While these concerns are real enough, I think the women's-lib focus on rape is also prompted by the symbolism involved. A young girl who is dragged off by a gang of boys is made into a plaything, a toy, like a football or a baseball to be handled roughly by the males. She is not a person like they are but something of a stray cat they can freely tease, mutilate, ignore, or abuse. Only a corrupt, brutal, social environment can make such an act thinkable. Gang rape is, in fact, an act that symbolizes the war between the sexes—brought about by the contempt and fear of women on the part of men or boys and characterized by the distortions of behavior that exist even among those who would never contemplate a group rape.

Loneliness is, of course, the first probable step toward rape. Girls have trouble meeting boys. Somehow, romantic love, as promised to everyone on television, in movies, from the pulpit, in fairy tales, does not always come easily or at the correct moments. Many girls are standing on street corners or in bars alone—wishing, wanting, hoping for love, for comfort, for someone to share the rent or even the care of a baby. These girls are like so many dead dandelion wisps floating aimlessly in every direction, hoping for contact. Yet something about our large, crowded, impersonal offices, factories, schools, churches seems to make that connection difficult, and the dandelion wisps keep on floating and floating. When a girl is gang raped, she usually has been out looking for someone, dressed her best. No matter how many times she'd been out before and returned with only fantasies, she was determined to try again. Those who have given up hoping will probably never be gang raped. No one ties tin cans on them—they just stay home, alone and lonely.

Or take the girl whose boyfriend shares her with his buddies at a gang party. She's also lonely. She may think she has a boyfriend, but the fellow cannot possibly be feeling about her as she is hoping. Her expectations and sense of the relationship are unrealistic and doomed, because he obviously doesn't want to love, care for, protect, touch a girl. He wants an outlet as mindless and dehumanized as an electric plug in the socket, a river to the sea, a jackhammer on the cement. Pitiably, he may be capable of no more. He may have been neglected, ignored, demeaned as a child. His capacity to love may have been dwarfed or crippled by the inadequate adults around him. He can't seek out a particular girl, laugh with her, go to the movies and hold on tight in the scary parts. He can't plan a picnic or save for a birthday present or feel a girl's fingers playing in his hair or stroking gently on his back. Fear, terror, pain, thrashing, and crying are the only intimate ways he knows a girl. Confined to only a faint suggestion of a truly human contact, he, too, is always lonely, despite the wonderful high he can get by joining with the group.

Anger, depression, rage have to be the major forces and energies behind a gang rape. Anger gone into erotic channels. Like a tornado, it sweeps up everything in the psyche that might have other purposes. Freud made much of this peculiarly human trait, this mixture of aggression and sex, libido and rage . . . this storm of feeling that accounts for perversions and kinks—the binding and beating and torturing in the name of arousal. It would be easy to think of this phenomenon as animal instinct tempered by human soul, but we can't nail the blame on animals here, for none has the kind of blending of aggression and sex that humans experience. Not even apes, our closest cousins in the wild, will under any circumstances indulge in group rape. They may fight each other for the privilege of having a consenting female, but aggression is never employed against the "love" object. Beasts though they are—grizzly, hairy, and driven by animal hungers—they do not behave as cruelly to their females as some young men in the streets of New York, Chicago, Philadelphia, Detroit. A female ape may gladly have a sequence of mates, making no pretense of "happily ever after," but at no time is she overpowered by a group of males whose loyalty and interests lie with one another and not with her. Lucky ape—no male primate dreams of tying her up, frightening her, hurting or maiming her. Lucky male apes, too—unencumbered by any moral sense, they gain no erotic pleasure from cruelty.

In mankind, of course, the confusion of anger and sex, pain and pleasure probably exists more in fantasy and literature than in actual behavior. It is at the root of the sadistic and masochistic refinements of sexual imagination that run like recurrent nightmares through the history of civilization. And it is a phenomenon *not* exclusive to the male. While men may conjure up the experience of gang rape in the privacy of their bathrooms or beds, many women also gain some pleasure from the fantasy of being raped, singly or by a group. These fantasies are as common as acne on an adolescent and, corrupt as it may seem, serve several functions that appear necessary for a good many modern women, even in these days of sexual freedom, of equality of desire. Primarily, rape daydreams remove the guilt connected to the gaining of sexual pleasure—if a girl is raped by a gang of overpowering males, she is certainly not responsible for the sexual arousal that occurs. But that's not all. There is for the female an excitement in being overpowered, overcome. We all prefer images of strong men to weak ones. "He swept me off my feet" is the innocent expression, a socially acceptable, pure form of the thought, "He knocked me over and raped me." Like men, we, too, mix pain and aggression into our erotic musings. Except women generally turn that aggression against themselves, enjoying in fantasy, acting out in reality the role of victim.

Gang rape doesn't occur in a social milieu that has not from early childhood on separated the sexes and made each suspicious and uneasy and fearful with the other. Boys who in groups rape a girl are indirectly expressing this fear. They often cannot tolerate her powers and so must humiliate, overcome, and hurt her, because it may be they can't accept the biological fact of women—the vagina with crevices and membranes, pink tissues and deep openings, the monthly bleeding and the maternal possibility. This fear, translated into hatred, is a complicated but prevalent feeling among the

boys who have dragged off a victim. "She was a slut." "She gave out to everyone." "She wasn't loyal." "She's just a whore." These are the common excuses gang rapists give when questioned about the group's behavior. They may or may not be right that the girl herself has divorced her sexual activity from all hopes of love or human contact, but never mind. What is significant is that the boys all have contempt for her, usually in sexual terms. She is a different kind of creature from them. She belongs to a different tribe, is not to be considered one of them, and her alien body has no rights, no feelings; it's simply there to be used. This kind of aggression seems most enjoyable, permissible, when one reduces the qualities of the victim to that of a hunted rabbit, a deer, a slimy, scaly fish with gills instead of lungs.

Gang rape expresses toward women some of the feelings wars provoke in soldiers on opposite sides. The epithets "Kraut," "Jap," "Gook"—all are shorthand ways of excluding the enemy from the ranks of human beings or tribal members. Wars have always produced this kind of insensitivity or lack of empathy for the enemy. Indeed, rape is most common in wars. Soldiers whose fear and anger and aggression have been heightened by forced killing during the fight come into towns and continue the battle by turning their rage into sexual excitement and venting it on civilian women. Rape has been an epilogue to battle ever since time began and the first two tribes clashed. Rape has also been an epilogue in the war between the sexes, which starts when boys pull away from girls and begin to despise them as other.

My mother always took down taxi drivers' license numbers as she'd put me in a cab when I was young and vulnerable. "In case," she'd say, "he drives you off to rape you in some dark alley." Many a cab ride I sat on the edge of my seat, planning how I would dive out of the moving taxi or tell the driver I had leprosy or chicken pox. My mother was a particularly distrustful person who checked the eyes of elevator men and mailmen for a lurking glint of evil, lustful intent. Her suspiciousness was excessive but not unrepresentative of the way many women view casual encounters with men. My mother felt that men had a different kind of moral base and were subject to strong uncontrollable drives that might turn them savage if the bait was right. Her attitude (and sometimes I can still hear her voice in my head): "Don't let anyone touch you. They'll talk about you in the locker room before and after the game. They'll have no respect for you. Boys are after only one thing . . ." All this, while not directly related to rape, was an outgrowth of the war between the sexes—the feeling not that we are in this thing together but that it's them against us and us against them—girls' clubs versus boys' clubs, and they have the ultimate weapons: power and physical strength.

My mother's fears were neither original nor unprecedented, for rape is as old as mythology. According to legend, the Greek gods did, in fact, rape mortal women at whim and took for their own whichever virgin or matron struck their fancy. And one young virgin nymph allegedly preferred to spend her life as a tree rather than be violated by a god. I've always thought her choice to be unfortunate, since a tree, despite its possible beauty, has so few things to remember. So little happens to it and its experiences are so seasonally recurring. Its life cannot be compared to that of the most disgraced or abused of human beings. A tree also can plan and execute no revenge, but Greek women, at least symbolically in the form of the Furies, were said to now and then group together and tear a man apart, leaving his pieces scattered on the riverbanks and the grass stained with his blood.

It is hard to remove the power of the image of rape from our sexual mythology. There is a tribe in Kenya called Kikuyu that for generations had required as the initiation into manhood that boys go out from the family lands in groups and rape a woman, preferably from an enemy tribe, but any stranger would do. Today, the young men need only masturbate against her, but nothing else has changed. They are not considered male, eligible to marry a Kikuyu woman, until they have completed this ceremony (although I am sure it is not experienced as a ceremony by the woman they capture; frightened, pinned down, she must feel defiled and filthied by the unwanted semen of a strange group of males who are using her like a ritualistic garbage can). Once having shown their potency by this act, they are able to throw away the earplugs and other tribal signs of youth and become men. They have proved their virility in the presence of the others, and like a group of young boys off to the local whores, they have demonstrated their physical capacity. But I imagine they are not really initiated into the experience of being alone with a woman in a situation where there may be an expectation that they might give pleasure, not just take it. If they marry and face a woman to whom their relationship is more intricate than that of captive and possessor, then will they succeed? The ritual adolescent rape of a convenient female as practiced by the Hell's Angels and growing numbers of other groups really doesn't guarantee their manhood, either. If a cheering team of male friends is required, if the woman must be drunk, drugged, or otherwise rendered helpless, then potency is mere physical spasm and can't be depended on in other situations.

Initiation rites such as the Kikuyu's or the Hell's Angels' are notoriously cruel. Passage into manhood and womanhood should not be the psychologically booby-trapped obstacle course we have made it. Yet when we think of the difficulties in finding a mate, in finding work, in finding a moral, religious, spiritual, culturally protecting system in which to live, it seems amazing that the war between the sexes has not erupted even more catastrophically than it has. The new sexual freedoms seem in no way to have eliminated male-female anger. The availability of sexual relationships, the availability of drugs and alcohol, and the increased numbers of young men and women who are willing to explore sexually do not guarantee a safe harbor. Only genuine love and affection protect both sexual partners from their own angry thoughts and possibly brutal behavior. Everyone really needs to belong to someone and something, and when this need is frustrated, people create unpleasant kinds of groups—such as gangs.

The increase in the rape statistics and in gang-rape reports is a reflection of the failure of the American way of living and loving and is as relevant as the divorce statistics or mental-hospital admissions in pointing out the crumbling of the social order. This war between the sexes is a subject for bad jokes and bad dreams, but more serious than that, it can become the hidden self-destruct mechanism of modern society. If we don't find solutions for the loneliness and insecurities of young men and women, if we don't find ways of sexual behavior that eliminate at least most of the aggressive, hostile impulses, we can't help but multiply the walking wounded who will tear off the social roof.

I mentioned to a friend of mine that I was writing about group rape. "Group rape!" he said. "That's impossible. I mean, how do you get the girls to wait . . . unless you tie them all up and then rape them one at a time?" That's not how group rape goes, of course, but his fantasy of it, a male dream of glory, a harem vision of infinite potency and pleasure, is very recognizable. Women have dreams, too, of being given pleasure by multiples of subservient men. Many a suburban housewife has thought of a male harem in her garage; many a career girl has fantasies of a singles' bar, herself as the owner-hostess and no other girls allowed. But, in reality, we all struggle with shyness, fear of rejection, fear of sexual inadequacy, fear of the opposite sex.

In reality, something is very wrong with reality.

COSMO'S BOOK SAMPLER

Have you (once again!) promised yourself that this summer you'll at least dip into some of the truly fine books you've had to neglect all winter? To give you a head start and support your good intentions, here are brief excerpts from nine of the brightest and best.

Actors and Love

From **HOW TO BE A MOVIE STAR, OR A TERRIBLE BEAUTY IS BORN**

By Chris Chase

□ Actually, theater people talk about sex a lot, and they fool around a lot, and they get into trouble a lot, but mostly their narcissism protects them from heartbreak, since the impressions they make on one another are literally no more than skin deep.

I knew a Hollywood actor, nice-looking, intelligent, and under contract to 20th Century-Fox, which, because he wasn't making giant strides there, he called 18th Century-Pox. One night, in a garden, under a moon, he proposed to me.

I started to twitch. I liked him. I didn't want to hurt him. I had visions of his going home and slashing his wrists because life without me would be dust and ashes. I fell over my tongue, but decided I had to tell the truth. "You're the greatest person I know," I said, lying. "But when you come into a room, my knees don't tremble. I mean, for me, you have no magnetism."

Stricken, he gazed at me. And he said, "I wonder if that's what's holding me back at Fox."

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Rudi Gernreich on Nudity

From **SUPERTALK**

By Digby Diehl

Q: There are a number of futuristic thinkers who believe that because we are moving into the era of controlled environments, people will be accustomed more and more to being nude in public. What do you think about this?

GERNREICH: Oh, absolutely. That kind of logic is definitely going to come through in some form or other. I don't think that people are going to be prudes about showing their naked bodies to one another. I think they already aren't. It's only a matter of time before that will happen. This movement in clothing, or nonclothing in a very modern sense, has something to do with changing sexual mores.

Q: Then nudity really becomes the ultimate extension of your utilitarian ideas?

GERNREICH: I think so.

Q: But it's also the end of the textile industry, fashion, clothing—

GERNREICH: I don't think so at all, because I don't think that people are going to be naked all the time. I think there will be great need for protecting your body even in very well controlled climatic conditions. And also one will, I'm sure, want to be in a very cold temperature, just for the relief of being in cold, or extreme heat. So people will wear clothes, even if they do not wear clothes all the time. Very soon we're going to see people swimming in the nude in public. I mean, I am completely at ease at the moment about people swimming in the nude, whereas five years ago I might have thought it outrageous. I do it. I never swim at home with any clothes on. Even a little bikini feels like being fully dressed when you're used to swimming naked. The people who come to my house can just hardly wait to strip their clothes off and jump in the pool. And that's marvelous, that's completely logical, as far as I'm concerned. And this is not an isolated instance. I was just recently in Saint-Tropez, where, for the last two years at the largest beaches there, women are not wearing tops any more. And not only on the beaches. Young women are walking into the little luncheon restaurants, and hairdressers, without bothering to put their tops on. And it's completely all right to do that now. And when they swim, both men and women take the bottoms off. They just go into the water, and put their bottoms on when they come out. By next year, they probably will not even put their bottoms back on.

Q: Will the new designs be along the streamlined idea of wearing fewer and fewer clothes?

GERNREICH: The indication is so logical if you begin to see that people are not wearing clothes to swim in; then the shock of nakedness is diminished right away. Immediately, this will slowly enter into other types of wear. Today, to wear a topless dress anywhere would be a shock statement to make, and it's not legitimate to do that. But in two years, when everybody will be nude for swimming, then people aren't going to be shocked to see somebody naked. Possibly evening wear will be the next step. A woman in a special situation with a dressy dress might begin to expose the top of her body, using her breasts to make an aesthetic statement. I think probably that will be the next area in which more nakedness will appear.

I went to a large party in Long Island last year where many of the young people came nude. It was a hot summer day, but that still sounds pretty shocking unless you saw it. The first nude person you saw was a kind of shock. You thought, "My god!" But in two minutes you got over the shock, and then there were other young people who did it. They mingled with all kinds of people, dressed as they wanted. A lot of important people were there—a lot of professional people in the fashion business, or advertising business, you know, a lot of sophisticated people. And it didn't end up an orgy, it had nothing to do with sexual things. It was really very free, very nice, very pleasant.

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Wives—a Negative View

From **SOME ARE BORN GREAT**

By Adela Rogers St. Johns

On the whole, my own experience of wives has been, to say the best, negative.

To say the worst, in what I like to think of as a forthright manner, I have seen a lot of good men ruined by wives who could have been disposed of with a Flit gun and nobody in the world would have been a Tasmanian tulip the

With the rising tide of sexual assaults women have organized crisis centers to assist the victims

RAPE: Breaking the Silence

MICHELLE WASSERMAN

The image of the talkative female has inspired many poets and humorists. Ralph Waldo Emerson vowed never to trust three women with a secret unless two were dead. Oscar Wilde concurred: "You can always tell a woman, but you cannot tell her much." Poetic license aside, the so-called talkative sex is often too adept at keeping secrets. Each year in the United States thousands of women and girls are raped, and they are ashamed to discuss their experience, even with their closest relatives and friends.

Because silence among rape victims jeopardizes their physical and emotional well-being, concerned women are organizing to deal with the problem. Rape crisis centers are mushrooming across the country to challenge the myths that perpetuate the silence among rape victims, and to provide a much needed community service.

In its simplest form, a rape crisis center is an emergency telephone line for rape victims who want to find out about legal procedures and health precautions, or who just need to talk. In some cities, small switchboard operations have evolved into networks of para-professional counselors and advocates who provide twenty-four hour confidential service, work in conjunction with local authorities, and educate the community. The Philadelphia group operates from a room in Philadelphia General Hospital. It has a staff of more than fifty volunteers, and its mailing list contains some 500 names. The center in Minneapolis, which is affiliated with a community action project, is equipped with cots and staffed with counselors experienced in leading group therapy sessions.

The first emergency line opened in Washington, D.C., in June, 1972. About ten women, most of them rape victims, rented a town house, secured 333-RAPE as their telephone number, and wrote a handbook called *How to Start a Rape Crisis Center*. They received 200 to 300 calls per month—from rape victims, from local and national media, and from women interested in starting rape crisis centers in their own towns and cities. Before long, the D.C. group became a national clearing house of information and began distributing a monthly newsletter to new rape crisis centers.

The growing interest among women in developing alternative services parallels the rising tide of rape in the past decade. The Federal Bureau of Investigation has estimated that reported rapes increased 146 per cent between 1960 and 1971, and an additional eleven per cent in 1972, when there were 41,890 rapes. Independent criminologists add the important footnote that there are four to ten times as many rapes committed as reported, and that only a small percentage of reported violations end in convictions.

Although the FBI figures do not fully measure the extent of rape today, there is little doubt that the trend is upward. According to the National Commission on the Causes and Prevention of Violence (1969), the rise in rape is part of a general increase in violent behavior in the United States and is largely the result of decaying conditions in urban areas.

But the greater frequency of rape is not the only impetus to the development of crisis centers. Women are realizing that the solutions being offered to the problem are as dehumanizing as the crime itself. They are tired of hearing that the way to prevent rape is to keep their car doors locked and windows shut and never to walk home after dark without a male escort.

I asked a staff worker at the Seattle center if such precautionary measures had any role in an anti-rape program. "Safety precautions are useful but not to the extent that they limit our mobility and prevent us from being free human beings," she replied. A Philadelphia volunteer told me, "Women live according to a rape schedule, whether they realize it or not. Where they

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live, how they work out their jobs and their transportation, the way they dress at certain times of the day, the way they educate their children, the way they relate to men on the street—everything a woman does conforms to that schedule."

Rape crisis centers are founded on the principle that women cannot and should not be expected to bear the burden of preventing sexual assault—that the root causes of rape are not in a woman's smile or walk, but in a sexist society.

In developing this socio-cultural explanation of rape, women's groups refer to their members' experiences and to one of the few existing studies on the subject. Most studies stress the psychology of rapists. Menachem Amir's *Patterns of Forcible Rape* (University of Chicago Press, 1971), an analysis of 646 rape cases in Philadelphia, is the first major attempt at a socio-cultural approach.

Amir's study indicates that rape occurs in a context of violence rather than passion: "Rape is a deviant act, not because of the sexual act per se, but rather in the mode of the act, which implies aggression, whereby the sexual factor supplies the motive." Avid Hitchcock fans will be surprised to learn that most rapists are not sexually perverted bogey men who hide in bushes and hate their mothers. According to Amir, rapists do not fit into any particular psychopathological category, nor are they more likely than other felons to be psychopathic.

Amir's findings indicate that most rapists are a danger to the community not because they are compulsive sex fiends but because they are violent and aggressive. Their violence is conditioned by cultural norms and the social organization of their environment. Amir discovered that the majority of sexual offenders occupy the lower rungs of the economic and occupational ladder and are between the ages of fifteen and twenty-four. Lower-class males, Amir maintains, learn from their parents and peers that sexual-aggressive conquest is an acceptable substitute for "failures as a man in the economic and social status spheres." Young men glorify exploitative behavior toward women and often participate in group-rapes to demonstrate their "adequacy and maturation." Most rapists, Amir adds, are first-time offenders for sexual crimes, although many have previous records for other offenses.

The reverse side of the myth that rapists are sexual lunatics is the mistaken belief that they are All-American-Boy types in whom the sight of a mini-skirt automatically triggers a physical reaction. Although many offenders fit the description of the All-American-Boy, rape is not typically a spontaneous or impulsive act. Close to seventy-five per cent of the rape cases in Amir's sample were planned. In thirty per cent, the crime occurred between people who lived in the same neighborhood, indicating that the assailant knew the victim or at least had seen her at some time prior to the assault.

Women who staff crisis centers stress Amir's conclusions that rape is a common form of learned behavior. A counselor at the Chicago center told me bluntly, "Rape is the logical consequence of the way men and women are taught to treat each other. Boys learn at an early age that aggression and violence prove virility and masculinity, while girls learn to play hard-to-get." This aggressive-passive role playing perpetuates what a founder of the Philadelphia center calls a "rape society."

Living in a "rape society" and having to conform to a "rape schedule" is a hardship for all women but especially for rape victims. The immediate goal of rape crisis centers is to lessen the burden on the victim by providing her with emergency phone service and constructive counseling.

If a woman calls the crisis line shortly after she has been raped, the counselor's first responsibility is to assess her immediate physical needs. The counselor informs the victim of the nearest hospital or clinic which offers the fastest and best service. Many victims hesitate to go to a hospital because they have heard about the insensitive and often judgmental attitude of many doctors and nurses with respect to rape cases. They are concerned that the hospital will require a report to the police. The counselor instructs the woman on emergency room procedures and tells her of hospitals and clinics that do not insist on police reporting. The counselor also suggests that the victim advise the doctor to perform a test for semen and to make a record of any internal or external injuries, a record that may be helpful in the event she later decides to press charges.

Many victims who call the crisis line are unaware of the availability of the "morning-after" contraceptive pill and may not receive this information at the hospital. Some hospitals provide the pill but neglect to mention its potentially harmful side effects. Upset by the rape, many women forget that they need to take pregnancy and V.D. tests; some do not know that these tests must be administered after a waiting period of several weeks to be accurate indicators. The problems of many victims are often aggravated by hospitals which are remiss in furnishing the proper information, drugs, and tests. At most centers, counselors will offer to accompany the victim to the hospital and to provide transportation.

Another function of a crisis line is to provide information on police procedures. Most crisis centers neither encourage nor discourage women from reporting the incident. The counselor suggests to the victim that reporting may prevent the assailant from committing future offenses. At the same time, the counselor explains that a police interview may call for unnecessary reiteration of a victim's testimony before an audience of unsympathetic detectives. She may be asked embarrassing questions such as, "Did you have an orgasm?" or "How many other times have you had sexual intercourse?" Should a victim decide to report,

olunteer will prepare her for the kinds of ques-
as she will be asked and offer to provide moral
pport at the police station.

After handling a few emergency calls, counselors
d they have no trouble responding to a victim's
mediate needs. But the experience of crisis lines is
at most calls do not require emergency service. A
ped woman does not necessarily respond hysterical-
The need to talk often develops slowly, perhaps
thin several days, but it may be months, or even
ars after the incident. The questions of victims are
t always as clear cut as "Where is the nearest hos-
tal?" or "How do I go about reporting?" A victim
ll often call a crisis line because she is frightened,
pressed, and lonely—and her question, "Can you
lp me?" has no easy answer.

Many volunteers, even those who have been raped
emselves or who have had some professional coun-
ling experience, express concern that they will not
able to handle every crisis. At some centers, train-
g sessions allow beginning counselors to participate
"rap sessions" with victims or role-playing exercises
ing mock telephone conversations. Other centers by-
ss the training phase and consult professionals as
oblems arise. The consensus is that counselors learn
st through their experiences with crisis calls and
t by way of prescribed rules. As a psychologist who
rks with the center in Los Angeles told me, "Pro-
ssional consultation or training sessions can provide
volunteer with only one thing, and that is the confi-
nce that she can indeed be helpful."

In defining the aims of counselors, the key phrases
every center are: show the victim you are con-
rned, be supportive, be calm and willing to listen,
st be there, and be yourself. Volunteers are cau-
ned to know their limitations and to refer a victim
a professional therapist or agency if that seems
cessary.

The experience of crisis centers reveals that a com-
on reaction among rape victims is guilt. I learned
m a Minneapolis center volunteer that victims often
l responsible for the incident and ask, "Why did
pick me? What did I do?" They blame themselves
r looking attractive or for not putting up a fiercer
uggle.

The goal of counselors is to encourage victims to
nvert feelings of guilt into what a Seattle volunteer
lls a "healthy anger." In trying to achieve this goal,
pe crisis centers emphasize the strategy of self-help.
e self-help approach is supportive, as opposed to di-
ctive and authoritarian. Counselors should inform
victim of her options, help her to explore her feelings,
d make suggestions. But ultimately, the victim must
ke her own decisions and initiate her own readjust-
nt.

According to the D.C. handbook, *How to Start a*
pe Crisis Center, self-help "returns to the woman
wer over her life—something she lost to some ex-
t when she was raped." Also, the nature of crisis
unseling dictates that victims be encouraged to make



their own decisions. A New York volunteer told me, "Crisis calls are often a one-shot deal. The victim may or may not call again, and once she gets off the line, no one else can solve her problems."

In several centers, posters hanging near the crisis telephones spell out in colorful bold letters, "EMPATHY NOT SYMPATHY." The Women's Counseling Service in Ann Arbor asserts that empathy—understanding what the victim is feeling—is more helpful than sympathy, a subjective response in which the counselor herself feels as confused or as unhappy as the victim. For example, if a victim appears to feel humiliated or dirty as a result of a rape, a counselor should not respond sympathetically with: "Oh you poor woman. I would also feel humiliated and dirty in your position." A better response is: "It seems that you feel humiliated and dirty. Let's try to understand why you feel this way. Perhaps you shouldn't." Also, a counselor is urged not to use a crisis call as an excuse to propagandize her own views on morality, religion, or even feminism.

Crisis centers have found that the transition from guilt to a healthy anger is often smoother if a victim assumes the responsibility of pressing charges. Volunteers at the Chicago center spend most of their time learning to be para-legal advocates and accompanying the victim through every step of the legal procedure. After the trial, they will encourage the victim to join the group so that she may help others.

The Minneapolis center has found that male counselors often serve as a good foil for a woman's anger. "Talking to a man can also be helpful if a woman has any negative attitude toward men following a rape," one volunteer explained to me. But the consensus at most rape crisis centers is that male counselors will more often than not alienate or intimidate a victim. Volunteers do consider it important to counsel boy friends or husbands who may feel blameworthy or depressed if a woman close to them has been raped. Some men need advice on how to be supportive, rather than authoritarian, overprotective, or reproachful toward the victim.

A raped woman, in addition to feeling guilty, often complains of isolation or loneliness. Many victims are afraid to continue their regular activities and become overly suspicious of strangers. Some centers have organized "rap groups" so that victims can learn that

they are not alone in their experiences and responses.

Counselors and advocates realize that many women who call the crisis line have not been raped in the strict legal sense. Many women are raped by their husbands, an act which most states do not recognize as a crime. Also, many callers cannot determine whether or not they have been raped. "We understand that there is such a thing as extra-legal or psychological rape," a Berkeley volunteer told me. "For example, a woman might consent to intercourse because she fears that otherwise the man will never call her again. Later she may feel as if she had been raped, and experience all the feelings of guilt, shame, and loneliness." The policy of the Seattle center is common to centers across the country: "Whether a woman's feelings are real or imaginary, recognizable in court or not, she feels them and we deal with them."

In providing emergency support and empathic counseling, rape crisis centers are seeking to close a gap in community social services. Most centers try to combine their service function with the long range goal of social change.

For example, the New York City Police Department instituted a Rape Investigation and Analysis Unit last January partly because of pressure by the city's anti-rape groups for more sensitive treatment of victims. New York's RIA unit is particularly concerned with boosting arrest rates by encouraging more frequent reporting of offenses. Although rape is probably the most under-reported crime, other violent crimes are also often not reported. Victims of violent crimes may not report because they are afraid of reprisals, or they doubt that the police can be of any help, or they do not know how to report, or they do not want to take the time. The thirty-three-year-old organizer of the New York RIA unit, Lieutenant Julia Tucker, told me that the level of reportability is lower in rape cases because victims feel ashamed or fear an embarrassing ordeal at the police station. Tucker is trying to correct this situation by offering rape victims the option to speak to a female detective, and by training both male and female detectives in techniques of "crisis intervention."

"It is wrong to measure the effectiveness of the unit only in terms of numbers," Tucker said. "The arrest rate has gone up thirty-eight per cent since we've been in operation, but a more revealing yardstick is the great number of victims who have expressed appreciation and warm feelings toward us." Tucker is pleased that dozens of police departments in the United States and abroad have requested information on how to set up rape units in their cities.

New York's rape crisis center receives referrals for follow-up counseling from the Rape Investigation and Analysis Unit and assists in the collection of data. Other crisis centers are also interested in helping local officials predict the likely behavior of potential rapists. The Seattle group has proposed to the city's police department a "Third Party Reporting System," in which victims who choose not to report might anonymously provide details descriptive of the incident. Such details could be useful in corroborating the testimony of another victim of the same offender who does wish to press charges.

The Chicago center has been successful in keeping a check on pre-trial proceedings. Counselors assist in the preparation of cases by forwarding the information from their own conversations with the victim to state's attorneys. They are also permitted to be present during the victim's interview with the defense attorney.

Rape crisis centers have won positive responses from medical facilities. Hospitals throughout the country are realizing that rape is a public health problem, and that victims require more than a superficial examination for evidence. In Berkeley, for example, a coalition formed after a woman's teenage daughter was raped and was made to wait several hours for treatment. After some negotiation, the local hospital agreed to guarantee private emergency treatment for rape victims by experienced and sensitive personnel, and follow-up care when necessary.

Another function of rape crisis centers is promotion of community understanding and support. Television appearances, speaking engagements, and community meetings provide concerned men with the opportunity to ask questions and offer suggestions. (The majority of rape crisis groups keep their memberships closed to men. Most volunteers feel that exclusiveness enables them to acquire experience in organizing and leadership, skills which men generally have had more opportunities to develop.)

Such participation also gives centers a chance to

CONTACT

Write to the Washington, D.C., group for information on rape crisis centers throughout the country. Copies of *How to Start a Rape Crisis Center* may be obtained for $1.35.

RAPE CRISIS CENTER
P.O. Box 21005
Kalorama Street Station
Washington, D.C. 20009

The address and telephone number of the New York City Rape Investigation and Analysis Unit are:

RIA
New York City Police Department
52 Chambers Street
New York, NY 10007
(212) 577-RAPE

Stop Rape, a manual on self-defense, may be purchased for ninety-five cents from:

WOMEN'S LIBERATION OF MICHIGAN
2230 Witherell
Detroit, MI 48201

mote self-defense. According to the volunteers at ne D.C. center, self-defense is not a solution to the problem of rape but "only a step in getting control of our lives." They add, "Many rapists could be stopped if women were not socialized to be passive, and discouraged from fighting back."

For those who do not wish to learn judo or karate, crisis centers advocate more basic measures such as biting, pulling hair, blows to the face, and kicks to the knees. A "swift kick to where-it-hurts" is not a foolproof tactic. Men instinctively protect their groin areas, and a kick that misses may throw a woman off balance or incite an assailant to more violent action.

Rape crisis groups agree that acting defensively can help eliminate the need for force. This means looking alert and confident when walking alone, having keys ready before arriving home, using sturdy locks on doors and only last names on mailboxes, and being aware that high heels and large purses limit the ability to run. If there is a suspicious person in an elevator, a woman should not feel silly or paranoid about pushing the emergency button and all the floor buttons. A woman in danger of attack in a residential area should forget conventional etiquette and bang on doors or smash windows if necessary. Women are urged to avoid accepting automobile rides from men, especially at night and if alone.

Weapons such as plastic lemons, aerosol cans, hat pins, lighted cigarettes, stiff hairbrushes, and a container of red pepper may be helpful provided that women realize that such weapons may be used against them. When weapons fail, reasoning with the attacker, relating a sob story, or claiming to have a contagious disease have sometimes proved effective.

Rape crisis centers stress that they are not vendetta groups seeking long sentences, or excessive punishments, such as castration of rapists. A Chicago volunteer assured me that a rigid law-and-order campaign is not useful as a solution because "it doesn't challenge attitudes that cause rape or the system that nourishes it." Aware that prisons are "hell-holes" and that nothing positive is accomplished by convicting an innocent man, anti-rape groups urge a fair trial. But they are concerned that the defendant, not the victim, be placed on trial. Women's groups point out that rape is the only violent crime in which corroborating evidence, such as bruises, cuts, or other signs of active resistance, is usually required for conviction. The requirement is retained despite the advice of many authorities that non-resistance may avert further violence or save a woman's life.

Many rape crisis centers, particularly those in such racially tense cities as Chicago, New York, and Washington, D.C., are prepared to question court proceedings when the conviction of a black man is secured too quickly. At public meetings, the idea that blacks are predisposed to committing sexual crimes especially against white women is exposed for what it is—another link in a long chain of myths. Citing Amir's study and others, rape crisis centers point out that rape is usually not an interracial crime but intra-



racial and intra-community in character. Because rape is a lower-class phenomenon, and because blacks are more likely to be apprehended than whites, black offenders tend to dominate statistical surveys. But black victims are over-represented as well. In only three per cent of the cases studied by Amir was the offender black and the victim white; in four per cent, the offender was white and the victim black.

Even with the success of public gatherings, radio and television panels, and speaking engagements, rape crisis centers have yet to overcome the problem of outreach. Volunteers find it particularly disturbing that only a small percentage of non-white victims call crisis lines. In Washington, D.C., where the majority of raped women are non-white and lower-class, the crisis center has changed the nature of its service. One volunteer told me why. "An emphasis on counseling reflects a white middle-class orientation and will turn off black and lower-class women who regard psychotherapy as an indulgence." The D.C. group now presents itself primarily as an informational and educational center rather than as a counseling service. Other groups feel that the solution to the problem of outreach may be to encourage non-white and lower-class women to develop their own crisis lines.

As I visited crisis centers across the country, I was impressed by the spirit of sisterhood developing among women of all ages and cultural backgrounds around the problem of rape. For example, in many centers, two counselors are on telephone duty simultaneously so that they can discuss difficult calls as they receive them. Periodically center workers get together to talk about the successes they have had or the mistakes they have made as counselors and advocates. There is an atmosphere of satisfaction at crisis centers as women learn how to negotiate with municipal officials, address large groups effectively, or chair a meeting with tact and authority.

Rape center volunteers are as eager to deal with the problems of co-workers as they are to answer a call on the crisis line. One of the founders of the Chicago center told me, "We have to support each other. Many of us were afraid to get involved, afraid that working late hours at the crisis center, having our names published in local newspapers, and appearing on local radio or television would make us more liable to sexual assault. Our families are also concerned about our safety."

Fear is a sensible response to the high frequency of rape. But fear or shame should not muzzle victims. The growth of rape crisis centers may finally break the silence. □

This article describes three predictable and sequential phases that represent a normal cycle of emotional responses by victims of sexual assault: (1) acute reaction, (2) outward adjustment, and (3) integration and resolution of the experience. A series of interventions was developed to help patients work through each phase as smoothly as possible.

Crisis intervention with victims of rape

by Sandra Sutherland Fox and Donald J. Scherl, MD

Sandra Sutherland Fox, MSSA, is Codirector, Metropolitan Mental Health Skills Center, Washington, D.C., and Donald J. Scherl, MD, is Assistant Professor of Psychiatry, Harvard Medical School, and Director of Community Mental Health Services, Massachusetts Mental Health Center, Boston, Massachusetts.

Mental health workers often feel unprepared or unable to help groups of individuals whose acute or chronic emotional problems are outside the boundaries of their professional skills. Rape victims represent one such group. However, professionals learn a series of generic skills and, as their knowledge and experience broaden, they should be able to refine these skills and relate them to an array of specific problems. This article describes specific skills that may be used by mental health workers to help victims of rape.

During 1966 and 1967, thirteen rape victims were seen in a setting similar to that in which a crisis intervention team might be located—a community mental health facility, for example. All the victims were young, unmarried adult females whose past histories were consistent with psychological health and achievement. Although length of contact with these patients varied, most were seen within forty-eight hours of the assault. Thus it was possible to follow the majority of them during their acute reactions to the experience. As a result, the authors were able to identify a predictable pattern of responses common to these patients: (1) acute reaction, occurring immediately after the rape and usually lasting for several days, (2) outward adjustment, and (3) integration and resolution of the experience.[1] A series of specific mental health interventions was then designed to help the patients work through each phase as smoothly and completely as possible.

PHASE 1: ACUTE REACTION

Immediately following sexual assault, the victim's feelings include shock, disbelief, or dismay, followed by anxiety and fear. If she feels she did not invite the rape, i.e., she was not seductive or willingly compliant, she usually reports it to the police immediately or seeks medical attention. If neither of these steps is taken promptly, the

[1] Sandra Sutherland and Donald J. Scherl, MD, "Patterns of Response Among Victims of Rape," *American Journal of Orthopsychiatry*, Vol. 40, No. 3 (April 1970), pp. 503–511.

worker should be alert to the possible diagnostic significance of her delay.

It is extremely important during Phase 1 for the worker to encourage the patient to talk about the assault. Often her relatives and friends try to dissuade her from thinking or talking about it in the mistaken belief that she will become more emotionally distressed. However, if others refuse to listen, the patient may conclude that they are embarrassed and ashamed and want to punish her for what has happened.

The worker must help the victim deal with the following issues during the acute phase: (1) medical attention, (2) legal matters and police contacts, (3) notification of family or friends, (4) current practical concerns, (5) clarification of factual information, (6) emotional responses, and (7) psychiatric consultation.

Medical attention. If the patient has not received medical attention when first seen by the mental health worker, arrangements for a physical examination should be made immediately to provide for the victim's health and any future medicolegal requirements. The examination should include tests for venereal disease and pregnancy. Since most pregnancy tests are negative until several weeks after conception, they are often postponed. However, they are valuable for legal purposes because they indicate whether the woman was already pregnant when the rape occurred.

The worker should know in advance which hospitals and clinics will accept rape victims and under what circumstances. Some will not treat such patients unless a police report has been filed; others are reluctant to become involved because of the time required for court appearances if the victim presses charges against her assailant.

Legal services and police contacts. Although the patient may not currently plan to press charges or take any legal action, the worker should encourage her to discuss her situation with an attorney immediately. This step is important because her feelings and plans will fluctuate in the future. Unless the worker has had special legal training, he should not give the patient specific legal advice. He should, however, help her to locate competent legal services.

If the assault has not been reported to the police, the victim must decide whether she will do so and what role she wants the worker to take in that process. She should be aware that if she reports the rape, she can expect to have extensive contact with the police. For example, she will be asked to answer questions about the assault, locate where it occurred, and identify the assailant in a lineup. If she is anxious about reporting the assault to the police, it is appropriate for the worker to accompany her.

If the woman decides not to report the rape, she should be aware of the possible consequences. In evaluating his own legal and moral obligations, the worker must remember that he has no proof, other than the alleged victim's statement, that a crime in fact occurred.

Notification of family and/or friends. The authors found that a rape victim's anxiety usually diminishes significantly after she has talked with a relative or friend about the assault. Thus the worker should help her decide who will be told (e.g., parents, fiancé, friend, clergyman) and how this will be accomplished. After deciding whom she will notify, the woman has several alternatives: she can handle the notification herself, call or talk with the person in the worker's presence, or ask the worker to talk to the person while she is present. If none of these choices are possible, the worker can notify the relative or friend after discussing with the victim what she wants said.

As a general rule, the victim should do as much as possible herself. However, if she is unable to take any necessary step, she should be present when that step is handled for her. This will reduce her opportunities to misunderstand, distort, and fantasize about what the worker has said or done.

Current practical concerns. As part of meeting the victim's emotional needs, the worker should help her deal with current practical problems. For example, she

should be prepared for possible publicity and the steps she can take to maintain her privacy. If the assault has already been publicized, she should know how to respond to possible questions. Other practical problems involve repair of windows, doors, and locks; money for the patient's immediate needs (if she has been robbed); and what she can do if she becomes frightened. By dealing with these details, the victim begins to "detoxify" the experience and temporarily sets it behind her. When this occurs, she enters Phase 2.

Clarification of basic information. It is important for the patient to understand the implications of what has happened to her. For example, one young woman who was unusually anxious during her initial interview with the social worker finally sobbed that she did not want to be pregnant. When the worker said it was impossible to tell at that point whether she was pregnant, the patient was astonished because she had thought all intercourse resulted in pregnancy. Although such serious misunderstandings are rare, the worker should be sure the victim's fund of information is adequate and accurate.

Emotional responses. To respond appropriately to the issues that are psychologically relevant to the patient during Phase 1, the mental health worker must be willing to help her cope with both her feelings and reality. Thus an attitude of warmth, calmness, empathy, and firm consistency is likely to be most useful, i.e., the worker must be personally involved yet professionally objective. Because he must deal with the patient's emotional crisis as it manifests itself in both her behavior and affect, he would be as wrong to listen passively to her as he would be to guide her actively.

In the early part of the relationship, the worker may have to see the patient daily. Hours of his time may be spent on activities such as arranging for medical care, making a referral for legal services, helping the patient with police requirements, or just listening to her—all of which are valid uses of his time and energy. The worker will also want to formulate some tentative diagnostic impressions about why this person was assaulted at this specific time and place and assess the victim's strengths and limitations. These insights will help him understand the diagnostic meaning of the rape to the patient, which in turn will aid him in formulating a treatment plan.

Anticipatory guidance is an additional skill that is often useful in helping a rape victim not only to understand what she is currently experiencing, but to respond appropriately to the impact of later phases. Because a healthy single woman's emotional responses to rape are predictable, the worker should discuss them with her. The victim should be assured that her feelings are similar to those experienced by other women in her situation and that after several days or weeks she will be able to return to her usual activities feeling less troubled (Phase 2). She should also realize that most women go through a third phase in which they feel depressed and mentally relive the experience. The worker should also give her the names of available mental health resources in case she needs further professional help during Phase 3.

Psychiatric consultation. Although a psychiatrist should be consulted about each case, he will not need to be involved directly with the patient in most instances. However, when diagnostic, medicolegal, or clinical issues merit psychiatric evaluation or intervention or the patient requests a psychiatric interview, he should become actively involved. For example, a psychiatrist would be helpful in evaluating the patient's current mental status or underlying pathology or in determining whether specific responses are normal or psychopathological.

PHASE 2: OUTWARD ADJUSTMENT

As the victim deals with practical problems, various psychological mechanisms such as denial of affect, suppression, and rationalization are called into play. She resumes her normal activities and appears to be adjusting to the assault. Her interest in seeking help and talking about her experience

wanes rapidly. This response is healthy and should be encouraged, despite the fact that it represents an interim period of pseudoadjustment.

The worker's appropriate role in Phase 2 is one of support rather than challenge. Although he may be tempted to challenge the patient's defenses, such interference is unproductive and unsound. Final resolution and integration come later, after the patient has worked through the experience during Phase 3; thus her emotional reactions should be allowed to run their course.

Unless the woman requests specific help, there is relatively little for the worker to do during Phase 2. He should encourage the patient to keep her follow-up medical appointments. However, because she denies the emotional impact of the assault and feels it is best forgotten, she will often fail to keep these appointments.

During Phase 2, the worker may have additional opportunities to work with the patient's relatives or friends, who may want to talk with someone after helping the patient through the acute crisis. Often they feel that the woman has been "ruined" and may convey this to her so strongly that it becomes part of her self-image. They may be extremely angry with the patient, feeling that she was seductive, careless, or did not heed their warnings. In such situations, the worker can help these relatives or friends realistically evaluate the rape and their own reactions to it.

As in Phase 1, anticipatory guidance is important because most patients do not expect to experience further emotional reactions. The worker should describe the feelings that rape victims normally experience during Phase 3 and assure the patient that mental health resources will be available if she needs them.

Sometimes a rape victim will seek help for the first time during Phase 2, usually because a friend or relative urged her to do so. However, the patient generally is reluctant to involve herself in an intensive helping relationship at this time and should not be criticized for her feelings. The worker can help her gain perspective about her current reaction by describing Phases 1 and 3 and can offer psychiatric services if she requests such help. It is also helpful if the worker talks with the relative or friend who urged the victim to seek help. The aim of such an interview is to counsel the person about the victim's current status and predictable future reactions and to give him an opportunity to discuss his own feelings.

PHASE 3: INTEGRATION

When Phase 3 begins the patient usually feels depressed and wants to talk. She should again be reassured that such feelings are predictable and usually do not indicate serious emotional problems. Arrangements for counseling can appropriately be made at this time.

Frequently, a specific incident precipitates Phase 3, for example, the patient finds she is pregnant, receives a court summons, or sees a man who resembles her assailant. In such cases, the worker should direct his initial efforts toward helping the patient deal with the precipitating factor and discuss her feelings with her after the practical problem has been resolved. When there is no identifiable precipitant to Phase 3, the victim seeks help because she finds she is constantly thinking about the assault and wonders why.

In the third phase, two central issues must be worked through with the victim: her feelings about herself and her feelings about the assailant. Often she feels guilty, unclean, or damaged, and it is useless for the worker to reassure her until she has talked about these feelings. Although the worker may believe there was nothing the woman could have done to prevent the attack, he must be cautious about saying so. It is preferable for the victim to reach this conclusion (if it is an accurate one) on her own, guided by appropriate questions from the worker. Some patients need to go through a period of guilt and self-punishment as a first step toward integrating the experience. If the worker challenges their guilt prematurely, such patients often feel

he does not understand and therefore cannot help them. If a patient does bear partial responsibility for the assault, she must be helped to understand her behavior before she can fully integrate the experience.

The victim's feelings of being dirty or despoiled may be more difficult to deal with. If she continues to be troubled by such feelings, a psychiatric consultation should be arranged to evaluate their origin and prognostic significance, and, if necessary, psychiatric treatment should be initiated.

The second major issue to be resolved during Phase 3 concerns the victim's feelings about her assailant. Her initial feelings of anger—denied, suppressed, or rationalized during Phase 2—now reappear for resolution. Frequently, her anger toward the assailant is distorted into anger toward herself, which exacerbates the characteristic depression of this phase. Thus it is important for the worker to "permit" the patient to express this anger.

The victim's depression, fear, and anxiety can be considered within normal limits if her depression is reactive, time limited, and nonpsychotic. Further careful evaluation is needed if her normal sleeping or eating patterns are disrupted, she suffers from generalized fears, or indulges in compulsive rituals.

The type of mental health services the patient needs during Phase 3 depends on her personality structure and how easily and completely she has experienced Phases 1 and 2. Although it may be necessary for the worker to see the patient frequently at the beginning of this phase to help her deal with specific problems or crises, appointments can soon be scheduled on a regular basis. Such an approach will help the victim perceive her own strengths and ability to cope with her problems. It will also help to dilute her feelings of crisis, which should be discouraged in this phase. If such feelings persist, a psychiatric consultation is advisable.

Usually Phase 3 is relatively brief. After several weeks most women have integrated the experience and it takes its appropriate place in the past. If the patient does not accomplish this within a reasonable period, her response is probably not within normal limits; i.e., the rape has created or rearoused feelings that the ego cannot handle without the development of symptoms at the psychotic, neurotic, or behavioral level. In such cases, the worker must evaluate the degree of stress involved in the experience and its aftermath and the ego's capacity to cope with stress of that magnitude.

Occasionally a rape victim seeks professional help for the first time during Phase 3. In such cases it is important for the worker to understand why the victim asked for help and what the specific reasons are for her emotional discomfort. In addition to the issues usually dealt with in Phase 3, it is helpful if the worker discusses with the patient her reactions to date and how she has dealt with them. If she can relive the shock, anxiety, and dismay of Phase 1 and be reassured that these reactions are normal and predictable, it will be easier for her to resolve the issues that normally arise during Phase 3 and integrate the total experience. All women seen during Phase 3 should be reassured about the continued availability of mental health resources.

CONCLUSION

As a result of their work with a number of young, unmarried adult victims of rape, the authors were able to delineate three predictable and sequential phases that apparently represent a normal cycle of emotional responses to sexual assault. Using this knowledge, the authors then developed a series of interventions to help these patients work through these phases successfully. The response patterns described provide only a general context in which to help such patients; the detailed contents for individual patients were as varied as their personalities, backgrounds, and experiences. Thus no one victim required each intervention described.

Although rape victims represent a specific group, the generic skills to help them are included in the repertoires of most mental

health workers and are general enough to use with diverse groups of patients. In any treatment situation a meaningful conceptual framework must be developed to understand the patient's emotional reactions so that the necessary countermeasures can be applied.

One important question that remains unanswered is whether the information gathered by the authors has implications for the prevention of rape. For example, if a woman enters a socioeconomic or cultural area different from her own, she should anticipate how her presence will be interpreted by those who live there. By understanding her own behavior and how it is perceived by others, and by knowing how to avoid communicating inappropriate cues, it is possible that rape could sometimes be avoided. Although the sample size was not large enough to justify any broad generalizations, the information described in this article may have useful applications in preventing such crimes.

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POLICE-VICTIM RELATIONSHIPS IN SEX CRIME INVESTIGATIONS

By WILLIAM P. BROWN
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Sex crimes occur and they occur often. The FBI reports 31,060 forcible rapes in 1968.[1] If the same percentage of unreported victimization and the same relationship in the commission of other sex crimes to the commission of rape were assumed to exist in 1968 as in 1965 when the National Opinion Research Council conducted its victimization studies for the President's Commission on Law Enforcement and the Administration of Justice, almost 90,000 forcible rapes occurred and over 400,000 other sex crimes.[2] The degree of under-reporting of sex crimes is probably even greater than was indicated by the Council Study. It has been shown that a very large percentage of the sexual offenses are committed by people known to the victim. Of these offenses a large part may be considered actually approaching a type of incest. The guilty party is very likely to be a member of the extended family or a close friend so that reporting is probably even more sketchy than with crimes where criminal and victim are strangers.

The probability then is that there are well over half a million women or child sex victims each year. The members of this large and very unhappy population certainly deserve our sympathy as human beings. Even more, perhaps, they must be considered as requiring every bit of professional skill we can muster. There is pay-back for our skill or our lack of skill. There is respect and public support when the police work is of a high quality or, unfortunately, public dislike and lack of support when police work does not meet its expectations.

It would be a mistake to think that these victims define the quality of their contacts with the police in the same way as do the police, that is, in terms of the percentage of cases cleared in some manner satisfactory to the authorities. The truth is that the actual solution of the crime and the conviction of the offender represents only one dimension of the sex crime victim's problem. In fact, in at least some cases, the crime may not be much more of a trying experience for the victim than is the investigation and the prosecution. The crime may have lasted ten minutes but retelling the story, answering interminable and embarrassing questions, court appearance, cross-examination and the usual defense tactics of trying to shake the victim's testimony or to discredit her may spread the ordeal out over a period of years. In such a situation the tact shown by the police may seem more important to the victim and her family than their investigative efficiency. The evidence would seem to indicate that regardless of whether the criminal is convicted or even discovered, the police who investigate a sex crime can do an important service for the victims—and do a better investigating job—if they display sympathy and understanding in the process of the crime investigation.

To be specific, then, the contention in this paper is that the police by handling the victims of sex crimes with tact and courtesy can perform not only a real humanitarian service but actually do a better job of investigation and an infinitely better job of public relations.

Let's consider at this time something about these two victim groups.

[1] Federal Bureau of Investigation. *Crime in the United States* (Uniform Crime Reports—1968), p. 11.

[2] President's Commission on Law Enforcement and Administration of Justice, *Field Survey II, Criminal Victimization in the United States*, Tables 3, 4.

THE CHILD VICTIM

The vast majority of reported child victims are females. : one background factor which seems reasonably com- n is that they come from problem families. A recent dy concluded that "except for the purely accidental es a vast majority of the sexual offenses occurred ectly or indirectly as a consequence of some parental eliction of duty."[3] Typically, this involved: (1) leaving daughter without protection even though the adult w the child was in danger, (2) refusing to listen to the ld's story that she had been attacked or was in danger, (3) in giving some kind of approval or lack of resistance he criminal.[4]

Differences in the quality of the victim's family structure make critical differences in the vulnerability of the ld to sexual attack and in the effect on the child that will ult from an attack. Although the long-term damaging cts can be severe, there is evidence that the child from airly secure family structure who is not physically seri- ly hurt in the sexual violation, is not ordinarily per- nently damaged by the crime. John Gagnon reported 1965 on an investigation of 333 adult females who orted having sexual experiences with an adult before the of 13.[5] Only three of the women—that is, less than —were at the same time living lives that had been parently seriously damaged and related that damage to early sexual experience. Gagnon estimated that be- en 20 to 25% of the children reared in a middle class vironment would have at least a minimal victim experi- e in childhood. Lower class children, according to his dings, ran an even higher risk of such experiences, and se experiences were generally of an even more serious ture than were the offenses against the middle class ildren.

The sad truth, however, is that the children who are tually victimized are most often from families which nnot give such support. In the study directed by Dr. ncent DeFrancis of the Children's Division of the nerican Humane Association, one-third of the child tims were from one-parent, broken homes and in other 14% the two parents were not legally married.[6] ., in approximately half of these cases the family was of or quality by almost any standard. A very large per- ntage of the children studied were victimized by mem- rs of their own family. The report indicated that the xual relationships which victimized girls between six and teen were one and a half times as likely to be committed a member of the child's household or a blood relative they were to be committed by strangers. It was also und that the closer the victim and the offender were in ms of family connection the more pathological the family is inclined to be.[7] Such crimes have a particular horror that they are likely to be repeated for years. They are ten symptomatic of a family condition which is in itself poor that the child victim has been permanently dam- ed, or made liable to damage, before the matter comes to public attention. At the same time, such a defective family cannot give the support and assistance that is essential if a full recovery from the emotional effects of a sexual assault are to be obtained.

This high percentage of incestuous or quasi-incestuous victimization is not normally reported to the police. Still, the extreme likelihood of victimization within a family is a factor that must be kept in mind. In many cases the child who reports victimization by a stranger, particularly where the alleged offense occurred at some past time and resulted in a pregnancy before the official report, is covering up—usually because of fear—for a man who may be well known to her. It is also significant to recognize that the child who is a victim of incest may react with a pattern of promiscuity on the belief that the most effective way to win adult affection or even toleration is to be sexually available. Combine this factor with the general family and neighborhood vulnerability to criminal attack to which such families are usually subject, and it would seem that the child who has been a victim of incest is quite likely to be involved in sexual relationships with persons who are not in the family.

HOW RELIABLE IS A CHILD VICTIM?

The ability of a child to give information to the investigator or before the court involves two different considerations: first, the child's ability is related to his stage of maturation because at different stages of development she will have different ab.ilities to observe and to interpret what happens, and, second, there is the matter of the specific makeup and ability and background of the individual child. A German researcher, W. Filthaut, reported on an analysis of the judicial findings with regard to 395 children (under 14) and 78 adolescents (14-17) who had testified before German courts in 205 cases.[8] It should be remembered that the German jurist has much more power than his American counterpart to examine into the specific considerations involving a witness or potential witness and to make decisions which in American courts could only be based upon a challenge by the opposing attorney.

All told, 297 of the 473 children or adolescent witnesses had their testimony rejected by the courts. The following breakdown includes some overlapping—that is, some testimony was found unacceptable for several reasons—but the conclusions are still informative. The courts found that the statements of 53 of this group were "contrary to common experience" or contrary to the defendant's character and previous life. Ten others appeared to be offering testimony which was inaccurate from the judge's conclusions as to what they could have seen in the cases under consideration. Seventy-seven of the statements were regarded as insufficient because the witness no longer had a clear recollection of what had happened or because the complainants were feebleminded or mentally deficient children whose testimony was not considered as being trustworthy in these specific cases. The judges had viewed the testimony of 45 as unreliable because they feared that their imaginations had prejudiced their recollections of the events. The fear here was that there was an elaboration on some actual experience with a great deal of fantasy. This is, of course, a common problem with children and it is by

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De Frances, Vincent, *Protecting the Child Victim of Sex Crimes Committ- by Adults*, American Humane Association, Denver, 1969, p. ix.

Loc. Cit., pp. 108-112.

Gagnon, John, "Female Child Victims of Sex Offenses," *Social Problems*, :2):176-92, 1965. *International Bibliography on Crime and Delinquency*, 4. 3, No. 3779.

De Francis, *Op. Cit.*, p. viii.

Loc. Cit., p. ix.

Filthaut, W., "Children and Adolescents as Witnesses in Cases of Indecent Behavior with Children," *Recht Jugend*, 1963, 11/24(375-379) *Excerpta Criminologica*, Vol. 5, No. 103.

no means a question of truthfulness or lying. Children can actually find it very difficult to distinguish between what actually happened and what they imagined to have happened. This is particularly true in an unreal—and it must be remembered that for young children sexuality is still quite unreal—but very emotionally charged experience.

The German judges, as our own law enforcement people, felt that the testimony of 68 of these youthful witnesses were impaired in credibility because they had had prior sexual experience. Thirty-five appeared to have an inclination towards lying or towards desiring to make an impression to an extent that their accuracy was seriously questioned. The courts were particularly concerned with 108 cases where suggestive influences, primarily from the adult world, seemed to have been exerted on the youths to such an extent that their testimony was unreliable. It is of some significance that in only 22 cases did the courts think it possible that the witnesses were actually lying as opposed to being subjectively honest but objectively incorrect. These figures are interesting in that they represent the findings in a foreign judicial system which, although it has many different practices, still arrives at the same general conclusion that would be accepted by our courts; that is, that the serious nature of these crimes demands that testimony be rigorously examined.

The child victim is the long-run beneficiary or sufferer of official treatment but her parents are more vocally responsive. How do parents react to police handling of sex crimes where children have been victimized? DeFrancis reported that 49% of the families expressed favorable comments about police; 37% expressed bitterness or hostility. The negative expressions were usually stronger than the positive. The complaints fall into four categories:

Personal qualities—usually rudeness, rough, unpleasant, never smiled.

Uncooperative—police gave them run-around, wouldn't look for offender or give any protection.

Performance—took their time coming, didn't show up in court, kept us waiting, didn't seem to care, were uninterested.

Attitudes—particularly those which reflected skepticism or projected blame.[9]

THE WOMAN VICTIM

The woman sex crime victim sometimes finds as much embarrassment and even torment in the societal and professional reaction to her situation as was involved in the actual crime. Still, there is no question but that the woman who alleges that she was subjected to a sexual assault presents a great many questions and problems to the police. They are, first, the question of whether the victim has actually given every possible resistance to the commission of the act and, second, whether the victim was, in fact, of previous chaste character.

The unwritten standard about the degree of resistance which a woman has to offer is often interpreted by the police, at least in their actions if not in their stated position, to mean that a woman who has not been the subject of extreme violence or its threat, a woman who has not obviously fought as hard as she was able to fight, is considered suspect unless the criminal had a gun or knife and was obviously prepared to use it in the case of resistance. The question of whether the assault was forced is sometimes changed into the police position that a woman who had a prior social acquaintance with the alleged criminal is unlikely to have been raped.

The problem of previous chaste character is interpreted in varying ways by different police investigators. Legally, of course, prior unrelated sexual experience is only a matter that can be brought up in court in a move to destroy the credibility of the complainant. However, in practice it is usually given some weight. It is often given more emphasis by investigators than most students of the problem would believe justified.

The problem that the imposition of these two standards does occasion for the police is that of finding an acceptable line between prudence which warns the good investigator that he should not take the unsubstantiated statement of a woman who may be a spiteful paramour or a mental case rather than a wronged victim and the prudence that should dictate that the woman who comes before the investigator should be given every courtesy with the assumption that she may be telling the truth.

The question of reliability of the testimony of the woman complainant often brings up another important and usually unnoticed problem of the different ways in which the victim and the investigator may see the truth. The investigator sees the matter exclusively in the terms of what could be called objective truth. When he asks, "Is this woman lying or is she telling the truth?", he believes that the question of truth can be checked in accordance with his own professional view of the incident. He may, for example, feel that the woman should be able to specifically relate in a more or less matter-of-fact way the exact sequence of events, that she should be able to describe exactly what happened. The premise here is that the incident can be seen and recalled by the woman in the same way that it would be described in an indictment. The reality is that women do see most highly charged sexual activities in a different objective sense than do men. When they are deeply and emotionally concerned, they find it difficult to distinguish between what actually happened, what they thought happened and what they would like the police investigator who, in effect, represents the rest of the world, to believe happened. This means that it is far better to allow for some period of what might be called "ventilation" in a discussion; in other words, to let the witness say some things at the beginning which she is not going to necessarily be held to after she has gotten the initial emotional load off her mind. It is extremely useful if this preliminary discussion can be held with a woman investigator or with some professional person who can take into account what is being said but who can be reasonably sympathetic so that the emotional explosion that is likely to be represented in the first part of the statement serves a positive value rather than be held up as a block to any further and more accurate discussion.

In discussing these problems with police officers, one realizes that the individual officer and the police executives who are often involved, sometimes have considerable personal difficulty in dealing with the sexual victim. They often tend to categorize sexual victims in specific groups and make serious errors because they either do not allow

[9] De Francis, *Op. Cit.*, pp. 185, 186.

deviation from their stereotype or because they categorize too quickly a complainant and thus act in a manner which is totally inappropriate. There are still people who believe, for example, that a woman can't really be raped unless she is knocked out. Many officers approach all such complaints with an obvious suspicion which is absolutely shattering to the woman who may be extremely disturbed just having to report the incident. Not infrequently, other policemen or even police executives who have no real business in the investigation, suddenly feel compelled to be a part of the interrogation group or to discuss the details with the victim.

A different problem is faced by many officers who appear to be ill at ease in discussing these matters and cover their discomfort with an air of brusqueness which is not consistent with the victim's view of the seriousness of the situation. A person who has been subject to a serious assault does not like to think that this is just another matter. Admittedly, this is just a matter of courtesy—but it is important.

Police often request medical examination of the victim. This matter should be explained as something primarily for the victim's benefit, or she may come away with the impression that this is another requirement the police are imposing on her, to get the medical evidence which can be presented before a court. This is a matter of interpretation but it is an important matter. A doctor who recommends a laboratory test which may be indicative of some potentially serious condition does not tell the patient that he wants him checked for a possible heart condition or cancer. He merely requests that the tests be performed for some vague but generaly good purpose. The police officer, then, who suggests a medical examination does not have to be explicit in his concern about the possibility that the victim may have been impregnated or given venereal disease, nor does he have to go into detail as to the kind of evidence that he is hoping to get to support or bring into question a rape charge.

It is very helpful when the police have a standing relationship with a public health or family service agency in the community to which they can refer victims for help which ordinarily is just not available. The city of Washington has had an experiment under way for several years now in which the District Health Department provides the service of a visiting nurse who has been specially trained to assist the victims of sex crimes in their long task of recovering from the effects of what is often a very shattering experience. Dr. Charles Hayman, who directed the program, reported that during its first nine months in 1965 and 1966, 322 women and girl victims were seen and questioned by the police and then referred to the Nursing Bureau. 290 of these victims accepted the appointments and approximately three quarters of these kept their appointments with the nurse. The generaly observation was that professional support was particularly required in the first three months after the incident.

What did this help involve? In a few cases, medical or psychiatric assistance was given but the great need was the provision of a sympathetic and knowledgeable female to listen and respond to all of the fears and concerns which the sex victim is unable to discuss with her husband, for which her doctor does not have time, and for which her female friends do not have the skill or objectivity to listen non-judgementally and respond therapeutically.[10]

THE SEX VICTIM AND THE RACE PROBLEM

Sexual assaults are often directed against poor people, and in our society poverty is so largely associated with the race problem that the police handling of these matters has strong race relations implications.

Prejudice by police in these situations is sometimes severe even if it is unintentional. Many officers will not seriously entertain a rape or assault charge by a poor, unkempt, illiterate woman. Joking, disbelief, a patronizing attitude, all in effect deprive the poverty group of the protection of the law that it must have.

Sometimes official or semi-official positions develop which are extremely unfair. The situations arising in some instances in police referrals from welfare agencies is a case in point. In a typical situation when a case involving sexual relations with a female client under fourteen was reported by the Welfare Department to the police, it was routinely investigated by one of two officers. One habitually charged the defendant under a child-molesting statute; the other preferred to use a less serious charge—statutory rape. This condition existed for a long period during which no official even seems to have been concerned that the poor were subject to erratically different official responses. Such instances are commonly found and the rationale for making the decisions is often unbelievably prejudiced and unreal.

SOME GUIDELINES FOR IMPROVEMENT

1. Physical and mental health of the victim should be a prime concern of the police. Wherever possible, the help of a person such as a member of the S.P.C.C. should be obtained whenever a child is the victim to assure that the child has received necessary attention and that she is not going right back into a dangerous situation.
2. Investigators should be trained in the proper reception of sex crime complaints. Complainants should be accorded courtesy, and sympathetic, or at least non-judgemental reception should be given. Above all, concern should be shown.
3. Interrogation of a woman or child victim should, wherever possible, be conducted in the presence of a professional woman, a policewoman, nurse or social worker and she should have the responsibility of aiding the victim and preventing harmful stress.
4. Complainants should be spot-checked at dates a month or so subsequent to their report to ascertain the quality of police handling.
5. Where possible, there would be established a service for referral of victims to a professional non-police person who can give an enlightened ear and, where necessary, referral for additional support.
6. Practices in dealing with sex crime complaints in minority or poverty areas should be carefully checked.

The possibility of better readjustment by victims of such assaults is only one result of improving police-victim relations. It can improve police-community relations and lead to a program for a better adjusted society. ★

[10] Hayman, C. R., F. R. Lewis, W. F. Stewart and M. Grant, "A Public Health Program for Sexually Assaulted Females." Dept. of Public Health, D. C. *Public Health Reporter*, (Wash.) 1967, 82/6(497-504). *Excerpta Criminologica*, Vol. 8, No. 227.

Revolt Against Rape

"I'm not sure I understand rape at all. I don't see how a woman can be penetrated if she doesn't cooperate. You just can't thread a moving needle."

For decades, the majority of lawmakers and jurors have seemed to agree with that viewpoint, expressed by a Manhattan defense attorney. "The victim is really the one on trial," protested one woman after a long court battle against three men who gang-raped her. Indeed, only 133 out of every 1,000 men tried for rape were convicted in 1972 —the lowest rate for any violent crime.

Meanwhile, the incidence of reported rape is increasing at a startling rate. In 1973 there were 51,000 rapes reported in the U.S., a 10% increase over 1972 and a staggering 60% over 1968. Some of the rise can be attributed to women's greater willingness to report the crime. Yet many victims are still too embarrassed to do so, or hesitate to expose themselves to the ordeal of a trial. The FBI estimates that the actual number of attacks is at least double that reported. In California, according to the state police, there is a sexual assault on a woman on the average of once every 20 minutes. Says Massachusetts Representative Jon Rotenberg, who was active in pushing through two rape-reform bills in the state legislature: "The threat of rape affects women of all ages who are afraid to go out at night, to live alone, to ride the subway or wait for a bus."

Rewriting Laws. The fact that more women are living alone, going to work at odd hours and are generally more vulnerable accounts for many attacks. Most rapes occur in the black ghettos. In the most recent national survey, the National Commission on the Causes and Prevention of Violence found in 1967 that in 17 cities, 60% of rapes were committed by black men against black women, 30% by white men against white women, 10% by black men against white women and .3% by white men against black women. These figures may be shifting, however; in Philadelphia, the Center for Rape Concern found that in 1972 the incidence of black men raping white women had risen to 16% of the total.

What to do about these attacks of violence? Spurred by police statistics and women's rights groups, some state legislatures are now rewriting their rape laws. To convict a rapist, most states require evidence to support the victim's claim: cuts, bruises or torn clothing, a medical report stating physical penetration and sometimes even an eyewitness who can identify the assailant. Believing that such rules were making it too tough to get convictions, Connecticut and New York recently repealed them. Women's groups generally applaud the change, but in a new book, *The Charge Is Rape,* Journalist Gerald Astor warns that repeal of corroboration laws may not help. "The law can say what it pleases the legislators to have it say, but the jury will decide whom to believe."

Some legal experts believe that lightening the sentence for rape will help increase the conviction rate. They say that a jury is much less likely to avoid convictions if the penalty is only a few years than if there is a possible sentence of death or life imprisonment.* Yet in some states the laws have been too soft; women in Indiana have pushed through a bill prohibiting suspended sentences for convicted rapists.

A rape victim with a reputation for promiscuity has often had a difficult time in court. Iowa and California have recently passed laws barring defense lawyers from making courtroom inquiries into a woman's past sexual conduct, and in Florida such questions must first be screened in the judge's chambers. The principle, insisted upon by the rape task force of the National Organization for Women: a victim's activities with men other than the accused are irrelevant. "Previously," explains Ralph Brown, a lawyer and member of the Iowa Commission on the Status of Women, "a lawyer could ask a victim how many men she had slept with in the past month, year or five years." By this questioning, he managed to discredit all of her testimony.

Many juries require that a woman prove that she put up a fight against her assailant even though police often advise women to offer no resistance, especially if the attacker is armed. Massachusetts recently passed a pioneering law saying that even if there is only a threat of bodily injury, a woman is justified in submitting to her attacker.

Many big cities are now making special efforts to deter rapists and to help their victims. The Los Angeles police department helped produce a widely distributed film, *Lady Beware,* that shows where rapists may lurk and teaches that women in danger should scream. In Washington, D.C., the police department has put out pamphlets for rape victims urging them to bring sex offenders to court. In New York City, St. Louis, Albuquerque and Chicago, special police rape squads brief victims on what to expect during medical examinations and how to file charges.

PYRAMID FILMS



SCENE FROM WIDELY DISTRIBUTED SELF-DEFENSE FILM *LADY BEWARE*
A crime in which the victim is really the one on trial.

Feminists have had rape counseling groups for more than a year (TIME, April 23, 1973). One of the newest and biggest is Women United Against Rape (WUAR) in Indianapolis. The group, which now numbers 50,000, has urged the police department to place special female officers on rape cases. In addition, WUAR has helped persuade 25 local industries to hold 200 safety classes for women, advising them, for example, to check the back seat of their cars before getting in.

Hospitals, too, are becoming increasingly concerned. Some offer 24-hour counseling to rape victims brought to emergency rooms. Generally a woman is encouraged to talk openly about her experience. Counselors also provide follow-up psychological treatment for women who have persistent fears and nightmares. Says one girl who recently went through the experience: "Rape is a terribly, terribly brutal and degrading thing. You have to talk about it to someone afterward, and you have to keep working on yourself in order to recover."

*At least ten states, including Alabama, Arkansas, Florida, Kentucky, Maryland, Mississippi, Missouri, Nevada, North Carolina and Virginia have death as the maximum rape penalty.

Born. To Luci Baines Nugent, 27, home-loving younger daughter of the late President Lyndon Johnson, and Patrick Nugent, 31, general sales manager for radio station KLBJ in Austin, Texas: their third child, second daughter; in Austin. Name: Rebekah Johnson Nugent, after L.B.J.'s mother.

■

Married. Noha Sadat, 16, sandy-haired second daughter of Egyptian President Anwar Sadat; and Hassan Marei, 24, son of Sadat Counselor Sayed Marei; both for the first time; in Maamoura, Egypt.

■

Married. Antoinette Sibley, 35, diminutive, radiant superstar of Britain's Royal Ballet; and Panton Corbett, 36, London banker; both for the second time; in London.

■

Died. Stephen John Roth, 66, federal district court judge who in a 1971 decision (now being reviewed by the Supreme Court) ruled that Detroit public schools were racially segregated as a result of state and local policies and ordered them to integrate, through the use of busing, with schools in 52 suburban districts; of a heart attack; in Flint, Mich.

■

Died. Cornelius Vanderbilt Jr., 76, restless offshoot of one of New York's richest families; of a heart attack; in Miami Beach, Fla. Opting for journalism over college, Vanderbilt embarrassed his clan in *Farewell to Fifth Avenue* (1935), a candid volume of childhood memories that caused his name to be struck from the *Social Register*. Living and working in an elaborately furnished trailer—"I would rather be a vagabond than a Vanderbilt," he once wrote—he periodically skittered round the world to interview celebrities for various newspapers and magazines. He was married seven times, divorced six.

■

Died. Pär Lagerkvist, 83, titan of Swedish literature and 1951 Nobel laureate; following a stroke; in Stockholm. The rebellious son of devout Lutheran peasants, Lagerkvist was enchanted with the Fauvist and Cubist artists of pre–World War I Paris. After experimenting with expressionism in a host of early, pessimistic poems and plays, Lagerkvist, who described himself as "a religious atheist," later developed the starker, more realistic prose style necessary to his vision of humanitarian idealism. In the U.S., he was best known for *The Dwarf* (1945), a bitter, allegorical novel about human greed, and *Barabbas* (1951), an enigmatic tale of man's struggle to achieve religious faith.

■

Died. Earl Warren, 83, Chief Justice of the United States from 1953 to 1969 (*see* THE LAW).

Détente in Space

After failing at least three times in attempts to complete a Skylab-type orbital mission, the Russians were not about to take any unnecessary risks in their latest effort. As Cosmonauts Pavel Popovich and Yuri Artyukhin, both 44, whirled around the earth aboard their Salyut 3 space station, ground control sternly refused to let them listen to the semifinal match between Poland and Brazil in the World Cup championship. The excitement, the controllers feared, might stir up the cosmonauts' pulse beats and blood pressure. But after a while, Soccer Nut Popovich could bear the suspense no longer. "How did they play? What's the score?" he demanded. Told that the Soviet Union's East bloc allies had eked out a 1-0 victory, Popovich exulted: "Bravo! Good guys, those Poles."

U.S. space officials had equal reason to cheer—not for the Poles but for what (so far) seemed like a successful Soviet space mission. Launched just before the Nixon-Brezhnev summit, Salyut 3 was subsequently boarded July 4 by the two cosmonauts for what appeared to be a two-week stay. The Americans were most interested in the Soyuz spacecraft that the cosmonauts used to reach the orbiting space station. Soyuz is the same type of ferry craft that the Russians will launch next July in a space-age milestone: the linkup of a U.S. and a Soviet spaceship in the first international manned space mission.

Both sides are eagerly preparing for that pioneering venture. Taking a break from the joint training exercises at Star City, the Soviet cosmonaut center outside Moscow, Apollo Commander Thomas Stafford last week said: "I am fully confident of success." His Soviet counterpart, Alexei Leonov, more than echoed his optimism: "Everything is going efficiently and on schedule."

For a time, U.S. officials had their doubts (and some still do), mainly because of the problem-plagued Soyuz, which one expert bluntly described as "primitive as hell." Cramped and crudely engineered, in the opinion of the Americans, it carries too little fuel for its thruster rockets; by contrast, the Apollo's computer-controlled thrusters have an excess of power. A more serious U.S. objection is that the Soyuz is controlled almost entirely from the ground; the cosmonauts have limited means of coping with emergencies on their own.

As a result, the major burden of the flight will fall on the U.S. ship. Apollo will lift off from Cape Kennedy 7½ hours after Soyuz takes off from the Soviet launch center in Kazakhstan. Once in orbit, Stafford and Copilots Deke Slayton and Vance Brand will begin a round-the-world pursuit of the Soviet ship. Eventually they will dock with it, using a U.S.-built docking system to link the ships together. After the hookup, the Apollo will have to stabilize both craft in orbit since Soyuz is not up to the task.

Joint Saunas. The Russians and the Americans have been willing partners on the ground. In the course of four exchanges of visits during the past year, the spacemen—all former military pilots and engineers—have developed an easy camaraderie. At Star City they work in mock-ups of the Soyuz, attend lectures and even exercise and take saunas together. The Soviets are acknowledged to be ahead in the language race —Stafford's incorrigible Oklahoma twang is something of a joke on both sides—but the cosmonauts and astronauts have mastered enough English and Russian to talk space and to gab about families, sports and cars. The Americans grouse good-naturedly about such Russian space-food staples as pickled lamb; the Soviets, on their visits to Houston, have found American bread to be "the lousiest in the cosmos." If those are the only complaints a year from now, the joint mission could well be the success its boosters are already predicting.

NASA

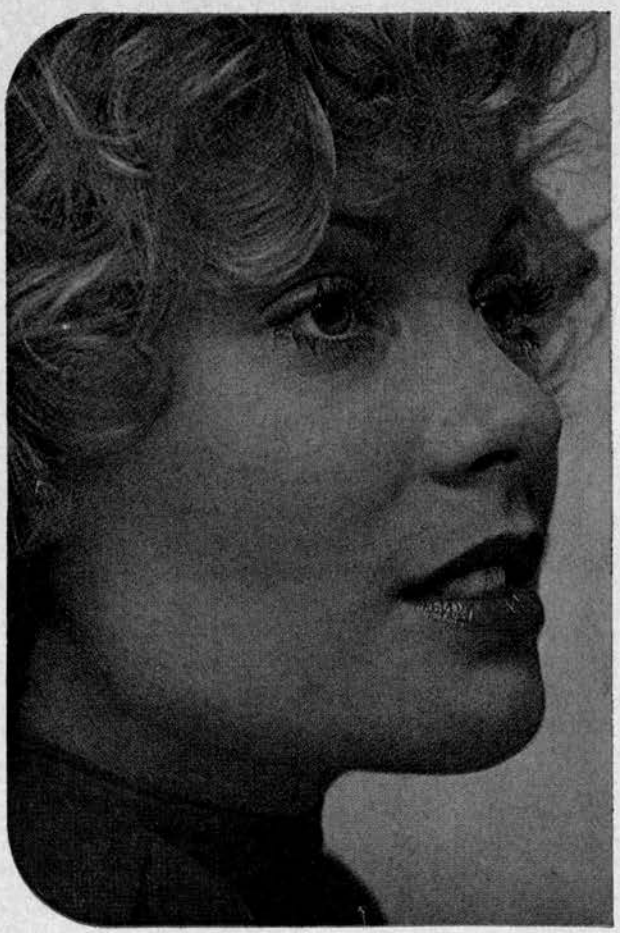


LEONOV & STAFFORD TRAINING AT HOUSTON
Developing an easy camaraderie.

Shamefully, rape is the least punished of all serious offenses. But now the victims, actual and potential, are fighting back in police stations and courtrooms—and they're beginning to win!

What Women Are Doing About THE UGLIEST CRIME

BY ALICE LAKE



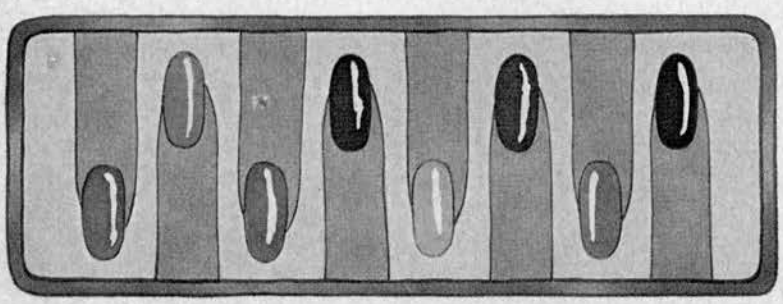
Subtle makeups are prettiest for day

but this doesn't mean you must avoid bright colors. As shown in the picture above, the trick is to use color with a light hand so that you get a radiant glow that doesn't look over-made-up. Our model is wearing a brilliant orange scarf and her makeup is color-coordinated to this vivid tone. Her foundation is a soft beige just one shade deeper than her natural skin tone to give the subtlest hint of a tan and to soften the effects of the other color accents. Eye, lip and cheek colors are applied with a light hand and blended well so that there are no harsh demarcation lines. Her eyes are emphasized with a trio of brownish powder shadows: bright copper on lids, brown in crease, beige under the brows. Lashes are colored dark brown. The melon creme blusher used on her cheeks is sheer so that it gives just the right hint of color. It's applied diagonally, from mid-cheek up to the temples. Her mouth is accented with a luscious, sheer hot-orange lip gloss.



Evening makeup can be dramatic.

When lighting is subdued and the mood takes a glamorous turn, one way to add sophistication is by using brighter or deeper shades than your daytime makeup. Another way to create a beautiful evening look is by bringing more "light" onto the face with makeups that are shimmering. Although the model above is wearing a light pastel makeup, it has a glow and a sheen that give it elegance and impact for evening. Neutral beige foundation was applied first, and over that one of the new sheer color tints in a shimmering pearly pink. Her eyes are glamorized with iridescent light blue on lids, iridescent yellow under brows, and brown to contour the crease. Lashes are emphasized with deep royal-blue mascara. Glossy baby-pink lip color and mocha-pink powder blusher—matte to balance the overall gleam—completes the makeup. For more on which makeup colors to choose for day, evening, home and office lighting, see page 138.



Try a new nail color! Choose a color that matches your cheeks and lips, or venture into the neutrals such as beige, pearl, gray—they go with everything. For a more daring look, coordinate nails to eye shadow or clothes with the new pale blue, green, yellow polishes. Try the super-shiny glazes, ultra-frosts, the silver- and gold-flecked formulas.

continued on page 138

When it comes to rape, "women are outside the effective protection of the law, and criminals know it." This startling statement by Judge Lawrence H. Cooke of the Appellate Division of New York's Supreme Court sums up a situation which has become a national scandal.

Forcible rape—its victims women and children—is skyrocketing, with close to an 80 percent rise in incidence in six years. Police files show that a rape occurs somewhere in the United States every 11 minutes. But official figures represent only the tip of the iceberg. Rapes which are never reported to the police run at least three—perhaps ten—times this number.

Too often the reporting of a rape is an exercise in futility. In many cities police catch fewer than half of the criminals. District attorneys prosecute fewer than half of those arrested. Judges and juries convict fewer than half of those prosecuted. Why? An introduction to the report of Washington, D.C.'s Task Force on Rape said last summer, "There is strong reason to believe that the processes of government themselves are the ally of the rapist, making substantial contribution to his escape from conviction, trial, apprehension, accusation or even reporting of his attack."

The big news is that change is in the air and women are shaping it. It's occurring among formerly bored and indifferent district attorneys; among policemen, who used to greet a rape victim with sniggering skepticism; in hospitals, where the treatment has too frequently been inhumane; and in courtrooms, where too often in the past a victim has been ridiculed as a liar. The female soldiers in this revolution are policewomen, nurses, social workers, psychologists, lawyers, doctors and an

continued on page 133

Precious Gift

BY GERTRUDE SCHWEITZER

Janie knew her stepmother would really like her birthday present. She only hoped it would undo the terrible wrong she had once done her. . .

If Steve thought it was absurd to make so much fuss about a grown woman's ordinary birthday, he did not say so. He even put on a tie. In the eight months we had been married, he had worn a tie only once before—to the wedding of an old family friend. The fact that he wore one now, without my asking him to, seemed to emphasize his sensitivity and the rightness of our marriage.

"Do you want to see what I bought her?" I asked him.

I opened the box, which I had been about to wrap in decorative paper. The handmade French slip was all white silk and lace, low-cut, so beautiful it could almost have been worn to a cocktail party. I had not shown it to Steve before because I had been afraid he would laugh. It was not a slip for a plain, rawboned, bespectacled middle-aged woman like my stepmother.

"Wow!" Steve said. "Now that's what I call fancy."

"It was awfully expensive," I sort of apologized.

"Well, it looks it." He nodded. "She'll be crazy about it."

"Yes." I kissed him so hard he blinked. "Yes, she will be."

My family was much more sentimental than Steve's. We celebrated everything: Dad's raises, the anniversary of paying off the mortgage, my brother Joe's first touchdown on the high school varsity, and even the birthdays of all the animals, for which the dates were usually arbitrarily assigned.

As I tied the ribbon around the box containing the slip, I thought of the first birthday gift I had ever given her. Almost 12 years had gone by, but I was not able to forget it. Whether or not she had forgotten it, I did not, then, know. We had never spoken of it. But it haunted me, and year after year, in every way, I tried to make up for it. I was so ashamed I had never told the story to anyone. . . .

I was the youngest of five children, the baby of my parents' middle age. If I was an accident, I was not made to feel like one. On the contrary, they all spoiled me—even Joe, the nearest to me in age, who was nine when I was born and certainly would have preferred a football helmet. The only thing I really wanted that I was not allowed to have was a white mouse. My mother was not a great animal lover, but she tolerated my guinea pigs, gerbils, turtles, dogs and cats. Mice terrified her. She could not even

continued on page 149



Howard Terpning

continued from page 85

angry band of feminists—many themselves victims of rape.

Rape was a crime that no one talked about until some five years ago; then young women started meeting in small groups to discuss the problems of being female. There, rape came up with a frequency which astonished them all. In some groups more than half the women had been sexually assaulted, but had never mentioned it before. "I used to think I was a real weirdo for having been raped," one said.

Finally, the boldest spoke out in public. At two 1971 New York City meetings sponsored by feminist groups, victims—haltingly and near tears—told of being raped, and then—as one put it—verbally raped again by police, doctors, lawyers, district attorneys. Small protest groups formed, often surfacing and then collapsing, until in June 1972 women in Washington, D.C., opened a Rape Crisis Center, the prototype for close to 30 groups formed since.

Like the women's movement itself, it was an idea whose time had come. In February 1973, the National Organization for Women—a conservative feminist group—voted by acclamation to form a National Task Force on Rape. In a year, 15 NOW groups multiplied to 70. These women and those in the crisis centers moved into battle on behalf of the victims—manning hot lines and rap sessions, pressuring the police, lobbying for changes in the law. The women have made a lot of noise, and they have achieved astonishing results.

A few years ago no public funds could be found to investigate rape; today millions are being spent by the Federal government, cities, counties, private foundations. Even Congress is swinging into action. Last September, Senator Charles Mathias, Jr., of Maryland, introduced a bill, cosponsored by 24 senators, to establish a National Center for the Control and Prevention of Rape.

But Congress cannot legislate rape out of existence. The cities and counties are where the responsibilities lie, and the police are the key. So long as the attitude of police officers discourages women from cooperating in investigations, the evidence to catch and convict rapists will not be gathered. But when police departments assign women officers to rape investigations, when they send men to sensitivity seminars, when they activate a special corps of rape experts, then men who commit sexual assaults are finally in trouble.

That's exactly what has happened in New York City. In January 1973, the police department established a five-woman Sex Crimes Analysis Unit. In October, it organized special Sex Crimes Squads in four out of five boroughs.

By the spring of 1974, 117 police officers, almost half of them women, were battling rape; their headquarters unit was headed by a woman, Lieutenant Mary Keefe.

Spurred by New York's action, police in the suburbs of New York, in rural Connecticut, Washington, D.C., Denver, St. Louis, Chicago, Indianapolis, are also assigning women officers to rape cases.

"A rape victim feels women police officers understand her fears and the feelings she has about her body," says Police Officer Donna Alden of New York's suburban Nassau County. "When a policeman asks for details, a woman is embarrassed to repeat the four-letter words the rapist used. If sodomy has occurred, it's even harder for her to talk. She'll just clam up tight and say, 'I don't want to discuss it.' But sometimes these are the clues that identify the fellow for us."

"Is there anything of a personal nature you didn't tell a male officer that you might want to tell me?" asks Sylvia Smith, a detective with the Sex Crimes Analysis Unit in New York. She listens



as significant information pours out. "He had a large mole on—you know—his penis," one woman told a female officer. Another said, blushing, "I was having my period, and that man—he insisted on removing the tampon himself." Painfully bitten on the breast, one victim said, "I told the policeman, but he didn't act as if it was important."

Women officers frame their questions carefully to avoid triggering the self-recrimination which tortures the rape victim. "It's easy to be a Monday-morning quarterback and ask, 'Why didn't you scream?' " says Detective Lucretia Belardo, a policewoman for 11 years, and, until recently, assigned to the Manhattan Sex Crimes Squad. "I never ask that question. It serves no purpose except to implant more guilt."

"I should have kicked him and tried to run," one young mother told Detective Belardo. "But what would happen to my children if he killed me?"

"He had a weapon, and your life is more important," Detective Belardo reassured her. "You did the right thing."

In New York City, where more than ten rapes occur daily, any woman can talk with a female police officer if she requests it, but male detectives still investigate more than half the cases. The men are changing too. One, for example, asked his own wife to come in from Long Island to sit with a young rape victim at the preliminary hearing for her assailant. "He knew how upset I'd be to face the guy alone," the grateful victim explained.

"I used to sort of wonder whether the woman provoked the crime," says Detective Robert Magnusson, of the Manhattan Sex Crimes Squad. "But the more you understand how the victim feels, the more you're on her side. If there was any skepticism in me, it's all gone now."

This message is only slowly seeping through to the uniformed patrolmen who screech up to the scene in their squad cars, sometimes four at a time, in the initial response to a report of rape. "The uniformed forces are *awful* to rape victims," one woman officer told me. "They ask questions like, 'Why were you out so late? Did you know the man?' That's all the victim needs to start torturing herself with the thought: 'I *must* have done something to encourage him.' " Attempts are now being made in New York, and also in Denver —which, after St. Louis, has the highest rape rate in the country—to teach the men in uniform more about the rape victim's feelings.

The most crucial evidence to prove rape—sexual intercourse by force or the threat of force—must be gathered in the hospital to which the victim is taken promptly by police. Usually it's a crowded city hospital because private hospitals—many of whose doctors don't want to testify in court—often turn down rape victims. In most cities the hospital is the weakest link in the chain of evidence that must be unbroken to convict a rapist. The victim's immediate physical needs—medical treatment to protect her from pregnancy and venereal disease—are frequently also neglected. To top off the insult, after waiting hours in the emergency room, she is usually handed a bill.

Doctors must examine a woman's body for bruises and lacerations, take a vaginal smear for evidence of semen, even comb the pubic hair to see if male hair or fibers of male clothing are matted into it. It is a meticulous job, but it is usually assigned to unskilled young interns. Some women are so bruised that the insertion of an instrument is painful, and for others—particularly teen-agers—it is the first vaginal examination. "Unless the doctor is gentle, unless he explains what he's doing and why, the woman feels that she's being raped all over again," says Ann Burgess, a nursing professor at Boston College, who helped establish a counseling program for rape victims at Boston City Hospital.

Doctors are at best impersonal, at worst rude and doubting. In New York when one young mother moaned at the pain, the doctor snapped, "What's the big deal? This isn't the first time you've had sex." Later the victim told Police Officer Sheila Edwards, "I had wanted to kill the man who raped me. Now I wanted to kill the doctor too."

Under pressure from nurses and from feminist groups, all that is changing. Trained gynecologists examine rape victims; interviews are conducted in privacy; hospital personnel attend sensitivity seminars. Philadelphia and Denver already have outstanding hospital programs, and New York, Boston, Washington, D.C., and Indianapolis are following suit.

Following her hospital treatment, the victim of rape must work with the police to try to catch her assailant and build a case against him. It's a long tortuous process. Arrest is followed by arraignment, preliminary hearing, presentation to the grand jury, then, possibly, trial. And attrition occurs all along the line. If he deems the evidence weak, a judge may dismiss the case or a district attorney may decide not to prosecute. Next the grand jury may refuse to indict—in New York, rates of dismissal of rape cases by grand juries run four times as high as for other felonies. Finally, a trial jury may acquit the defendant. And, somewhere along the road, the harassed victim herself may balk, leaving town or dropping the charge.

In one New York case a 19-year-old man was arrested for raping a girl, 15, at knife-point. She was too frightened to resist and the knife was never found. Thus there was no proof of force, and the case was dismissed. The same young man had been arrested for rape five times before, and each time had been freed. Soon after this release, he was again arrested for rape. That case too was dismissed.

The fact is that a woman who charges rape is trusted far less by the courts than if she complains of being mugged and robbed. In the latter case it's her word against his, but in rape outside corroboration is required—either by law or by the doubting Thomases who sit on juries and grand juries. In rape, says Justice Lawrence Cooke, there is "the gut feeling that women . . . cannot be trusted to tell the truth even under oath."

In 13 states this suspicion of a woman's probity is required by law, which insists on extra evidence of the use of force (torn clothing, body bruises, a weapon), and sometimes proof that vaginal penetration occurred. But even when there is no law, juries demand such evidence before they will convict. A juror said recently, "Unless her head is bashed in or she's 95 years old . . . there's a suspicion . . . that she led the guy on or consented."

The defense lawyer, viewing the jury (preferably male) as an ally, plays his advantage to the hilt. He cross-examines the victim mercilessly—in one case a woman was on the stand for nine hours—asking all the outrageous questions about her sex life he can get away with. For example: "Isn't it true that you've gone to bed with 12 men in the past year?" In many states the judge may, and in some states he must, instruct the jury "to examine the testimony of the female person with caution" because of the emotionality surrounding the crime.

Apart from the humiliation of being, as a 26-year-old secretary put it, "raped in court in front of that guy," the entire experience reactivates for the victim all the earlier emotional pain. "I couldn't sleep for two months after I was raped in June," the woman adds. "The horrible nightmares came back in January when the trial was scheduled to start."

The man who allegedly committed the rape was caught by police the same night. His victim had to face him the next morning at his arraignment and again a few days later at a preliminary hearing. "He was sitting there with his buddies, and that freaked me out. My name and address were reported in court, and I was so scared of his friends that I moved, although I'd waited eight months to get that apartment. Now I have a roommate, a dog, barred windows, and an unlisted telephone number."

Ten months later her trauma has still not ended. The case has been postponed a half dozen times on what she terms "a bunch of flimsy excuses of the defense attorney." The district attorney assigned to it has now quit, and the victim must go over the sordid details with a new prosecutor.

Each time the case is called, she must again beg time off from her job. "I'm always trying to get hold of the DA to find out what's happening. It's embarrassing to keep bothering him, but I feel I have a right to know. Often I think of chucking it. After almost a year I'm still not allowed to forget it and go back to my own life."

Although these indignities continue, concerned women are now battling them on half a dozen fronts. In Nassau County, N.Y., one female assistant district attorney—a miniskirted 26-year-

old named Lynn Siudak—has been assigned to handle all rape prosecutions at their inception, a move expected to establish a better rapport with the victim and to eliminate the ordeal of countless repetitions of her story.

Skillfully using their political clout, women's groups have lobbied intensively in Albany and succeeded in knocking out the corroboration requirements of the New York law, once considered the stiffest in the nation. Assemblyman Alvin Suchin, who has been fighting for repeal since 1970, recalls that his colleagues used to snicker at his rape bill. "There's still a trace of male chauvinism in the legislature," he says, "but it's now become impolitic to express it."

Connecticut recently revealed similar provisions in its laws and those of other states' rape laws are under heavy attack by women in Connecticut, Pennsylvania, Michigan, Colorado and California. One proposed change will limit the questions a defense attorney may ask about the plaintiff's prior sex life. Another will knock out the special cautionary instructions from the judge.

These moves by police, hospitals, and the courts may eventually solve half of the double-headed problem of rape —the scandalously low conviction rates. Perhaps even more significant for women is the other half—the development of programs to counsel the victim of rape, to prevent her emotional crisis from crippling her psyche for life.

"Rape? What's so terrible if the woman isn't a virgin?" This cynical viewpoint is being proven wrong by the professionals who are now helping rape victims—psychiatrists, psychologists, psychiatric nurses—and by trained volunteers in the anti-rape groups.

The Center for Rape Concern at Philadelphia General Hospital was established in 1970 by a psychiatrist, Dr. Joseph Peters, and is staffed by eight psychiatrists and six social workers, who see each rape victim up to half a dozen times during the year following the incident. The Denver Visiting Nurse Service offers physical and emotional aid to victims who visit the Denver General Hospital for emergency treatment. Public health nurses go to the woman's home weekly, or more often if necessary. The Boston Victim Counseling Program was started in 1972 by Ann Burgess and Lynda Holmstrom, professors at Boston College. At first, these two women came personally to Boston City Hospital within a half hour of the victim's arrival, even if they were roused from bed at 3 A.M. More recently they have trained hospital nurses to see the victim and follow up by telephone interviews. In Boston and Philadelphia, counselors accompany the victim to court to help her through the trauma of telling her story to an audience of strangers.

These professional observers have learned that rape is a significant crisis, so stressful that it may paralyze a woman's ability to cope or to function. Dr. Morton Bard, professor of psychology at the graduate school of City University of New York and a consultant to the police department, calls it "the ultimate intrusion on a person's privacy."

Physical symptoms may follow a rape —loss of appetite, insomnia, nightmares, and in cases of oral sodomy, uncontrollable vomiting. There is fear, rage, shame, guilt, a feeling of having been dirtied. "I wish I could wash myself down the drain," one woman said.

As a result of the feedback she gets from law-enforcement officials and even from her own family, the victim may shrink from social contact with the world. One woman was too fearful to leave home; another quit her job, convinced that everyone at the office was blaming her; a high-school girl insisted on changing schools.

The most poignant problems arise with those closest to her—parents, boyfriend, husband. A 20-year-old in Boston refused to tell her parents. "They think that sex with anyone outside marriage is worse than death," she explained. A young bride told a counselor, "My husband will feel I let him down. It's like being unfaithful, but how could I help it?"

Some young women become suspicious of all males and stop dating. Almost a year after her rape, one told me, "I'm still kind of protective about myself. I don't go out much with men. It's hard for me to relate to a man without a feeling of hostility." Jean Bauman, who runs the Denver nursing program, observes, "A boyfriend may be supportive at first, but when I ask later, the girl says, 'I don't see him any more.' Too often he feels she's 'damaged goods.' "

This sort of reaction from a husband can be devastating to the marriage. Unable to face the violation of his woman, he too is in crisis. One man kept plying his wife with questions—why did you let him in the house? Why didn't you resist? If he had a knife, why aren't you cut and bleeding? Others retreat into morose silence, and some become impotent.

One mistake families—particularly parents—make is to shy away from talking about the rape: "She should try to forget it." This, the professionals maintain, is the worst possible course. A rape victim needs to ventilate her feelings to someone who will listen without judging. Otherwise, says Dr. Peters, a massive denial of the trauma will follow. The young victim will suppress her emotional turmoil and act as if the incident was no worse than a sprained ankle.

Months later severe depression may develop. If she glimpses a man who looks like her assailant, or if she has to appear in court, she will again be paralyzed with terror. This is the time when counseling is again needed to help her resolve the depression and regain the self-esteem which the assault has fractured. Without such resolution, panic may recur intermittently. "We get calls from women who were raped ten years ago," says Jody Pinto, director of Philadelphia's Women Organized Against Rape. "They go into shock all over again if something reminds them of the experience."

With crisis counseling, a woman who has been raped can anticipate the stages of emotional turmoil she is likely to pass through, and her family, also in crisis, can gain insight into their own reactions. Equally important is the knowledge that crisis counselors are now passing along to those who deal professionally with victims of sexual assault. Up until recently, reports on the aftereffects were sparse in public health and medical journals—as if it were a little problem that wasn't there.

That's the way it's been all along the line with this crime. So long as responsibility keeps getting shifted, with the victim being blamed for being victimized, rape will be shrugged off as not important enough for society's best efforts. For it is not really the police, the courts and the law which deserve the censure for neglecting rape and its victims, but all of society, women as well as men. You and me.

Perhaps the most hopeful change is that the sexual myths which distort the crime of rape are now being examined clinically and exploded. Among them:

Myth 1: When a female shows, through a provocative glance, a glimpse of bare breast or thigh, that she is available, the male is powerless to resist his sexual urge. *She* triggers his sexual appetite. It is *her* responsibility to control it.

The effect of the myth? Last summer in New York City a 14-year-old charged a man with pushing her into his car at gunpoint, driving down a dead-end road, and forcing her to engage in oral sodomy. "Not at all," the defendant countered. The child, curvaceous in "hot pants," had asked for a ride, and then "reached over and grabbed me—you know how these young girls are." An all-male grand jury "knew" and dismissed the complaint.

But is rape really the result of female enticement? Half of the victims in a 1972 Philadelphia study acquiesced because they were threatened with a weapon, usually a knife. In Denver, it was found, rape most commonly had occurred after a man had forced his way into a bedroom where his victim lay sleeping.

Provocative clothing? Detective Sylvia Smith says, "Most of the victims we see are wearing dungarees and a baggy sweater. A man looking for a voluptuous type wouldn't pick these girls." Katherine Ellison, a young psychologist-consultant to New York's Sex Crimes Analysis Unit, points out, "If a woman wears a ring on her finger, no one accuses her of provoking a mugging. But if she dresses attractively, as society expects, then she 'asked' to be raped. For women it's a no-win situation."

Myth 2: Raping a healthy woman is like trying to thread a moving needle —it's practically impossible. Unless the victim is bruised and beaten, a fair conclusion is that she consented.

That's what a jury in Washington, D.C., reasoned last year when it acquit-



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ted a man of raping two college girls on the campus of George Washington University. "We felt the girls could have gotten away, and we wondered why they didn't resist more," one juror said. After the verdict the judge informed the jury that the defendant had confessed to both crimes, although a technicality had kept the confession from being introduced into evidence.

At least some detectives now understand better why a woman submits to being raped. "She's petrified," says Detective William Malloy of the Manhattan Sex Crimes Squad in New York. "She'll do anything rather than be killed or mutilated. And men aren't very different. I had a case in which four men allowed themselves to be ripped off in an elevator by a single man with a knife. Nobody wanted to be a hero."

Myth 3: Women dream of being sexually mastered by a man. They may protest at first, but eventually they love it. The widespread acceptance of this myth is shown by a cartoon which always draws laughs—the shaggy-haired caveman dragging off his woman by the hair—or by the familiar joke, "If rape is inevitable, relax and enjoy it."

Judges apparently are no exception. Not long ago in Washington, D.C., at 1:40 A.M., a man, trousers down around his hips, penis exposed and erect, attacked a woman, forcing her down with his body as she entered her car. She screamed and he fled, grabbing her purse. He was convicted of robbery and attempted rape, but the U.S. Court of Appeals reversed the rape conviction, explaining:

"That there was an assault is beyond question. . . . That he hoped he *might arouse her desire or that she might consent to his going further* can . . . be taken for granted. But there is no evidence that he intended . . . against the woman's consent to achieve penetration."

Can a woman really enjoy rape? Here's what a 23-year-old told me: "It was disgusting, degrading, humiliating. Even worse, it was a violation of my right to decide who I want to do what with."

Myth 4: Good girls aren't raped. Bad girls deserve what they get. This myth leads to frank disbelief of a woman's charge of rape if she was hitchhiking and accepted a ride from her assailant, or if she met him in a singles bar.

Policemen told a task force investigating rape in 1972 in Prince Georges County, Md., that they habitually yelled at rape victims while questioning them. Why? This was the best way to shake loose the truth in the "large" number of rape charges which were "unfounded." (The police also routinely asked the victim to take a lie-detector test.)

Research studies now conclude that no more than ten percent of rape complaints are unfounded, about the same percentage as in other crimes of violence; some investigators put the figure as low as two percent. "The law protects a woman who is naïve enough to be robbed by a con artist," says Katherine Ellison, "but not if her naïveté leads to rape. Yet the fact is that innocent girls *do* go off with a man who promises to get them a job, *do* leave a party with a man they've just met, *do* accept a pickup when they're lonesome."

Although women have accomplished near-miracles in the astonishing space of a year or two, it is still only the beginning of the end. Each year more women are being raped. In many cities their treatment has improved little if at all. The scandal of rape will only disappear when victims and law-enforcement officials truly become trusting allies, for each needs the other as a partner in a war against this vicious crime.

A few months ago a woman, raped in midafternoon in the New York skyscraper where she worked, sent a bouquet of flowers to the four detectives who arrested her assailant. Posies to the cops in cynical New York? That's a switch of real magnitude! The attitude expressed to me recently by Detective Lucretia Belardo is also a switch. "What's most important to me as a woman," she said, "is how the rape victim is treated. In the long run, if we're really concerned about her, she won't be hostile and we'll learn more. And she won't feel that we're just cops." ◆



 continued from page 83

Take lighting into consideration when making up

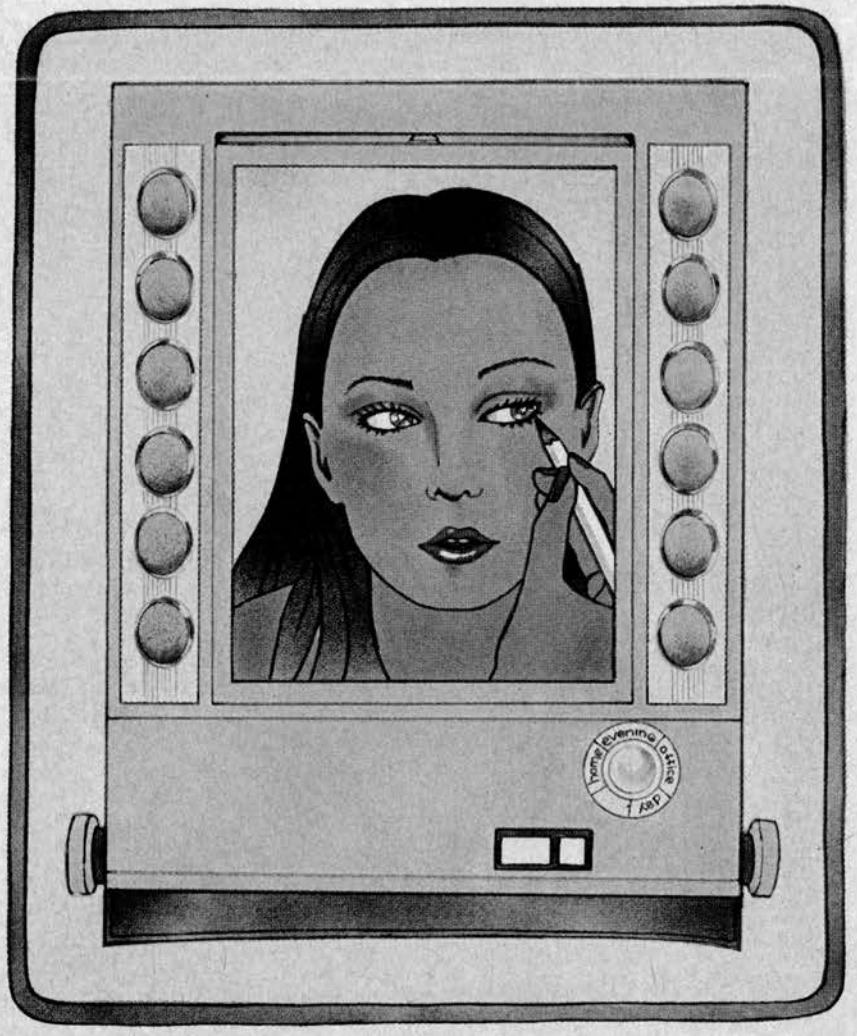
as it will certainly affect the appearance of colors and textures. Lighted makeup mirrors (see sketch) that reproduce various lighting situations can help you be a better judge of the right amount of makeup to use and the best colors.

Daylight, which is very revealing, allows flaws to show up easily, but heavy makeup is not a good solution. For day, a natural look is best. Use a sheer foundation and accent colors that flatter you, hiding flaws or problem spots by dotting on opaque cover creme that blends into your foundation. Be sure to spread makeup evenly; avoid hard lines and keep any contouring very subtle. Pastel eye shadows and monochromatic color schemes are always appropriate but so are bright or deep colors and multitoned eye-shadow schemes if they are sheer. Sunny colors, such as yellow, gold and orange, make particularly pretty color accents for day, as do clear, glossy lip colors without too much white frosting.

Office lighting, which is usually fluorescent, tends to have a blue quality that can make some makeup colors—the beiges and yellows, for instance—look drab. Best colors for eyes are lavenders, blues and greens—they stand up well to artificial lighting. Lip colors in the blue-pink family are also flattering. Be light-handed with office makeup, spreading it thinly or using products with sheer textures to avoid a mask-like look. Anything too frosted or too shiny might pick up a harsh reflection so it's best to use matte or semi-matte foundations and accents for eyes, cheeks and lips.

Evening lighting aims for a soft, candlelit effect. Now you can go to town with as dramatic a makeup as you desire. This is also the time to use all the tricks of contouring to "sculpture" a pretty face shape: apply darker foundation in cheek hollows, under jaw, down sides of nose or anywhere you want a slimmer look. Use highlighting creme on forehead, temples. Use brighter or more intense colors for eyes, lips and especially cheeks than you would during the day (but remember that very deep colors can look even darker when lights are low). Pink shades of foundation, lip and cheek color are particularly flattering for evening. Paint ribbons of different colors around your eyes. Let everything shine with frosty, pearlized colors.

At-home lighting is usually soft, casting a warm, pinkish glow that is very flattering. Most makeup colors look pretty in this light, while the soft focus allows you to use more contouring than would be attractive in daylight or in office lighting. Especially pretty in this light are the beige and tawny foundations and the coral and peach cheek and lip colors. Wear lip glosses for a natural but lively look. In a relaxed, comfortable home setting, avoid overdramatic eye makeup. If you like frosted eye shadows, try them in delicate pastel tones.



Wigs allow you to vary your hair color

at whim—to be blonde, brunette or redhead as the mood strikes you. Or you can buy a wig in your own natural color for days when your hair is under par or you want a more elaborate style for evening. When you shop for a wig, be sure to check the shade in daylight also, since fluorescent store lighting can distort color values. Whatever shade of wig you choose, it should flatter your complexion (see rules on choosing hair coloring, page 80). One good rule—there should not be too much contrast nor too much similarity in tone between your skin and your chosen hair color.

A dramatic change can be fun—you may want to choose a wig that's strikingly lighter or darker than your own hair. In this case, be prepared to adjust your makeup quite a bit and don't forget to use brow makeup to complement the wig. A dramatic change of look usually works best under soft, subdued evening lighting.

Brows are a frame for your eyes

and play an important part in your total look. They should be as neat and pretty as possible but not overemphasized. For the most pleasing effect, brows should be about the same shade as hair or just slightly lighter or darker.

Very dark brows can be made to look slimmer by plucking from underneath the brow, one hair at a time, one row at a time. Follow with an application of brow-lightening makeup available in powder or wand.

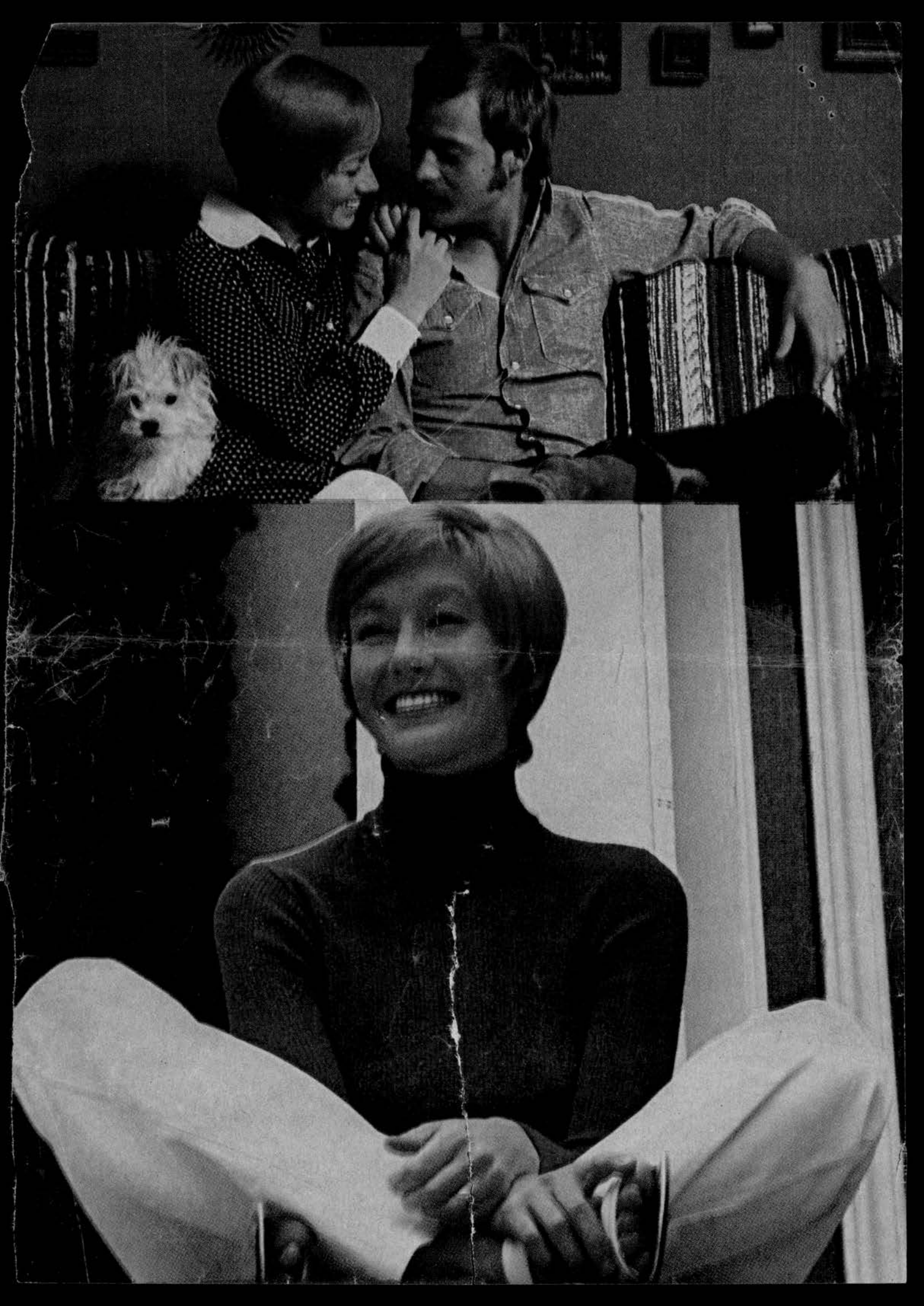
Very light brows will appear more prominent if they are left full (but do pluck any strays underneath brows that detract from a graceful shape). Brush-on powder brow coloring will give an overall darker look. ◆

RAPE:

the unmentionable crime

Even uglier than rape itself is its agonizing aftermath. Here is the shocking story of the humiliation and disbelief its victims are subjected to

by Alice Lake



Rape is the ugliest four-letter word in the English language. That's a judgment most women would agree on—except for those who know most about it: the victims themselves. They would tell you that even uglier than rape is its aftermath, the way society responds to the crime.

In the past, women who have suffered sexual assault have kept their ordeal to themselves, wishing only to forget the experience. But these days some of the victims are beginning to speak out, painful though that is, because it's the only way to effect a change in public attitude. Too often, in an Alice-in-Wonderland-like switch, society brands these, the victims, as seductive aggressors and even liars. Expecting sympathy, they are greeted by doctors and police with indifference and suspicion, by acquaintances with snide remarks, even jokes. Seeking an end, if not to rape itself, at least to its ugly aftermath, young women who have been raped have asked *Good Housekeeping* to tell their stories.

Jane (which is not her name) is a pretty girl, slightly built, with fine delicate features, blue eyes, and fair straight hair reaching almost to her waist. She is 22 years old and teaches school in a New England city. Jane was 19, a sophomore at a large Midwestern university, when she was raped.

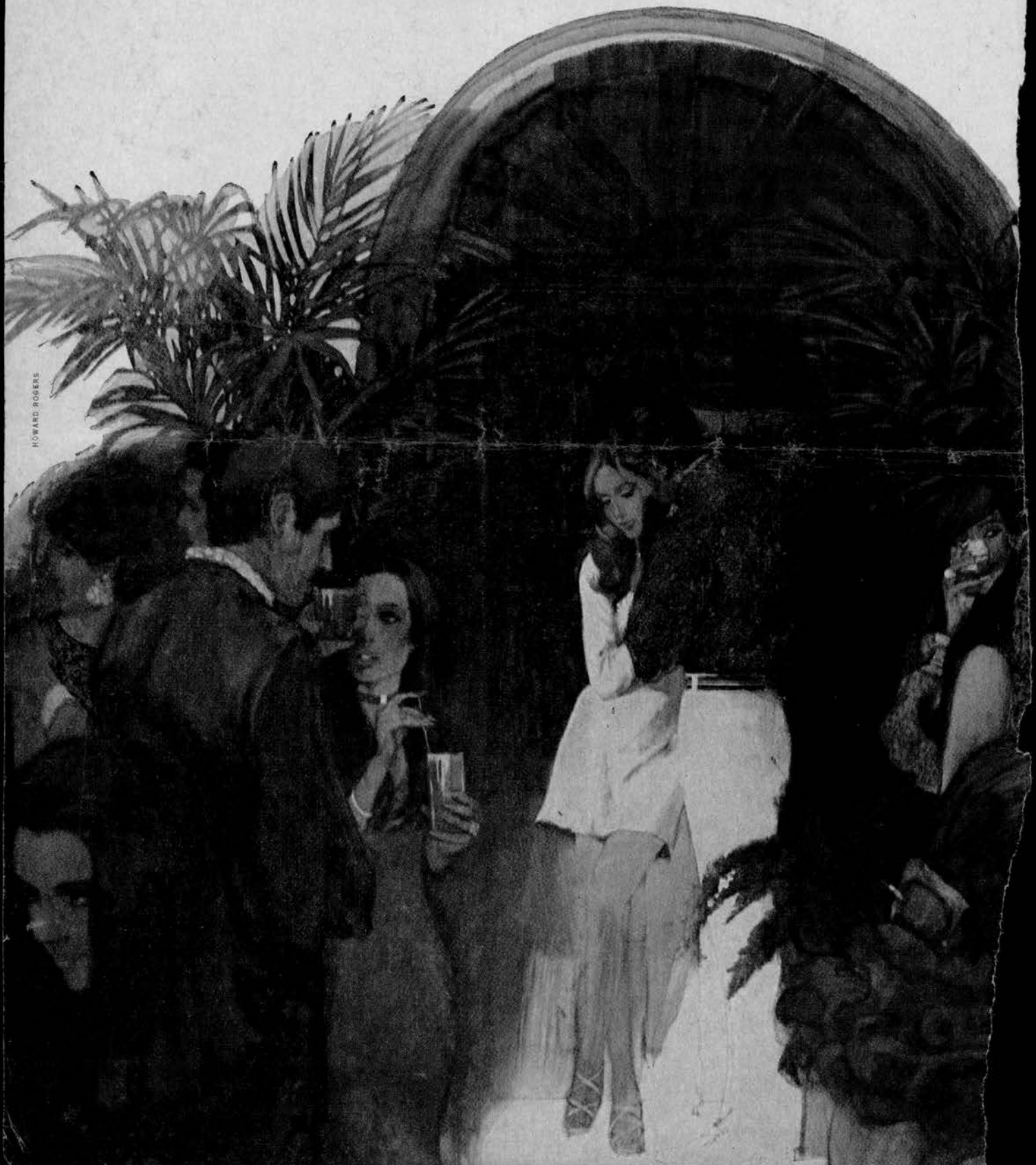
Her assailant was no stranger; actually the two were out on their first date. He was not a fellow student, but a hanger-on around campus whom Jane had met at the student union. The date started innocently enough. With another couple, they drove a half hour out of town to a house (which he claimed he owned) where about 15 young people were having a party. Jane drank a single glass of wine.

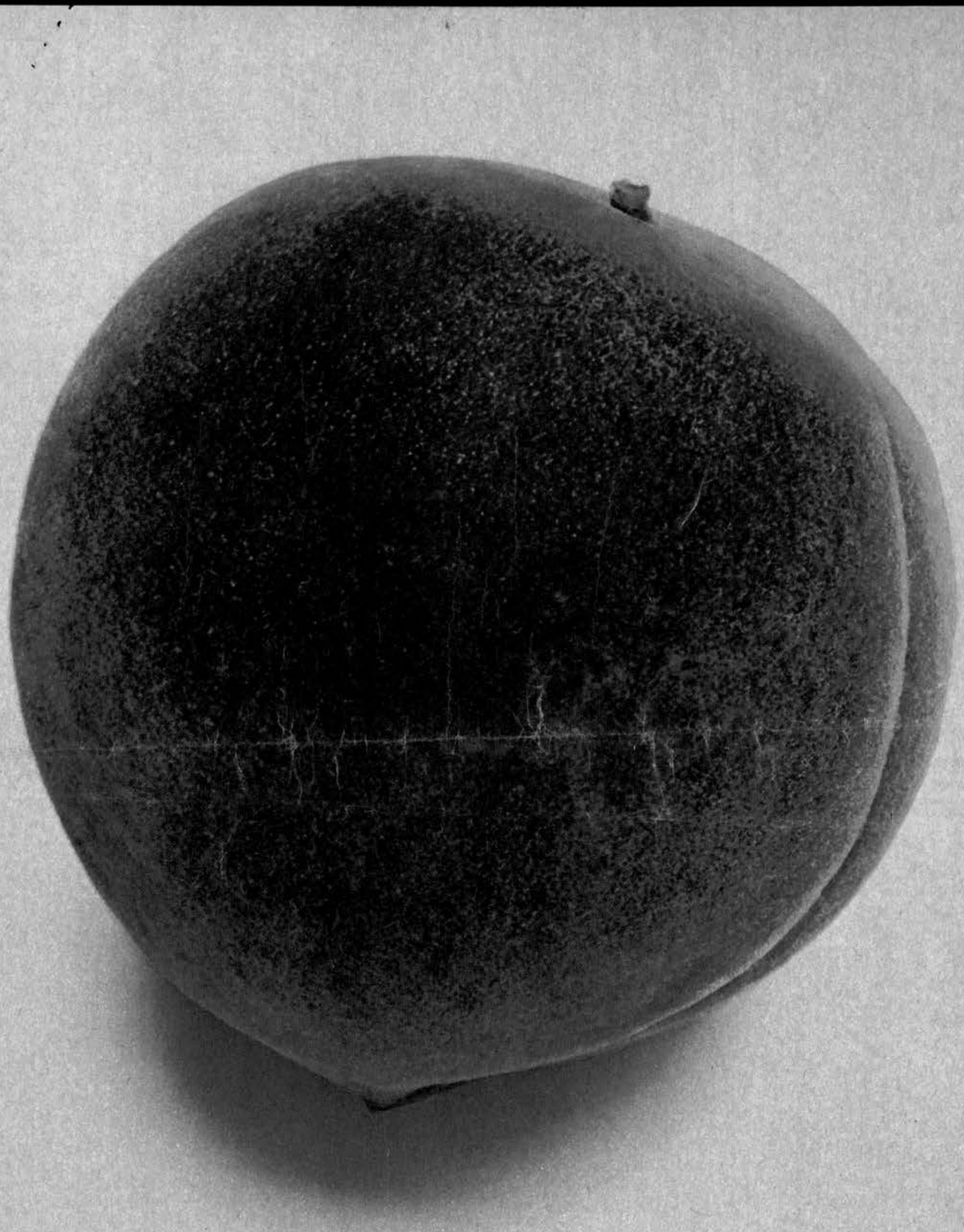
When her escort disappeared from the group, she went hunting for him, and found him in the den. They talked, and when he started to paw her, she said, "Let's go back to the others." But there were no others. It was ten P.M., the house was empty, and the driveway bare of cars. Obviously, there was no way Jane could get back to her dormitory that night. At first she was not too disturbed. At her suggestion, they each chose a bedroom, and she closed her door and started to undress.

"It all sounds so stupid now," Jane apologizes. "I was a fairly protected middle-class girl who had the naïve impression she could handle any situation. On dates before, I had just pushed a guy away if he went too far. Was *continued on page 188*

A GAME OF HEARTS

Times may change and customs vary,
but the ways of love are constant





If you can see what's wrong with this peach, your standards are up to ours.

(Blush on skin of peach is too red. Peach inside will be dull and brown. Not acceptable for Del Monte.)



The more you know about peaches, the better for Del Monte.

RAPE: THE UNMENTIONABLE CRIME

continued from page 105

I a virgin? Very much so." Jane continues softly, hesitantly. "Then he came in, pinned me to the bed, and raped me. I tried to get away, but my body just stuck there. What I remember most is my hair being pulled. He held my hand back over my head, and it caught my long hair. It was very painful. It's such an awful feeling of helplessness to be physically overcome.

"Afterward I got up and stumbled into the bathroom. I was bleeding profusely, which terrified me. I thought I was dying. I was afraid to go back to the bedroom for my clothes, so I put on a sweat shirt and a pair of men's pants that were hanging in the bathroom. I tiptoed into the kitchen and telephoned my roommate. I said, 'Help! I'm in a house near a highway close to the airport. Please come get me.' Then I put on my coat and went out on the road to wait. I don't know where the man was. I guess he'd gone to sleep.

"While I waited, several cars stopped, and men asked me if I wanted a ride. That terrified me even more. My heart was pounding so loud I thought I was going to have a heart attack. When my roommate and her boy friend finally arrived, I broke down and sobbed."

Back at college, Jane telephoned a professor whom she had always found very kind and dependable. "He told me to take a hot bath and relax and then to call the police. But every time I closed my eyes, I had horrible visions, mostly of blood. I couldn't call the police either. I was afraid. It was all I could do just to hold myself together."

Because she continued to bleed, Jane went to the school infirmary several days later. "A woman doctor there refused to treat me unless I told her all the details. I just didn't want to talk about it. Perhaps it was my reticence that made her so cruelly sadistic. All I know is that during the treatment, she was obviously angry at me. I had never had a pelvic examination before. I hadn't really heard of one. It was gruesome. I felt so exposed. Without any anesthetic the doctor stitched me up, but she didn't explain where or why. It was excruciatingly painful. When I tried to get dressed, I started to faint. She refused to give me anything for the pain, or to admit me into the infirmary.

"That doctor was the beginning of the end as far as my emotional state was concerned. When she examined me, she said, 'It looks like the guy really knocked you up.' I thought she meant I was pregnant. It was a new fear, and it brought me near hysteria. Then just as I was leaving, she added, 'You realize, of course, that you will never have a normal sex life.'

"For the next few days the pain was so intense that I couldn't walk. I went back to the infirmary and insisted on seeing another doctor. He was kind. He assured me that my own emotional state was the only bar to a normal sex life in the future. He told me that it was impossible to know at this point whether I was pregnant or not. (I wasn't. To my great relief, my period started a few weeks later.)

"After great prodding from the professor and the few friends I'd confided in, I finally went to the police. I dreaded it. It was so distasteful to tell the story to strangers. But I was worried because friends of mine—men students—saw the rapist on campus and threatened to lynch him.

"At the police station a detective took me into a little cubicle with a one-way mirror on the wall, and questioned me as though I'd seduced the guy. I was completely unprepared for that. He acted like I had gotten bombed on one glass of wine. He really harped on the fact that I had no black-and-blue marks. 'Well, he didn't beat you, did he?' he asked. He kept shooting the same questions at me—Why had I made a date with this man? Why was I there for the night? It was obvious he was trying to prove that it wasn't rape.

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"The police insinuations had me in tears. Then I was told that I'd come to the wrong police station, and would have to go to the town where it happened and tell my story all over again. At the second station house, it was almost exactly the same thing. At the end the police said: If you want to press charges, you will need protection against the man—a bodyguard—and we won't give you one.

"So I dropped the charges. I was scared to death of this man and his friends. When I saw them on campus, they seemed to be staring at me. I got a few weird phone calls, someone saying, 'Hello, there,' and then silence. The experience really changed my attitude toward the police. This was the first time I had ever needed them, and they weren't exactly helpful. It was years before I felt brave enough to talk about it and to find out that the way the police treated me was quite standard. At the time it made me feel that something was wrong with me, that it must be my fault.

"I started getting terribly depressed —couldn't sleep and had anxiety attacks. I kept feeling cold, but I sweated constantly. In my head I felt just spaced out—I guess the word is 'disassociated.' I was afraid to go out at night, even to the library across the street. I imagined that people were following me. I didn't date, except to have a cup of coffee with a good friend.

"I had not told my parents, who had recently separated, but finally I telephoned my father, told him what had happened, and said I wanted to see a psychiatrist. He was very upset. He wanted to kill the guy. He flew right out to see me and took me away for a few days. Then he went to see the head of the infirmary, and the woman doctor was dismissed.

"During the next year I saw two psychiatrists. The feelings of panic, which occurred almost daily at first, started to diminish, but it took two years before they were gone completely. I went back to college for my junior year, but the man and his friends were still around and I just couldn't stand it so I switched to an Eastern school, and graduated the next year. There I'd felt able to start dating again, and I was married to a fellow student about a year and a half after the rape. It was hard to tell my husband about it, because it brought back the whole episode.

"I'm fine now, but still wary. If I'm walking alone at night and a car circles the block, I get panicky. I choose to travel ten blocks on a lighted street rather than a single block in the dark. I just don't like strange people whistling at me. It brings back that helpless feeling. When construction workers high in a building call out, I feel that if I had them down on the street, I would just claw them apart."

While you have been reading this, a woman has been raped. Police files show that a rape occurs somewhere in the United States every 14 minutes. But records tell only part of the story. Of all major violent crimes (the FBI lists these as murder, negligent manslaughter, rape and aggravated assault), rape is probably the worst reported. Experts estimate that only five to 20 percent of women go to the police when they are sexually assaulted. Although the incidence of reported rape has more than doubled in the past decade, punishment of assailants keeps on lagging. In 1969 only about half of the rapists sought by the police were arrested, compared to 86 percent of the murderers. Of those arrested, two-thirds were prosecuted, and a bare one-third convicted of rape. No other major crime of violence has such a dismal record.

The reasons are complex, but central to them is the nature of the crime itself. Women are the victims, men their avengers, and between the two there are basic misunderstandings. Widely held myths about female sexuality often obscure the facts about rape. Laws, law officers, and law courts tend to an unusual extent to mistrust the word of the victim more than the word of her alleged assailant.

Rape will remain an iceberg crime—nine-tenths invisible—until more women are willing to speak out. But many are ashamed. Even in this day of easy sexuality, a rape victim is often considered damaged goods. Parents of a

teen-ager hesitate to go to the police. Women are embarrassed to report rape, to make a private humiliation public, written on the police blotter for all to see. They are frightened of reprisals from their assailant, and of cynical questions from authorities. Many feel guilty, as if somehow they could have prevented it. (One 17-year-old, assaulted in a lonely wood by three men, one of whom had a gun, kept apologizing to me for not fighting back with more spirit.)

Once a woman goes to the police, she sets in motion a chain of events which she finds difficult to stop. Her ordeal is described by criminologist Menachem Amir, a professor at the University of California in Berkeley, in his recent book, *Patterns in Forcible Rape:* She "must prove her claim as a victim by enduring certain rituals (some of them rituals of degradation) in being compelled to tell her story to the police, family, and the court."

A sex-assault examination in a hospital is often the first step which follows a rape. Medical treatment is important, both to establish legal evidence that the crime has really occurred, and to protect the victim from two possible unpleasant aftermaths: pregnancy and venereal disease. Yet many hospitals refuse to examine rape victims at all. They fear that they won't get paid, and that staff doctors will have to spend time testifying in court. Even when the police escort her, a victim is frequently shuttled from hospital to hospital—this within hours of the rape when she is exhausted, in emotional shock.

The examination itself is seldom conducted by an experienced gynecologist, but usually by an intern on duty in a crowded emergency room. It is not a difficult examination—the vaginal passage is checked for lacerations, and washings are taken to be analyzed for the presence of semen—but, particularly for a young girl, it is an extra embarrassment. Estrogen injections given promptly will generally protect a victim from pregnancy, but often they are not offered, and few rape victims are sophisticated enough to ask. In a Midwestern city, one 22-year-old had to go to two hospitals and a private doctor, in the dawn hours following her rape, before she could get treatment to avoid pregnancy and infection with syphilis or gonorrhea.

The hospital is likely to be an unpleasant experience, but the police station is often downright ugly. Victims told me that policemen appear to get a salacious pleasure out of hearing about a rape. "The police came at three A.M.," one said, "and they kept coming, as many as 20 or 30 cops. Mostly they were curious. They kept asking about the sexual details, not about facts to help them catch the guy."

Telling her story, the victim quickly gathers the impression that the police think that she is a liar. Policemen are frank to admit that this is precisely what they *do* think. Although 18 percent of rape charges are dismissed as unfounded, police talk and act as if 80 percent were untrue. Lieutenant Jeremiah Murphy of the Providence (R. I.) Police Department, for example, told me, "If a woman isn't physically injured, I always go on the assumption that it didn't happen."

One touchstone for the police is the extent of a woman's resistance. The less she reports having screamed, bitten, kicked and scratched in defense of her honor, the more skeptical they become about her story. Apparently police fail to understand the paralyzing fear which can grip a woman when a gun or a knife is brandished in front of her nose. Even without a weapon, a man, larger and more powerful, can be intimidating. "When he slapped me, I realized that he was capable of beating me up," one young woman explained. "I just submitted meekly." Another said, "There was a huge wine bottle on the shelf behind me. But I was afraid I'd miss."

When a woman does not report a rape promptly, it's another mark against her in the minds of investigating authorities. One young woman, raped at two A.M. by an intruder in her apartment in a Midwest city, told me: "As soon as the man left, I took a bath. Then I got out the alcohol from the medicine cabinet and just poured it all over myself to get rid of his presence. I sat with my coat on for about 45 minutes, just trying to pull myself together. Then I called the police. They just couldn't understand why I waited so long. They made a big point of it."

Even the way a victim describes the assault may arouse suspicion. "You can pretty much determine if she's sincere by the way she conducts herself," says Lieutenant Murphy. "I notice if she becomes nervous and tries to avoid details. If she's cool and rational, I'm apt to feel a little more suspicious." One young woman made a mighty effort to control her rising hysteria and give a precise account of the episode. "What are you, some kind of sociologist?" a detective grumbled.

A woman who has been raped must expect intimate questions about her sex life, no matter how inappropriate they may seem. A few months ago a black man with a gun robbed and raped a 20-year-old in an alley in a New England city. "I stumbled back to my office," she says, "and someone took me to the hospital. Physically I was a mess, covered with dirt, hair wild, skirt torn. Emotionally I felt empty, as if all the tears had gushed out of me. Two detectives came to the hospital to question me. They asked if I were a virgin, and what sort of sexual relations I had already had with black or white men. I couldn't understand that it had anything to do with the case."

When a victim admits that she knew the rapist, the suspicion index of the police jumps a dozen notches. "If a girl reports rape when she's on a date, if they know each other, if they're intimate, the police don't consider the possibility that it's really rape," Lieutenant Murphy says. A woman with a reputation for promiscuity, especially if she picked up her assailant in a bar, has a hard time convincing the police, no matter how strong her story. Yet these are the girls whom rapists, especially men on the prowl for a gang rape, often choose.

The initial interrogation is only the start of a victim's ordeal. Trying to forget, she is constantly recalled to the police station to look at photos of suspects, or to face a lineup which may include her assailant. Obviously, much of this is necessary, but not all. One rapist left significant clues after he had climbed up a tree to enter a Midwest apartment—several straight black hairs on the bed, items of clothing in the yard below, indicating his short stature. The victim says, "Yet when the police insisted that I look at a suspect they'd picked up, he turned out to be a large blond kid, desperately frightened." Another victim told the police that she had never seen her assailant clearly. "But they kept bringing pictures to my office," she says. "I felt they really wanted me to convict someone I wasn't sure of."

Once the police arrest a rapist, the agony of his victim intensifies. She must tell her story to a district attorney, to a grand jury, testify at preliminary hearings, and finally at the trial in open court. The weary round may easily last two years. Preparation for the trial can be gruelling. The victims of a particularly ugly gang rape in New York City kept blotting from their minds significant details of the episode. "It took three months of constant discussions to make them remember exactly what happened," the assistant DA recalls.

The worst ordeal is cross-examination by the defendant's attorney. In order to suggest that sexual intercourse took place by mutual consent, he tries to bring before the jury any shred of evidence casting doubt on the victim's virtue. One welfare worker, raped by a knife-wielding stranger on the roof of a housing project, was astonished to hear her assailant's lawyer start his questions with, "Now when you were making love to the defendant . . . ."

In a recent New York case a druggist was accused of giving several young women massive doses of barbiturates, and then raping them when they were semiconscious. The evidence against

continued on page 194

CLASSROOM CLASSIC

A second-grade teacher informed her class that the school was going to hold a literary fair, and she asked if any of them thought they could make a contribution. One small boy raised his hand and volunteered, "I know where there's some litter I can bring."

—Harold Helfer



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RAPE: THE UNMENTIONABLE CRIME

continued from page 190

him was overwhelming, and his lawyer tried desperate shots in the dark to smear his victims on the witness stand. Have you ever had an abortion? Do you model in the nude? Do you sleep with your boy friend? These are a sample of the questions that he asked. In a San Francisco case, a 23-year-old secretary, harried by embarrassing questions, burst out, "Am *I* on trial? *I* did not commit a crime!"

Suspicion of the veracity of a woman who cries rape is not limited to police or officials of the law courts. In many states it is imbedded deep in the law itself. In New York, where more rapes are reported than in any other state except California, the law bends over backward to guard against the danger that a woman may maliciously entrap a man in a rape charge. The law says in effect: a victim's testimony cannot be wholly trusted; it must be corroborated by other evidence bearing on each aspect of the crime. This corroboration requirement is unique. If a woman is mugged or robbed, her identification of the assailant is acceptable in court. But if she is raped, a second witness is needed to back up her account. Since this is a crime seldom committed before an audience, the practical result is that conviction for rape in New York is, according to one DA, virtually impossible.

In one case in suburban Westchester County, N.Y., a high school girl told police that she was raped by three young men. Witnesses saw her getting into their car; doctors testified to her bruises and to lacerations of her vaginal passage. But the indictment was dismissed on the grounds of insufficient corroboration. Later the three alleged assailants hung around the corner where their victim waited for the school bus, and jeered and taunted her. Her furious father told the district attorney that he would kill the young men unless something were done. But the DA, who couldn't blame him, was helpless.

Are such strict rules of evidence necessary for rape, but not for other crimes? Yes, says attorney Morris Ploscowe of New York City, a former magistrate and author of a book, *Sex and the Law:* "The corroboration requirement protects an honest man." Ploscowe believes that of every 100 women who claim rape, 80 are lying. In his book he refers to the crime as "a single regrettable lapse in sexual behavior which has occasioned *no basic damage to the individual* or the community."

Thomas Facelle does not agree. As chief assistant district attorney of Westchester County, he argues that "the corroboration requirement is a denial of confidence in the jury system. In rape cases alone, it assumes that a jury is not competent to evaluate the testimony of a witness." Patrick F. Healy, executive director of the National District Attorneys Association, adds, "The present rape law in New York is a disgrace. It's like open season in the state on women. I'm surprised they haven't marched to the capital in protest."

Rape is a serious crime which the law punishes severely, even with the death penalty in 11 Southern states. Certainly justice requires that the rights of a victim be balanced against the rights of a defendant and of society in general. No woman who has been raped questions this. Many, in fact, are reluctant to press charges because of concern that they may send a man to prison for a long stretch. Their question is: Why are we trustworthy witnesses after an auto accident or a robbery, but not after we have been raped?

The answer, victims believe, is that rape is widely misunderstood by both men and women. They point to these persistent myths:

A healthy woman cannot be raped by one man alone. This myth holds that even the slightest resistance makes penetration physically impossible. If a woman does not resist, she has consented to sexual relations, and has no right to claim rape. To this, Dr. Paul Gebhard and other Kinsey Institute researchers answer in their book, *Sex Offenders:* "The great majority of women do not know how to fight effectively . . . the few who do know how sometimes fear to try lest they fail and

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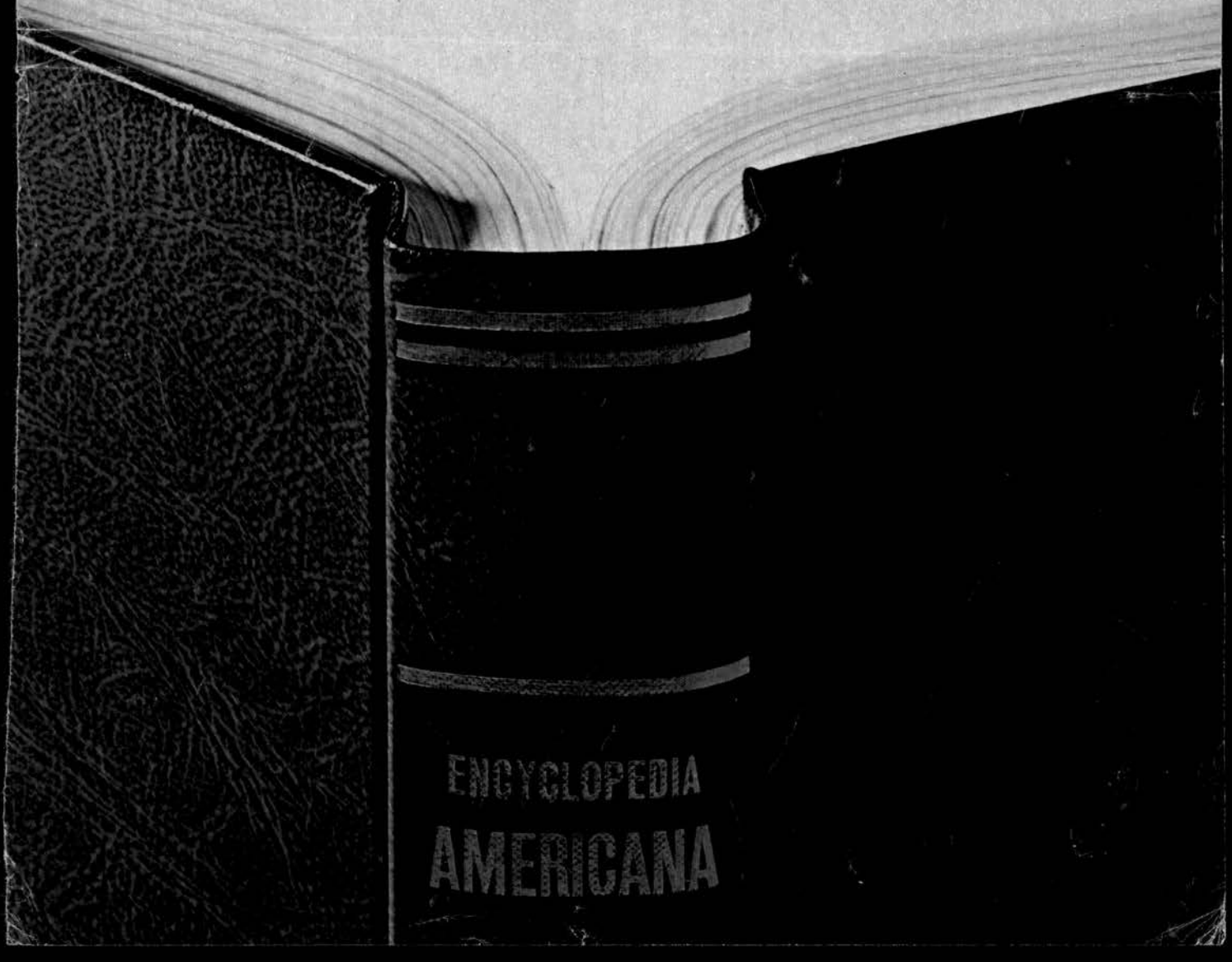
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nly infuriate their attacker. . . . The(ir) ineffectuality results from right or from a realistic appraisal of he danger involved." Criminologist Menachem Amir reports that in over alf of the 646 rape cases he studied in Philadelphia, the unwilling victims were ubmissive. Those who resisted were aped anyway. Amir points out that this efutes the belief that a fighting woman annot be raped.

Subconsciously, another myth says, *omen really want to be raped.* Accordingly, it claims, a caveman approach s sexually exciting to women, and their esistance, merely a sham. An article in he *Stanford Law Review* says: Although a woman may desire sexual ntercourse, it is customary for her to y, 'no, no, no' (although meaning es, yes, yes'). . . . It is always difficult n rape cases to determine whether the emale really meant 'no.' "

The dozen women who told me about heir rapes hardly agree. One 20-year-d said, "Rape is not a flirtatious game. is an attack on one's dignity and ntegrity. It says—you are scum and I an do anything to you." Another told he, "I still cringe at the sorry joke—f rape is inevitable, relax and enjoy t.' It's hard to believe, but men have actually asked me if I enjoyed being raped."

A woman who is raped deserves what she gets. This myth holds that the assailant's only crime is that he misreads her seductive signals. A New York City policeman obviously subscribed to the myth when he commented on a recent classroom rape of a schoolteacher: "If you ask me, women invite it. They wear those see-through blouses and skimpy skirts. Some unbalanced kid gets ideas." Some lawyers hold that when a woman asks a man to her apartment or visits his, she has in effect consented to sexual intercourse and cannot later claim rape. "A woman shouldn't get herself in a situation in which a man companion can take advantage," Morris Ploscowe says. Carried to a logical conclusion, this viewpoint suggests that laws should be amended to include a new misdemeanor—"justifiable" rape.

These widely held myths affect most people's reaction to a rape, including, unfortunately, that of the victim herself. Sometimes she begins to doubt her own memories of the event, and wonders if she is at fault—at least in part—for her own rape. A young woman raped by a teacher shortly after her graduation from high school told me, "I had a terrific crush on him. I guess I even dreamed of him making love to me. But my idea of love was to kiss, neck for an hour, and then stop. When he pushed me down on the couch without prelude, I literally didn't know what was going on. But for a long time after I felt that I got what was coming to me."

Confused, unaccountably guilty, some young women face an additional aftermath of a rape—the realization that they are pregnant. Again society is likely to let them down. No legal abortion is permitted for rape in 33 states, although in two of these a pregnancy can be terminated if one or more psychiatrists certify that a woman's mental health will be seriously impaired. But begging a doctor for an abortion is not a pretty experience. "A woman is put through the mill," Dr. John Vorenberg, a Boston psychiatrist, says. "She's made to feel dirty, as if she's a liar. The experience can be very damaging." Carrying the unborn baby is the ultimate indignity. "These girls are passive. They don't respond. They've just given up," says Dr. Walter Wolfe, a Louisville obstetrician, in whose state abortion following rape is illegal.

There's probably not a woman alive who isn't afraid of being raped. What are *your* chances of becoming a victim? According to statistical studies, you are most likely to be raped if you are a child, a teen-ager or a young woman. Over two-thirds of the victims in the Philadelphia study ranged in age from ten to 29. The typical rape victim lives in a large city, but not always a huge one. In 1969, Los Angeles had the highest rate of rape in the country, followed by San Francisco, Baton Rouge, Kansas City and Baltimore. The popular season for rape is summer, with July the summit month. Rape is usually a weekend and a nighttime crime. Many

"I accidentally ate this kid's brownie. It didn't taste like mine."

by Max Cramer.



The Accidental Exchange

My brownies were delicious. Chewy. But his brownie was moist. Real moist. "Melted in my mouth," so to speak. I was suspicious.

"What's in the brownie, kid?"

"Sour cream," he tells me. "It comes in a special, chocolate-flavor moistness packet. They call it Betty Crocker® Brownie Supreme."

"It's OK," says I. "But try mine. Betty Crocker Traditional Brownies."

That word "traditional" made him edgy, you know?

But I got him to try it. He even admitted they were chewy and fudgy. Even delicious.

But he's sticking to Brownie Supreme. Says he won't touch anything "traditional."

What a weird kid. Supreme's good, but everybody knows Traditional is better.



One example of what people can accomplish if they just talk to each other.

white women have nightmares of being raped by a black man, but it's not all that likely. In the Philadelphia study at least, only three percent of the cases involved a white victim and a black offender. More typically, black men rape black women, and white men, white women.

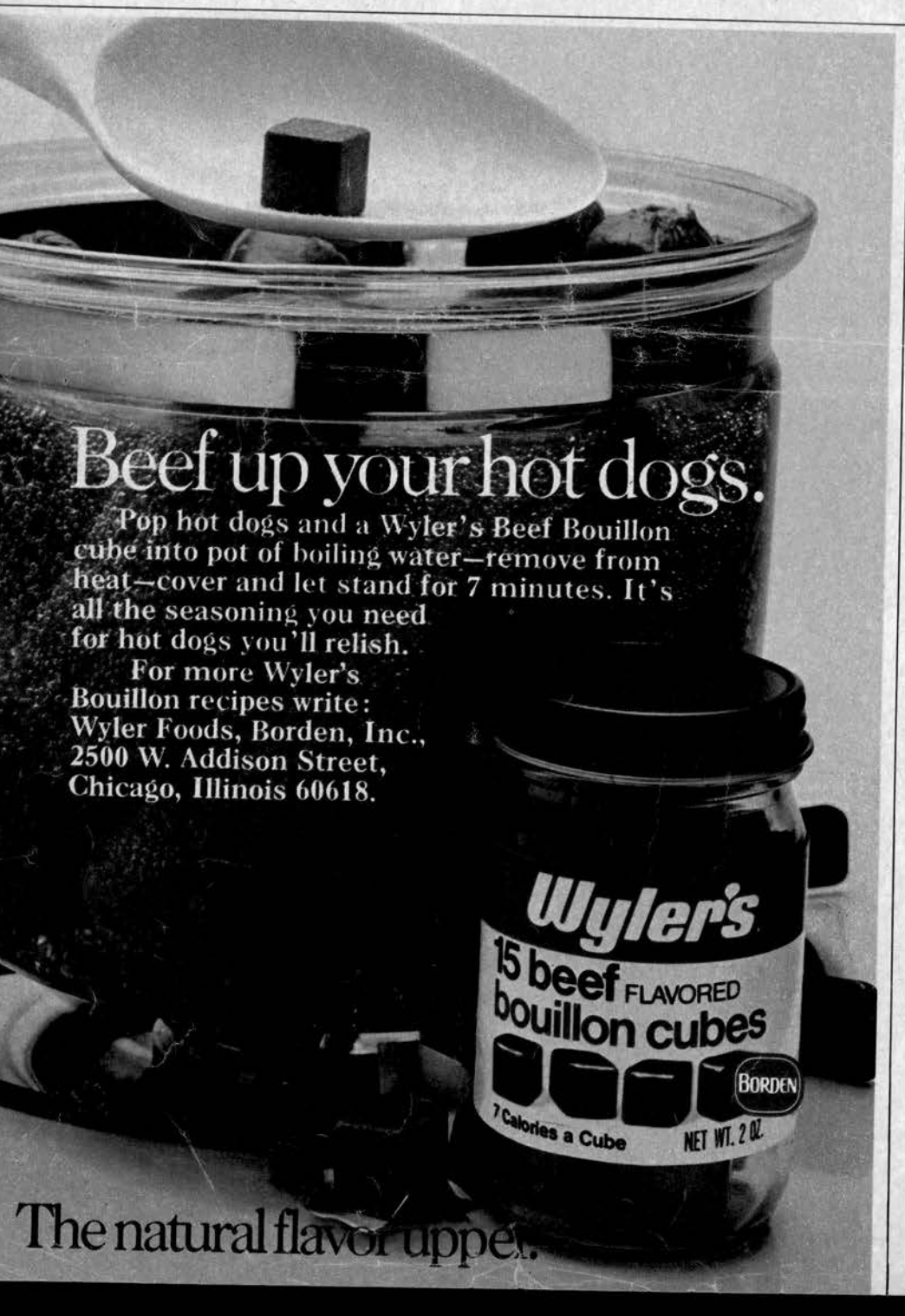
Although your chance of being raped is not as great as you probably imagine (in Los Angeles, the most dangerous city, one rape occurs annually for every 2,000 residents), the possibility rises with certain occupations or activities. The working hours of nurses and waitresses put them in greater hazard of rape. A woman who picks up a man in a bar, accepts a ride from a stranger or hitchhikes alone increases the danger of rape.

What can a woman do to defend herself? Plenty. This crime is presently a major focus of the women's movement, and the New York Radical Feminists have gathered a formidable array of pertinent advice, including these suggestions:

- Don't look or act like a victim. You must be able to run, yell, swear, and speak in a loud aggressive voice. (By keeping her wits about her, one young law student in Cleveland thwarted a teen-age rapist. She noted quickly that he was younger, shorter, and more frightened than she was. Scuffling with him, she felt quite sure that the "gun" in his pocket was only his pointing finger. When she said sternly, "You don't really want to do this," and started to turn her back, he slapped her in the face and ran away.)
- If a suspicious person is loitering on a stairway in a building, don't hesitate to scream. Yell FIRE, not HELP. If someone attacks you in an elevator, press the emergency button and scream.
- Outdoors in a city, walk quickly and close to the curb. In the suburbs, stay away from shrubbery. Avoid using an outdoor telephone in a deserted street or at night.
- If you're driving in an isolated area, keep car doors and windows locked. If someone forces his way into the car, drive into a gas station and honk the horn.
- If you must hitchhike, don't go alone. Don't accept a ride from a man who's alone in a car. A couple is usually safe; two men, dangerous. Don't sit in the rear; you can't grab the wheel or the ignition key from there.
- Make a weapon out of what's at hand. Jab your pocketbook into the assailant's face, groin or solar plexus. Turn your umbrella into a bayonet, a tightly rolled newspaper or magazine into a jabbing stick. Use your feet to kick his shin or smash down hard on the instep. Take a self-defense course. Practice the blood-curdling karate scream.
- Laws vary about what weapons you can carry on your person. A general rule is that you can legally use to defend yourself any object primarily intended for another purpose. Mace or a teargas pen is out; a hatpin or knitting needle is in. Better check with the police, however, before you start toting a carving knife in your handbag. Use a noisemaker—police whistle, pocket alarm—to startle away an assailant.

Young women today are starting to talk out loud about rape, and it's all to the good. It helps victim and potential victim alike. For it is up to women to shatter the myths about rape. Once this occurs, young women who suffer this ugly crime may find comfort instead of cynicism in the aftermath of a rape. Even now some men who deal frequently with the victims feel deep compassion for them. One is Dr. Walter Wolfe, chief of obstetrics at Louisville General Hospital, where all of the city's rape victims are brought for examination.

"I wish that people would stop making judgments about these girls," Dr. Wolfe says. "If a girl claims to have been forcibly molested, if she feels strongly enough to go through what's involved, I'm willing to believe her. Many of my colleagues are highly skeptical about a woman's story. The truth is that these are men who really don't like women very much." ◆



A Revolution in Rape

Keeping a woman's past sex life out of court

When it was time for "Alice," 19, a beautician trainee, to leave her favorite neighborhood bar in Detroit, she would occasionally accept a ride home from men. One night last December a fellow with a familiar face offered her a lift, so she hopped into his car. He promptly pulled a gun and took her to his house. There he and three other men hit her a few times, then raped her.

Until a few years ago, Alice's habit of accepting rides from strangers would have been the rapists' strongest defense. Since rape trials often hinge on the victim's word against the defendant's, a standard defense tactic has long been to make the woman appear to have been seeking sex. Courts allowed this, generally following the admonitory dictum on rape laid down in the 17th century by the English jurist Sir Matthew Hale: "An accusation easily to be made and hard to be proved, and harder to be defended by the party accused, tho never so innocent." Over the years, rape became encrusted with rules to protect men from vengeful women: almost anything about the victim's sex life was relevant, and the prosecution had to prove that she had tried to resist the attack. As a result, conviction rates had been much lower for rape than for other violent crimes.

But now the laws are changing. Since the mid-'70s Congress and half the states have adopted "rape shield laws" that protect rape victims from being unfairly grilled about their past sexual activity. Michigan's comprehensive 1974 rape reform law has been the model. At a preliminary hearing for the man who offered Alice a ride, the defendant's lawyer started asking her questions about her penchant for hitchhiking with men. Citing Michigan's shield law, the prosecutor successfully objected to that line of questioning. Unable to discredit Alice's testimony, the defense lawyer quickly made a deal: his client would plead guilty to criminal sexual conduct in the first degree if the prosecutor agreed to drop charges of possessing a firearm and robbery. Still to be sentenced, the man will probably get 15 to 20 years.

Without the reform rule, the crime against Alice might never have been prosecuted. And if it had come to trial, says Susan Rohr, an adviser at the three-year-old Detroit Rape Counseling Center, "the defense attorney would have done everything to keep the jury from thinking about the facts of the crime. Instead, he would have tried to make it seem that the victim was in the habit of making quick acquaintances with strange men in a bar late at night."

Changes in rape laws have been pressed by women's rights groups, who argue that rape victims have too often been "raped a second time" by the criminal justice system, and by law reformers, who want rape treated rationally, like any other violent crime. One step has been to drop the word rape. Many of the new statutes speak in terms of sexual assault, sexual battery or criminal sexual conduct and carefully define the act.

BETTMANN ARCHIVE



An 1887 illustration showing toughs abducting a woman victim

Now they can no longer be ravished a second time in court.

A bill now before the Texas legislature would go even further and eliminate any mention of sex; instead, it lists in clinically bland terms the various forms that forced intercourse can take and calls them all assault. Aggravated rape becomes aggravated assault, a first-degree felony punishable by five years to life. The Texas bill would also follow those in other states by being "sex neutral," or containing no assumption that rape is only something done by men.

Almost all states no longer require the victim to prove that she resisted the attack to the utmost because lawmakers now recognize that resistance can risk further harm. Another feature of the old rape statutes that is disappearing is draconian penalties, which have been counterproductive: too often, juries would acquit rather than send a rapist to jail for a term of 20 years or more. Under the new laws, sentences are more flexible: basically, the greater the violence, the stiffer the penalty. In Michigan, a man who already had a rape on his record was convicted of another, this one at gunpoint, and sentenced to eight to 15 years. But in another case, a man who slapped and raped an acquaintance he occasionally met in a bar, but who used no other force and had no criminal record, got off with probation plus payment of court costs. Under the old law the prosecutor might not have bothered to take the case to trial, since the jury would probably not have convicted the man.

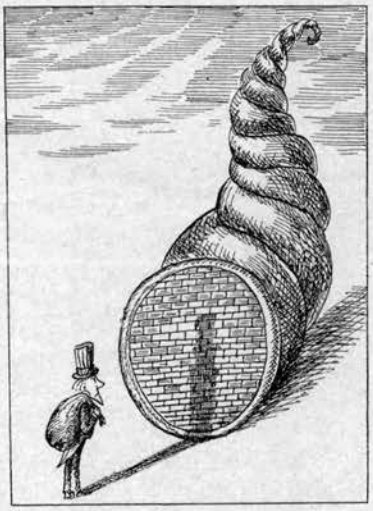
Along with changing social attitudes that have made women more willing to report rapes, as well as more careful and sensitive police work, the Michigan law has helped dramatically increase the number of rape convictions. In that state, there were 90% more successful prosecutions in 1977 than in 1972, while rapes that have been reported climbed by 30% and arrests by 62%. But defendants still get a fair trial. In Michigan, the law specifically admits proof of prior sex with the defendant. In some other states, the shield laws call for a balancing test: the judge considers whether the evidence of a woman's past history might prove that she really did consent to intercourse or if it would simply prejudice the jury against the victim. Usually he hears the evidence privately in his chambers before deciding whether the jury should hear it.

One change in the rape statutes that is likely to come more slowly is the abolition of the old common law rule that a husband cannot be convicted for raping his wife. A few states—Oregon, New Jersey, Delaware and Nebraska—have done so, and others are still considering whether to take that leap into the marital bedroom. But the difficulty was illustrated last December by the celebrated Rideout case in Oregon. Mrs. Rideout accused Mr. Rideout of rape and left him, but the jury acquitted, and two weeks later the Rideouts were reconciled, lovingly gazing at each other at a cocktail lounge for the benefit of a photographer. When last heard from they were separated again. ■

s so that the nation spends relatively less personal income oday in order to save more for tomorrow; reduces the amount money drained off by Government activities and increases e capital available for private investment; and decreases the sums flowing out for energy imports while expanding the sums put into developing domestic energy sources.

Accomplishing much of all that will be extremely tough for two reasons. First, laws enacted by previous Congresses commit the Government to increasing federal spending in the years ahead, even though such outlays reduce the capital available for investment; in many ways, the nation has mortgaged its future. Second, powerful groups have vested interests in keeping these laws just the way they are.

Since the early 1960s, Congress has passed so many laws that require automatic annual increases in federal outlays that the share of these "uncontrollables" has spiraled from less than $100 billion then to $404 billion in fiscal 1980. In the past ten years, they have jumped from 64% to 76% of the federal budget. Thus less than one-quarter of the budget is subject to paring—unless and until Congress is prepared to curb the uncontrollables. They seem politically sacrosanct because they are mostly transfer payments that go directly to citizens —for Social Security, Medicare, public assistance, veterans' benefits, civil service and military retirement funds. Nobody wishes to deprive further the aged and infirm, the poor and the ill. Yet the total bill for these benefits is expanding faster than the rate of inflation. Almost all legislators agree that the growth of Government spending should be reduced, but many are unwilling to face the wrath of lobbies for old people, veterans, civil servants and others.

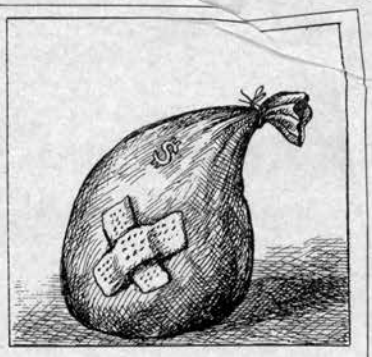


Lobbies that support capital-sapping Government regulations are equally potent and vengeful. Big steelmakers, textile manufacturers and agribusiness interests put their political muscle behind tariffs and import quotas. Wealthy shipowners lavish contributions on legislators who support the Jones Act, which requires that U.S. flagships carry all cargo among domestic ports. Small but vocal groups —the membership of the 185 U.S. antinuclear organizations totals roughly 35,000—prevent the shift from imported oil to nuclear power.

It would seem suicidal for any political leader to challenge just a few of these groups, let alone most of them. Yet the broad mass of Americans are wearying of inflation, regulation and budget busting. They realize that those three mighty forces have impeded investment and caused the nation to fall behind, and they may be ready to support the courageous political leader who will tackle the special interests head-on. In times of such ferment, the public may well be prepared to accept fairly radical steps. Some possibilities:

Encourage Capital Formation. Gradually remove all Government limits on the amount of interest that banks and other savings institutions can pay, and eliminate all taxes on that interest. This would provide a tremendous boost to private savers, particularly the poor and middle-income Americans, who put a larger proportion of their savings into banks than affluent people do. Simultaneously, reduce or eliminate the double taxation on stock dividends. This would give a lift to investors and pull large sums of money into the stock market, including much capital from abroad, to finance the creation of new enterprises and the expansion and modernization of existing companies.

Encourage Investment by Selectively Reducing Regulation. Some Government rules are beneficial because they stimulate investment. For example, one sound regulation that should be maintained is the rule that new automobiles must become increasingly gasoline-efficient until fleets average 27.5 miles per gal. in 1985. That law not only will save energy but will also encourage investment in new and better products. But the environmental regulations that retard the switch to coal, the expansion of nuclear power and the development of oil shale are debilitating to the nation. They not only waste energy but also increase oil imports and kill off job-creating capital projects.



Discourage Inflation and Encourage Stability. Limit the long-term *increase* in federal subsidies, Government benefits and budget transfer payments to the size of the real increase in economic growth. That is, if the gross national product after inflation rises 3% in a year, these federal payments may rise no more than 3%. Meanwhile, limit the growth in the money supply to a noninflationary 4% to 6% annually, year after year.

Discourage the Growth of Federal Spending. Sharply reduce grants to the states, most of which are running surpluses and do not need such large payments. Pare the defense budget by returning to some form of military draft, paying 19-year-olds at a rate of $100 a month for one year's service. Such a move would arouse immediate protest and unpopularity, but it could reduce the Pentagon's personnel costs by several billions. As the growth of federal spending drops, the need for Government borrowing will decline, freeing up more capital for private investment.

Discourage Oil Imports. Impose a stiff federal tax on oil from abroad, enough to raise the price of gasoline to at least $1 per gal., which would still be much less than the price in any other industrial nation except Canada. Some of the money could be returned as tax credits to the poor and to people who need to use much gasoline in their work, including farmers. The rest of the funds could be used to finance energy development at home. By restraining imports, the U.S. would slow the outflow of American capital to the OPEC cartel and would make still more of it available for investment in domestic energy sources.

Encourage Domestic Energy. Eliminate all controls on oil prices, which would then rise to world levels and stimulate conservation; such a move would also lead to the expansion of drilling in the U.S. and to the development of alternative sources of energy that would become economically competitive if oil prices were higher. Guarantee loans for the development of particularly chancy and costly alternatives: oil from shale and tar sands, natural gas from coal, and solar energy.

Encourage Energy Conservation. Place a 20% surtax on the commercial use of electricity—and watch those all-night lights that make skyscrapers glisten like Christmas trees blink out at 7 p.m. Use at least part of the revenues to increase tax credits for the purchase of insulation and the building of various energy-saving projects. This, in turn, would stimulate capital investment.

Already some favorable trends are in motion. Every poll shows the electorate moving closer to the political center. Voters are choosing candidates who advocate a sensible balance of moderate regulation and job-creating economic development. Taxes on capital and corporations are coming down, as well as taxes on individuals. In a nation of perpetual, peaceful revolution, the people are in revolt against high spending, heavy deficits and overreaching Government control.

What is needed is for the politicians to catch up with the people, to challenge them to accept some measures that might reduce special privileges for narrow-interest groups in order to enhance growth for the broad majority. If the U.S. continues to reverse some of the debilitating trends of the 1970s, then the 1980s could well become a brilliant decade for a nation that still has so many unmet needs—and so much potential for fulfilling them.

— Marshall Loeb

It's up to parents to convince their children that sex is not about scoring but about caring

Talk to Your Teen-Agers About Sex

Condensed from WOMAN'S DAY

ELIZABETH TENER

JANE ELDER is angry with herself. In casual conversation, her 14-year-old daughter, Claire, mentioned that one of her classmates was taking birth-control pills. "I was so stunned," Jane said, "that I couldn't think of anything to say. I'm worried about teen-age sexual experimentation, but I'm afraid I'm not being helpful to Claire."

Kathleen Parker is concerned about her 15-year-old son, Greg. Recently she overheard him discussing girls in a tasteless fashion. "I want Greg to respect women," she said. "I'd like to talk to him, but what should I say?"

Jane and Kathleen aren't unusual. Understandably, many parents feel uneasy when discussing sexual matters with adolescent children. Still, today's parents cannot afford to leave sex education to other teen-agers, to movies and television, or even to sex-education programs. Teen-agers may talk as if they know it all, but statistics tell a different story. Although the U.S. Public Health Service estimates that almost half of all young people ages 15 to 19 have had premarital sexual intercourse, many are painfully ignorant of their own reproductive physiology—and how to prevent pregnancy. More than one million teen-agers become pregnant every year, and venereal disease is rampant.

Thus, teen-agers need guidance in this sensitive and important area—preferably from both parents. Although boys may prefer to learn the "mechanics" of sex from male rela-

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SANTA'S PACK HELD THIRTY TOYS

BY SUSAN ZIVICH

Try this tough poetic puzzler involving five elves, dressed in five different colors, who made five different types of toys. Can you decipher who made what?

1. Ole Santa's pack held 30 toys
2. Made by his elfin crew;
3. And though none made the same amount,
4. Each elf made more than two.
5. The elf named Cher made one more toy
6. Than the elf who dressed in reds,
7. But Cher made one less Christmas toy
8. Than the elf who made the sleds.
9. Spry Johnny Elf made racing cars;
10. Five toys were made by Jane.
11. The elf who dressed in yellow suits
12. Made each and every train.
13. The elf who always dressed in green
14. Made one-third as many as Sue.
15. Cute Marcia Elf was dressed in orange,
16. And one elf dressed in blue.
17. The elf who made the spinning tops
18. Made the most toys of them all.
19. Another perky, smiling elf
20. Made each and every ball.
21. Ole Santa's pack held 30 gifts
22. All tagged for girls and boys.
23. From the clues that you've been given,
24. Now guess who made what toys.

Solution on page 213

tives, mothers can contribute significantly to the development of their sons' sexual attitudes. As one mother explains, "I've tried to teach my son that sex is not about scoring, but about caring. I want him to understand how girls feel—and to treat those feelings with respect."

The barriers to effective communication are numerous and varied, but they are not insurmountable. Here are the four major problems parents face and suggestions from experts for solving each:

1. Our uncertainty about values. The code of sexual conduct that served us well for generations is far from being universally accepted today. The sexual revolution, women's liberation, the wide availability of the Pill and legal abortions have forced parents to take a new look at their old values. For many, the personal reassessment is deeply disturbing and the answers are maddeningly elusive.

The result of such uncertainty is that parents may well give kids mixed messages. "The mother who says sex is good if you love someone and then scolds her daughter for sitting too long in the car with her boyfriend is sure to baffle the child," says Selma Miller, former president of the New York chapter of the American Association for Marriage and Family Therapy.

Ambivalence can result in the tongue-tied silence that Jane Elder experienced. Parents who've decided that premarital sex is not always wrong may not be ready to admit it to their teen-agers. Others who maintain traditional values may be reluctant to discuss their beliefs for fear of being called "old-fashioned."

"Parents often feel one way intellectually and another way emotionally," says Miller, "and it's important to explain that to children. You don't have to have the 'right answer' to be a good parent."

In fact, children usually respect parents who admit their ambivalence instead of laying down dogma. "My mom never said a word to me about sex," says 16-year-old Chuck, "until the guy next door got his girlfriend pregnant. One night Mom started talking about it. She said she dreaded the thought of seeing me in such a situation and was hoping I'd steer clear of intercourse until my 20s. But she also said she knew times had changed and wanted me to know about birth control. 'Don't leave it up to the girl,' she told me. 'It's your responsibility, too.' I think a lot about what Mom said."

2. Our feelings of guilt or inadequacy. Many parents bear emotional scars from their own early sexual experiences. If these memories are tinged with unresolved guilt, discussions about sex are apt to be embarrassing. Parents' uneasiness about *adult* sexual experiences can cause communication difficulties as well.

Divorced mothers often have the hardest time with guilt. They may also be involved in dating situations that make the similarity to their teen-agers' lives too close for comfort. "Although we've never discussed it,

my 16-year-old daughter knows I've had affairs," one divorced mother says. "I'd rather she did not get involved in sex for a while, but I feel almost embarrassed to tell her that. She might bring up *my* sex life, and I don't know how I'd deal with that."

Yet parents who have these feelings need not hesitate to discuss sex with their children. "Sex involves powerful feelings and responsibilities that can be overwhelming to teen-agers," says Miller. "One way of getting your message across," she continues, "is to give children questions to think about: Do they really want to risk pregnancy? Are they ready to obtain contraceptives and use them consistently? Do they truly want a deep involvement when they're struggling to do well in school and making decisions about what to do next? Is sex something they want, or are they just trying to do what they think everyone else is doing?"

3. Our desire to maintain control. One of the most awesome aspects of child rearing is our power to shape our children's values. When they reach adolescence, our control weakens and that can be frightening. As one mother puts it, "I used to be in the driver's seat. Now I'm in the back seat, and there's a learner at the wheel."

When it comes to love and sex, anxiety intensifies. We are saddened to see our children's emotional ties with the family weaken, and we watch fearfully as our vulnerable youngsters give their hearts to strangers. The situation becomes even more difficult when a teen-ager gets involved with someone who seems unsuitable.

Parents are wise to allow room for differing opinions and—whenever possible—to accept the child's decisions. "Otherwise parent and child can get into a battle of wills," says Miller, "and children will never be free to change their minds without feeling they're knuckling under. Teen-agers who are free to disagree often return to family standards by themselves. An expression of trust in a teen's ability to make good decisions is worth a thousand lectures."

Leigh, a woman in her early 20s, was deeply touched by just such an expression from her mother. "I was a pretty stubborn kid," she recalls. "I sometimes took the opposite point of view just to be difficult. One day when a conversation about sex was heating up, Mom stopped short. 'Look,' she said, 'things may be different today, but your father and I arrived at our beliefs through a lot of thought and experience. If you decide they're not for you, well, you've got to lead your own life. But don't toss our ideas out without thinking.' I'll never forget what she said. It made me see that rebellion for the sake of rebellion is rather childish."

Here's how one mother managed to begin a discussion about sex: "I'd seen a television program about how many teen-agers get pregnant," she said. "I mentioned the program one night at dinner. 'What's the situation

in your school?' I asked my kids. Betsy and Dan both knew of a few pregnancies among classmates.

"We went on to discuss their friends' attitudes about virginity, love, and their goals. They talked openly, probably because I didn't ask directly what *they* thought or did. I made myself really *listen.* As it turned out, I learned a lot about my children's social environment and managed to get in some low-key advice without lecturing."

4. Our need to set high standards. Much as they may deny it, teen-agers are usually happier when adults set high standards for their behavior, and when discussions of moral values are initiated gradually—on a continuing basis. "Parents sometimes fear that discussions of sex will further arouse their children's curiosity," says Elizabeth Graham, director of New York's Northside Center for Child Development. "But that rarely happens. In fact, sexual feelings are sometimes defused through discussion, because there is then less need for teen-agers to rush out and experiment."

Resourceful parents can find ways to keep standards for behavior high without denying children the right to their own feelings. One young man in college said, "When I was 15, I fell in love. My mom said something then that's stuck with me ever since: 'Remember you are the first boy Paula has really liked. That gives you a special place in her life. Be sure to treat her so that as she grows up, she'll have a good feeling about men, not a bitter memory!' "

Even reticent parents can find ways to communicate. "My mother always acted embarrassed when the subject of sex came up," recalls one young woman. "She never said much. But the night after I got my first period, she left me a book on human sexuality. Inside was a note that read: 'Kate—You're a woman now. I wish you the joy of your womanhood and the wisdom to use it responsibly.' When I tried to thank her, she changed the subject. But I treasure that note."

These two mothers gave their children a valuable message. Sex is ours to enjoy, but in an informed, responsible way.

Our children need standards—but they also need our acceptance. Growing up sexually was never a breeze, but it's especially tough today. Changing mores make it difficult for teen-agers to sort out their confusion and form solid values. They need our guidance more than ever.

For information on reprints of this article, see page 250

Sweeping Statement. Just how big is a million? A student at the elementary school in Sykesville, Pa., came up with this example to help visualize such an amount: "A million is like my mother telling me to clean up my room 274 times a day for ten years!"

—"Jim Aylward's Journal," United Feature Syndicate

Notes From All Over



PROFESSIONAL GOLFER Howard Twitty was playing in the 1975 Malaysian Open. His caddie spoke no English, and Twitty couldn't speak the caddie's language. Halfway around the course, after Twitty had just taken a club out of his bag, the caddie began to jump up and down, screaming. As the confused golfer wondered what on earth the excitement was about, the caddie gingerly turned the golf bag upside down—and out popped a king cobra!

—Contributed by Henry W. Coray

THE DAY after a record rainfall paralyzed the city of Jiddah, Saudi Arabia, last January, this notice appeared in the *Saudi Gazette:* "The forecast is canceled today because of the weather. Forecasts are obtained from the airport, and the roads there from our office were impassable. Whether we get the weather tomorrow depends on, well . . . the weather."

DONNYBROOK is a suburb of Dublin, where an annual fair was held for more



than 600 years. It was finally stopped in 1855 because of disruptive brawls that became a part of it. The word *donnybrook* is now a synonym for *brawl.*

—Allan Wolk, *Everyday Words From Names of People and Places* (Elsevier/Nelson)

ANCHORAGE'S TRICENTENNIAL COMMISSION should have few money problems. The Anchorage Bicentennial Commission finished its work with $1000 unspent. This surplus has been placed in an interest-bearing trust account for use by the Tricentennial Commission in 2076. At 7.5-percent compound interest, the $1000 will have grown to $1,383,077.20.

—Edward J. Fortier in *The National Observer*

CHRISTMAS in Denmark is for the birds. If you don't think so, watch the Danes lovingly hang *juleneg* (wheat sheaves) along their boulevards and in their gardens to pamper their feathered friends with this holiday treat.

—Temple Fielding in *Travel & Leisure Magazine*

BEVERLY SILLS WRITES in *Bubbles: A Self Portrait:* "The Filipinos have an interesting custom—if you admire something, they will present it to you, usually right on the spot. When I mentioned that I liked a particular fruit called a mangosteen that had been served on the plane, 500 mangosteens were at our hotel door within a half hour. When I suggested to my hostess that maybe I ought to have some gowns designed in Philippine fashion to wear

POLICE PROCEDURES IN RAPE OFFENSES

(PERTAINING DIRECTLY TO THE VICTIM ONLY)

I. Report to police.

When the rape victim calls the police, a uniformed squad is sent to obtain the initial report. The victim is questioned briefly to determine what crime occurred, the identity of the offender (if known or a description), and the elements which support the commission of an offense (resistance, penetration,etc.).

II. Determine when and where the crime occurred.

The above is essential for prosecution. The victim frequently is not at the scene of the rape, and it may be necessary to ask the victim's assistance in locating the scene of the crime.

III. Preserving the evidence.

The scene of the crime must be protected, photographed, and processed for evidence before it is disturbed. Evidence, such as weapons, clothing, items containing sperm or supporting a struggle, fingerprints, etc., must be retained.

IV. Injuries.

Photographs of injuries to the victim (and to the offender if available) are taken.

V. Medical Examination.

A medical examination of the victim is generally obtained immediately after the above (and must be within 24 hours) for the victim's protection and for evidentiary purposes. The victim is usually taken to the county hospital, unless otherwise requested by the victim. The parents of juvenile victims are encouraged to accompany the victim for the examination.

VI. Arrest.

Prior to or after the arrest of the offender, the victim may be asked to assist in the identification of the offender. This may be done through a carefully arranged show-up, through photographs, etc. Every effort is taken so that the victim does not have to confront her assailant, although in unusual and emergency circumstances (particularly when the suspect is still in the immediate area), the victim may point out the assailant directly.

VII. Statements.

A detailed, chronological account of the circumstances leading to, during, and after the offense may be obtained from the victim. This is often obtained on the day after the actual offense. A stenographer may be used to record questions and answers, although occasionally a written statement by the victim is taken. This statement is used during the investigation and prosecution process.

C. Bailey, St. Paul P.D.

"Who Do You Tell?"
Laws

INTRODUCTION or CONCLUSION: Attitudes, Sex Roles, and Sensitivity

With the emergence of "women's liberation", Rape Crisis Centers, etc. across the country, many women have become extremely alert and sensitive in the subject of rape and sexual assault. Officers, both male and female, who may have the best intentions, can "turn off" their victims in very subtle ways. Often the officer is totally unaware of what has happened or why anamosity has developed. Before I mention a few of these problems, I would like to quickly discuss a few myths about rape:

1. "A woman can't be raped!" "There's no such thing as rape". "Have you ever tried to thread a moving needle?" Some people actually believe this, but the police officer knows rape exists because he sees it. Rape exists if the victim physically resists or doesnot resist due to fear. In the majority of cases in our city, rape is accomplished without much physical resistance due to fear by the victim, which makes it easier for the rapist and more difficult to prove in court, but jsut as disturbing to the victim.

2. "Women really want to be raped!" "Relax and enjoy it!" Now, I certainly don't need to say which sex dreamed up this assumption. It is not uncommon delusion of the rapist himself to believe that his victim enjoyed the rape in spite of herself. The rapist has been known to ask his victim, who may be hsyterical and bleeding, if she will date him the next night! The victim of a rape does not find this a sexual experience.

3. "The woman who is raped got just what she deserved!" "She asked for it!" The theory behind the "victim-precipitated rape" is that the man interpreted the woman's behavior as a direct invitation for sex; in other words there is "justifiable rape". Subscribing to this theory, women should wear gunny sacks to their ankles, never accept a drink from a man, and never, never invite him up to her apartment or kiss him good-night or she will"get herself in to a situation: and ask to be raped. This ridiculous argument can be compared to the "victim-precipitated robbery", for example, where bank tellers shouldn't keep so much money around or they ask to be robbed.

The Michigan State Police conducted a survey in which they asked a large number of men if they felt some women deserved to be raped. Having received agreement to this, they then asked, "What kind of woman deserves to be raped?" They received the following answers, which included four types of women who deserved to be raped: 1. the stuck-up woman (who never says yes); 2. the woman who says yes to some but no to others; 3. the woman who teases (might mean yes and might mean no); 4. the woman who goes to bed with everyone. Are there any others? This includes the woman who always says no, the woman who always says yes, the woman who says yes and no, and the woman who might mean yes or no!

These attitudes contribute to the feelings of guilt that many victims feel that somehow they should have prevented the rape and they are responsible for the actions of the rapist. When we are very young, the little girl is taught that it is she who must set the limits in sexual activity with her boyfriend. Somehow it is not considered necessary for him to control himself.

4. "All rape victims are beautiful!" You know and I know this certainly is not true. In fact, sometimes you wonder why a guy is willing to risk a felony conviction by attacking a particular woman when he can serve just as much time for attacking Raquel Welsch. This statement implies that the victim seduced the rapist unconsciously with her beauty, and it really wans't his fault! Rape victims are young and old, pretty and ugly, and they cannot be stereotyped. Each responds differently to the offense and each should be handled differnetly. The so-called experts who try to place victims and their responses in nice, neat categories aren't really looking at reality. In the same way, neither can the police be stereotyped. This week I read an article in the paper which quoted a chairman of a Commission on the Status of Women, who was criticizng a poor ad,

Also sex offender stereotype.

and then said, "It reinforces the attitude of police that rape is the woman's fault and they do little to help women afterwards". This infuriates me, and I resent anyone alleging what my attitude is or the attitude of every officer with whom I work. Police officers are part of the community and reflect community attitudes. If they don't like these attitudes, change the community; don't attack the officer.

It's important that the officer has an attitude that is accepting because anything otherwise will be detected by women today. One of the most noticeable problems is conveying the attitude that the raped victim is responsible for the actions of the rapist. For example, the girl who hitch-hikes is asking for a ride; she is not asking to be raped! She may be foolish-stupid, but this still does not justify forcible rape. (Ex. drunk on N.Y.Eve). Men can and should be expected to control their sexual behavior as well as women. Just because a woman wears a short skirt, a man can't be excused for going in to a wild sexual frenzy. - Think of the most repulsive gal you've seen that hangs around the local bars. I'm sure you can all think of a real beaut! Now imagine her stripping in front of you and, with loud panting, attacking you. Do you think your body would have to respond to her? If you sigh, "Yes, yes", you're not thinking of the gals I am. One remakr that most impressed our rape victim in our department's Rape Sensitivity Classes was the policeman who came up to her afterwards and said, "I'm discriminating too, just like you are". Forcing someone to have sexual intercourse is not justified under any circumstances. Even a prostitute has a legal right to say no. We may have a very difficult job proving to a jury that a man should go to jail for stealing something that's readily available, but this does not mean that it was not rape. I know prostitutes that were raped. I know some that simply didn't get paid too. Sometimes police officers as well as county attorneys who are faced with the reality of proving the case, confuse what we consider as poor evidence for a rape charge with what actually is or is not rape. The victim who kissed her boyfriend and is then forcibly raped by him against her will may be just as upset and just as raped as the victim who is raped in her own bed by a burglar, but the element of consent is more difficult to prove.

Avoid "trigger words". How many times have we heard that the past few years! But this is a whole new set of no-nos! Watch out for labels, such as tramp, slut, pig. These are value judgements, and we as police officers are not supposed to judge people morally.

A common question and criticism which is brought up is the need for female officers to talk to rape victims. First of all, this isn't realistic. There simply aren't enough women police available to do this all the time. Secondly, I think the value in having policewomen question rape victims is over=emphasized/ When a great, big, burly uniformed policeman arrives on the acene immediately after a rape, the victim, who hasn't had a chance to express her anger at the rapist, might get mad at the first sign of authority she see, the policeman. But if he is alert to some of her feelings and makes a simple, little comment, such as, "You've really been through alot" or "I'm sorry this happened to you", the victim will melt! A sensitive male officer can do as much or more in properly handling and asisting the rape victim as a female officer, especially since so many recent films paint him as a monster, so this is a pleasant surprise when he isn't.

C. Bailey

reporting
unfounded
sensitivity training
formation of SOS - help to police

"Men Who Rape"

Psychology of the Offender

✓ Need a multi-discipline approach - find way for agencies to work together.

1959, Mass. - 1 day to life for dangerous ~~sexual~~ diagnostic offender. All sex offenders evaluated in this category & if determined, sent to treatment center. "Can't predict dangerousness" Processed over 1,000 & 1 out of 3 committed. Recidivism rate is not dependable.

✓ "There are lies, damn lies & statistics."

As a direct result of ~~interest~~ concern in victim, there was more interest in offender.

✓ 2/3 apprehended, 5% charged, 2% convicted.

Conn. Dept of Corrections maximum security 1,056 inmates, 200 sexual offenders + 100 on sex related but otherwise convicted. = 1 out of 3. Prob. representative of others.

Appreciate psychology of offender (or victim) if know more about victim (or offender)

✓ Know rapist because "he's drooling all over himself"

√ All stereotypes are basically incorrect because assume ~~it~~ rape is sexually motivated. Not true. Rape use of sex to express other needs. No more than alcoholic drinks because thirsty. Sex services aggressive needs.
Most rapists said, "only good part of our marriage was sex. Rape is lousy sex."
Does not have sexual pleasure.
No one believed the victims, & no one asked the offenders.

1978 - Judge in Conn. commented about rapist
√ who could not get an erection, "Can't blame a guy for trying." No wonder have difficulties getting convictions.

Since this, increase in reporting, investigating & prosecution, but no conviction increase.
√ Judges are not informed.

√ If assume defendant is sexually turned-on, than not far to assume that victim did something to precipitate offense-exposing offender. Then would make sense to legalize prostitution, castration, etc but are not remedies.
3 out of 4 won't face responsibility (minimize, deny)

Even though individual differences,
can be clustered to 3 groups;
Using sex to express anger, power, pain.
(may be combination of any)

Anger rape:

1. Aggression; more physical force than necessary;
she is battered.
2. More impulsive
Can't really account for what they did.
Minimize. So wrapped up in anger that
don't know reality. Happen quickly
but very violent. Basically feels sex is
dirty & degrading so expression of anger.
Set good examples for using sex as anger=
most swear words are sexual terms-"Fuck you".
Rape moves from verbal level to humiliate.
Can express alot of things through sex.
Getting even for wrongs done him; retaliation.
Deep-seated resentments to women; virgin
or the whore (black & white); not relating
to people as human beings.
Do feel satisfaction but not sexual.
Often difficulty achieving erection during
assault. Relief of rage - all this
pressure came out like a hole punctured
but didn't last so -
4. Offenses are episodic. Time to build anger.
More likely history (arrest record) showing
uncontrol of aggression than sexual assault.

5. Language is abusive; cursing, swearing
6. Retribution for perceived wrongs
7. Short duration of assault.
8. Victim suffers phys. trauma to all areas of body,

"I don't know why the victim took this personal. I was mad at my wife."
* But v. worried about retaliation & this rapist only sees her as symbolic object.

9. Usually don't use weapons, since are not premeditating, other than one of opportunity (ex. at scene).
Sexually abused or exploited by female in authority, + offender never again can accept female.
Mother exposed to rapist when he was 15 yrs. - said, "I knew I would never be scared again, I was so scared." Many smoldering events building in life.
People are more sympathetic with phys. trauma
Doesn't make any sense to victim + can be more haunting. Reassure of unlikelihood of repeat.
Anger not confined to women + do assault men.
Very threatened by authority figures. Self-perpetuating.

2. Power Rape: (Capture, Conquer + Control)
1. Aggression; uses whatever force or threat is
* necessary to gain control + overcome resistance.
More of a threat than intent to injure. Real issue is being in control ("All life others controlled; this time it was my turn") If she's consenting, I'm not in charge.

2. Assault is premeditated & preceded by persistent rape fantasies.

from Fears of sexuality

3. Anxiety mood ("excited, everything going fast in head")
4. Repetitive & may show increase in aggression over time.
5. Language is instructional & inquisitive; giving orders, asking personal questions, inquiring as to V's. responses.
6. Compensation for deepseated insecurities & feelings of inadequacy, must reprove. all temporary so
7. Asslt may be of extended duration with victim held captive for period of time.
8. V. may be phys. unharmed; bodily injury would be inadvertant rather than intentional.

Women are very threatening to all offenders so either counter-attack to women or retreat to children.

Offender may be troubled by what they did but no remorse (still feel need to have done it but too bad it had to hurt victim).

✓ ✗ Unfortunately people confuse compliance with consent, & so do offenders misinterpret to fulfill needs.

✓ "He doesn't have to rape. He can get anyone he wants." If v pretty, of course anyone would want to; if ugly, who would want to rape her.

These men are sexually very conservative. Very uninhibited aggressively. Issue of consent means nothing.

What is normal sex? With Consent.

Feel rape is much more getting control + revenge than getting sex + love (cus. "Sexual Aim Rapist").
Husb may feel rejected + unloved when wife refuses, but if he rapes her, it is for revenge + control, not sex + love.

Myth – men don't get erection when afraid.
What usually find is that male victim is masturbated to erection. "A real man will be able to protect himself." Are guys who rape men gay? No, for aggression.

Victim is similar to hostage, who hopes through cooperation he will free her, so there is no safe place to escape.

Expert witness: Victim convinced rapist in case – that she could not give him her phone # when he asked for date because living with a man who would become jealous, so asked for his #, + he gave name + #.
Defense is obvious.

If have only misdemeanor offense, is not a deterioration to rape but are only seeing a part of the fantasy. As gain more control (ex. older because), see more of fantasy. Fantasies are not sensual & erotic but power & aggressive. Won't always acknowledge their fantasies. Note changes in acting out over period of time.

Found everything that victim did in one case worked & in another, failed. Most honest to say, what you did in that situation was the best for you to do.

3. Sadistic Rape:

1. Aggression, phys. force (anger + power)
2. Calculated & pre-planned.
3. Intense excitement.
4. Ritualistic, involving bondage, torture or bizarre acts.
5. Language commanding & degrading.
6. Symbolic destruction & elimination.
7. May be extended duration.
8. Phys trauma to sexual areas; in extreme is murdered & mutilated.

75% of cases —
Sexual dysfunction is very specific to offenses and not to consensual sex lives.
Juries can't believe absence of sperm in rape.

(4)

549-1770 Mary Dumas

Schumacanus - "If beaten about face, suspect knew victim."

Roy Hazzelwood, FBI Academy

"Sexual Assault & Autoerotic Death"

How to profile unidentified rapists, strictly from what victim tells you.

Y came to P.D. in hot pants, taco & shake, reporting rape by 2 men at knifepoint, released then repeated with 2 different men. Officer said to effect don't let door knob hit you in the rear as go out. F influential attny with 6 investigators. (1980 - youngest victim 3 mos, oldest 97 yrs. apprehended & convicted, then sued & collected $1.5 million.

1978 - Rapes

Reported - 63,000 (81% valid) 20,000 by victims themselves

FBI estimated only 1 in 10 reported.

Small town with 29 rapes knocked on all doors & found 33 more victims.

2/3 cleared
1/3 arrests
1/6 charged
1/12 convicted
70% of reported cases convicted

Arrested 25,200
Indicted 12,400
Convicted 6,000
Acquitted 1,000

"Would you report a rape? Why not report?"

I. Social myths

Woman has it to give, trade, sell, but nobody has it to take.

Would you ask same questions of robbery victim as rape?

"Do you give to charities?" ↓

Have no business asking those questions.

II. System Victimization

Patrol officers ask questions that are totally unnecessary, & victim must literally convince the officer that she's been raped.

↓

Hospital - Kindly nurse who says "Blue Cross or Blue Shield"? Average waiting time is 45 min., average cost $75. Fill out forms. Must convince nurse to get to doctor. Then same questions from doctor. Have men seen pelvic? Same penetration.

↓

Family (husb, father, boyfriend) - Worst time. Most convince her family.

↓

In walks the expert = detective

Most convince detective because he is a center-crash. Never husband present (supportive husband present - sex, oral sex at knifepoint, "You never did that for me", "Next time I'll use a knife")

Media

= Separated 4 mos. later, divorce.

Wait if victim present.

↓ County Attorney, Trial, Conviction, Appeal

During entire process victim must remain accessible.

Court testimony
Example to student - "You can trust me"
"Would you describe for us the last sexual experience you had?"
"Was it with a female?" "Was it in a residence or cheap-car?" "Was it within past year?" "Did you buy her dinner?" "Did you kiss her?"
"Is it difficult to talk about this?"
"Why?" "Is it embarrassing, threatening?"
No offense committed, but it's private-personal.

Would you believe that a man could break through 2 doors, go upstairs & rape in 4 minutes?
Tape — Anal rape.

"Who are you?" "Please tell me your name"
"Why are you here"
"Please, please don't kill me"
"What are you doing? Why?"
"Why are you doing this to me"
"How do you know me?" "What is your name?"
Screaming continually.

You don't even know me. No.

Every class asked, "Where in the hell were the cops?"

What a dif bet what hear & see on stand?

"Karen"

* Ohio

calm, quiet, trusting
a man is trying to break in my door
What is your name?
" address?
Where are you? bedroom
Who is with you? My baby.
He's here!

Emotional Trauma:

1. Fear. 1st male she sees. How he reacts to her will have an impact for a long time.
   97% of victims believe they're going to die.

2. Guilt – What did I do to cause you to rape me?

3. Personal offense. 82% of all rapists live in vicinity (within blocks) of offense.

Example using male:
Gun at head – Get undressed?
What do you do? (how fast?)
All anally. Over? No. Oral.
Take gun, unload.
Any question you would report it?

4. Humiliation
Partner – won't believe. Never could accomplish this, no scratch. Wife?
Now I know why I married you but I don't want to kiss you

5. Revenge

6. Anger

✓ Listen to what they're saying. Ex. Victim who wanted to take a bath (for 6 hrs.). Very angry at officer because she had needs.

* Ask victims what suspect's shoes?

statistically –
soft-soled – on foot
hard soled – car

defacate at scene:
soft stool = fear; hard stool = intent

Age of offender:
52% under 25 yrs.
typical arrested rapist 16-20 yrs.
Residence: 82% live within vicinity of attack
43% of arrested are married.
Arrest history – 50% previous arrest but only 10% for Crimes against the Person.
Mental illness is not a fact – no more sick than you or I.
Typically offense is heterosexual, intra-racial except New Orleans San Antonio

4 classic profiles:

	A	B	C	D (Styles)
1,000 rapists	800	100	75	25

Interviewed rapists in each group, then break offenders down to characteristics. Fit your series in to style, then FBI provides offender characteristics. 85% arrested fit profile.

To profile want to know WHAT precisely (MO) in sequence the offender did.

↓

Leads to why or purpose of assault. Then can find out type, then essentially who.

I. Aggressive Rim
Social - Views women as hostile + unfaithful, no good. (dating, engaged, or married. Can't trust 'em.)
Occupation - highest I.Q., skilled laborer - macho - man's man job
Purpose - Get even. Using sex as weapon - punishing women for real or imagine injustice
History
MO

Late 20's or mid 30's. 2nd largest # of rapes. Very neat, pride in personal appearance, many superficial contact relationships. - doesn't let people get close to him Tends to hang out in singles bar. Experiences a great deal of conflict with women in life, very jealous + self-centered, possessive, lacking trust.

Thinks greatest thing in world = very insecure person. Perceives in distortion. Irrationally jealous.

LAPD found 71% committed rape within a short time after conflict (fight) with the woman in life.
Gratification from getting rid of aggression, hatred for women. Ex. Theodore Bundy worked off aggression gradually through consequtive assaults in sorority house.

after puberty became overly aggressive.
Tends to be athletic, working off "
Purpose - to humiliate or degrade.
MO - uses tricks, cons, ruses. Smooth as glass. Opportunity is important, and he prowls. Generally does not rape within his residential area.
Rapes in clusters because builds up aggression, then released.
Attacks most often in victim's home, auto. Normally does not kill but uses excessive force and is phys & verbally abusive prior, during & after act.
"What a dramatic change in personality?"
Immediate & noticeable change after victim is under his control.

may experience sexual dysfunction,
probably unable to ejaculate or premature

II Sexual Aim Rapist

Same age range as victim.
accounts for Largest # of sexual assaults & attempts.
Quiet, shy, passive - never gives anyone any trouble.
Considers himself to be a loser.
Doesn't deal or meet people easily.
Single, not dating. If married, inter-personal problems.
Lives within vicinity of attack and probably with his mother.
Fantasies in sex movies, collects erotica because this is his whole sex life.
Under-achiever, menial occupation (dish washer, many night watchmen - security police). Employed close to home.

(1)

Ariz. "Territorial Criminal" - man is like an animal. In own environment, ferocious, meek & mild outside.
Same for this rapist.

? Purpose - lonely Wants acceptance, ? love ("Tell me you love me"). He is fantasizing a love affair but never quite lives up. Trying to prove he is a man and can have love affair. Prove manhood. ?
(Why MO is - because it worked for them.)

Ask what resistance is offered. What was offenders reaction (beat us. asked for something else). This tends to flee with resistance.

History:
Strong, domineering mother & weak or absent father.
Known as a "nice, quiet kid."
Could be high school drop-out because has so much difficulty with people.
Military - didn't get in trouble but accomplished little.
Juvenile - if offenses, stole underwear & peeping. - substitute sex.

M.O. - Consistent pattern. If no reports, there are victims who are not reporting. He will continue regularly because has not found the right love affair.
Uses minimal amount of force.
"Gentleman rapist." Attacks in victim's

homes late evening when v. alone.
He does surveil (case) victim. He
chooses that victim. Extremely precise.

Purpose — not to humiliate.

Alot of sexual dysfunction — very
difficult to ejaculate.
Generally on foot.
May apologize and call the victim.

Police Cooperation matter — request
for Police profile.

III Sexual-Aggressive Diffused:

Smallest # of assaults.
Most likely to kill victim.
Generally married more than once.
Hostile, abusive, tough — "mean SOB"
Personality like sand-paper.
Def anti-social.
Living with a woman & abusive to her.
Skilled - semi-skilled occupation.
Strives for achievement — Over-bearing.
Works away from residential area.
Purpose — sadistic. Derives gratification
from phys & emotion pain. Obvious

Wants victim to resist. If v doesn't resist, he will place in position where resists, & then will punish for resisting.
No conscious intention to kill because will no longer feel pain & kicks end.
~~Sex~~ aggression have become eroticized.
Feels good to hurt someone.
History - as kids, stole, lied, ran away.
After puberty, acted out aggression.
~~Sexual~~ Psychopath.
Arrest history of everything, incl sex.
MO - Very carefully, meticulously plan attack.
"Blitz" style of attack - immed incapacitate & transport to location where not disturbed.
Stay with victims for prolonged periods.
Phys, verbally abusive before, during & after.
Attacks are sporadic - no pattern.
Triggered by conflicts with women.
Conversation shows anger, contempt, disgust
Phys violence to all parts of body.
Uses instruments (belts, whips, devices).
Late 20's, mid 30's
Other than honorable discharge. likely to have volunteered for service

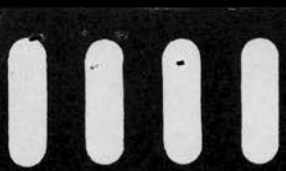
IV Opportunist

There to commit another crime.
Closest to sexual motive.
Don't know much amount them.
Generally not a repeater.
Ex. burglar who encounters helpless v.
History of prev similar original offenses (ex. burglary). Be careful don't confuse the rapist who commits other offenses (ex. robb v.). Not likely to use force - relies on presence (fear of victim)

* (Gerontophilia - sexual attraction for elderly.) Offender is 19 yrs. or younger. Check obituaries for lady same age who has teen-age boys.
Generally drinking because lowers inhibition.

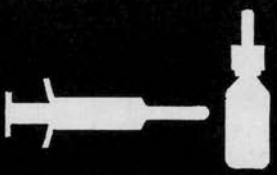
* Write: Hand-out material on sex crime investigations.

Roy Hazelwood
FBI Academy
Quantico, Virginia 22135



Navane®
(thiothixene)

Capsules



Navane®
(thiothixene hydrochloride)

Concentrate
Intramuscular

8.15.78

Carolen —

Ran across this article and thought you might be interested.

I went on a Friday night 3pm - 1am ride-along with A-3 on the East Side a couple weeks ago as part of my program to get to know police in my area. Very interesting. I also went to several roll-calls.

Thanks for your interest and support.

Dave

ROERIG Pfizer

RNV-486

playground instructors, but "We can give general advice and we can help with referrals to direct services when, for instance, a child seems to be acting dangerously, or appears to have been abused," Stanton says.

For agencies interested in setting up similar programs, Smith, Barney, and Stanton offer some cautions.

- "Remember the stigma that some communities still attach to the words 'mental health' and put constant emphasis on the fact that primary prevention is not a 'witch hunt' for problematic kids."
- Timing is short to train college students between the time they leave school and begin their summer work.
- Funding can be a problem. The six school districts located within the Hazleton-Nanticoke service area receive money for recreation programs from a variety of sources, each of which requires a different time schedule for program starting dates. Another question: Should instructors be reimbursed for training time? If so, how much?
- And should such training be compulsory in recreation districts where it is available? Barney, Stanton, and Smith give no set answer, but they report that their own program was made a mandatory condition of employment for all playground instructors in one recreation district this summer.

For additional information, contact: J. Earl Stanton, Jr., MSW, Hazleton-Nanticoke MH/MR Center, Director of Consultation and Education Services, West Washington St., Nanticoke, PA 18634. Telephone (717) 735-7590.



Rape Visualization To Train Police

Would police officers, who are sometimes criticized for their callous, "she was probably asking for it" attitudes toward rape victims, be more empathetic if they, themselves, had been "raped"? Jack Shaffer and Vincent Skotko of the Department of Psychology at Humboldt State University in Arcata, California, believe that they would be, and have developed a training technique they hope will give police trainees some sensitivity to the shock, shame, and confusion experienced by the victims of rape.

The technique, which Shaffer and Skotko have used on three separate occasions with 61 cadets at the Redwoods Center of the Northern California Criminal Justice Training and Educational System, is as follows. In a darkened classroom, cadets are instructed to get as comfortable as possible and then to imagine this scene:

"You are out alone on patrol late at night and see someone running down an alley. You drive your vehicle into the alley for a block but do not see anyone. You get out of the vehicle and proceed to investigate on foot. From out of nowhere, someone comes and the only thing you remember is being overpowered and knocked out. When you regain consciousness, you find yourself in a garage with your hands tied behind your back. Three men are holding you down and a fourth has pulled your pants down and is starting to rape you. You struggle as much as you can, and shout, but it doesn't help. You are hit on the head again and knocked out. You have a dim memory of the other men taking turns raping you. When you regain consciousness again, you manage to get untied and dressed."

At this point, the trainees are asked to imagine the feelings they would have, and after a few seconds, to write down (anonymously) what they would do next. Then the classroom lights are turned on and the responses are read to the class.

The results were somewhat surprising to the trainers, who state that about half the trainees said they would not report the incident. Instead, many wrote that they would personally search out the rapists and kill or mutilate them. The cadets often reported feelings of rage and shame at having been "raped." Many of them expressed the belief that their fellow officers would not believe the story and that their reputations as police officers would be ruined.

According to Shaffer and Skotko, the fantasized rape produced some noticeable changes in the trainees' behavior during a discussion period and in a role-played interview with a "rape victim" (played by a female former officer).

While some individuals in earlier groups of trainees had greeted the role-playing with laughter and lewd or suggestive comments, no such comments were made by the groups who experienced the rape visualization. In addition, "the cadets seem more serious and more involved in the topic and the interview after the visualization," say Shaffer and Skotko.

Of the 61 cadets who participated, 21 rated the exercise "especially valuable," and 28 rated it "valuable." Shaffer and Skotko believe the technique merits further development as a police training tool.

For more information, contact: Jack A. Shaffer or Vincent P. Skotko, Department of Psychology, Humboldt State University, Arcata, CA 95521. Telephone (707) 826-3727 or 3841.

Gail Welling
Clinical Psychologist

RAMSEY COUNTY

Merriam Park Community Center
2000 St. Anthony Blvd.
St. Paul, Minnesota 55104

(612) 645-7157

SUBJECT: DATA COLLECTED VIA THE USE OF FORCE REPORT FOR A ONE-YEAR PERIOD (MARCH 1, 1985 THROUGH FEBRUARY 28, 1986)

11,988 Use of Force Reports were submitted following arrests during the above one-year period. Of these, no force was used in 85.5% of the arrests made. Of these, 26.5% were hand-cuffed.

Of the 14.5% of arrests where some force was used, 6.8% physically resisted arrest but only minimal force was necessary and no blows were struck. In 5.7% of arrests, more than one officer was needed to effect the arrest - or in almost 95% of the arrests, only one officer was necessary. Police used weapons to effect the arrest in only 2.5% of the cases, of which 1.2% were Federal Streamer and 1.9% were revolver pointed at suspect. The Stun Gun was used in less than 1% (.9) of cases. The flashlight was used by officers twice as much as the baton (.2% & .1%). Canines were used .4%, and shotguns .3%, but shotguns were never fired. Service revolvers were fired during .1% of arrests. No CIRT special firearms were used during arrests. In NO cases was a firearm used to threaten an officer and in only .3% was any other type of weapon (knife, club, etc.) used to threaten an officer.

In 95.3% of cases, there were no injuries to officers nor complaints of pain. In 3.6% of cases, complaints of minor pain resulted, but no medical treatment was required. In 1%, out-patient medical treatment was given, but there were no instances of hospitalization.

Stun Guns were used in 103 cases. In 69 of these, the suspect was immobilized with no side effects. In 3 cases, side effects were reported. In 20 cases, suspects showed no effects from the Stun Gun. In 10 cases, suspects submitted to arrest after seeing the Stun Gun demonstrated.

C. Bailey

DEPARTMENT OF POLICE
CITY OF SAINT PAUL
INTER-OFFICE COMMUNICATION

TO: Captain Brown, Northwest
Captain Jyrkas, East
Captain McGinn, Traffic & Accident
Captain Singer, Southwest
Captain Steenberg, Central
Lieutenant Whitney, Canine
Sergeant Pelton, Downtown Beat

FROM: Deputy Chief Nord JN

SUBJECT: Use of Force

DATE: May 1, 1986

I am enclosing the data collected via the Use of Force Report for the period March 1, 1985, through February 28, 1986. Summary reports are being prepared which will include resistance/use of force by hour, day of week, month, and offense.

JN:nj

Enc.

March 1 through February 28, 1986

USE OF FORCE

1. PAGE ____ OF ____ | CITY OF ST. PAUL | DEPARTMENT OF POLICE | 2. C.N.

DAY	DATE	NO.	YEAR	TIME	LAST NAME (Suspect)	FIRST NAME	MID. INTL.	OFFENSE

ARREST MADE ☐ YES ☐ NO

Total Cases = 11,988*

Total Officers = 16,215

*Percentages given are based on number of use of force cases.

I. LEVEL OF RESISTANCE

(May check more than one)

%	#	
59.0	7072	1 No force, no handcuffs.
26.5	3174	2 No force, suspect handcuffed.
(6.8)	821	3 Unarmed suspect resisted control, had to be physically handled with minimal force, no blows were struck, all parties remained
(3.0)	361	4 Number 3, plus at least one more officer was needed for assistance.
(1.8)	219	5 Unarmed suspect resisted control, officer or suspect fell to the ground or blows were struck, no police weapons were used.
(1.6)	192	6 Number 5, plus at least one more officer was needed for assistance.
(1.4)	163	7 Unarmed suspect resisted control, police weapon(s) used.
(1.1)	131	8 Number 7, plus at least one more officer was needed for assistance.
(0.1)	8	Suspect armed with club or similar weapon and threatened or attacked officer.
(0.2)	19	Suspect armed with knife or similar weapon and threatened or attacked officer.
(0.0)	3	Suspect used motor vehicle to assault one or more officers.
(0.0)	5	Suspect armed with firearm threatened officer.
(0.0)	1	Suspect armed with firearm shot at officer.
(1.1)	128	Other _____

II. POLICE WEAPONS USED

(May check more than one)

%	#	
89.3	10709	1 None.
(6.7)	804	2 Fist or hands.
(1.2)	147	3 Federal Streamer.
(0.3)	38	4 Standard baton.
(0.1)	7	5 Riot Baton.
(0.2)	22	6 Flashlight.
0.4	50	7 Canine.
0.9	103	8 STUN gun.
1.9	224	9 Service revolver pointed at suspect.
(0.1)	9	Service revolver fired.
0.3	30	Shotgun pointed at suspect.
(0.0)	0	Shotgun fired.
(0.0)	2	Chemical munitions.
0.0	4	Capture nets, restraints, or similar.
0.0	0	Concussion grenades.
(0.0)	0	C.I.R.T. special firearms.
0.3	31	Other _____

III. EFFECT OF FORCE/RESISTANCE ON SUSPECT/POLICE

(Check one in suspect column, may check more than one in police column)

Suspect %	Suspect #	Police %	Police #	
(95.3)	11428	(98.4)	11800	1 No visible injury, no complaint of pain.
(1.5)	181	(0.5)	62	2 No visible injury, complaint of minor pain, no medical treatment required.
(2.1)	251	(0.9)	105	3 Minor visible injury (redness, swelling, abrasion), no medical treatment required.
(1.0)	121	(0.2)	29	4 Injury requiring outpatient medical treatment (stitches, x-rays, doctor's exam).
(0.0)	5	(0.0)	2	5 Injury requiring overnight hospitalization.
(0.0)	2	(0.0)	0	6 Died.
(19.4)	20			7 STUN guns only.
(9.7)	10			a. No effect.
				b. Suspect submitted to arrest after seeing STUN gun demonstrated.
(67.0)	69			c. Suspect immobilized with no side effects.
(2.9)	3			d. Suspect immobilized with side effects.
(1.0)	1			e. Unknown effect.

% based on 103 Stun Gun cases.

REPORTING OFFICER #1	Employee #	REPORTING OFFICER #2	Employee #	TYPIST	SUPV.	P.O.	CODE CLEPT

REC ____ COORD ____ SYSTEMS ____

PM 5

DEPARTMENT OF POLICE
CITY OF SAINT PAUL
INTER-OFFICE COMMUNICATION

TO: Councilman Bill Wilson

FROM: Lieutenant Carolen Bailey
Northwest Patrol Team

SUBJECT: Need for City Ordinance pertaining to Sex Crimes

DATE: June 26, 1986

Per our previous conversation, there appears to be a serious gap in legislation pertaining to misdemeanor sex crimes. I have expressed concern about this for several years. To my knowledge, the only existing laws relating to sex crimes include:

State Statute 609.342, Criminal Sexual Conduct (felony)
City Ordinance 271.05 438.02 & S.S. 609.72, Disorderly Conduct (misdemeanor)
City Ordinance 280.03 438.03 & S.S. 617.23, Indecent Exposure (misdemeanor)
City Ordinance 273.01, Window Peeping (misdemeanor)

This does not refer to the sex crimes which occur within the family, which appear to be adequately covered under S.S. Intrafamilial Sexual Abuse. See attached copies of relevant Statutes and Ordinances.

Although the felony statute on Criminal Sexual Conduct appears to be all-encompassing, cases of a "lesser nature" are not charged under this offense by the County Attorney's Office, perhaps rightfully so. For example, molesting over (rather than under) the clothing is seldom considered as a felony. When a felony offense is not charged, there are many sex complaints for which there is no existing legislation which is applicable as a misdemeanor offense either at the State or City level. The Ordinances on Disorderly Conduct and Indecent Exposure/Lewd Conduct specify to the disturbance of "others", the victim is not considered to qualify as "others", and there often no other witnesses present during the sex act, so many complaints do not qualify under these Ordinances. Attached are a few examples of actual cases which were not charged with

(next page)

with any crime because there were no appropriate laws to cover them. Needless to say, the complainant's and their families were very disturbed to learn this, and as result, potentially dangerous offenders were allowed to continue their acting-out behavior.

If you have any questions or there is anything further that I can do to assist, please do not hesitate to contact me.

Carolee Bailey

SOME CASE EXAMPLES FOR WHICH NO CRIME APPLIED:

* A ten-year old girl was delivering newspapers at 5:00 A.M. on the East side of St. Paul. A man grabbed her in an arm-lock around the throat, swung her around, and put his tongue in her mouth. He was attempting to put his hand under her shirt when the girl managed to break free and run home, very frightened. The man was recently paroled from prison for forcible rape. (His parole officer said he could do nothing to violate him on parole unless the suspect was convicted. Simple Assault charges could not be considered because the child did not suffer any physical injuries)

* A woman who was eight months pregnant was called in to the office of her boss in downtown St. Paul. Her boss informed her that he liked pregnant women, closed the office door, and continually blocked the woman to prevent her from leaving his office. For over one-half hour, he grabbed at the woman's breasts over her clothing. Although the woman screamed, the office was isolated and no one heard her. The woman refused to return to her job and was successful in a Human Rights Hearing regarding her employment.

* Two nine-year old girls were babysitting in St. Paul when the father of the infant returned home. He called one of the girls in to the bedroom under the ruse of checking on the baby, at which time he grabbed the girl, put his arms around her, French-kissed her, and rubbed his erect penis against her body. When this girl broke away from him and ran out of the house, he did the same thing to the other girl in another room.

* A young woman was grabbed between the legs over the clothing on a busy escalator of a downtown store. No one else had noticed it. (This frequently occurs in other crowded events, such as the State Fair)

Training Key 224

Interviewing the Child Sex Victim

oduced with the permission of the
rnational Association of Chiefs of Police.

In interviewing a child sex victim, the police officer must establish the elements of the offense without causing the victim, who is likely to be confused and frightened, unnecessary anguish. Frequently, the emotional reactions of the parents and problems of communication between the officer and the child complicate the interview process. Throughout the interview, the police officer should exercise tact, compassion, and patience, keeping the welfare of the child first in his mind.

Although one researcher has estimated that more than one million American children are sexually assaulted each year,[1] very few of these cases are brought to the attention of the police. The primary reason that child sexual abuse is a vastly underreported crime is that frequently the victim and the offender are related. Family members may not report such sex crimes because of personal shame, misguided loyalty, fear of public exposure and embarrassment, or outright complicity. The child may not relate the abuse to anyone because she is naively obedient, fears retaliation, does not want to hurt the family, or is unaware that an offense has been committed.

Because of these factors, a great majority of incidents involving family members do not surface rapidly, if at all. Often, such cases of abuse represent long periods of chronic adult-child sexual activity, in which the child maintains genuine affection for the offender although she may have negative feelings about the sex acts. Some children may be active participants in sexual relations because of their need and desire for adult or parental affection and attention.

Child assaults committed by strangers are much more likely to be reported to the police. But even here, underreporting is prevalent because children often have difficulty in understanding and relating unusual experiences. Since the assault complaint is typically registered by the parents, they must first understand and believe the child's account.

The one background factor that seems common in cases of child sexual abuse is that the victims often come from a disorganized family. A recent study[2] concluded that the great majority of sexual offenses occurred as a result of parental negligence. Three conditions of negligence were found to be typically involved: the daughter was left unprotected even though the parent knew she was in danger, the parent refused to listen to the child's story that she had been attacked or was in danger, or the parent was aware of the attack but took no positive action because a family member was the offender.

The study also showed that 33 percent of the child victims were from one-parent homes, and another 14 percent were from families where the parents were not legally married. Many of the children studied were victimized by members of their own family. For example, the report indicated that the girls between the ages of 6 and 15 were one and a half times more likely to be assaulted by a household member or blood relative than by a stranger.[3]

Underreporting is not the only obstacle that the police face in dealing with child sex victims. Even when such assaults are reported, there frequently is a substantial time lag between the occurrence of the incident and the notification of the police. Many times the parent does not learn about the attack immediately because the child "forgets" to mention it. The victim may not think to mention the incident until something triggers her memory of it. For example, while being bathed, a young girl may remember the assault and tell her mother that someone had kissed or touched her. Police officers need to realize that a late report is often caused by the child's limitations in remembering and communicating experience. On the other hand, the longer the time period between the attack and the official reporting of it, the more difficult it is to investigate the case.

After the attack has been reported, police involvement in the case usually begins with the interview of the child. Interviewing a child is different from interviewing an adult, where both the officer and the victim are at least assured of "speaking the same language." The officer has to use special skills in conducting a successful interview of a child sex victim. He needs to have an insight into how children perceive and relate events, and he must have

[1] Leroy G. Schultz, "Child Sex Victim: Social, Psychological and Legal Perspectives," *Child Welfare*, 1973, p. 147.

[2] Vincent DeFrances, *Protecting the Child Victim of Sex Crimes Committed by Adults*, American Human Association, Denver, Colorado, 1969.

[3] *Ibid.* p. viii.

some understanding of the psychological reactions of the child and the parents to the incident.

Psychological Reactions

In cases of child sexual abuse, the police officer must consider carefully the emotional condition of the victim and her parents. An understanding of the various psychological reactions of the parents and child helps the officer to avoid causing unnecessary anguish and creates an atmosphere of trust and support, in which the investigative process, especially the initial interview, can proceed smoothly.

PARENTS: Child molestation is an offense where the emotions of the parents or guardians may be more complex and explosive than the psychological reactions of the victim. Because the child's emotional condition and attitude toward the police will likely reflect her parents' state, it is often necessary for the officer to consider the parents' reaction, if they are not involved in the offense, before concentrating on the victim.

Although parental reactions vary, there are typical emotional conditions for which the police officer can be prepared. Perhaps most common is the grief reaction, a combination of fear, anger, and sorrow. Here, the police officer should allow the parents to express or "ventilate" their feelings. After they have relieved some of their emotional tension, the officer should try to further calm the parents, assuring them that the child is safe and everything during the investigation will be carried out in her best interest.

Parents of child sex victims frequently experience feelings of extreme guilt. They blame themselves for "allowing" the assault to occur. Such expressions of guilt generally start with the word if — "if only I had moved to another neighborhood" or "if only I hadn't gone to the store." Where appropriate, the police officer should assure them that they have been responsible parents and that the only guilty party is the offender.

Sometimes the parents guilt will be directed toward the child in the form of verbal abuse. The parents will blame the child for her misfortune. When this occurs, the police officer should separate the child from the parents and explain to them that their behavior will adversely affect the child's present condition and future recovery. Explanations such as these should be delivered tactfully, for the success of the interview and the well-being of the victim depend greatly on the rapport established between the police and the parents.

If one parent is the offender and the other parent's guilt is justified — for example, when a mother has known for some time about relations between her husband and daughter — the officer should acknowledge the mother's feelings but not criticize her behavior. Antagonizing the mother will only make interviewing the child a more difficult task.

CHILD: Many factors influence the emotional reactions that child sex victims experience. The age, level of physical and emotional development, understanding of sex, family stability, brutality of the attack, and the relationship between the victim and the offender must be taken into account, especially when trying to speculate about the long-range impact of the incident on the child's emotional health. The immediate goal of the police officer, however, is to calm and protect the victim from further emotional damage while carrying out the investigative interview.

The child may exhibit fear, embarrassment, guilt or confusion. Emotional shock, manifested by crying, shaking, and restlessness, is a reaction that police officers frequently encounter. In such cases the officer and the parents must comfort the child until her sense of well-being is restored.

Withdrawal is another common psychological reaction in these situations. The child may refuse to converse with the officer or to become involved in the interview in any other way. Embarrassment, a desire to forget the incident, or unfamiliarity with the interview surroundings and procedures may be at the root of this feeling. Patience and understanding on the part of the police officer will help the victim overcome these inhibiting fears.

When the offender is a family member or brutality is involved, the child may "repress" the incident and not be emotionally capable of discussing it. Repression is sometimes called "active forgetting" in that individuals will not allow themselves to remember unpleasant experiences. All that the police officer can do in this situation is to make the victim feel comfortable and secure and explain the importance of the interview in the hope that she will respond positively.

Particularly among older children, there may be guilt feelings associated with the assault. The child may feel that she somehow provoked the attack by her behavior. The guilt association may be quite childish: for example, the victim accepted candy or a ride from a stranger and then was "punished" for doing what her parents constantly warned her not to do. Or the victim's guilt may take a more adult form, such as wondering whether her own sexuality somehow enticed the offender. In any case, the police officer must make it completely clear that the child was not at fault and should not in any way hold herself responsible for what occurred.

Younger children may be genuinely confused about the attack. The victim may know that something unusual occurred but not that something "bad" or significant took place. Here, the police officer should try to get the facts of the case without alerting the child to the seriousness of the attack. So long as the child looks upon the incident as only an "unusual" event, her chances of a complete emotional recovery are very good.

The concept of "protection through innocence" should be recognized by police officers. The premise of the concept is that the young child, because of her lack of awareness of the social taboos violated, will not suffer a long-lasting emotional disturbance from a sexual assault. Although all child sex victims probably experience some degree of short-term psychological stress, most will not suffer from long-range emotional problems unless they are adversely affected by the reactions of adults.

The Interview

The interview of any victim of a sex crime is demanding work. The interviewing officer must ob-

tain information from a victim who typically finds it difficult and unpleasant to recount the personal aspects of the crime. If the police officer does not exercise tact and compassion, not only does the interview fail as an investigative process, but also the victim may unnecessarily suffer emotionally. Although interviewing an adult victim is difficult, the interview of a child is more so. Problems of communication and identification between an adult officer and a child victim must be overcome. The task becomes even more complicated when the offender is related to the victim. When the officer is confronted with both problems in interviewing a child victim of a sexual assault, the difficulty is compounded and special attention is required.

TIMING: The interview should take place as soon as possible after the incident is reported. The longer the time interval between the assault and the interview, the less able the child is to recall the attack and relate the details. The welfare of the child cannot, however, be sacrificed for investigative expediency. Since extensive questioning by more than one officer can cause the victim emotional trauma, it should be avoided when possible. However, detailed questioning by the officer responsible for the initial interview is, however, necessary to establish whether a crime was committed and to obtain the identity or description of the suspect. The following procedures should, therefore, be applied during both the preliminary and in-depth interviews.

SETTING: The in-depth interview of the victim should not take place until after the child has been medically examined and treated and other physical needs have been met. Personal needs often include washing and changing clothing.

The interview should take place in a comfortable setting where the child feels secure. The setting should provide privacy. Places that are not free from interruptions, distractions, and noise are inappropriate for effective interviewing. A preferred location is the child's home, so long as it is not the site of the attack. It is familiar to the child and will provide the needed privacy. If an office is used, the officer should ensure that it meets basic requirements of the interview setting, and he should permit the child to become familiar with it before starting the interview.

It is often desirable that a female police officer conduct the interview of a child sex victim. This will depend on the age, sex, and feelings of the victim. In many cases, though, a policewoman will not be available. At these times, the officer should consider using the presence of a female nurse or social worker to facilitate the interview process. Although the nurse or social worker will not participate in the actual interview, her mere presence may be comforting to the child.

PARENTS AS OBSERVERS: When one of the victim's parents is the suspected offender, it is usually most productive to interview the child without either parent being present. In these cases the child probably will be hesitant to discuss the attack if family members participate in or observe the interview.

Where a parent is not the perpetrator, the police officer should explain to the child's parents the purpose and structure of the questioning before the interview begins. The officer's attitude must convey a sympathetic understanding of the parents' position, and their cooperation should be openly solicited. Experience has shown that a child's initial reaction to an interview is influenced greatly by the attitude of the parents. When the parents feel secure and display cooperativeness, the child will likely behave in the same way.

Whether the parents should be present during the interview depends entirely on the specific circumstances of the case. Some children will be frightened and uncommunicative if their parents are not present; others will be reluctant to discuss the matter in front of their family. Generally, if the child requests that her parents be present, her wish should be complied with. The parents can be seated behind the child so that they do not interfere with the questioning. When the child does not want her parents present, they may be seated outside the room where they can observe but not overhear the victim. An interview room equipped with a two-way mirror can fulfill this requirement. In all cases, the interviewing officer will have to judge what arrangement is best, keeping the welfare of the victim uppermost in his mind.

RAPPORT: One of the most important elements of the interview is the officer's ability to establish a rapport with the victim. An effective means of accomplishing this is for the officer to question the child about herself. Most children like to talk about themselves. Questions concerning the child's hobbies, school friends, and activities will show the child that the officer is interested in her as a person. In this way, an informal and friendly relationship between the two can be developed, and, in addition, the child will become accustomed to answering personal questions. Once rapport is established, the officer should be able to smoothly lead into discussion of the assault.

OBTAINING THE STATEMENT: As when interviewing an adult victim, the police officer should let the child describe the incident in her own words and should not ask detailed questions until the victim's statement is complete. The officer should listen attentively and encourage conversation with supporting gestures and comments. By nodding his head, the officer lets the child know that he is listening and understands what she is saying. Another way to encourage conversation is to repeat key words and the last word or statement that the child has made. Expressions such as "you feel that," "you are saying that," and "what you are trying to tell me" also help to draw out information.

The language the officer uses must suit the age and level of development of the child being interviewed. It is important that the officer stay on the child's level and phrase his questions in a language that the victim understands. Young children usually do not know the correct words for various parts of the body, especially sexual organs. When referring to some parts of the body, for example, children often use nicknames. The officer should ask the parents for the meanings of these nicknames and his report should reflect the terms used by the child and include the meaning attached to them by the victim. With older children, the officer's choice and manner of language will often be that of an adult. When talking to adults about sexual relationships, adolescents typically use formal terms. Adolescent girls, for instance, prefer formal language to child or street talk when discussing the topic of sex because it is less likely to embarrass them.

Because the purpose of the interview is to determine the facts of the crime, the police officer must question the victim about the details of the assault. Some details are not common knowledge among children, and they frequently cannot describe sexual activities in a vivid way. In addition, children sometimes find it difficult to distinguish between what actually happened and what they imagined to have occurred. This is especially true when the experience is a very emotional one. In overcoming these interview obstacles, the police officer relies on past experience, exercises patience, and seeks the advice of the victim's parents.

VICTIM EVALUATION: During the interview, the police officer has to establish the potential of the child as a credible witness as well as determine the truthfulness of the child's statement. This evaluation is aimed at two characteristics of the victim: her ability to accurately relate the event and to distinguish between fantasy and truth.

The child's capacity to recall and relate information can be tested by asking her personal questions. Information should be solicited from her about family life, friends, school, and other interests. General questions about the community in which she lives, such as church and recreational activities, also help to determine her level of intellectual development. The child's replies to these questions not only help in evaluating the child's ability, but also the discussion serves as a means of fostering a rapport.

The victim's ability to tell time is often a crucial factor in establishing when the attack occurred. Questions about the hours and days of the week the child attends school will aid in this evaluation. There are other routine functions in the child's life which the officer can use to determine the time of the offense including television schedule, eating habits, and daylight and nighttime activities.

Whether the child can differentiate between the truth and a lie needs to be assessed by the interviewing officer. The officer should ask the victim if she knows the difference between the two and what happens when she tells a lie. The victim's answer may be expressed in child terms, but the important thing is her attitude. She should consider telling the truth as being positive and telling a lie as being negative. If there is a need, the police officer can verify the child's reputation for honesty by talking with the parents, teachers, friends and parents of friends.

The child's ability to distinguish between fantasy and reality must also be established. If the victim's account seems improbable, overly imaginative, or exaggerated, the police officer may have to probe into her background to determine whether she often confuses real events with those imagined.

ENDING THE INTERVIEW: The police officer should never end an interview abruptly. When he has obtained all of the facts about the incident, the officer should ask the child whether there is anything else she wishes to say. The child should be told that, if she remembers anything else about the assault, she should tell her parents. If the child is old enough to understand, the officer can explain the investigative steps to be followed.

The police officer should explain to the parents that the child may have to repeat her story to others, including the prosecutor, as well as testify in court. The parents should also be told that, if the case goes to trial, the police will help prepare the child for the courtroom hearing so that the experience will not be emotionally traumatic.

The parents should be cautioned against questioning the child about the incident. The less the child has to think about the assault, the faster her emotional recovery will probably take place. If the child wants to discuss the matter, however, the parents should be advised to talk about it frankly and without embarrassment.

Sometimes child sex victims and their families experience long-range emotional difficulties. Depending on the circumstances, the police officer may suggest that they seek the help of an appropriate social service agency, family physician, psychologist, or clergyman.

Preparing the Child for Court

When the investigation of a child sex offense ends successfully and a trial is scheduled, the police should begin to prepare the child for court. The officer should explain to the child courtroom procedures and the roles of the judge, jury, prosecutor, and defense attorney. This explanation must be in such a manner that the child understands it. Where possible, the officer and the prosecutor should familiarize the child with the courtroom. She should be taken to the courtroom and allowed to sit in the judge's chair, at the attorney's table, and in the witness chair. The victim should also be familiar with where she and her parents will be sitting. By acquainting the victim with the legal proceedings, the officer accomplishes two goals. He makes the child a better witness by reinforcing her self-confidence and makes the courtroom experience less mysterious and frightening.

Summary

For a variety of reasons, sexual crimes against children often go unreported. When a case of child molestation is brought to the attention of the police, the interviewing officer is responsible for obtaining the facts so that a proper investigation of the matter can be conducted. But interviewing a child sex victim is a very difficult and delicate assignment. The officer must consider the psychological condition of the victim and her family, gain the cooperation of the parents, and question the victim without causing her additional emotional problems. He must evaluate the victim in terms of her potential as a witness, and, if the case goes to court, the officer must prepare her for the trial.

Discussion Guide

1. The report prepared by the police officer is an important part of the written case record. The officer's report will be reviewed by supervisory and command officers, prosecutors, attorneys, and courts. Decisions about prosecuting the offender will be based on the written case record. Discuss the following aspects of a report dealing with a child sex victim.

A. Accuracy
   - . . . Some officers substitute their own language for that of the child when writing reports of the incident.
   - . . . This substitution is especially obvious when formal terms are used to describe sex organs and acts.
   - . . . The officer's report should state exactly what the child reported, including nicknames for sex acts and organs.
   - . . . Within the report, the officer must state the meaning that the child attaches to nicknames.

B. Completeness
   - . . . Usually, the accounts of crime victims vary a little each time they discuss the matter; this is especially the case with children.
   - . . . Some officers listen to the various accounts and then record their own version of the incident; the version is typically a mixed restatement of what the victim has related.
   - . . . Instead of a restatement, the officer should record every version that the child relates.
   - . . . In an appropriate section of the report, the officer can write a general account of the offense.
   - . . . It is the variance in the small details of the accounts that gives credibility to the victim's statement.

C. Impartiality
   - . . . Factual information should be included in the report so that little explanation by the officer is necessary.
   - . . . The officer must, however, note his impressions of the child as a potential witness in a separate part of the report.
   - . . . The reactions of the parents should also be recorded.
   - . . . Observations of the parents' attitudes are important because they often are the basis for deciding whether or not to prosecute the case.

2. In cases where a child is physically as well as sexually assaulted, the victim's ability to recover may be affected more by the severity of the physical than the emotional damage. This is particularly true when a victim is left with permanent injuries or scars, which may constantly remind the child of what occurred. Discuss the following steps that the police officer can take to aid the long-term recovery of child sex victims who are disfigured or scarred as a result of the attack.
   - . . . First, the police officer must recognize the potential significance of a victim's disfigurement.
   - . . . Second, if medical personnel have not, he should inform the parents that their child may suffer long-range emotional difficulties as a result of the physical injury.
   - . . . Third, the officer should evaluate the available social service resources that may be of help to the child and refer the parents to a service agency or suggest that they seek assistance from a family physician, psychologist, or clergyman.

3. It is recognized that the quality of family life is related to the vulnerability of children to sexual attack and to their recovery from such assaults. The fact is that many of the children who are victimized come from families that cannot give them the physical and emotional support needed for a quick and satisfactory recovery. In addition, these children are likely to be subject to further attacks. Discuss the procedures followed in your department when it is apparent that the parents of a sex victim cannot provide their child with a healthy or secure home environment.

4. Although the child is the real beneficiary or victim of police treatment, the parents are usually those who express appreciation of or dissatisfaction with police conduct. In a study carried out by the American Humane Association, it was reported that 49 percent of the victims' families were satisfied with police action; 37 percent, however, expressed bitterness or hostility toward police behavior during the investigation. Discuss the following negative factors and how police officers can avoid making these mistakes.

A. Personal Qualities
   - . . . rude
   - . . . unconcerned
   - . . . unpleasant
   - . . . unfriendly

B. Cooperativeness
   - . . . failed to answer questions of parents
   - . . . made no effort to provide protection
   - . . . did not appear to be searching for the offender

C. Performance
   - . . . slow response time
   - . . . did not appear in court for scheduled trial
   - . . . was not interested in welfare of the child or family

D. Attitude
   - . . . skeptical about the attack actually occurring
   - . . . projected blame on child or parent

5. The interview of a child sex victim who is retarded should generally follow the procedures discussed in this Key. However, certain interview procedures and techniques are most important because of the victim's handicap.
   - . . . A parent or guardian should always be present when interviewing a retarded child.
   - . . . Not only will the presence of the parents make the child feel secure, but also their help may be needed to conduct the interview.
   - . . . Extreme patience and care must be shown when interviewing a retardate; for example, the officer must expect the questioning to be a painstaking task.
   - . . . The officer should always keep in mind that, although the victim is mentally retarded, the child's basic emotional makeup resembles that of normal persons; the victim will respond to kindness and understanding and be repelled by insensitivity.
   - . . . Because of the retardate's helplessness, the police officers must carefully evaluate the attitudes and behavior of the parents toward the child and the incident.
   - . . . It is generally desirable for the police officer to suggest that the parents seek professional assistance to help the child recover from the attack.

questions

The following questions are based on material in this Training Key. Select the best answers.

1. The concept of "protection through innocence" means that
   (a) The child should be told as much as possible about the legal significance of the attack so that she can competently testify in court.
   (b) The short-range well-being of the child sex victim is essentially the responsibility of the police.
   (c) Because a child is unaware of the significance of the attack, she is less likely to suffer lasting emotional disturbance.
   (d) Most child sex victims suffer emotional difficulty only when their parents cannot provide adequate care.

2. Only one police officer should conduct an in-depth interview of a child sex victim because:
   (a) Each interviewing officer would have to establish rapport with the child, thus wasting valuable time.
   (b) The separate accounts of the victim would be confusing and endanger any court case.
   (c) The parents would have to be present during each interview.
   (d) Repeated interviewing can adversely affect the emotional welfare of the child.

3. Which one of the following background factors seems to be most directly related to the incidence of sexual crimes against children?
   (a) The child's level of development.
   (b) The child's family life.
   (c) The child's attitude toward strangers.
   (d) The child's age.

answers

1. (c). The premise of the concept is that the young child, because of her lack of awareness of the social taboos violated, will not suffer a long-lasting emotional disturbance from the assault unless the adult reaction conveys the knowledge that the child's experience was very bad.

2. (d). Each time the victim is interviewed, she must relive an experience that may cause her emotional pain.

3. (b). Family negligence is a major contributing factor in the occurrence of sexual crimes against children.



have you read . . . ?

THE POLICE CHIEF. "Police-Victim Relationships In Sex Crime Investigations." International Association of Chiefs of Police, 11 Firstfield Road, Gaithersburg, Maryland, 20760, January 1970.
This article, by Professor William Brown, discusses how the police through careful handling of sex crime victims, can perform a real humanitarian service.

POLICE. "Interviewing Child Victims of Sex Offenses." Charles C. Thomas, Springfield, Illinois, February 1972.
This article, by C. J. Flammang, discusses the critical investigative stage of the interview and gives the officer some helpful guidelines.

EVIDENCE - SEX CRIMES CASES

Source: Lt. Mary Keefe and Sgt. Harry O'Reilly
Sex Crimes Analysis Unit
New York Police Department

Purpose: To provide members with the necessary information with which to process a reported sex crime case.

Procedure: When being assigned to investigate or report a sex offense, process in accordance with department regulations and observe the following guidelines where appropriate.

General Rules

1. Safeguard crime scene.
2. Have Emergency Service, Photo Unit, or Forensic Unit respond and assist in crime scene search where appropriate.
3. Process for fingerprints.
4. Use caution not to damage, mark, or contaminate the evidence.
5. Put your identifying mark on evidence.
6. Document chain of evidence throughout investigation.
7. Place evidence in appropriate container and seal, prepare DD45A in triplicate, prepare property clerk invoice, deliver to crime laboratory.

Handling Evidence

A. Fingerprints

1. Handle objects carefully to avoid destroying possible fingerprints.
2. Wet objects must be allowed to dry naturally prior to processing. Do not use heat or fan to dry.
3. Do not place object in soft or pliable container--print may be smudged.

B. Stains

1 Clothing or fabric stained with paint, blood, semen, or other liquid -- submit the whole article, if practical.
2. If possible or practicable, circle stains with chalk, pen, or marking pencil while wet to facilitate locating the stained area when the liquid dries.

3. Allow wet stains to dry in the air -- do not use fans or heat.
4. Place clean paper over stain and place in a clean container. If necessary to fold, DO NOT fold across the stain.
5. Do not allow stained area to be placed in contact with unstained areas of the same garment or other garments.
6. If stains are on rigid surfaces which cannot be moved, allow them to dry and then scrape stain onto a clean piece of paper, package properly, and seal.
7. If necessary to improvise evidence containers, be sure they are clean and uncontaminated before inserting evidence.
8. Bear in mind that the color of dried blood may be red, brown, black, blue or yellow. Do not discount a stain as possible blood simply because it is not reddish in color.
9. Sealing material stained with bodily fluids in plastic containers causes putrefication and diminished evidentiary value. Each stained article should be packaged separately in brown paper (which is porous) and properly sealed and labelled.

C. Fibers and Hairs

1. Package separately to avoid contamination or damage to fibers or hair. Bending, crushing, or breaking may destroy valuable evidence.

At the Crime Scene

1. Collect undergarments, clothing, bedding, rugs or other appropriate items bearing semen or blood stains. Stains on carpeting should be cut out, leaving a border of unstained carpet for comparison purposes. If unable to cut out stain, scrape stain with a scalpel or razor blade and include scraping tool in envelope to be forwarded with the scrapings.
2. Collect torn clothing or bedding, broken objects or weapons which would tend to prove forcible compulsion.
3. Collect wash cloths or towels which suspect may have used to cleanse private parts. These may contain semen stains.
4. Collect bottles, glasses or other objects handled by suspect, which may contain latent prints. Prints may also be lifted from paper and from cigarette butts.

5. Search scene for foreign items such as buttons, hair, pieces of torn clothing.
6. If crime occurred outdoors -- Collect soil samples from scene, samples of vegetation, casts of footprints, for comparison against stains on shoes or clothing of suspect and victim. Take several soil samples and draw a sketch of area showing location from which sample was taken. In removing stains from soil, collect the crust and samples from nearby area. Label each sample.
7. If crime occurred in an auto -- Gather sweepings from seats and floors, search floor mats, seat covers, or blankets for stains. Check door handles for hair of victim or suspect if victim was forced to lie on seat or floor.
8. If entry was forced into victim's residence -- Gather samples of broken glass, paint samplings for possible comparison with suspect's clothing. Note jimmy marks and other appropriate burglary evidence.
9. Photograph crime scene, particularly where physical evidence is in view and where evidence of a struggle is present (furniture overturned, broken lamp, etc.).
10. Photograph bite marks, scratch marks, or other signs of injury to victim. Only a female police officer may take photographs of bruises or marks on the breasts, buttocks, or genital area of female victims. Have victim sign and date photos on reverse side.

Notes to be Prepared

1. Description of exact location where each piece of evidence was found.

   Examples: "One white brassiere, left strap torn, found on the ground in rear yard of premises 212 East 4th Street, 6 feet south of rear stairwell, 15 feet west of clothes line pole."

   or

   "One yellow terry cloth face towel, found on bathroom floor 4 feet from doorway, 2 feet from clothes hamper."

2. Description of victim's appearance and behavior.
   Note: Bruises or marks
   Disarrayed clothing
   Facial discoloration
   Smeared makeup
   Hair disheveled
   Confused or dazed behavior
   Bewilderment or disorientation
   Apparent hysteria or crying
   Attitudes of fear or remorse
   Incoherent or jumbled speech

3. Description of victim's clothing. Note locations of torn garments, semen or blood stains, dirt deposits, grass, vegetation or other stains.
4. Description of suspect. Physical description as provided by victim with special attention to items which would not be readily visible if the suspect were clothed (unusual undergarments, tattoos, scars, genital deformity, etc.).

At the Hospital

1. Ascertain that all signs of trauma or injury, as well as the emotional state of the victim, are recorded on the hospital examination report.
2. Ascertain that smears are taken from the vagina, anus, or mouth as appropriate.
3. Obtain slides from hospital personnel.
4. Obtain copy of hospital examination report. (If necessary, prepare a release to be signed by complainant which will authorize the hospital to provide a copy of their report to the Police Department.)

Arrest

When a suspect is apprehended within a reasonable time after the commission of the crime:

1. Search defendant and confiscate trousers, undergarments, and other appropriate clothing. Forward for testing for presence of semen or blood.
2. Search defendant's body for bite marks, scratch marks, or other injuries which may have been inflicted by the victim during the commission of the crime. Note and photograph such injuries.
3. Obtain search warrants if appropriate, to obtain clothing or other evidence, particularly if suspect has changed clothing since committing the crime.
4. Obtain Court Order to obtain hair or blood sampling if suspect refuses to give his consent.

When appropriate -- Obtain for comparison purposes:

1. Fingernail scrapings for victim vs. marks on suspect.
2. Bite marks on suspect vs. cast of victim's teeth.
3. Bite marks on victim vs. cast of suspect's teeth.
4. Head and pubic hair samplings from victim and suspect. (Note: Obtain by combing rather than cutting. Submit a large number of hairs for most effective results. 100 hairs is the recommended number.)

5. Blood samples of victim and suspect.
6. Clothing of suspect and victim vs. buttons, cloth patches, or fibers found at scene.
7. Semen stains on victim or suspect for blood grouping.
8. Tape used to bind victim may be matched against roll from which it was torn or cut.
9. Cigarette butts smoked by suspect or spittle which he may have expectorated may be of value, since blood grouping test may be made of saliva.

Remember:

A sympathetic and supportive attitude displayed by an investigator towards a sex crime victim will instill confidence in the victim, overcome feelings of shame and embarrassment, and greatly facilitate the evidence gathering process.

OUSLEY

PREVENTION OF RAPE: DETERRENCE BY THE POTENTIAL VICTIM[a]

Stanley L. Brodsky
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Two kinds of advice typically are given to women to avoid being the victim of rape. One advice pattern deals with avoiding the situation in the first place. That is, women have been told how to dress, where to go, and whom to see. This advice has been viewed on a mixed basis by critics and feminists alike. While police and citizens can indeed identify dangerous places for women to be, the critics point out that women have their freedom restricted, and thus in effect are punished for the possible actions of others.

The second approach deals with what the potential victim can do at the time of the attack. Police have often suggested that the potential victim acquiesce to prevent severe bodily harm. This advice is consistent with Henry Fieldings' cynical comments in Jonathon Wild, "He in a few minutes ravished this fair creature, or at least would have ravished her, if she had not, by a timely compliance, prevented him." Prevention of rape through submission is inherently contradictory and will not be considered further.

One prominent aspect of preventive approaches has been to instruct women in self-defense methods. A number of martial arts schools specialize in direct instruction, as well as written information, on how women can best defend themselves from rapists.

It is relevant to examine how women do successfully interrupt or prevent attacks by potential rapists. In one study of rape in the Denver area (Giacenti, 1973) it was reported that 319 out of 915 rape offenses studied were interrupted. Of these, 66% were prevented through the victim's active resistance. The most successful methods of prevention were fleeing from the potential assailant (by 24%), physically attempting to fight off the attack (successful by 18.4%), crying aloud (15%), and verbally refusing (10.5%). The remaining preventive events consisted of another person coming to the victim's aid (10.5%), the police arriving (6.3%), and other interruptions (14.5%).

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[a]Phyllis Brister and Joan White generously offered their aid and advice in this research.

In MacDonald's book Rape: Offenders and Their Victims (1971), screaming aloud was attempted to prevent the attack in six cases. In three of these, in which screaming was combined with physical attack, the attack was successfully aborted. There were ten cases reported in the book where physical resistance alone was tried, and none of these were successful in preventing the rape.

If the behavior of the victim or potential victim is going to be changed and the responses to each situation optimized, this would call for both training and dissemination of information. As Feldman-Summers (1974) has pointed out, "this would require additional research focused on the characteristics of the victim and her actions immediately prior to the assault."

Both the characteristics of the assailant and the characteristics of the victim have been reported in the book Against Rape. In their study of 60 rapes, Medea and Thompson (1974) categorized the attitudes of the rapists into six major groupings: hostile, 32%; contemptuous, 28%; angry, 22%; frightened, 13%; matter-of-fact or calm, 42%; self-righteous, 22% (many of these attitudes appeared in combinations, thus the total percent adds up to over 100%). By far the greatest incidence of violence associated with a rape occurred with hostile and contemptuous rapists: 48% violent rapes and 20% nonviolent rapes by hostile assailants, 50% violent rapes and 11% nonviolent for contemptuous assailants. The lowest proportion of violent rapes occurred with matter-of-fact and angry rapists. It was also found that the chances of encountering a hostile and contemptuous rapist were greatest when the victim did not know him at all.

While the present report dealt only with responses of the potential victim, it was recognized that there are resistance efforts that will be successful with some assailants and not with others. Future reports will examine these interaction patterns.

The research issue raised here was the difference between a rape victim and a successful rape resistor. If there is some technique, trait, or response that a successful rape resistor uses, this information ought to be shared and distributed to women in general and particularly those who might become potential victims. In a sub-study of 305 rape cases in Denver in 1973, the Violence Research Unit of the Colorado Division of Psychiatric Services (Selkin and Hursch, 1974) report that "about half of the offenders who approach a

rape resistor were indeed carrying weapons and about 42% of the total number of resistors faced a man with a gun or a knife." In the search for successful resistor characteristics Selkin and Hursch found that there was no difference in age and experience in man-woman relationships and situations between rape victims and rape resistors. They conducted intensive interviews with both victim and successful resistors. Among other techniques used in the interviews were administration of the California Psychological Inventory. On that test, resistors had significantly higher scores on the dominance, sociability, social presence, and achievement via conformance scales. Resistors were found to be lower on communality than the victims, suggesting "that the resistors are less patient and conscientious than the victims."

The present investigation was concerned with situational aspects and victim responses. (1) Given a particular attitude presented by a potential assailant, what is the range or repertoire of responses of the potential victim; (2) which response would have the highest payoff in terms of likelihood of interfering with successful completion of the rape? Some actions found in the Denver Research Studies to be effective included fleeing, and under certain circumstances physical fighting. However, these two responses were beyond the scope of the present investigation. The present investigation was concerned primarily with verbal or vocal responses in the interpersonal pre-rape situations.

METHOD

First, a thorough literature review of rape resisting and rape prevention was conducted. Particular attention was directed toward case reports of verbal responses by women in the pre-rape situation. A preliminary taxonomy of these verbal statements was constructed; the prototypical responses of the victims and potential victims fell into the following categories:

1. Self-punitiveness ("I'll kill myself if you do this"; "I'll never be able to live with myself.")

2. Body weakness (statements of illness, cancer, pregnancy)

3. Verbal attack ("Get the hell away from me.")

4. Interpersonal liaison

5. Virginity

6. External influence or distraction ("My boyfriend will be here any moment.")

7. Moral appeal or conscience-surrogate ("It's the wrong thing to do"; "What would your mother think?")

8. Simple acquiescence with appeal ("I'll do anything you say; please don't hurt me.")

A ninth category of ambivalent refusal with acquaintances was also noted. Since this was present only with men known to the victim, it was considered to be primarily a product of the interaction. It was investigated with the other responses, but it was considered a supplemental rather than primary category.

The second procedure consisted of videotape recording of twenty scenes portraying these nine response categories. Sixteen actors and actresses and a faculty member from the University Theater prepared for this filming during five weeks of intensive imagery and rehearsals. The imagery consisted of constructing mental images and participating in role-playing related to being the victim or perpetrator of aggression and sexual assault.

The exercises by the actors were of sufficient intensity that both actors and observers were frequently moved to crying and great emotional involvement. As the role playing and rehearsals moved closer to the specific rape situation prototypes, a sex difference was observed in involvement of the actors and actresses. The actresses were easily able to accept the role of victim and to play it with great facility and spontaneity. Considerable ambivalence was observed on the part of the actors in assuming their roles. Several stated that they could not picture themselves as rapists under any circumstances. Others struggled to modify the script or instructions in ways so they could assume such a role. This sex difference was apparent in the videotaped performances as well as the rehearsals. The women were more realistic than the men.

Because almost all of the actresses played the roles with considerable emotional display, three of the scenes were shot using non-actresses. These individuals simply played themselves and presented more of a matter-of-fact victim response.

Two types of camera scenes were shot. The first eight scenes were interactions between the potential assailant and

the potential victim. In each case minimal background information was given and no outcome of the interaction was shown. That is, the films were stopped or edited prior to an indication of whether the woman's effort to deter the rape had succeeded.

The last twelve scenes used the "subjective camera technique," in which the actress spoke directly to the camera. The viewer is assumed to be the other party to whom she is speaking. The transcripts of the rape situation videotapes are shown in Table 1.

Insert Table 1 about here

The relative deterrence effectiveness of the prototypical responses was evaluated by showing all twenty scenes at a conference on "Rape--Research, Action, Prevention." 199 persons working at rape crisis centers, conducting research into rape, or in attendance for related reasons, filled out a rating sheet after seeing each of the scenes. They indicated on a five point scale whether the woman's response was highly effective in deterring the rapist (5 points), moderately-highly effective (4), medium in effectiveness (3), medium-low in effectiveness (2), or low in effectiveness (1). The same group also offered comments about the scenes as related to prevention of rape.

These videotapes were played consecutively, and on some of the scenes up to 20 members of the audience did not have the time to make a judgment or chose not to make a rating. Thus the sample for scene 1 was 199; it dropped to as low as 172 on other scenes.

RESULTS AND DISCUSSION

The means and standard deviations of the deterrence ratings are shown in Table 2. The very highest rated responses did not achieve a mean level of medium high or four in effectiveness. The three scenes in which more than a medium level of deterrence effectiveness was achieved used verbal attack, or active discouragement, by the potential victim. The highest rating of 3.60 was for a woman actively and profanely telling the man to stay away from her. The next highest in effectiveness were an emotional description of recent hospital release (scene 16, $\bar{X}$=2.50) and the subjective camera statement of virginity (scene 11, $\bar{X}$=2.40). The lowest rated techniques for effectiveness were the two acquiescence scenes (scene 4, $\bar{X}$=1.35; and scene 12, $\bar{X}$=1.51).

These results are consistent with Selkin's report (1974) that explicit unavailability, communicated from potential victim to assailant, is the most effective rape prevention method.

These results are applicable to the extent that the preventive prototypical responses are valid prototypes. As distillations, they also represent simplifications. A number of successful rape resistors described a much more complex process than a single response, sometimes trying five or six methods until one worked. Thus, one woman reported waking up in bed at 4:00 a.m. with a man on top of her. Over a long period of talking with him she agreed not to report him to the police, provided he would see a psychiatrist, and eventually he was deterred. Another woman assessing the scenes reported, "I interrupted my assault by saying that we could go to the bank (which was nearby) and get all my money which would enable him to hire a prostitute. He agreed, and when we left the house he stepped out in front and I slammed the door."

It is apparent that victims' responses in isolation are not as meaningful as they are in the context of the nature of the attacker and his behavior and attitudes. The needed next step is to develop a grid in which patterns of attacker behaviors and victim responses are presented, with optimal and worse possible combinations listed. It is clear that the tactics rated highest on success are valid only in certain situations. Subsequent research should identify when they work and when they do not. It may be that the development of the prototypes was more important than the specific results of the study. Once the major styles and patterns of responses are identified, then further investigation and program development may be built upon them.

It was observed that other messages are imbedded in the content of these films. Tone of voice, amount of confidence, volume of the voice, and physical postures from the woman may be of equal importance with the actual words used. While these variables were not studies in the present investigation, they are clearly an additional direction to be pursued in the future.

The results of the ratings by these expert judges were compared with the informal judgments of the project staff. The staff did feel that the aggressive verbal response was most likely to work and that acquiescence with a plea not to be harmed was least effective.

A future application for this research is a public education campaign. If one has a reasonable expectation that certain verbal or non-verbal responses successfully deter potential rapists, then this information ought to be distributed, at least experimentally, to a substantial number of women for their own protection. The provocative question might be raised of whether this information also would be available to potential rapists, who would then be less deterred. While this is a possibility, it would seem that the behavior of the potential rapists would be far more influenced by the woman's immediate responses than by any publicized advice.

SUMMARY

This investigation utilized three sequential procedures. First, nine major categories of verbal responses to deter rapists were identified from the literature. Secondly, a series of twenty film vignettes were made utilizing actresses and actors who portrayed these prototypical responses. Thirdly, these vignettes were shown to an audience of informed judges, who rated their differential effectiveness.

This study represented a preliminary effort to study the verbal interactions between potential victim and assailant. While it is recognized that looking primarily at the woman takes her response out of context, this procedure is seen as a building block in gathering information for use in deterrence of rapists.

Proposals are often made for changing the nature of society as well as changing the behaviors of convicted rapists so that rape will disappear. While both proposals are important, neither deals with the problems of a woman who is immediately confronted with a potential sexual assault and has no opportunity to physically flee or resist. The present study posed the questions, what is it that successful rape resistors do in their resistance, can these actions be identified and validated, and can they be distributed so that other women will benefit? The preliminary findings were that active verbal attack or discouragement was the most successful deterrent of those assessed.

REFERENCES

Feldman-Summers, Shirley. Research dimension in the area of sexual assault. Paper presented at the meeting of the American Psychological Association, August 1974.

Giacenti, T. A. and Tjaden, C. The crime of rape in Denver. A report submitted to the Denver High Impact Anti-Crime Council, Denver, 1973.

MacDonald, J. M. Rape: Offenders and their victims. Springfield, Illinois: Charles C. Thomas, 1971.

Medea, A. and Thompson, K. Against rape. New York: Farrar, Straus, and Giroux, 1974.

Selkin, James. Rape. Psychology Today, January 1975, 8 (8), 70-76.

Selkin, J. and Hursch, C. J. Rape Prevention Project--Quarterly report. Department of Health and Hospitals, Denver, Colorado, July 1, 1974.

TABLE 1

Transcripts of Stimulus Videotapes

1-8: Objective camera scenes: Both man and woman are shown.

□ 1. External influence:
(Man asks woman if person lives there)

Woman: I don't know him.
Man: You don't? (grabs woman) Well, I want your money.
W: (screams) What are you doing?!
M: I want some money.
W: I don't have any money.
M: What do you mean you don't have any? You live in a place like this and you don't have any money?
W: Leave me alone!
M: You don't have any money?
W: No!
M: I think you're just gonna have to give me something.
W: (crying) My husband will be here in a minute. I am expecting him.
M: Oh, sure, now that's a bunch of bull.
W: No, he's coming! He really is!

□ 2. Interpersonal liaison:
(Man and woman sitting down next to each other)

Woman: I really appreciate your taking me home. My car doesn't usually stall, and I . . .
Man: It's all right. I don't mind it really. It really isn't very far.
W: I've often thought of taking those silly courses they have for women, you know, mechanics for women. My husband will fix the car as soon as he gets home. (He grasps her hand.) Uh . . . uh . . .
M: What's the matter?
W: Nothing, uh . . .
M: What's the matter!
W: You're hurting my hand.
M: I'm not hurting your hand.
W: Yes, you are!
M: I'm not hurting you; I'm not going to hurt you.
W: Yes, you are.
M: I don't want to hurt you.
W: You <u>are</u> hurting me!
M: I like you, you're very nice. I don't want to hurt you.
W: Well if you like me, then don't hurt me. That <u>does</u> hurt.

(More argument back and forth with simultaneous speaking)
M: Your husband's not gonna know. Your husband's not here. Your husband's not even in town. I know that. I heard you say that on the phone tonight. So what's to worry about? He's not going to know anything at all.
(She starts screaming and struggling.)
W: Uh, oh, hey, I just read this book.
M: Shut up! Do you want to get hurt?
W: It's the most terrific thing I have ever read. Of course I don't want to get hurt. I want to tell you about this book I read. The name of the book is Jonathan Livingston Seagull, and I just read the book.
M: Shut up!
W: It's a really terrific book. Look, I got it right here in my purse. It'll only take a minute. I want to read some of it to you out of this.

☐ 3. Virginity:
(Man seizes woman, placing one hand over her mouth, and holding one of her arms behind her back)

Man: Okay, just be quiet, real quiet. Now go ahead and open the door. Open the door! Come on. Come on! Take it easy. All right, where is your bedroom? Where's your bedroom?! (She is crying.) Take it easy, I'm not going to hurt you.
Woman: Listen, listen to me, please. I'm going to be married next week . . .
M: It doesn't matter whether you get married.
W: No.
M: Now, come on! Are you going to cooperate? Where's the bedroom? Let's go.
W: I've never had sex before. Please! Don't do this to me!
M: It doesn't matter whether you've ever had sex before.

☐ 4. Acquiescence:
(Man stops woman on street, asking for the time)

Woman: No, I sure don't, but it's getting pretty late.
Man: Well, do you have any idea what time it is?
W: Uh, no. Maybe 11:00, 11:30, I don't know.
M: I'd like to talk to you for a minute.
W: What is it?
M: Do you mind?
W: Well, I don't know, there's people waiting for me at home.
M: I know you. Yeah, I know you. I mean, you don't know me, but I know you. I've seen you around, places.
W: Oh.
M: Yeah, and I knew you were coming by here. Yeah, that's why I'm here--because I wanted to talk to you.

W: Well I have to go.
M: Could you step over here for a minute. Just step over here with me, for a second.
W: Well, listen, I've never seen you around . . .
M: Yeah, I know, I know, but would you step over here and talk to me for a minute.
W: Well, what is it you want?
M: I want you to step over here and talk to me, all right? Now if you'll take it easy and be quiet, you won't get hurt. Otherwise you might. I want to have sex with you.
W: What?
M: I want to have sex with you.
W: That's ridiculous!
M: I want to have sex with you, and I'm going to have it right now. Now go down on your knees. I said go down on your knees. (resistance) Go down on your knees! Now! (She is forced to her knees and whimpers.) Shut up, shut up!! Shhhh. Now I'm going to let you go. I want you to lie back, and don't say anything, okay? Okay?! (She cries.)
W: Okay. Look, I'm not going to fight you. I don't understand this. Why are you doing this to me?

☐ 5. Ambivalent refusal:
(Couple in loose embrace)

Woman: Ed, what are you doing? (laughing) Ed! Ed, look come on.
Man: (continues to hug and kiss her)
W: Ed, what about Julia!? Ed! Ed! Ed, come on. Come on, we don't want to do this.
M: Why not?

☐ 6. Self-punitiveness:
(Couple embracing, with woman sometimes pushing man away)

Woman: Ed!! Ed, Ed, Ed, come on, cut it out! What are you doing? Come on, cut it out!
Man: Oh, come on . . .
W: No! No! I'm not just a piece of meat that you can just make on the floor!
M: I don't think you're a piece of meat.
W: I, I don't love you. I could never live with myself if this happened! (crying) Stop, please!

☐ 7. Moral appeal:
(Apparently hurt, man holding his head)

Man: Excuse me, Miss, I've had a kind of an accident. A car hit me outside. Can I just . . .
Woman: Oh, my God!

M: I just want to lay down.
W: Let me call the hospital.
M: No, no, no. It's okay, he just knocked me down.
W: Oh, my God, let me call the hospital.
M: No, can you just sit here?
W: Let me get a washcloth. My God, who hit you?
M: Well, it was a car. He didn't see me and I wasn't thinking.
W: Let me call the hospital . . .
M: No, no, no! If you'll just hold me . . . (He places arms around her.)
W: Be still, relax, relax.
M: I just need someone to hold onto.
W: I'm here. I'm here. Let me call the hospital, and I'll be right back.
M: No, I can't.
W: It's all right. Listen. (Struggle starts. He forces her to floor with him atop her, stroking her.)
M: No, it's going to be okay now. (They continue to struggle.)
W: Listen, listen, please. I'll help you. I'll help you. Believe me, I'll help you.
M: No, I don't want any help. I just want you.
W: Listen, listen, you don't want to hurt me.

☐ 8. Verbal attack:
(Man and woman on couch. Woman sits back with arms crossed. Man sits sideways looking at her.)

Man: So, what have you been doing lately?
Woman: Nothing.
M: Nothing? That's what you call fucking around then, huh?
W: Sure.
M: Well, that's funny. That is really funny.
W: Hysterical.
M: Listen, you went with me for three months, and I never got anything.
W: So?
M: So now as soon as we break up I find out you've been fucking half the people in the goddamn town. Oh, that strikes you as humorous too, doesn't it?
W: Yeah, that's pretty funny.
M: Oh, that is really funny. Listen, what do you think I am? Do you think you can just play around with me? Do you think I'm a little kid? One of your faggot friends? Listen, I'm not. Listen, I'm a man. You may not think it, but I'm a man. Listen, goddamnit. (He grabs her.)
W: You get your fucking hands off me!!!!

9-20: Subjective camera scenes: Woman looking at audience from the screen, as if viewer is assailant.

9. External influence: Sam Billings does not live here. I don't know who he is. What are you doing? Leave me alone! You can't do this. I don't have any money. My husband will be home any minute. I called him. He'll be here.

10. Interpersonal liaison: Please let go of me. You are hurting me! Hey, listen, I just read this book, and the name of it is Jonathan Livingston Seagull. It's really a fabulous book. I just got through reading it, and I think you are the type that would really love this book. Just a minute. I've got it right here in my purse.

11. Virginity: Please don't do this to me. Please, I've never had sex before. I'm begging you. It's the most important thing in the world to me. Please don't do this to me, please.

12. Acquiescence: Hey, okay, I'm not going to fight you. I just don't understand this. Can't you tell me why? I don't love you, and you don't love me. You don't even know me. What is sex without love?

13. Ambivalent refusal: Please, no, listen. Listen, we're just friends. Come on. I'm not just something that you can just screw. No, Ed, please, what about Julia?

14. Moral appeal: You don't want to hurt me, right? You don't want to hurt me. You know this isn't the right thing to do. You know it. So don't do it. Please, you know this isn't the right thing to do. You know it. So don't do it. Please, you know that this isn't the right thing to do. You don't want to hurt me and I don't want to hurt you, and . . .

15. Verbal attack: (stated with great emotion) Get out of here! I don't like the sight of you. Get out! Out of this place! I'm tired of seeing you. Get out! I don't want to see you again. Get out, you son of a bitch! Get out of my life!

16. Body weakness: (said almost crying) Please don't do this to me. I've just gotten out of the hospital. I've only been out of the hospital a week. I don't understand. Please, if you rape me, I'll never have a baby.

17. Body weakness: (said with moderate calm) Now, wait a minute. Listen. Why don't you take a second thought and consider just what you're doing. Look at me. I'm not exactly big, you know, and I just got out of the hospital, and I'm not in any condition to do any of that sort of stuff, so could you just leave me alone. Just leave me alone.

18. Interpersonal liaison: (woman smiles) Listen, you don't really want to do this. I mean, let's be friends, okay? We'll talk to each other and get to know each other, and then, you know, we may become really good friends. My name is Becky. What's your name?

19. Moral appeal: If you do that, you'll go to hell. It's against Christian principles. What are you? I mean, you know, it's wrong. You just don't do that to people. Christians don't do that.

20. Verbal attack: (stated firmly, evenly) You've got a lot of nerve. Get out of here. Who the hell do you think you are? I'm going to call the police if you're not out of here in ten seconds.

TABLE 2

Deterrence Effectiveness Ratings by Rape Trainers and Researchers[a] (N=199)

Scene Number	N	Response Type	Means	Standard Deviations
8	177	Verbal attack	3.60	1.20
15	184	Verbal attack	3.47	1.04
20	178	Verbal attack	3.06	1.60
16	174	Body weakness	2.50	1.15
11	172	Virginity	2.40	.92
14	178	Moral appeal	2.20	.98
2	195	Interpersonal liaison	2.19	1.08
6	191	Self-punitiveness	2.08	.89
7	196	Moral appeal	2.08	1.02
1	199	External influence	2.04	.70
10	183	Interpersonal liaison	2.03	1.05
5	192	Ambivalent refusal	2.01	1.08
9	183	External influences	1.98	.82
17	188	Body weakness	1.98	.87
13	182	Ambivalent refusal	1.96	.94
18	179	Interpersonal liaison	1.96	1.05
3	196	Virginity	1.70	.81
12	186	Acquiescence	1.51	.82
19	184	Moral appeal	1.50	.74
4	194	Acquiescence	1.35	.66

[a]Rating scores are based on a five point scale from 5 = high deterrence effectiveness, 3 - medium effectiveness, and 1 - low effectiveness.

[b]Scenes 9-20 were subjective camera.

1986 Rape Analysis

Offenses coded as rapes occurring in 1986 provide the basis for the following analysis. This information was obtained from the reading and coding of offense reports by Crime Analysis personnel. Much of the information was obtained from the narrative section of the report (as opposed to obtaining it from a structured format). This is the primary reason why, on many reports, information is not available.

In addition to the 265 rape offenses, there were 9 reports of incest not included in this analysis.

The rape offenses were divided into two major categories, those where the suspect was known to the victim and those where the suspect was unknown to the victim.

	#	%
Suspect Known	148	55.8
Suspect Unknown	117	44.2
	265	100.0

The Suspect Known category includes the following relationships between the victim and suspect.

	#	%
Suspect Known to Victim	79	53.4
Suspect-Victim Acquainted	36	24.3
Suspect-Victim Related	13	8.8
Suspect-Victim Prior or Existing Romance	18	12.2
Suspect-Victim Married	2	1.4
Employer-Employee	0	0.0
	148	100.0

In order for the suspect to be known to the victim, the victim must have met or had some interpersonal contact with the suspect prior to the encounter at the time of the offense. For example, a victim has met and spoken to her roommate's boyfriend on several occassions. One night they meet at a bar and later he rapes her. The suspect is known to the victim.

The relationship between the victim and suspect is not as well established when the suspect and victim are acquainted. In order for the victim to be acquainted with the suspect, the victim must have had some interpersonal contact with the suspect prior to the offense. For example, a victim met the suspect in a bar. After a few drinks and conversation, the victim accepts a ride home from the suspect and is raped. The victim is acquainted with the suspect.

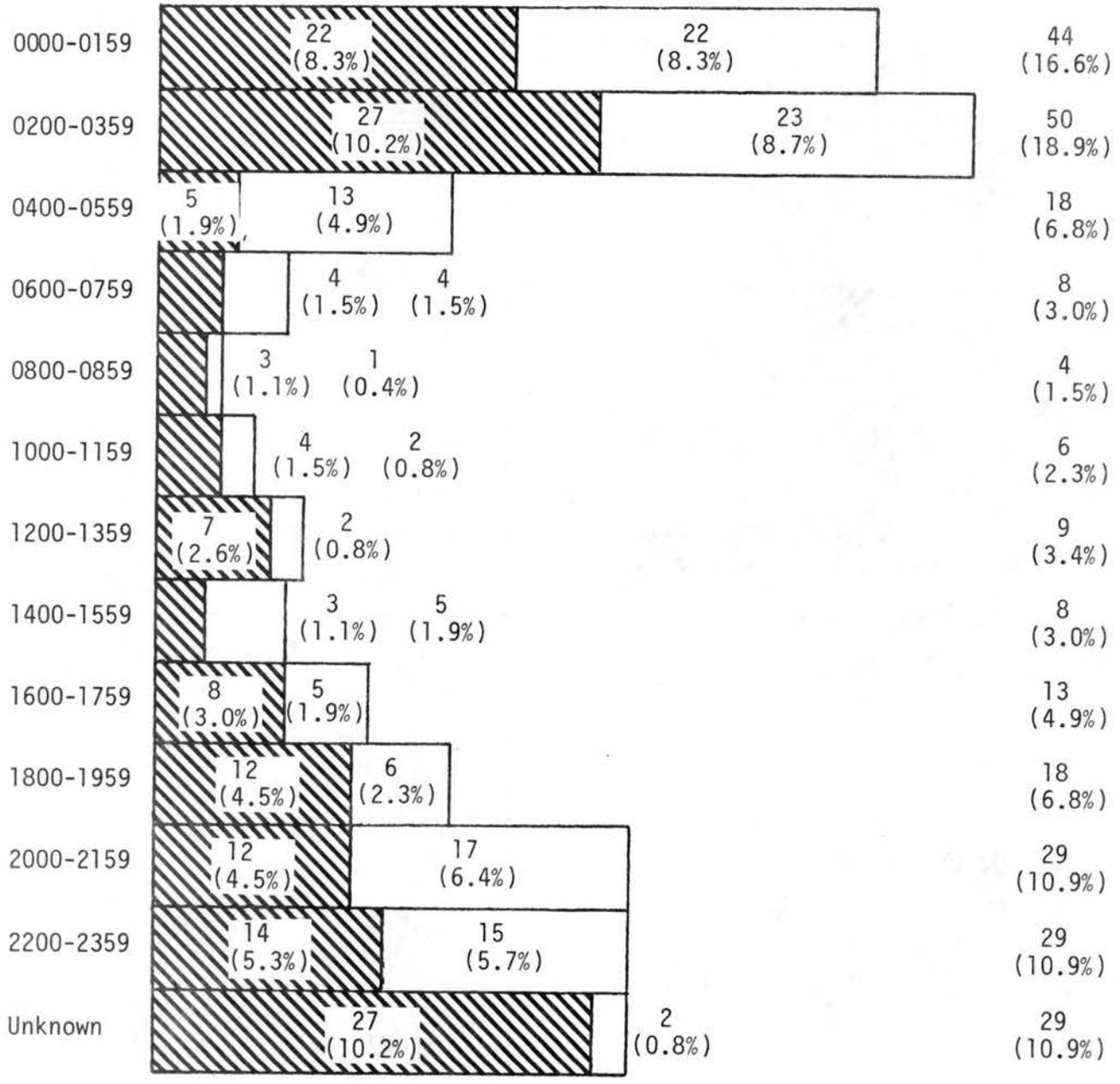
Note that more than one response can be checked for the following: Place of Occurrence, Vehicle Involvement, Preceding Circumstances, Approach to Victim, Suspect Conversation, Weapon Used, Abuse of Victim, Sex Acts, Clothing M.O. and Miscellaneous. In categories where more than one response can be checked, the percent given is the percent of the total number of reports. In cases where the suspect is known, the number is 148, and in cases where the suspect is unknown the number is 117. This is the reason that in certain categories the percent can be over 100%.

The number of victims corresponds to the number of reports, or 265. However, because there is more than one suspect involved in some rapes, the number of suspects is higher than the number of rapes.

There were two female suspects in the Suspect Known category included in the following analysis.

For the past four years, the number of rape offenses where the victim knew the offender has been larger than the number of offenses where the victim did not know the offender. The average age of the victims has been increasing slowly after a sharp downward turn in 1984. The year of 1984 was a year of extensive media coverage, and subsequent reporting, of child sexual assault offenses.

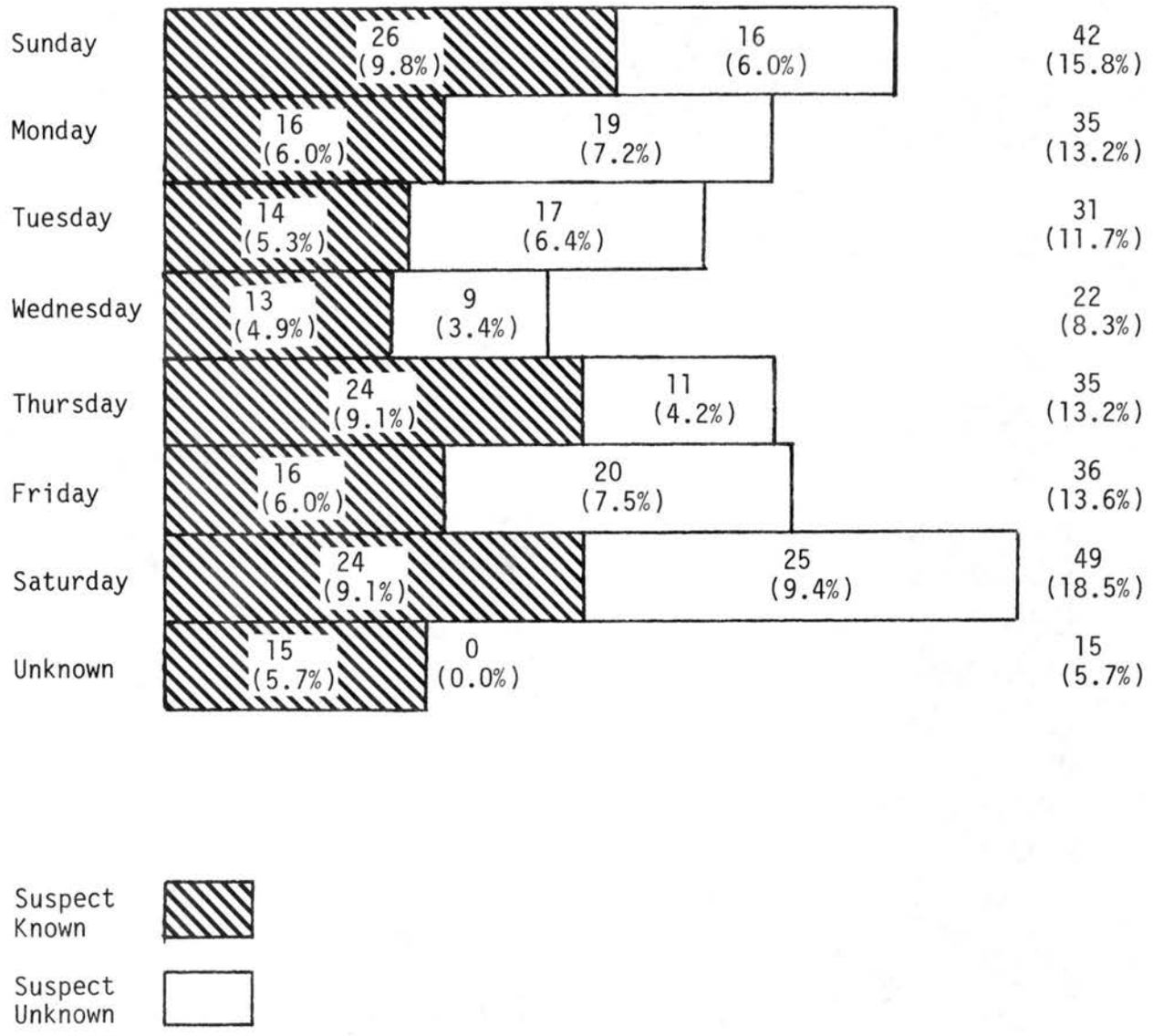
HOUR OF OCCURRENCE
(N=265)



Suspect Known

Suspect Unknown

DAY OF WEEK
(N=252)



VICTIM AGE

Victim Age	Suspect Known	Suspect Unknown	Total
2	1	0	1
4	2	0	2
7	2	0	2
8	1	0	1
9	1	0	1
10	2	0	2
11	0	0	0
12	2	1	3
13	8	1	9
14	6	5	11
15	9	4	13
16	14	8	22
17	13	2	15
18	6	5	11
19	6	6	12
20	5	6	11
21	5	8	13
22	5	9	14
23	7	11	18
24	5	6	11
25	2	4	6
26	1	3	4
27	7	2	9
28	4	2	6
29	1	5	6
30	4	6	10
31	5	2	7
32	3	3	6
33	2	2	4
34	3	0	3
35	1	0	1
36	0	2	2
37	3	0	3
38	0	1	1
40	0	2	2
42	1	2	3
43	1	1	2
44	1	0	1
47	1	0	1
48	0	1	1
49	1	0	1
52	1	1	2
54	0	1	1
57	1	0	1
61	1	0	1
65	0	1	1
67	1	0	1
78	1	0	1
Unknown	2	4	6
TOTAL	148	117	265

VICTIM AGE

Victim Age	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
Under 16	34	23.0	11	9.4	45	17.0
16-20	44	29.7	27	23.1	71	26.8
21-25	24	16.2	38	32.5	62	23.4
26-30	17	11.5	18	15.4	35	13.2
Over 30	27	18.2	19	16.2	46	17.4
Unknown	2	1.4	4	3.4	6	2.3
TOTAL	148	100.0	117	100.0	265	100.0
Average Age	22.6*		24.6**		23.5***	

VICTIM RACE

Victim Race	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
White	109	73.6	90	76.9	199	75.1
Black	23	15.5	6	5.1	29	10.9
Indian	1	0.7	4	3.4	5	1.9
Mexican	3	2.0	8	6.8	11	4.2
Other	4	2.7	1	0.9	5	1.9
Unknown	8	5.4	8	6.8	16	6.0
TOTAL	148	100.0	117	100.0	265	100.0

*Mean Age. The median is 19.5.

**Mean Age. The median is 23.

***Mean Age. The median is 22.

SUSPECT AGE

Suspect Age	Suspect Known	Percent of 183	Suspect Unknown	Percent of 150	Total	Percent of 333
Under 16	10	5.5	1	0.7	11	3.3
16-20	33	18.0	21	14.0	54	16.2
21-25	29	15.8	39	26.0	68	20.4
26-30	27	14.8	35	23.3	62	18.6
Over 30	53	29.0	28	18.7	81	24.3
Unknown	31	16.9	26	17.3	57	17.1
TOTAL	183	100.0	150	100.0	333	100.0
Average Age	27.6*		27.6**		27.6***	

SUSPECT RACE

Suspect Race	Suspect Known	Percent of 183	Suspect Unknown	Percent of 150	Total	Percent of 333
White	81	44.3	64	42.7	145	43.5
Black	62	33.9	63	42.0	125	37.5
Indian	4	2.2	0	0.0	4	1.2
Mexican	17	9.3	10	6.7	27	8.1
Other	4	2.2	0	0.0	4	1.2
Unknown	15	8.2	13	8.7	28	8.4
TOTAL	183	100.0	150	100.0	333	100.0

NUMBER OF SUSPECTS INVOLVED

Number of Suspects Involved	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
1	126	85.1	93	79.5	219	82.6
2	16	10.8	16	13.7	32	12.1
3	3	2.0	7	6.0	10	3.8
4	1	0.7	1	0.9	2	0.8
5 or more	2	1.4	0	0.0	2	0.8
TOTAL	148	100.0	117	100.0	265	100.0

*Mean Age. The median is 26.5.
**Mean Age. The median is 26.0.
***Mean Age. The median is 26.0.

AGE INFORMATION, SUSPECT KNOWN

Suspect Age \ Victim Age	Under 16	16-20	21-25	26-30	Over 30	Unknown	Total
Under 16	10	0	0	0	0	0	10
16-20	10	18	3	0	2	0	33
21-25	6	13	6	2	2	0	29
26-30	4	6	7	4	6	0	27
Over 30	5	9	8	10	19	2	53
Unknown	11	15	4	1	0	0	31
TOTAL	46	61	28	17	29	2	183

AGE INFORMATION, SUSPECT UNKNOWN

Suspect Age \ Victim Age	Under 16	16-20	21-25	26-30	Over 30	Unknown	Total
Under 16	1	0	0	0	0	0	1
16-20	2	10	3	2	3	1	21
21-25	2	13	12	7	5	0	39
26-30	1	7	17	6	3	1	35
Over 30	5	2	9	4	7	1	28
Unknown	4	5	7	4	5	1	26
TOTAL	15	37	48	23	23	4	150

AGE INFORMATION, TOTAL

Suspect Age \ Victim Age	Under 16	16-20	21-25	26-30	Over 30	Unknown	Total
Under 16	11	0	0	0	0	0	11
16-20	12	28	6	2	5	1	54
21-25	8	26	18	9	7	0	68
26-30	5	13	24	10	9	1	62
Over 30	10	11	17	14	26	3	81
Unknown	15	20	11	5	5	1	57
TOTAL	61	98	76	40	52	6	333

RACE INFORMATION, SUSPECT KNOWN

Suspect Race \ Victim Race	White	Black	Indian	Mexican	Other	Unknown	Total
White	72	1	1	1	1	5	81
Black	32	27	0	0	0	3	62
Indian	1	0	0	0	0	3	4
Mexican	15	0	0	2	0	0	17
Other	1	0	0	0	3	0	4
Unknown	11	4	0	0	0	0	15
TOTAL	132	32	1	3	4	11	183

RACE INFORMATION, SUSPECT UNKNOWN

Suspect Race \ Victim Race	White	Black	Indian	Mexican	Other	Unknown	Total
White	52	6	0	4	0	2	64
Black	48	3	3	5	1	3	63
Indian	0	0	0	0	0	0	0
Mexican	2	0	3	3	0	2	10
Other	0	0	0	0	0	0	0
Unknown	5	0	3	4	0	1	13
TOTAL	107	9	9	16	1	8	150

RACE INFORMATION, TOTAL

Suspect Race \ Victim Race	White	Black	Indian	Mexican	Other	Unknown	Total
White	124	7	1	5	1	7	145
Black	80	30	3	5	1	6	125
Indian	1	0	0	0	0	3	4
Mexican	17	0	3	5	0	2	27
Other	1	0	0	0	3	0	4
Unknown	16	4	3	4	0	1	28
TOTAL	239	41	10	19	5	19	333

SUSPECT CONDITION

Suspect Condition	Suspect Known	Percent of 183	Suspect Unknown	Percent of 150	Total	Percent of 333
Sober	0	0.0	3	2.0	3	0.9
Had Been Drinking	16	8.7	15	10.0	31	9.3
Intoxicated	14	7.7	8	5.3	22	6.6
Drugs	5	2.7	1	0.7	6	1.8
Retarded	6	3.3	0	0.0	6	1.8
Alcohol & Drugs	1	0.5	2	1.3	3	0.9
Unknown	141	77.0	121	80.7	262	78.7
TOTAL	183	100.0	150	100.0	333	100.0

VICTIM CONDITION

Victim Condition	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
Sober	81	54.7	76	65.0	157	59.2
Had Been Drinking	19	12.8	20	17.1	39	14.7
Intoxicated	16	10.8	10	8.5	26	9.8
Drugs	3	2.0	1	0.9	4	1.5
Retarded	13	8.8	3	2.6	16	6.0
Alcohol & Drugs	1	0.7	0	0.0	1	0.4
Unknown	15	10.1	7	6.0	22	8.3
TOTAL	148	100.0	117	100.0	265	100.0

PLACE OF OCCURRENCE

Place of Occurrence	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
Victim's Dwelling	39	26.4	32	27.4	71	26.8
Motor Vehicle	27	18.2	32	27.4	59	22.3
Suspect's Dwelling	42	28.4	12	10.3	54	20.4
Apartment, Ground Level	23	15.5	24	20.5	47	17.7
Single Family Home	31	20.9	10	8.5	41	15.5
Apartment, Upper Level	21	14.2	9	7.7	30	11.3
Sidewalk	2	1.4	24	20.5	26	9.8
Common Residence	19	12.8	0	0.0	19	7.2
Alley	5	3.4	14	12.0	19	7.2
Outdoors*	7	4.7	9	7.7	16	6.0
Parking Lot	3	2.0	9	7.7	12	4.5
Park	5	3.4	4	3.4	9	3.4
Hotel/Motel	4	2.7	4	3.4	8	3.0
Yard	3	2.0	3	2.6	6	2.3
Victim at Friend's Home	5	3.4	0	0.0	5	1.9
Street/Highway	2	1.4	3	2.6	5	1.9
Apartment Building	3	2.0	1	0.9	4	1.5
Public/Commercial Building	2	1.4	2	1.7	4	1.5
Vacant Building	2	1.4	1	0.9	3	1.1
Garage	1	0.7	1	0.9	2	0.8
Playground	1	0.7	1	0.9	2	0.8
Building Entryway	0	0.0	2	1.7	2	0.8
Parking Ramp	0	0.0	2	1.7	2	0.8
Vacant Lot	1	0.7	0	0.0	1	0.4
School	0	0.0	1	0.9	1	0.4

*Bushes, between buildings, etc.

VEHICLE INVOLVEMENT

Vehicle Involvement	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
Victim Voluntarily Entered Suspect's Vehicle	22	14.9	20	17.1	42	15.8
Victim Forced Into Suspect's Vehicle	4	2.7	15	12.8	19	7.2
Suspect Forced Way Into Victim's Vehicle	0	0.0	8	6.8	8	3.0
Suspect Stole Victim's Vehicle	2	1.4	3	2.6	5	1.9
Victim Allowed Suspect to Enter Victim's Vehicle	2	1.4	1	0.9	3	1.1
Suspect Lured Victim Into Suspect's Vehicle	1	0.7	1	0.9	2	0.8
Suspect Forced Victim Into Victim's Vehicle	1	0.7	0	0.0	1	0.4
Suspect Hid in Victim's Vehicle	0	0.0	1	0.9	1	0.4
Suspect Forced Victim From Victim's Vehicle	0	0.0	1	0.9	1	0.4

PRECEDING CIRCUMSTANCES

Preceding Circumstances	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
Victim Voluntarily Accompanying Suspect	52	35.1	26	22.2	78	29.4
Victim Walking/Jogging	5	3.4	43	36.8	48	18.1
Victim Home Asleep	10	6.8	22	18.8	32	12.1
Victim Kidnapped	8	5.4	18	15.4	26	9.8
Victim Allowing Suspect to Enter Home	20	13.5	3	2.6	23	8.7
Victim Voluntarily at Suspect's Home	18	12.2	2	1.7	20	7.5
Common Residence	19	12.8	0	0.0	19	7.2
Victim Home Awake	4	2.7	8	6.8	12	4.5
Victim at Friend's Home	8	5.4	0	0.0	8	3.0
Victim Allowing Suspect to Enter Vehicle	5	3.4	1	0.9	6	2.3
Victim Entering/Exiting Home/Vehicle	0	0.0	6	5.1	6	2.3
Victim Waiting for Bus, Cab, Etc.	0	0.0	6	5.1	6	2.3
Suspect Babysitting Victim	3	2.0	0	0.0	3	1.1
Victim in Restaurant/Bar	2	1.4	1	0.9	3	1.1
Victim Hitchhiking	0	0.0	2	1.7	2	0.8
Victim in Parked Vehicle	0	0.0	2	1.7	2	0.8
Victim in Public Restroom/ Elevator	0	0.0	2	1.7	2	0.8
Victim Working/Leaving Work	0	0.0	2	1.7	2	0.8
Victim Babysitting	1	0.7	0	0.0	1	0.4
Victim Meeting Suspect for a Fight	1	0.7	0	0.0	1	0.4
Victim in Phone Booth	0	0.0	1	0.9	1	0.4
Victim at Party	0	0.0	1	0.9	1	0.4
Victim in Apartment Laundry	0	0.0	1	0.9	1	0.4

APPROACH TO VICTIM

Approach to Victim	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
Offered Ride	17	11.5	17	14.5	34	12.8
Victim at Suspect's Home Voluntarily	24	16.2	4	3.4	28	10.6
Break and Enter	9	6.1	18	15.4	27	10.2
Met Victim at Party/Bar	18	12.2	6	5.1	24	9.1
Suspect Visiting at Victim's Home	20	13.5	2	1.7	22	8.3
Came From Behind	1	0.7	21	17.9	22	8.3
Common Residence	19	12.8	0	0.0	19	7.2
Entered Unlocked Door/Window	4	2.7	8	6.8	12	4.5
Offered Food/Candy/Liquor	6	4.1	4	3.4	10	3.8
Suspect Asked for Assistance	2	1.4	8	6.8	10	3.8
Came From Concealment	1	0.7	9	7.7	10	3.8
Out on Date	8	5.4	1	0.9	9	3.4
Came From Side	0	0.0	9	7.7	9	3.4
Suspect Offered Gift/Money	6	4.1	1	0.9	7	2.6
Victim at Friend's Home	6	4.1	0	0.0	6	2.3
Came From Front	2	1.4	4	3.4	6	2.3
Forced Way in After Knocking	2	1.4	4	3.4	6	2.3
Suspect Asked for Ride	2	1.4	4	3.4	6	2.3
Offered Victim Place to Stay	2	1.4	3	2.6	5	1.9
Met at Restaurant/Bowling Alley/Etc.	4	2.7	0	0.0	4	1.5
Suspect Offered Assistance/ Info.	2	1.4	2	1.7	4	1.5
Asked to Talk to Victim	3	2.0	0	0.0	3	1.1
Claimed to be Police	0	0.0	3	2.6	3	1.1
Suspect Babysitting Victim	2	1.4	0	0.0	2	0.8
Victim Accompanied Suspect to Hotel	2	1.4	0	0.0	2	0.8
Victim Asked to Fight Suspect	1	0.7	1	0.9	2	0.8
Robbery	0	0.0	2	1.7	2	0.8
Victim Babysitting	1	0.7	0	0.0	1	0.4
Suspect Caused Victim to Have Auto Accident	0	0.0	1	0.9	1	0.4
Prostitution Deal	0	0.0	1	0.9	1	0.4

SUSPECT CONVERSATION

Suspect Conversation	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
Stated-Will Harm/Kill	23	15.5	26	22.2	49	18.5
Abusive/Obscene	12	8.1	15	12.8	27	10.2
Stated-Will Harm Relative	3	2.0	6	5.1	9	3.4
Stated-Loved Victim	6	4.1	1	0.9	7	2.6
Apologetic	4	2.7	2	1.7	6	2.3
Silent	1	0.7	3	2.6	4	1.5
Laughed	1	0.7	3	2.6	4	1.5
Stated-Was in Prison Before	2	1.4	1	0.9	3	1.1
Talkative	0	0.0	2	1.7	2	0.8
Stated-Has Killed Before	0	0.0	1	0.9	1	0.4
Polite	0	0.0	1	0.9	1	0.4
Asked for Drugs	0	0.0	1	0.9	1	0.4
Stated-Was Police Officer	0	0.0	1	0.9	1	0.4
Knew Victim's Name	-	-	1	0.9	1	0.4

WEAPON USED

Weapon Used	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
Hands	74	50.0	79	67.5	153	57.7
Knife	19	12.8	27	23.1	46	17.4
Verbal Threat	13	8.8	0	0.0	13	4.9
Handgun	3	2.0	10	8.5	13	4.9
Feet	2	1.4	3	2.6	5	1.9
Implied Gun	1	0.7	2	1.7	3	1.1
Teeth	1	0.7	2	1.7	3	1.1
Implied Knife	0	0.0	3	2.6	3	1.1
Other	4	2.7	8	6.8	12	4.5

ABUSE OF VICTIM, SUSPECT KNOWN

	Physical Abuse	No Physical Abuse	Total
Weapon Used	16	9	25
No Weapon Used	60	63	123
TOTAL	76	72	148

ABUSE OF VICTIM, SUSPECT UNKNOWN

	Physical Abuse	No Physical Abuse	Total
Weapon Used	37	11	48
No Weapon Used	57	12	69
TOTAL	94	23	117

ABUSE OF VICTIM, TOTAL

	Physical Abuse	No Physical Abuse	Total
Weapon Used	53	20	73
No Weapon Used	117	75	192
TOTAL	170	95	265

A weapon was used in 16.9% of the rapes where the suspect was known to the victim, in 41.0% of the rapes where the suspect was unknown to the victim, and in 27.5% overall. (Use of hands, feet or verbal threat were not considered to be weapons).

Physical abuse occurred in 51.4% of the rapes where the suspect was known to the victim, in 80.3% of the rapes where the suspect was unknown to the victim, and in 64.2% overall.

In 72.6% of the cases where a weapon was used, the victim was physically abused. In 60.9% of the cases where no weapon was used, the victim was physically abused.

PHYSICAL ABUSE OF VICTIM

Physical Abuse of Victim	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
Grabbed	18	12.2	24	20.5	42	15.8
Hit Prior to Act	13	8.8	13	11.1	26	9.8
Hit With Fist	10	6.8	16	13.7	26	9.8
Pushed/Pulled	6	4.1	20	17.1	26	9.8
Held Down	21	14.2	4	3.4	25	9.4
Covered Face/Eyes/Mouth	4	2.7	16	13.7	20	7.5
Slapped	12	8.1	6	5.1	18	6.8
Thrown to Floor/Ground	3	2.0	12	10.3	15	5.7
Pulled Hair	4	2.7	9	7.7	13	4.9
Choked	7	4.7	5	4.3	12	4.5
Tied/Bound/Taped	4	2.7	8	6.8	12	4.5
Dragged	2	1.4	9	7.7	11	4.2
Hit With Weapon	5	3.4	5	4.3	10	3.8
Picked Up/Carried	5	3.4	3	2.6	8	3.0
Cut/Stabbed	0	0.0	6	5.1	6	2.3
Kicked	1	0.7	4	3.4	5	1.9
Hit During Act	2	1.4	1	0.9	3	1.1
Hit After Act	2	1.4	1	0.9	3	1.1
Bit	1	0.7	2	1.7	3	1.1
Hit Head Against Wall/Steering Wheel	2	1.4	0	0.0	2	0.8
Scratched	1	0.7	1	0.9	2	0.8
Burned	1	0.7	0	0.0	1	0.4
Handcuffed	1	0.7	0	0.0	1	0.4
Twisted Arm	1	0.7	0	0.0	1	0.4
Gagged	0	0.0	1	0.9	1	0.4
Twisted Neck	0	0.0	1	0.9	1	0.4
Thrown From Vehicle	0	0.0	1	0.9	1	0.4

SEX ACTS

Sex Acts	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
Intercourse-Suspect on Victim	116	78.4	78	66.7	194	73.2
Suspect Reached Climax	34	23.0	30	25.6	64	24.2
Oral Sodomy-Victim Forced	25	16.9	18	15.4	43	16.2
Suspect Fondled/Sucked Victim's Breasts	19	12.8	12	10.3	31	11.7
Suspect Kissed Victim	22	14.9	4	3.4	26	9.8
Anal Sodomy	13	8.8	7	6.0	20	7.5
Suspect Unable to Reach Climax	9	6.1	4	3.4	13	4.9
Suspect Put Finger in Vagina	8	5.4	3	2.6	11	4.2
Suspect Fondled Victim's Vagina	8	5.4	3	2.6	11	4.2
Oral Sodomy-Suspect Committed	2	1.4	3	2.6	5	1.9
Suspect Masterbated Self	2	1.4	3	2.6	5	1.9
Intercourse-Suspect Behind Victim	2	1.4	3	2.6	5	1.9
Victim Forced to Touch Suspect's Genitals	4	2.7	1	0.9	5	1.9
Suspect Placed Object in Victim's Vagina	1	0.7	4	3.4	5	1.9
Suspect Placed Penis Between Victim's Legs	1	0.7	2	1.7	3	1.1
Suspect Unable to Get Erection	1	0.7	1	0.9	2	0.8
Suspect Fondled Victim All Over Body	1	0.7	1	0.9	2	0.8
Intercourse-Victim on Suspect	0	0.0	2	1.7	2	0.8
Victim Forced to Masterbate Self	1	0.7	0	0.0	1	0.4
Suspect Masterbated Victim	1	0.7	0	0.0	1	0.4
Suspect Sucked Victim's Toes	0	0.0	1	0.9	1	0.4
Suspect Used Condom	0	0.0	1	0.9	1	0.4
Suspect Placed Hand in Vagina	0	0.0	1	0.9	1	0.4

CLOTHING M. O.

Clothing M. O.	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
Suspect Undressed Victim	78	52.7	65	55.6	143	54.0
Victim Forced to Undress Self	14	9.5	22	18.8	36	13.6
Victim's Clothing Ripped/Cut	4	2.7	14	12.0	18	6.8
Victim's Clothing Stolen	0	0.0	1	0.9	1	0.4

MISCELLANEOUS

Miscellaneous	Suspect Known	Percent of 148	Suspect Unknown	Percent of 117	Total	Percent of 265
Asked for/Took Money, Property	7	4.7	31	26.5	38	14.3
Victim and Suspect Not in Home Alone at Time of Assault	15	10.1	14	12.0	29	10.9
Attempted/Forced Victim Into Prostitution	5	3.4	1	0.9	6	2.3
Victim is a Runaway	4	2.7	2	1.7	6	2.3
Offered Victim Liquor/Drugs	2	1.4	3	2.6	5	1.9
Offered Victim Money/Gift	2	1.4	1	0.9	3	1.1
Cut/Ripped Phone Cord	1	0.7	2	1.7	3	1.1
Victim is Prostitute	0	0.0	3	2.6	3	1.1
Made Victim Bathe After Assault	1	0.7	1	0.9	2	0.8
Victim is Deaf	1	0.7	1	0.9	2	0.8
Victim is Physically Handicapped	1	0.7	1	0.9	2	0.8
Forced Victim to Drink/ Take Drugs	1	0.7	1	0.9	2	0.8
Photographed Victim	1	0.7	1	0.9	2	0.8
Showed Obscene Photos	0	0.0	2	1.7	2	0.8
Made Victim Shoplift	1	0.7	0	0.0	1	0.4
Suspect Urinated on Victim	1	0.7	0	0.0	1	0.4
Revealed Racial Hostility	0	0.0	1	0.9	1	0.4

4/29/74

Carolen,

Here it is. I included Silas's statement (edited somewhat), because I feel strongly that the thing I wrote is not just about my pain, but about 2 peoples' pain -- mine and his. So his words are an integral part of my story.

Thanks again for Friday -- you really gave us all a beautiful day, the food, the lovely house and yard, your sweet kids, everything! See ya Wednesday,

[redacted]

To _____

Date _____ Time _____

WHILE YOU WERE OUT

M _____

of _____

Locality _____ Apt. _____

Phone _____

☐ M ☐ E ☐ S

Telephoned ☐ Please call ☐

Called to see you ☐ Will call again ☐

Wants to see you ☐ Returned your call ☐

Message _____

_____

_____

_____

_____

Received by _____

B & A 132

Imagine being in so unreal, so absurd a situation, answering the door one night to a stranger who suddenly knocks you down, his hands at your throat..."I'll kill you, it doesn't matter to me, I'll kill you, go limp!" Struggling for breath, what does he want, is he going to kill me? And realizing moments later what he IS going to do...unreal...trying to communicate with this stranger, to make human this inhuman unbelievable thing that's happening -- other women get raped, but ME, at 7 o'clock Friday evening, when I'm getting ready to go Christmas shopping? In my own apartment? The streets aren't safe at night, but here, my home?

How do I talk to him?

persuade him to go home and take a bath...and go downtown to meet a girl at a bar...talk him out of this...he's clumsy, and unattractive, and poorly dressed, and he stinks...he must know he won't score at Moby Dick's, or the Establishment, or even the Cozy...

The sex is fumbling, clumsy, sweaty, he seems frustrated and awkward; you're passive, unfeeling, except when he asks you to put your arms around him, he wants affection, someone to care about him. You just want it to end, for him to leave, but he wants more from you -- he wants your arms around his back; you don't want to feel after this is over that you did anything, but he raises his arm again threateningly and you comply..... all those myths, "relax and enjoy it," "rape is impossible if a woman resists," the guilt that you'll feel, the fear that maybe you'll feel an instant of pleasure as your body responds blindly to stimulus, no matter what stimulus...you're afraid of feeling that you helped him...you're passive until he raises his voice and that menacing right arm and tells you "do it bitch!"

You keep trying to talk to him...there's no breaking point when you sob or shriek, just a few tears and a feeling like a rubber band being stretched tighter and tighter, closer to snapping...he says he doesn't know how to talk to girls...wants to know how you get a girl to like you, he's shy... he asks where you work, what your name is, in the casual voice someone uses when he walks up to a woman in a bar, super-cool, trying to be poised. You ask if you can get dressed and his hand chops the air toward your face, and you flinch...stay there! The low relaxed tone returns but the threatening

one is always there, ready to strike out.

Sweaty, heart-pounding apprehension, thoughts whizzing through your mind -- should I try to escape if he turns away, and maybe get beaten or killed? Or try to disable him, maybe with the same results, besides the psychic damage it would cause you to hurt or kill someone? Or just patiently endure it, and maybe get killed anyway, before he leaves?

He walks around the room nervously, and notices a Bible. Do you go to church? where? are they friendly, would they accept me? You make up lies, somehow it feels right to make up a personality so he can't contact you any other place. You find out later that he forced another woman he raped to sit and read the Bible to him.

He grabs your purse and starts rummaging through it, looking for money. He takes $6, but is easily persuaded to leave your checkbook. Later you find out he can't read... He takes you from room to room, at one point tying your hands behind your back fumblingly, but then giving up; then he orders you into the kitchen pantry, dragging a chair against the door, but then lets you out; walking from bedroom to living room to bedroom to kitchen...stopping to look for food. He gobbles raisins from a glass cannister, like a hungry child, and you remember last week when you came back from out of town to find your kitchen door ajar, raisins scattered on the floor...you had assumed a kid crawled through the kitchen window. Nothing had been taken, you never considered the possibility of danger...women get attacked on the street, but they're safe in their own home. You didn't think of nailing the windows shut...

He grabs some uncooked Polish sausage from the refrigerator, gnawing at it hungrily. You give him some chocolate chip cookies you baked yourself and he doesn't know what they are...the casual tone of voice is still there, yawning and saying "I really gotta go," like a tired but pleased guest leaving a party; he's pretending, playing out this role of lover leaving lover; then apologizes, says he's sorry, doesn't know why he did it, he's sorry, he's sorry; he wants food to take with him and you watch him putting the sausage and the chocolate chip cookies you baked yourself into a sack, your fists clenched -- please make him go! He pauses by the door, asks repeatedly if you're going to "scream on me." You say of course not, what good would it do, no one believes a woman gets raped without asking for it -- he accepts that...rips out the phone wire, and says he's sorry, and heads for the door.....and says, "See you." Like a lover leaving a lover, playing out this fantasy.

The police don't find him, but tell you not to worry, don't take his "See you" literally. But 10 nights later, at 2 a.m., he knocks on your door. You frantically call the police, but he's gone when they arrive. Three hours later, as you lie rigid, staring, unable to sleep, you hear a barrel being shoved under the kitchen window...the cats stare, still and alert. This time the police find him by the window...their flashlight beam illuminating the great big gun pointed at him...he has no weapon, but is carrying over $2500...still living in that fantasy perhaps, bringing money to show off to this woman, maybe thinking he found someone sympathetic because she tried to

talk to him...unaware of her fear and lies and plotting to escape...

Four nights later...again at 2 a.m., there is another knock, very soft, and you see the doorknob being tried. You peer through the peephole and see the side of someone's face...grubby, unshaven, similar to the man who raped you. You call the police, who assure you it's just a prowler, just coincidence...but you ask your boyfriend to take you out of there...and you don't return until you move out.

The experience leaves you afraid of being alone, especially at night. As the sun goes down you feel increasingly vulnerable -- locked doors and sleeping with knives and the phone in your bed don't ease the feeling. Calling emergency phone lines and getting recorded messages to call back Monday, nailing windows shut, keeping doors locked constantly and curtains closed day and night. The walls seem to be made of tissue paper..you have to force yourself to walk out the door -- even walking down Nicollet Mall at noon can be frightening; if a man looks you over you turn away, willing yourself to be ugly. Overheard conversations meant to be risque and clever sound disgusting. You feel on the bottom of the ocean, looking up at all the activity swimming by, unable to escape the pressure of the water. Gradually some of your confidence returns and you start floating to the surface after hitting bottom. It's exhilerating to feel [redacted] safe, to forget what happened, to walk down the street surrounded by people and feel anonymous. Your immediate reaction, after fear, is to indulge yourself...eating ice cream, watching witless TV comedies that normally bore you. The violence in the

news doesn't bother you but you're moved to tears by gentleness or kindness, whether artificial sentimentality or genuine emotion. You splurge on an armload of green plants and dream up small luxuries to buy.

Later you realize this was a reaching out for innocence and goodness -- buying plants, hugging your cats. Remembering them peering nervously at the rapist and you...that confused threatened innocence upset you. You related to the frightened cats...and to the rapist. You were his victim, and he was the victim of some "masculine" ideal he couldn't fulfill, or of his sickness, or the slot life put him into. Your cynicism about people increases with time -- people pressing you for lurid details; women turning away with a mental shudder, refusing to let the truth crack their invulnerability; being asked, "What color was he?" as a preface to someone's dredging up a racist comment. This appalling insensitivity, or defensive apathy, is as inhuman as the rape itself, and as hard to bear.

During this time you urgently need to talk, and find that nobody wants to listen, to be exposed to your tension and sense of awesome vulnerability, the fear and guilt and amazement at what happened. Those with good intentions refused to treat the subject openly out of fear of offending you. The only rapport you find is with a few women who can talk about their rape experience.

I think the man who raped me did so because he didn't know how to deal with his sexual needs any way except by taking someone violently. He didn't have "what it takes" -- IQ somewhere between 50 and 90, illiterate, unemployed and on relief, the only one of 7 or 8 children to make it through the 8th grade.

His family wanted him to come home; they told the investigating psychologist that they'd take care of him...his lawyer told me, "Actually, he's basically kinda likable, despite what he's done," apologizing for having defended him in court...but our system of justice requires he have defense.
The county attorney's office plea bargained with the man who raped me, and he agreed to plead guilty if they reduced the charges against him. The judge sentenced him to 0 to 10 years in Stillwater, which means he'd probably have to serve about 2 years I'm told, with little -- if any -- psychological treatment. It's very possible he'll be free on the streets in a few months. I hope he doesn't pick your neighborhood next.

I feel a complex mixture of emotions about him, and about what happened... pity for him; cynicism toward our society's attitudes about rape, rape victims, and rapists; fear of what he'll do when released into society again. According to a newspaper round-up of the murders occurring in 1972, a woman was killed in her apartment, which was just a few feet from his. The police had no proof he did it, but suspected him. I imagine that middle-aged woman struggling with this stranger, perhaps resisting a little too long, until he choked her...

I try to think positively about my rape experience and tell myself I'm stronger because of what I lived through, luckier than other women because I've been closer to the truth of life, its violence and chance, and so more prepared. But that cynicism does nothing to ease the frustration and anger I feel when I hear the phrase "relax and enjoy it" used about rape. Maybe someday our society will quit looking at rape in titillating sexual terms and start facing the violent complex act it is.

8

STATEMENT BY THE MAN WHO RAPED ME

I, --- ---, agree to all things I done in St. Paul. First after girl got off bus chase after, stick finger in back. Told lie down in grass, suck me. She were scared of me. On Grotto come to the house; the girl wasn't there so I left house. Then I came back two hours, walked up. I told her lie down on floor. I rubbed her ass with my hand. She going to like it. I walked girl down alley into garage, raped her, took her money, $23, from her. I know I was wrong. I want help. Sometime I get sick, do funny things like rape. My mind wander away from me, leave me lost, wondering what to do and where...and I need some goddamn help. I need to be in hospital so I can take some treatment...with dizzy spells, act funny. I get help soon as possible. Please help me.

The Terrible Trauma of Rape

In far too many cases, the aftermath of this ugly, proliferating crime involves indignity and humiliation for the victim. It's time for a fresh look at the laws and institutions that deal with the problem

By Carl T. Rowan and David M. Mazie

It was after midnight when Carol left the restaurant where she worked and started walking to her nearby apartment. As she passed an alley next to her building, a heavy-set man sprang out of the darkness and grabbed her. She screamed, but he pulled a knife and threatened to use it if she didn't "coöperate." The man dragged her through a back door of the building into a dimly lighted hallway and raped her.

Scenes like this occur with frightening frequency throughout the United States—in parks, alleys, parking lots, homes, apartments, elevators, college dormitories. In 1972, the most recent year with complete figures, 46,430 forcible rapes were reported—about one every 11 minutes. During that period, the highest rate increase for serious crime in America was in the category of rape. And that's only part of the story. Authorities estimate that three to five times as many rapes actually take place as are reported—which means that in 1972 there may have been as many as 230,000 rapes in this country.

As ugly as rape itself is, the most lasting scars are often emotional, not physical. And, in many instances, the very institutions of government—police, hospitals, courts—which ought to be protecting and supporting victims, are contributing, however unintentionally, to their further humiliation and mental abuse. This gantlet of emotional and physical

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challenges has begun to stir growing demands for a new look at the laws and institutions which deal with the problem. Spearheaded by women's groups, the movement is now gaining support from government officials, police, lawyers, physicians and others. "It well may be," the District of Columbia Task Force on Rape has commented, "that only by a fresh approach to the nature of the crime itself can we begin to place the needs of the victim, as well as the rights of the accused, in proper perspective."

Portrait of the Rapist. Over the years, the rapist has been viewed variously as a monster, a madman, a philanderer. In ancient Sparta, a bridegroom was *expected* to rape his bride. Under England's William the Conqueror, the crime was punishable by castration and loss of eyes. The double notion that "nice girls don't get raped" and "bad girls shouldn't complain if they do" has prevailed from Victorian days. And from time to time the idea has been put forth that women secretly *want* to be assaulted.

To protect accused rapists from being railroaded into jail, stringent safeguards were written into laws. In several American jurisdictions, testimony from the victim alone is not enough to convict a man. Corroborating evidence—bruises, torn clothing, signs of actual penetration—must be presented.

In recent years, many of the archaic ideas surrounding rape have been dispelled by studies—such as the comprehensive analysis of 646 Philadelphia rape cases conducted by criminologist Menachem Amir—which provide a clearer picture of the crime, its victims and its perpetrators. It has been found that rape occurs everywhere but is more likely to happen in big cities. In 1972, according to the FBI, 92 out of every 100,000 women in cities of 250,000 or more were reported rape victims. That's about three times higher than the rate for suburbs, and four times the rate for rural areas.

Most rapes are committed indoors—usually in or just outside the victim's or attacker's apartment or home. In a large majority of cases (71 percent in Amir's study), the attack was premeditated, and about half the time the rapist knew his victim or had seen her before. Weekends and nights, especially the hours between 8 p.m. and 2 a.m., are the most common time for rapes.

Any woman can be a target, but over 70 percent of the victims in Amir's study were under 30, and the median age was 19.6. Hitchhikers have become a favorite prey for sex attacks. In Boulder, Colo., last year, nearly 70 percent of rape victims were hitchhikers.* Women whose jobs bring them out at night, such as nurses or waitresses, run the greatest risk. More than 90 percent of all rapes are intra-racial—black against black, white against white.

While it is difficult to generalize

*See "Hitchhiking—Too Often the Last Ride," The Reader's Digest, July '73.

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about a "typical" rapist, Amir's study did find several common traits and characteristics. What emerges is a portrait of the rapist as a man 15 to 25 years old, single, unskilled or unemployed, with low education and income. He is not necessarily oversexed or lacking sexual opportunities. But he may have come from a broken home where curiosity about sex was repressed, and his personality is frequently marked by aggression, sadism or anti-social attitudes.

Who Is on Trial? To get an idea of how traumatic rape can be, and how demeaning its aftermath, let's see what happened to Carol after the rapist had fled and she had staggered to her apartment. Stunned and frightened, she sat alone for an hour, wondering whether to tell anyone. Finally, she called the police, and two officers, both men, arrived quickly. They began questioning her. Had she ever seen the assailant before? What did he say during the attack? Did he penetrate? Did he have a climax? Why didn't she call the police immediately?

The police suggested that Carol go to a hospital, where she could be examined and medical evidence could be obtained. Since many private hospitals shy away from rape cases (they are worried about getting paid, and fear that staff doctors will have to take time off to testify in court), Carol had to go to the county hospital. After reporting to the crowded emergency room, she waited an hour before an intern, who had no prior experience or special training in sexual-assault cases, examined her. A nurse perfunctorily warned of the possibilities of venereal disease. No one mentioned her emotional condition. And, a few weeks later, Carol received a bill from the hospital for the examination.

A suspect was eventually arrested, which meant that Carol had to identify him and repeat her story again before the prosecutor and a grand jury. Then came the trial itself, which many women consider the worst part of their entire ordeal. ("I felt as if *I* were on trial," is a frequent comment.)

During the trial, Carol was questioned about her sex life, her mental and physical condition after the incident, and how strenuously she had resisted her attacker. What was she thinking during the attack? Did she enjoy it? Why didn't she fight back? The prosecution's case was weakened because the intern who had examined Carol in the hospital had moved away and was not present to testify. In the end, the charges against her attacker were dismissed for lack of evidence.

Carol was amazed. She needn't have been. In 1972, according to the FBI, arrests were made in 57 percent of the reported cases of forcible rape. But only 73 percent of the adults arrested were prosecuted, and only 32 percent of these were found guilty of rape. Which means that only one reported rape in seven ended with a conviction.

Prescriptions for Change. Although it would be unfair to assume

that every policeman, doctor or lawyer who deals with rape is out to make life difficult for the victims, the overall result *is* a tremendous ordeal. With this in mind, private groups, public agencies and concerned citizens have proposed various ways to smooth the path for women who have been victimized:

Police. Special rape units, staffed in part by female officers, should be set up. A prototype is operating in New York City, where Lt. Mary L. Keefe heads the Police Department's recently established Sex Crimes Analysis Unit. It includes 14 women and is training more to work with police units in the field. Since many women find it easier to talk to female detectives, police are getting more information, more coöperation, more reporting of rapes—and thus a better chance to solve them.

Medical. The emergency services of all hospitals, private as well as public, ought to be available to treat victims. A standard set of tests should be performed, and explained to the victim by a trained counselor. In-depth follow-up counseling should also be available outside the hospital, for both the victim and her family.

At the Billings Hospital of the University of Chicago, some of these steps already are being taken. As soon as a rape patient is brought in, a chaplain is assigned to coördinate the emotional, medical and legal care she will receive. He listens to her story, then moves with her through the process of seeing a doctor, filling out the police report and getting her home. He's also available to help with follow-up treatment.

Legal. Laws containing such "safeguards" as corroborative evidence and degree of consent should be carefully reviewed with an eye toward change or elimination. Cross-examination of victims should be made as undemeaning as possible, while still protecting the rights of the accused. And punishment for the crime of rape ought to be brought in line with that for other violent crimes, which in many jurisdictions would mean a reduction of lengthy sentences. Lawyers contend that such a step would result in many more convictions, since juries are reluctant to send a man to prison for 40 years or more solely on the testimony of a complaining witness and a doctor.

Prevention and self-help. Women's anti-rape groups should play increasingly active roles in spreading advice about rape prevention and self-help. The first such group, organized by rape victims, is the Rape Crisis Center in Washington, D.C. Women who are attacked can call the Center and get information about hospitals, treatment, legal matters. The Center will also send someone out to be with a victim for support when she goes to the police or a hospital. More than a score of similar volunteer organizations have been formed in other cities, offering everything from self-defense lessons to public speakers.

In addition, a bill has been intro-

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How to Avoid, or Defend Yourself Against, Sexual Attack

- Be wary of unknown repairmen or salesmen. Ask for identification before opening your door.
- Don't broadcast the fact that you live alone or with another woman. List only your last name and initial on the mailbox and in the phone book.
- Check for suspicious-looking men before entering or leaving an elevator, and have the key to your door in hand. If attacked in an elevator, press the emergency button and as many floor buttons as you can.
- Don't walk alone at night in dark areas (alleys, parking lots, parks, etc.). When walking, keep a steady pace and look as if you know where you're going.
- If you think someone is following you, head for the nearest lighted or inhabited area. Do not go directly home if there is no adult male there.
- Before entering your car, check to see if anyone is hiding in the rear seat or on the rear floor. If you're alone in a car, keep the doors locked and the windows rolled up.
- If attacked, first try to talk the man out of raping you. You might tell him you're pregnant or that you have syphilis. Stall for time, in the hope that you will get a chance to break away or call for help.
- Weapons should be used only to provide an opportunity to flee. Possible items are: a hatpin, corkscrew, pen, keys (scrape across face or jab at neck); an umbrella (jab at neck or stomach).
- If no weapon is available, fight back physically *only* if you feel you can do so with telling effect. Your best move is a quick, hard kick or knee-lift to the groin. If your arms are free, you can jab your thumbs into the attacker's eyes. *Never* fight back if the attacker has a dangerous weapon.

duced in Congress to set up a National Center for Control and Prevention of Rape to provide public education and conduct research on rape. Local crime-prevention steps such as better street lighting and more police call boxes in high-risk areas are being increasingly urged.

A key reform would be to unify the range of services and procedures in each major city and to coördinate the many public and private groups and individuals involved. One possibility in this direction is the appointment of an ombudswoman to serve as a contact for the rape victim and as liaison among the various parties.

As USEFUL and necessary as all these steps are, they cannot provide a lasting solution. In the long run, basic attitudes about rape will have to change, old myths and biases will have to give way to sensitivity and understanding.

The Saturday Evening Post · January 28, 1967 · 35c

POST

I WAS AMBUSHED IN VIETNAM

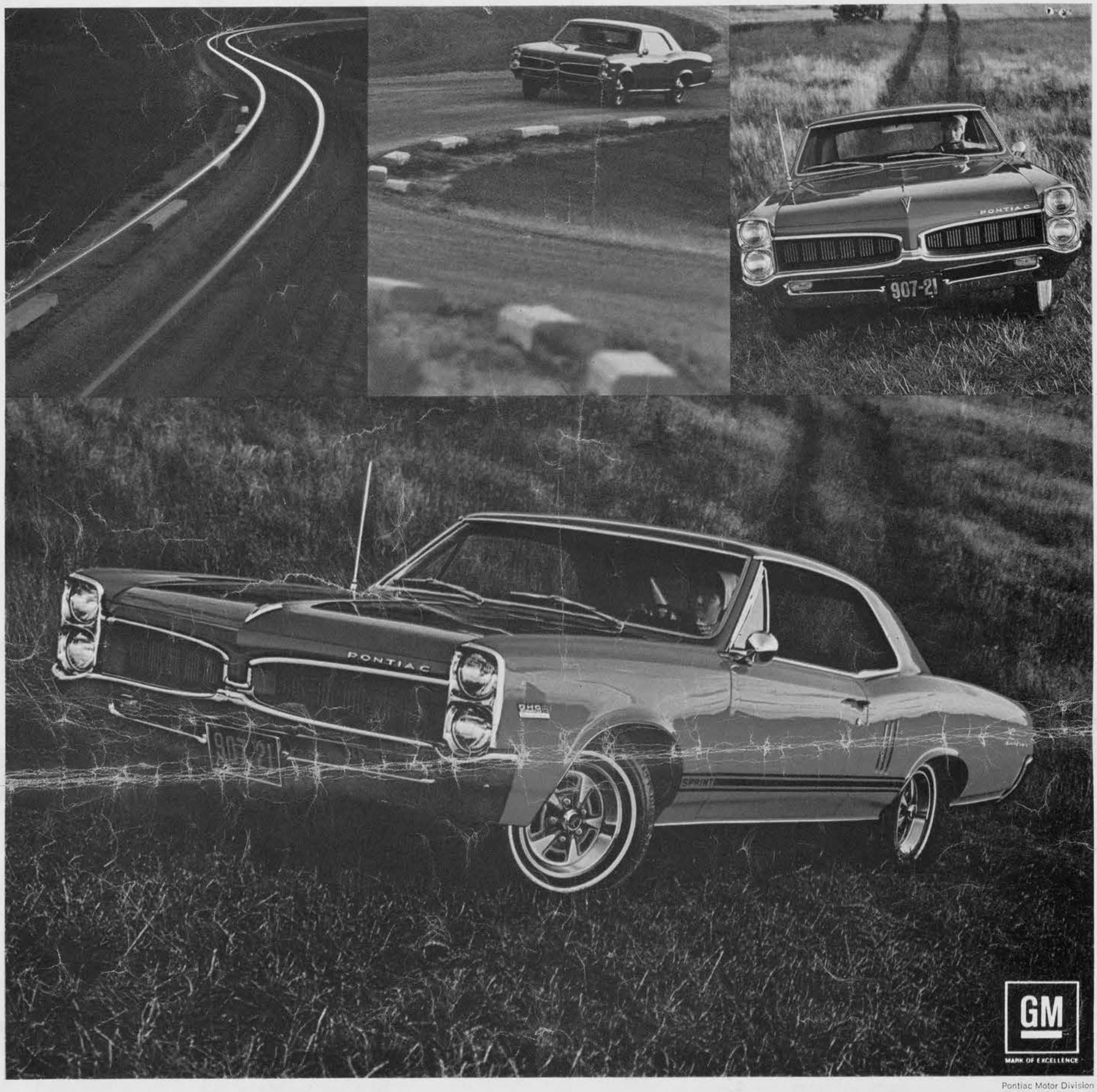
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THE SEX CRIMINAL

'I don't know why I did it...'





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THE SEX CRIMINAL

'I don't know why I did it'

The United States has the world's highest rate of sex crimes, but incredibly little is done to protect victims or rehabilitate offenders. Here is a major report on a disturbing national problem.

By JOHN KOBLER

One morning in the late winter of 1956 a group of senior psychiatrists at the Atascadero State Hospital for the Mentally Ill Offender met in the director's office to review the progress of Hugh Bion Morse. Then as now, about half the inmates of the California hospital were convicted sex offenders, and Morse belonged to that half. A blue-eyed, baby-faced ex-marine of 26, married and the father of three sons, he had a record of indecent exposure and molesting children. On his forearms were tattooed his nickname, "Chris," his wife's name, "Virginia," and the insignia of the United States Marine Corps.

The original psychiatric diagnosis, after the Los Angeles Superior Court committed Morse to Atascadero in 1955, mentioned "schizoid personality . . . personality pattern disturbance . . . inadequate personality." Morse, a genial, ingratiating patient, wrote to the director about his treatment: It has given me more determination to

He would note a name on the mailbox and then dial the victim's telephone number.

get home with my wife and children and give them the love that a husband and father should. No one realizes any more than myself that the only way this can be done is by being a man and going about it in the right way. . . . I am sure that I am able to handle myself now and in the future and make the right decisions."

The psychiatrists agreed. One of them said, "I think it is practical to say that he probably has reached the maximum benefit and should be given a trial at reality." Another added, "His mental state is that of somebody who has profited quite some from the hospital . . . he is recommended by the undersigned as a 'B' candidate, who is no longer a menace."

And so Hugh Bion Morse, who had barely begun his extraordinary series of sex crimes, had been examined and "treated" and found fit to return to society. The court placed him on probation for one year.

A native of Kansas City, Mo., Morse had been the only child of a forced marriage, a fact of which he grew painfully aware during his boyhood. The marriage took place following a charge of statutory rape against his father, his mother then being under 16. His father was an alcoholic salesman who died drunk in a barroom brawl. Destitute, his mother found work as a waitress. Hugh, she was to recall, suffered from frequent fevers and nightmares. "There was just he and I, and we were pretty close," she once said.

"I can't remember being happy since I was born," Morse said. "I've always felt no one really cared for me. My mother was always good to me, but she never seemed to be there when I needed her." His grandmother, who chiefly reared him because his mother's job kept her away so much, browbeat both Morse and his mother. "My mother would tell me I could do certain things, and then my grandmother would tell me I couldn't," Morse remembers. "She was a terror. I got this when I was five (fingering a scar on his chin). She hit me with a hammer."

"As he got older," his mother recollected, "he kept yelling at me I should marry again same as he would some day, because I wouldn't want to be alone." She eventually took a second husband, but not until her son married Virginia, a 19-year-old girl from Arkansas. Even so, Morse proved jealous of his stepfather. And as for Virginia, Morse's mother said, "She was taught that sex was nasty. I tried to teach her different."

At 17 Morse enlisted in the Army and by his own request was transferred to a paratroop unit. On a jump he fractured both ankles and hurt his spine. He served three years, leaving with a sergeant's rating and an honorable discharge, and almost immediately joined the Marine Corps. His mother attributed his subsequent emotional deterioration to the delayed effects of his parachute injuries. Virginia, whom Morse married while a marine, differed. She felt that he broke mentally under the rigors of marine training.

His first psychiatric diagnosis was made at the Great Lakes Naval Hospital in 1951, his 22nd year, after he had repeatedly gone AWOL—to be with his bride, he claimed. He returned from his fourth breakout under a suspended sentence for indecent exposure and assaulting a woman in Wilmington, N.C. Eager to quit the marines, he told the military psychiatrist he was a homosexual. The psychiatrist so diagnosed him, and an undesirable discharge followed.

Drifting to California with his wife, he worked at many different jobs—bellboy, car-wash attendant, hotel clerk, farmhand, cabbie and truck driver. In 1953 the Los Angeles police arrested him for exposing himself to two women, and he spent 90 days in a city jail.

"I don't know why or what makes me do it," he said later. "All I can say is I get a wild desire, and I go out and do it. Afterward I feel ashamed and very depressed. All my life I have always had a lot of respect for women. In jail I thought maybe I could conquer it myself. I found out that I couldn't, and I went to a doctor."

The doctor to whom Morse went after his release from jail was a Beverly Hills psychoanalyst. He saw Morse several hours a week for two months, charging him $12 an hour. "It didn't seem like he was helping me much, and it was very expensive, so I stopped going," Morse said.

Soon after, a theft of women's underclothing landed him back in jail for six months. On probation, he lured two eight-year-old girls into an alley with promises of money and candy and attempted to molest them. The court sent him to Atascadero, whose diagnostic and therapeutic techniques, during the first year of its history, were considerably less sophisticated than they since have become.

Following his release, Morse and his wife, now pregnant for the fourth time, settled briefly near Burbank, Calif. Within a few weeks he was picking women's telephone numbers out of Help Wanted ads and making obscene calls. He was arrested and sentenced to a work farm in May, 1957, winning parole in August and unconditional freedom in October. "Completed terms satisfactorily," noted his probation officer.

Virginia finally left him, taking the children to live with her mother. Her "rejection," as he thought of it, triggered in him an urge to destroy. Wandering north to Spokane, Wash., he broke into a girl's apartment and beat and raped her. She recovered. He raped and beat another girl to death with a pipe wrench. He raped and killed an old woman with the same weapon. "It got to be a habit," he said later. He raped a girl of eight, after abducting her from a street corner where she was selling mints for the Girl Scouts. The police later found her body in a wood. Morse confessed to the rape but denied the murder.

Morse's last prospective victim on the West Coast was his wife. As she lay sleeping in her mother's home at Reseda, Calif., he climbed through a window, his head hooded, and tried to strangle her. The noise roused her mother, whose screams frightened him off. Virginia had recognized him, and the Los Angeles police issued a warrant for attempted murder. But by then Morse had fled California. Interstate flight to avoid prosecution is a federal offense, and the FBI added him to its gallery of the Ten Most Wanted Fugitives.

He covered ground fast. Under nine different aliases he tore through St. Louis, Minneapolis (where he looted a woman's house), Indianapolis, Miami, Atlanta (he molested a child in the presence of her mother, whom he held off with murderous threats), Birmingham (he robbed and killed a divorcée, battering her head in with an iron pipe), New Orleans, Syracuse, St. Paul. By his count he attacked six children. To pay his way, he occasionally took on odd jobs. Mostly he stole.

In July, 1961, under the alias Darwin James Corwin, he was living in St. Paul and earning $75 a week as a car washer. He occupied a one-room efficiency apartment and impressed his landlady with his fastidiousness. Though he smoked, no ashes sullied the floor. For an ashtray he used a hollow plaster skull. His reading matter was ranged neatly on a shelf above his bed. It included *Playboy* and an illustrated book of French pornography.

Among the other tenants was an attractive, deeply religious girl, Muriel Lomas (this is not her real name). They formed a close attachment, and by no word or gesture did he ever betray the slightest aggression. They had no sexual relations. "I met him in August," she was to recall with utter bewilderment. "One night I was sitting on the front porch, and he struck up a conversation. He was very much a gentleman and had beautiful manners. He had his moods, as everyone does, but I thought he was very normal, what you'd call an all-around nice guy. He would kid me a lot about my hair being messed up or whether I was eating enough. Several times he took me downtown and bought me a meal, and I knew he couldn't afford it. Sometimes he'd drop in, and I'd throw something together. He appreciated it and complimented me quite often on my cooking . . . I wasn't in love with him and he wasn't in love with me. We were just good friends."

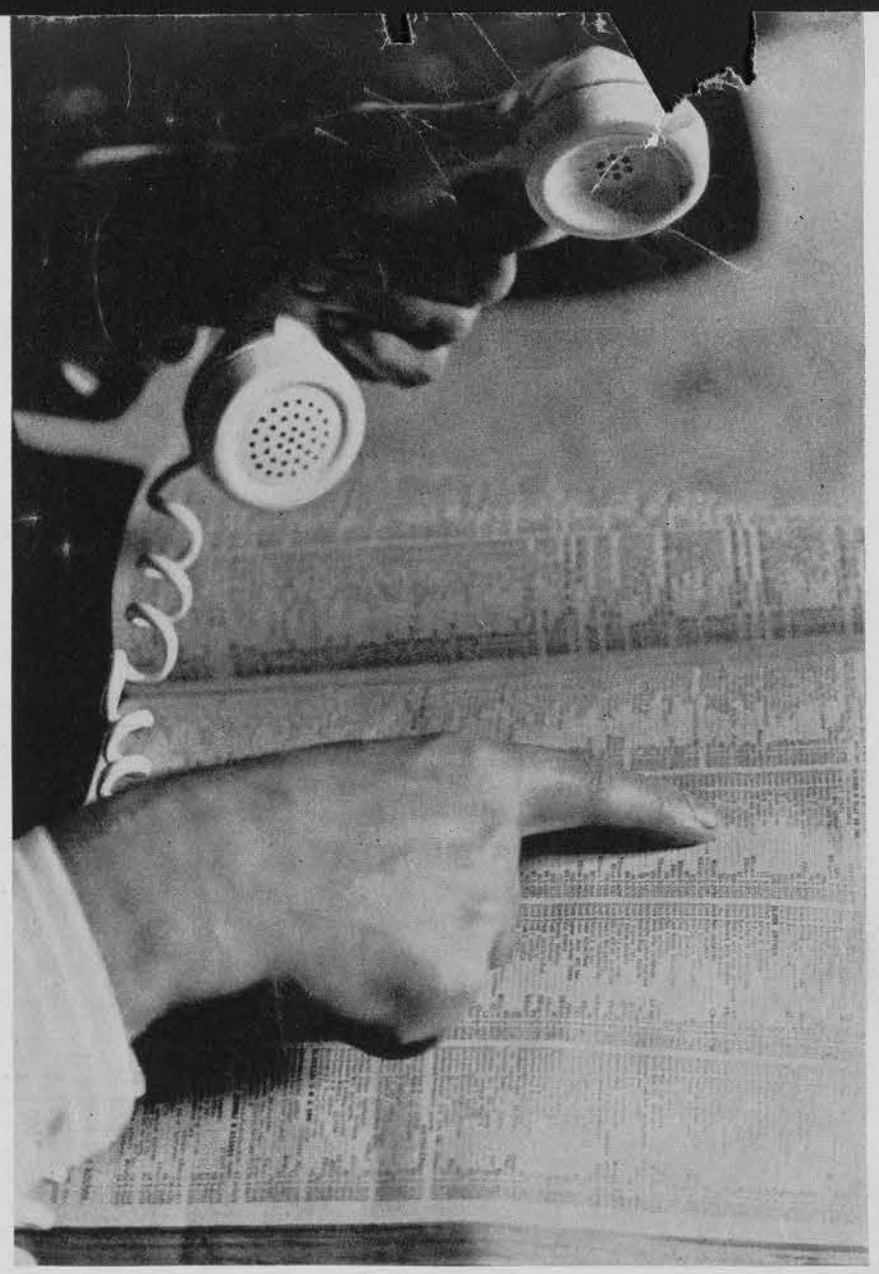
When not entertaining Muriel, Morse would prowl the city. For a burglary he would note the names of apartment dwellers on mailboxes, consult the telephone directory and dial the prospective victim's number. If nobody answered, he would return to jimmy a door or cut through a window screen. Once he encountered a poodle and almost retreated empty-handed for fear it would bark. "But I have a way with dogs, just like I do with kids," he boasted later. The youngest child he molested in St. Paul was five. He also created a minor panic with hundreds of obscene phone calls.

On September 16, a Saturday, Morse jotted down the name, Carol Ronan, from a mailbox at 587 Grand Avenue, near his building. She was a casework supervisor for the Catholic Charities Bureau, 34 years old, unmarried and living alone in a ground-floor apartment. Getting no answer to his call from a nearby telephone booth, Morse tried her door. It was unlocked. As he turned the knob, the superintendent surprised him. "I want to see Carol," Morse said. "She's not home," the superintendent replied. Morse tried again in five minutes, and again the superintendent intercepted him. "OK," said Morse, "I'll see her later."

Sunday Carol answered. "I've got the wrong number," Morse said. Her voice excited him—"sultry," he described it—and Monday night he didn't bother to call her first. He changed into green slacks, a sweat shirt and sneakers. He wrapped mending tape around a steel padlock and drew a wool stocking over that. He reached Carol's door at about 4:30 A.M. Once more he found it unlocked. She was asleep on a studio couch, her head a few inches from the door. Morse brought the padlock crashing down on her skull. He was stuffing a wash rag into her mouth when she came to, moaning. He struck again, fracturing her skull. She still struggled. He choked her first with his hands, then looped a nylon stocking around her throat. With its mate he bound her wrists. Another blow shattered a rib. When she moved no more, he

Photographs by Jacques Lowe





raped her. He left after taking a wristwatch and five dollars from her purse. Back at his apartment he carefully burned his blood-spattered clothes in the incinerator.

The superintendent discovered Carol's naked, broken body late next morning, after her employer, puzzled by her absence, telephoned him. Morse and Muriel heard the news together that evening while listening to the radio. She jokingly taxed him with the murder. He chuckled and changed the subject.

A month passed as the St. Paul police followed a series of cold trails. Then, in Washington, D.C., an astonishing coincidence spurred the FBI into action. A vacationing St. Paul hospital nurse, taking a guided tour of FBI headquarters, spotted a handsome, boyish face among the photographs of the Ten Most Wanted Fugitives. "I know him!" she cried. "We live in the same building." It was Morse. That evening FBI agents rang his doorbell. He had been sleeping, and he answered the door in the nude. Under his mattress they found a knife, a straight-edge razor and a .25 caliber automatic. He put up no resistance. To the FBI agents and the local police he coolly admitted killing Carol Ronan and recounted a host of other crimes, including some that nobody suspected.

A curious phenomenon common to many horrendous murder cases is the number of people who have kind words to say about the killer and can't believe him guilty. Morse was no exception. "I think of him as I knew him, as a friend," said the hospital nurse. "He always appeared to be so nice." His landlady: "He was a gentleman. Never did anything out of the way." His boss at the car wash: "A steady worker. We can't say anything against him." The bewildered Muriel took it hardest. She could neither eat nor sleep. "If he repents his sins," she said, "I hope to see him in heaven."

Morse's plea of guilty to second-degree murder, which eliminated the need to prove premeditation, made a life sentence mandatory. But since he would be eligible for parole in 20 years, District Judge Robert V. Rensch imposed an additional life sentence, to run consecutively, for first-degree burglary, to which Morse had also pleaded guilty. In any event, even if paroled, he is unlikely to remain at large because Alabama and Washington also have filed murder charges against him.

Deploring the dearth of knowledge about sex criminals, Judge Rensch asked psychiatrists at the University of Minnesota to examine Morse before imprisonment. "It might help toward saving other lives," he said. "If it goes toward saving even one, it would be worthwhile."

At Atascadero, meantime, the psychiatrists revised the prognosis made five years earlier. "From the record data," they now said, "there appears insufficient basis for predicting homicide; however, the pathological symptoms suggested that the patient might be a sexual recidivist with mounting preference for direct contact with victims rather than satisfied with the distant factor of indecent exposure and lewd telephone calls."

One of the Minnesota psychiatrists said, "Tests could have shown Morse was extremely dangerous and destructive." The university's director of clinical psychology, Starke R. Hathaway, who developed the Minnesota Multiphasic Personality Inventory, used the world over to classify psychotic types, disagreed. "No test yet devised," he said, "will surely detect psychopathic deviations." In the short time available to them the Minnesota psychiatrists could only confirm that Morse was not insane within the meaning of the law.

While awaiting transfer from the county jail to the state prison at Stillwater, Morse was allowed to talk to reporters. As he harked back to his crimes, groping incoherently for the motive, he mingled humility with vainglory. "I feel the way about it everyone does, a feeling of revulsion." He blamed it all on rejection by women, but hastened to add that they never rejected him sexually. They failed him in other respects, he said. They withheld the affection he needed. "Every time I found what I wanted, it would change, I wouldn't have it any more. Maybe it was because they didn't live up to my expectations. I guess I wanted to hurt a woman, sort of as a symbol. I wanted them to be just the way I wanted, so they wouldn't have any will of their own. I don't know, it's hard to explain. I don't think I intended rape. I just wanted to hurt them . . . I'm sorry for what I've done. But what can I say? Nothing I could say now would comfort anyone. I'd gladly take Carol's place, if I could, or any of the others." Referring to the psychiatrists' examination, he echoed Judge Rensch's sentiments. "I hope what they learned may keep someone else from ending up this way," he said.

At Stillwater, Morse became suicidal. He tried to open his veins and cut his throat with a hobby-craft knife. Knowing his atrocious history, one may find it hard to care what happens to him. Yet Morse and his ilk—a Caryl Chessman, a "Boston Strangler"—are treasures to be zealously preserved. For if fully, scientifically exploited, they might advance our meager knowledge of sexual aberrations, enabling us to recognize early symptoms in others before they despoil children, rape or kill. "Those who are executed carry the secret of their illness with them," complained the late Dr. Benjamin Karpman, chief psychotherapist of Washington's St. Elizabeth's Hospital, "and when imprisoned, they are not studied. How far would physical medicine have progressed if doctors were not allowed to learn anything about the pathology of disease?" The late Dr. Manfred S. Guttmacher, renowned

Strangers are not the only threat to a child.

chief medical officer of Baltimore's Supreme Bench, appealed for "scientifically controlled studies along psychoanalytical lines."

But, like most prisons throughout the country, Stillwater has insufficient research facilities, let alone a staff of therapists to treat sex offenders—116 of them serving sentence in Stillwater at a recent count. Its only consulting psychiatrist visits the place one day a week. Up to the time of this writing, he had never seen Morse.

Who is the John Doe of sex offenders? His portrait, as it emerges from statistical sources, shows a man 35 years old, of pleasant-enough looks, good physical health and medium intelligence. He stands about five feet, nine inches tall and weighs 157 pounds. Race: white. Religion: Protestant. His religious attitudes are conventional; he accepts organized worship. He is native-born and comes from a broken home. His parents were in the low-income bracket and undereducated. He got along poorly with both of them, but preferred his mother, incorporating her values into his personality. He acquired his early knowledge of sex from outsiders. His first coital experience, at 17, produced more anxiety than pleasure. His regular sex life began later than the average, after his 20th year. He went to high school but didn't graduate. He is a war veteran and a semi-skilled worker, who was first employed at 16. He has a wife and two children. He married impulsively a girl he had known a few weeks. She, too, is emotionally unstable. Without self-confidence, he believes her superior to himself. They fail to satisfy each other sexually. John Doe doesn't gamble. He takes no drugs. He smokes moderately and seldom drinks to excess. Sometimes, however, he is under the influence of alcohol when he commits his offenses. He is exaggeratedly preoccupied with cleanliness and order. He belongs to no organized social groups and has no intimate friends. Competitive sports and games don't appeal to him. He likes mechanical gadgets, movies and art, though he is not artistically gifted. His emotional impairments differ in degree rather than kind from those of law-abiding neurotics and even many "normal" people.

The United States has the world's highest incidence of sex crimes, but we can only conjecture about the indigenous forces that create the sex criminal. One answer may lie in the Puritan heritage that lingers in the United States despite the modern license of expression and morals. Summarizing the convictions of his psychiatric colleagues, Dr. Karpman reported: "The most constant finding is a Puritanical attitude toward sexual matters in the offender and in his family. . . . The American social culture is repressive and inconsistent. . . . It is little wonder that sex becomes associated in the child's mind with all sorts of emotional distortions. . . . Sexual maladjustments would not occur if children were exposed to proper adult attitudes."

From his prison experience of 35 years Clinton P. Duffy, former warden of San Quentin, concludes, "Nowhere else is there such anxiety, such confusion, such a mass of guilt complexes regarding sex. And nowhere else are there so many sex offenders. In other countries conversation about sex is open and untrammeled in front of children, who grow up with none of the guilty feelings and unhealthy curiosities that so many of our children have. The secrets we keep from our children fan emotions that are accentuated rather than offset by our crass lack of secrecy in public. All our display is general, but our horror of sex as it relates to any of us in particular is so deep-seated that most of our rape victims would rather drop charges than testify against their attackers."

Other probable contributory factors include the rootlessness of American society and the looseness of family ties. No hurt so scars a child emotionally, not poverty nor illness, as the collapse of a warm, fixed center of existence. Sex offenders, according to the Karpman résumé, are what they are because they were denied two fundamental human needs—security and affection. A Michigan study of criminal deviates revealed that they all suffered from emotional deprivation in childhood. Unable to identify with their parents, they couldn't identify with society. Significantly, among the country's Oriental minorities, with their domestic and communal cohesion, the rate of sex offenses is negligible. A California child-guidance authority says, "If a Chinese or Japanese kid strays, not only his family but the whole neighborhood rallies around to set him straight."

Popular notions to the contrary, rapist-killers like Hugh Bion Morse are rare phenomena. Violent sex crimes in general occur less frequently than the headlines suggest. Even rapists, who, according to the FBI's annual Uniform Crime Reports, claimed 22,470 victims in 1965, form a small percentage of all dangerous sex criminals. The dangerous criminal might be defined as one who threatens life and limb, or, in the case of children, their normal emotional growth—not nonaggressive deviates, Peeping Toms, exhibitionists (before adults), transvestites, and homosexuals with consenting partners. However morally reprehensible, they harm nobody.

For reasons never convincingly explained, women commit so few dangerous sex crimes that they scarcely figure in studies of the problem. Men outnumber women 7 to 1 in every category of serious crimes. Dr. Karpman can only suggest the obvious: "Women are more repressed, men more aggressive." Dr. Ralph Brancale, director of the New Jersey Diagnostic Center since its inception 18 years ago, speculates: "The male offender is usually trying to reassure himself about his masculinity. When feeling unloved or rejected, he discharges his resentment through physical aggression. Women, naturally passive, receptive and anatomically unequipped for sexual violence, are likelier to do so through prostitution."

By far the most common type of dangerous sex criminal, accounting for perhaps 75 percent of the total, are the child molesters—in technical parlance, pedophiles, whose practices range from furtive fondling to forcible penetration and sometimes murder. For a special study John Gagnon of the Kinsey Institute interviewed 4,500 women. Twenty-five percent, he discovered, had been subjected, at some time between the ages of 4 and 13, to one of a variety of sexual experiences from exhibitionism to direct contact. Projecting that percentage into the country's 4-to-13 age group, numbering two million, Gagnon estimated the total at 500,000 a year. The Children's Division of the American Humane Association, basing its figures on the average annual number of victims under 16 in New York City (3,000 to 4,000), puts the national figure close to a million.

One night not long ago Capt. William Richey, who heads the Juvenile Division of the Los Angeles Police Department, paced his office on Georgia Street, near a dilapidated neighborhood, shaking his head in despair. "Right this minute," he said, "there are probably fifty degenerates on the prowl for kids around here. We



Surveys show that too often the offender is a relative or a close friend of the family.

had over five hundred cases of brutality last year, largely with sexual overtones." Some authorities have cited California as a model state in its handling of sex offenders, but Richey said, "If it is, God help the rest of the country."

Recently, Brooklyn's P.S. 213 kept its street doors locked during school hours, forbade girls to leave their classes alone, and had teachers' aides patrol the corridors, after an unidentified prowler molested two first-graders and tried to rape a third in the washroom. A delegation of mothers stormed City Hall to demand safeguards. "Our children are living in a state of terror," said one. "Many of them don't even want to go to school."

In the Queens section of New York City a mother dropped her 7-year-old daughter off at church for a Brownie meeting. A handyman led the child to the basement, attempted rape, choked her to death and crammed her body into the furnace "so she couldn't tell." Four psychiatrists testified he was sane, four others that he was insane. The sentence: 20 years to life. In the upper reaches of New York City two children were raped and killed within the same hour. The first, age 7, was strangled in a Harlem tenement. The police arrested a jobless junkie. The second, a 9-year-old paralytic, was thrown out of a fifth-floor window in the Bronx, allegedly by an ex-convict with a previous conviction for a sex offense. Both accused have been held without bail since September.

Pediatric clinics serving New York's slum sections treat, on the average, two or three raped children a week, their bodies lacerated, their minds numbed. But pedophilia is not peculiar to slums. Though the poor, the uneducated, the castoffs make up the majority, child molesters exist at every social, economic and professional level and in every age bracket. They include businessmen, doctors, lawyers, teachers, clergy.

Toward the end of an April afternoon last year three small girls were ambling down Longwood Avenue in Westbury, Long Island. A blue station wagon drew up, and the driver, a blond burly man of about 30, wearing dark, horn-rimmed glasses, a black broadcloth suit and a collarless shirt, beckoned to 7-year-old Susie Raymond (which is not her name). As her playmates watched, he flipped open an address book and asked her for a street direction. Presently Susie scrambled into the front seat beside him, and he drove off. When her puzzled friends got home, they told their parents, who called the police. They had good reason. The area was rife with rumors of sexual crimes against children.

When police radio cars reached Longwood Avenue and detectives began asking people there if they had seen a blue station wagon, some boys with cars of their own decided to help trace it. They spotted it in a parking lot behind a high school. The driver drove off as they approached, but they forced him to the curb. Susie was crying. So was the driver. "I didn't hurt her," he said, and begged the boys not to hurt him.

The detectives, arriving a moment later, recognized the Rev. Harold L. Elliott, a guitar-playing, folk-singing assistant pastor at the Episcopal Christ Church in nearby Babylon. With his wife and 4-year-old daughter he had moved to Long Island the year before from a West Virginia parish. Since his transfer 39 sex offenses had been reported to the police of Nassau and Suffolk counties. Several complainants mentioned a blue station wagon. On at least four occasions detectives suspected Elliott, but ruled him out because they couldn't conceive a minister to be guilty of such evil.

The minister, it developed, had a history of sex offenses, which was known to his church superiors. A North Carolinian by birth, he attended New York's Adelphi University, graduating with a B.A. in 1956. Ordained three years later, he assisted the rector of a St. James, Long Island, church as a curate until 1962. (The rector recalls, "He was quite normal. There was no trouble while he was here.") After St. James he became a pastor in Ravenswood, W. Va. He was arrested near there for exposing himself to two teen-age girls, but by forfeiting bond he avoided a hearing. The bishop of his diocese, the Right Rev. Wilburn C. Campbell, immediately transferred him to Keyser, W. Va. Slipping across the state line to Levale, Md., one day, he again exposed himself to children. The police believed him guilty of 40 similar offenses. With official cooperation Bishop Campbell managed to suppress news of the arrest. The charges were dropped upon his assurance that Elliott would receive psychiatric treatment. The pastor and his family left Keyser the same night, and the bishop thanked the Maryland state attorney for sparing the church notoriety by his "delicate handling" of the case. Elliott's successor in Keyser said of him later, "He was a very likable guy. Many church members regarded him highly." (This opinion was shared by some Babylon parishioners, who said: "A great guy, a born leader. . . . He is very witty and athletic. . . . We like him very much.")

Bishop Campbell removed Elliott's police record from the diocesan files and, stripping him of all ecclesiastical functions, shipped him off to work as a gardener for the Zion Episcopal Church in Douglaston, Long Island, while he underwent private psychiatric treatment. A year later, considered cured, he was restored to pastoral duties and assigned to Christ Church in Babylon. When, after his arrest, reporters asked Bishop Campbell whether he alerted the Long Island church officials to Elliott's history, and what precautions they took to protect the children of their communities, he replied, "None of your business."

After his arrest in Long Island, Elliott's wife, who knew her husband's past, collapsed in tears at the police station as she told how she would fearfully count the hours he spent outside his home and church. From the minister himself the police learned that he seldom varied his procedure, cruising in his station wagon and using his address book to trap his prey. He always took off his clerical collar, putting it back right afterward.

He was booked for sodomy and carnal abuse. The indictment in Nassau County's First District Court, followed by a second indictment in Suffolk County, specified that he not only molested Susie Raymond but enticed another child into his car to watch the act.

Two psychiatric examinations satisfied the court as to his competence to stand trial, and he was released in $25,000 bail. Last November, in the Nassau court, he pleaded guilty. He received a five-to-ten-year suspended sentence and was committed for psychiatric care to the state hospital at Central Islip. Meanwhile, the church had unfrocked Elliott.

What becomes of the pedophile's victims? "They are forgotten," says Vincent de Francis, a Denver lawyer who directs the Humane Association's Children's Division. They are children "whose presence, whose condition and whose cry for help is unrecognized or ignored." They may suffer more from efforts to catch the criminal than from the crime itself. Under public pressure to punish the despoiler, the authorities question the child, take her before a magistrate, a grand jury, a trial judge, expose her to cross-examinations and the gaze of 12 jurors and an audience. The constant prodding to describe what happened to her in the most minute, sordid detail magnifies the child's fear and shame. The parents' attitude often compounds the damage. "They are also victims," says de Francis. "They feel threatened. Their self-esteem is lowered. They are anxious about what the neighbors may say. Their inexperience with problems of this kind frightens them. Sometimes their frustration is turned in angry blame toward the child." Between the parents and the law, the child may be marked for life.

A few communities have adopted a program formulated by the Society for the Prevention of Cruelty to Children. By arrangement with the police and prosecutor, a social agency conducts the preliminary investigation. A sensitive caseworker of the same sex gently questions the child and her family at home, then submits a brief to the district attorney. If a court appearance is unavoidable, the caseworker prepares the child for it psychologically, never leaves her side, opposes a jury trial and tries to persuade the judge to hear the case in his chambers. In most communities, however, the child is caught up in the unrelenting cogwheels of legal machinery.

Since last June, de Francis and a New York sociologist, Sol Chaneles, have been codirectors of a project to seek ways of reducing that emotional damage. With an $80,000-a-year grant from the U.S. Children's Bureau, they began a pilot study in Brooklyn of some 500 child victims and their families. The findings to date, corroborated by many other surveys, shatter some widespread illusions. In 83 percent of the cases, they discovered, the offender was a member of the child's immediate environment, a close family friend or often a relative by blood or marriage. One out of four offenses was incest.

It follows that educational campaigns to make children wary of strangers miss a large part of the target. During the last 10 years the FBI has disseminated 35 million "color me" posters, depicting a pig-tailed tot skipping toward a tree where a sinister figure lurks with a bag labeled CANDY. "Turn down gifts from strangers," the caption warns, without explaining why. "Refuse rides from strangers. Avoid dark and lonely streets. Know your policeman." In Phoenix, Ariz., the police distribute comic books illustrating gambits of the child molester. In St. Petersburg, Fla., a ventriloquist's dummy named "Gabby" lectures to school children. But he never mentions sex. "The likely effect," says Chaneles, "is to instill a paranoid mistrust of grownups."

More to the point, he and de Francis agree, would be adult reeducation. The community, they insist, should learn that men known to their prey commit the majority of sex crimes against children. They press for two major reforms: (1) modify legal procedures to make convictions easier with the minimum involvement of the victims; (2) organize local services to soften the child's torment and relieve the family's sense of humiliation.

Endless questioning by the police and courts magnifies the child's fear and shame.

THE SEX CRIMINAL

In trying to deal with the sex offenders, society has encountered repeated conflicts between psychiatry and the law, particularly on the question of whether the criminal is insane. Insane, as the law defines it, has no meaning for psychiatry, which prefers the term "psychotic." The 19th-century M'Naghten test, still applied in 44 states though widely derided as obsolete, doesn't really test sanity at all but criminal responsibility. The accused is "insane" if he "was laboring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or, if he did know it, he did not know he was doing what was wrong." Psychiatry, on the other hand, acknowledges that, even though the accused is able to draw the distinction, he may yet be unable to choose the right course. The mere capacity for not confusing good and evil is not evidence of sound mental health.

Vermont, Illinois, Missouri, New York, Kentucky and Wisconsin have substituted, in whole or in part, the test recommended in 1955 by the American Law Institute's Model Penal Code, which holds a defendant not responsible, "if as a result of mental disease or defect he lacks substantial capacity either to appreciate the criminality of his conduct or to conform to the requirements of the law." But seldom do law and psychiatry speak the same language, the former aiming primarily to protect society against the mentally sick offender, the latter to heal him.

Since 1936, a total of 31 states and the District of Columbia have enacted "sexual-psychopath" statutes. On the whole they tend away from the punitive tradition. Sexual psychopaths, they imply, are sick people who should get medical care. The penological approach has dismally failed to achieve either of the aims of a civilized society: to protect the public and rehabilitate the offender. The new statutes shift a large share of the burden to psychiatry. Twenty-three of them empower the courts to sentence a psychopath to a sentence of one day to life, whatever period necessary until he is cured and no longer a menace. Eight states allow such commitments on a mere charge of crime or even suspicion of a bent toward it.

The intent is humane but the performance a mockery. For the legislators impute to psychiatry a prognostic skill which will develop only after a great deal more research, if ever. They act as if treatment facilities exist. With rare exceptions they don't. Few states have implemented the statutes. Florida flatly stipulates commitment to "the newly created state-research and treatment center." A purely imaginary place. No funds were ever appropriated.

The country's entire correctional system numbers the equivalent of 133 full-time psychiatrists. The shortage is not surprising. Working in the bleak prison atmospheres, they earn, at the top, from about $18,000 to $22,000 a year. A skilled private practitioner, receiving patients in the comfort of his office, may earn two to three times as much. Who but an idealist, a novice or an incompetent would choose to fill a state post?

Statutes that permit indefinite detention in the name of treatment, where no treatment is available, that create a special class of prisoner-patient, but fail to provide anything more than custody, are gross violations of human rights. They become mere contrivances to inflict longer incarceration than otherwise possible. The voyeur, one of the hardest types of deviate to treat under even optimum conditions, could, in some states, finish his days behind bars without ever talking to a psychiatrist. As a result many courts refuse to invoke an indeterminate sentence and impose a fixed term. In his brisk, blunt style former Kings County (N.Y.) Judge Samuel S. Leibowitz once summed it up. The defendant before him was an 18-year-old child molester. "He is a sex psychopath. He needs psychiatric treatment. I have no place to send him but jail." He gave him three years.

The fixed sentence is no solution either. It guarantees society only temporary security. If psychiatry, with all its shortcomings, can modify some criminal perversions—a reasonable supposition in view of its frequent successes—then the failure to apply it widely is a costly omission. When the untreated offender does go free, he may be as dangerous as the day he entered prison and, with his pent-up hatreds, probably more so.

Semantic chaos also weakens the statutes and divides the psychiatrists. What is a "sexual psychopath," or, to use the currently fashionable term, "sociopath"? The New Jersey State Commission on Habitual Sex Offenders asked 29 medical experts to define it, and got 29 different answers. Legal definitions, varying from state to state, shed even less light. They agree only that the sexual psychopath is neither "insane nor feebleminded." In language shimmering with ambiguity, Nebraska describes him as "any person who by a course of misconduct in sexual affairs has evidenced an utter lack of power to control his sexual impulses and who, as a result, is likely to attack or otherwise inflict injury, pain or other evil on the objects of his uncontrolled and uncontrollable desires." New Hampshire identifies him by his "emotional instability or impulsiveness of behavior, or lack of customary standards of good judgment." The state of Washington says anybody "affected in a form of psychoneurosis or in a form of . . . psychopathic personality, which form disposes such person to the commission of sexual offenses in a degree constituting him a menace to the health or safety of others." Many states have simply discarded the term, replacing it with "sexually dangerous person," "mentally ill" or "mentally disordered sex offender," or "sex offender."

On practically every major aspect of sexual criminality the experts are split. Compared to their panel discussions, a session of the United Nations sounds like an orgy of acquiescence. Can psychiatry foretell the sex offender's conduct after treatment? During a symposium in Philadelphia a few years ago Prof. Caleb Foote of the University of Pennsylvania Law School said he had found no evidence which would allow him to appraise the accuracy of psychiatric predictions about an offender's future conduct. But Dr. Herbert C. Modlin of the Menninger Clinic said, "Prognosis is one of our daily tasks, and I do not see that it is particularly different with sex offenders. . . . We make fewer mistakes than those who follow the discipline of common-sense psychology."

In his exhaustive review of the literature on sex offenders Dr. Karpman quoted a member of the Pennsylvania Board of Pardons and Parole as stating, "Nearly every case can be recognized in early childhood." But according to a Michigan report, "Psychiatrists and criminologists believe it impossible to tell whether a child will become a deviate." How does the childhood history of sex offenders differ from that of the normal person? At a Maryland state hospital conference Dr. Leopold E. Wexberg claimed it didn't. But Dr. Karpman retorted, "Without exception their problems go into early childhood."

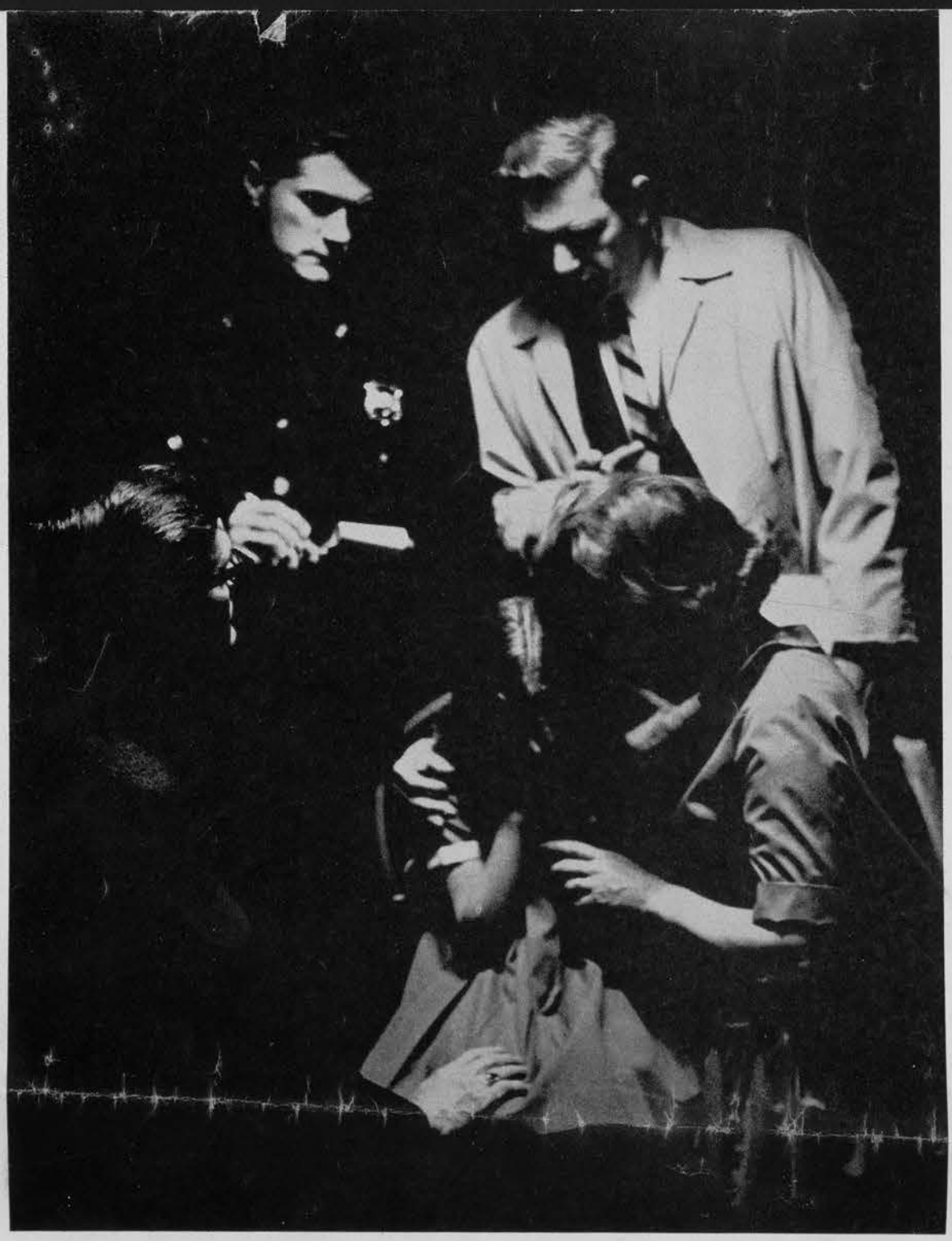
The Harvard Law School criminologists, Sheldon and Eleanor Glueck, gave a demonstration of their theory that potential delinquents can be identified as early as the fifth to sixth year. Working backward from data on 500 delinquent and 500 nondelinquent boys of the same age, I.Q., ethnic origin and neighborhood conditions, they used 400 factors to compare the two groups. From those factors that sharply differentiated the groups in early childhood they selected five: father's discipline, mother's supervision, father's affection, mother's affection and family cohesiveness. They scored each boy on each factor, noting the comparative incidence of delinquency between the two groups. For example, 83.2 percent who had been poorly supervised by their mothers were delinquent, and that percentage became the prediction-score rating for factor No. 2. Finally, from the sum of percentages, the Gluecks constructed their famous Social Prediction Table.

They published it in 1950. Two years later psychologists and social caseworkers of the New York City Youth Board tested it. Reducing the factors to three, mother's discipline (instead of father's, taking into account the likelihood of broken homes), mother's supervision and family cohesiveness, they focused on 301 first-grade boys in public school. After analyzing family backgrounds, they identified 33 as future delinquents, 243 as nondelinquents and gave 25 an even chance. They then followed the boys for 10 years. By 1962 all but five in the delinquent and seven in the nondelinquent group had behaved as predicted. Of the even-chance group nine had been delinquent.

By itself the Glueck table can yield no inkling to future sexual behavior. But if the delinquency factors are present in combination with such signs as sadistic cruelty to animals or to other children, excessive precocious sexuality without guilt feelings, hostility to adult control, the shadow of the future criminal deviate looms large, and therapy would seem imperative.

To compound the general confusion, a noted psychoanalyst, Dr. Ludwig Eidelberg, whose book, *The Dark Urge*, probes the rapists' fantasies, challenges the ability of psychotherapy to cure the sex offender at any age. "It's just a modified, superficial form of psychoanalysis," he maintains. "Cure means changing the total personality, and only psychoanalysis can accomplish that. Also, the patient must be willing."

What further beclouds the problem of sex crime is the profusion of popular misbeliefs, many of them shared by legislators, judges and the police. "The sex offender," wrote Dr. David Abrahamsen of Columbia University's Psychiatric Institute, "is the most emotionally and mentally disturbed of all criminals because his problem reaches to the roots of his most basic and primitive impulses." So, probably, does the community's panicky reaction to those crimes reach to the roots of its own primitive impulses. No criminal, not the professional killer, the kidnaper, the dope pusher, arouses deeper fear and hatred.



A prevalent psychological theory holds that normal people, having many of the same mechanisms as the sex offender, but coping with them through strong repression, project their repressive mechanism on him, saying, in effect, "I control myself. This loathsome animal doesn't." Whatever the psychological reason, the intense emotionalism breeds myths. Some examples:

Most sex criminals are homicidal. The fact: Comparatively few sex offenders use force. According to large-scale statistical samples by Kinsey and others, the dangerous ones—the rapists, child molesters and sadists—represent between 5 percent and 10 percent of the total convicted. Murderous perverts are scarcer still, and these few don't necessarily kill because their perversion compels them to, but to avoid discovery. The late criminologist, Edwin H. Sutherland, reviewing homicides in America over a three-year period, concluded that people stand an infinitely greater chance of being murdered by a close relative than by an unknown "sex fiend."

Sex offenders rate high as repeaters. The fact: They have one of the lowest recidivist rates of all criminal types. In a recent random FBI sampling of 67,344 repeaters, broken down into 10 categories, the sex offenders, 2,120 of them, formed the second smallest category after murderers. A tabulation by the New Jersey Diagnostic Center, covering 1,206 sex offenders, showed that barely a fourth had ever been arrested before for the same offense and about half for any offense. Studies in New York, Pennsylvania, Minnesota and California arrived at almost the same or even lower percentages. As for behavior after prison, of 3,423 sex offenders, released in Pennsylvania between 1947 and 1962, only 19.8 percent violated their parole. Less than five percent repeated their original offense. The rest were returned either for nonsexual crimes or infractions of parole rules. The violation rate for all parolees was 33 percent, with 18 percent repeating the same crime.

Sex crimes have been steadily rising. The fact: No proof exists either way. The FBI Uniform Crime Reports figure of 22,470 forcible rapes in 1965, supposedly representing a 36 percent increase since 1960, is open to debate. It could be too high because the local police data from which the FBI compiles its statistics do not consistently include the final disposition of cases. A "forcible rape" may have involved no force whatever. Sometimes it happens only in the fantasy of a neurotic woman. False accusations may also be lodged by rejected women craving vengeance, by blackmailers, by parents of a pregnant daughter whom the culprit refused to marry. In a single month last year the Washington, D.C., police investigated 89 complaints. Fifty-six proved unfounded. As an alibi for staying out late, a teenager said she had been assaulted, and her mother called the police. An Army officer's wife who became pregnant during her husband's absence filed a rape charge so she could show him an official confirmation. She didn't get it. Roughly a third of the 3,386 rape cases more fully reported to the FBI in 1965 ended in dismissal or acquittal. The year before, the figure for New York City was 1,145. Convictions: 22, including statutory rape.

Yet the FBI figure could be too low because innumerable rape victims shrink from testifying. Legal fictions further obscure the truth. It is a time-honored expedient of prosecutors, when conviction by a jury seems chancy, to let the defendant plead guilty to a lesser charge. Thus "felonious assault, third degree" may mask the real crime.

Evidence of a rise in crime rates is equally hard to verify. Some statisticians ascribe the apparent increase partly to improved methods of detection, partly to better police reporting. Is there really more crime, or are more criminals being arrested and more cases tallied? One of the most startling FBI figures indicates a 70 percent jump from 1964 to 1965 in Baltimore crime. A discreet footnote, however, invalidates any comparison. In 1964, it was discovered, the Baltimore police simply failed to tabulate several thousand cases. A recent monograph of the National Parole Institutes goes so far as to suggest a decline in crimes of violence.

The myth of sex-crime waves periodically sweeping the country is not substantiated either. A few sensational headlines appearing within a short span of time suffice to produce the illusion. When a "Boston Strangler" rivets the nation's attention, city editors tend to highlight other sex crimes which they would normally relegate to a back page. The police, goaded into sharper vigilance, haul in every known sex offender.

Sex offenders progress from bad to worse offenses. The fact: They usually stick to whatever practice initially brought them satisfaction. The voyeur seldom shifts to exhibitionism or the exhibitionist to rape. Hugh Bion Morse was exceptional in this respect. Dr. Guttmacher, who studied thousands of cases, said that the sex offender permanently adopts the kind of deviation best suited to relieve his unconscious needs. "He is conditioned to it, and he is very unlikely to seek other methods."

Sex criminals are oversexed. The fact: The majority are undersexed when not impotent. It is their very sexual inadequacy for which they try to compensate through their offense. The pedophile reverts to infantile sex play because he is fixated in some childhood experience and so unable to fulfill the demands of a mature relationship. With children he feels secure, unchallenged. When the Kinsey researchers, preparing their study of sex offenders, asked exhibitionists what they would do if a woman showed interest, a frequent answer was, "Well, I don't know. I guess I'd run away."

Psychiatrists classify several types of rapists by motivation. One main type, perfectly potent—"not the true psychopathic sex offender"—is the total criminal who grabs whatever his fancy dictates, rape being merely another kind of plunder. Another type, hating women because he can't love them, tries to prove his virility by aggression. He derives relief of his tension less from the act of intercourse than from exercising power over women. Many rapists can't achieve potency unless the victim resists. (*continued on page 42*)



Departing cruisers clutch champagne and wave happily as their "floating pleasure dome" prepares to cast off.



THIRTEEN MAD DAYS AND PASSIONATE NIGHTS LOOSE IN THE ANTILLES

In which we seek to answer the age-old question: Can an aging Vassar graduate find love and happiness on a Bachelor Cruise in the Caribbean?

By ANNE CHAMBERLIN / Photographs by Harvey Lloyd

It was my 10th blissful day afloat on the balmy Caribbean. I could see it out there through my cabin window, fanned by soft, unpolluted salt breezes, as blue and sparkling as a color postcard. I could imagine my friends back in Washington, scraping the ice off their windshields and cursing as they pictured me in a deck chair, slathered in scented oils, turning an irritating shade of tan. Only what I was really doing was wrapping a Band-Aid around my thumb so I could go on sewing the lavender skirt with white plastic hula fringe which I was fashioning out of whole cheesecloth to wear to "Roaring Twenties Night." Which was only three hours away.

The warning, like the previous ones, had been slipped under my cabin door while I slept. They were always printed inside a wild green or orange or pink folder about the size of a Schrafft's menu. "Attention all 'Sheiks' and 'Shebas,'" this one began. "Let's get in the mood to recapture that golden age of jazz, hip flasks, speakeasies and woopee. So, gents, dig out the raccoon coat, climb into your 'Stutz Bearcat' and

'I don't know why I did it'

(continued from page 29)

A 30-year-old California convict, who raped two women and attempted to rape three more, said, "They were all much older and not attractive. I didn't get any pleasure. I had no climax. I think I know now what I was doing. I was trying to get even with my mother, trying to drag her off her pedestal." He added that his victims enjoyed it in spite of themselves, a common delusion of rapists.

Among the most horrific and psychiatrically baffling sex criminals of the early postwar years was William Heirens, a University of Chicago freshman, who at the age of 17 confessed to 300 burglaries, the attempted murder of three women, the murder of two other women and a five-year-old girl. He strangled the girl in her bed, carried the body to a basement coal bin, dismembered it with a hunting knife and scattered the parts through the sewers of Chicago. The women he variously beat, shot, stabbed and strangled. He was committed to the Statesville Penitentiary at Joliet for life. What gave Heirens sexual pleasure was neither carnal contact (he molested none of his victims sexually) nor loot (he discarded a lot of it), but breaking into a strange place. The sight of an open window sometimes excited him. He killed in blind fury when interrupted before he reached orgasm. In statements to his lawyers and later to an assistant district attorney he recalled: "I first started to steal when I was about ten years of age, and the mere act of stealing carried with it sexual satisfaction. . . . I have never been given to masturbation or other abnormal (sic) desires, nor have I ever had sexual intercourse nor attempted to have any relations with any females. . . . The only thing I get satisfaction out of is burglaries. . . . If I have an erection and ejection at the place, then I go out without taking anything."

To laymen who believe that an inordinate libido dominates sex criminals, a simple, drastic remedy seems logical—castrate them. Though no state sanctions compulsory castration, judges have been known, especially in Kansas and California, to obtain the offenders' consent by coercion: Submit or serve the maximum sentence. But according to the psychiatric consensus, castration only intensifies the feeling of inadequacy that motivates offenders in the first place. Since psychic, not biological, factors condition their criminal behavior, loss of potency is likely to make them more dangerous. With equal irrelevance 12 states provide for the compulsory sterilization of "hereditary criminals," seven of them specifically including sex offenders. The assumption here, that a tendency to crime is passed through the genes, finds little scientific support, and a vasectomy, destroying the ability to procreate, does not, of course, inhibit the sex drive.



An outcast among outcasts,

the sex criminal is despised and brutalized

by his fellow convicts.

To say that sex offenders as a class are less dangerous and numerous than they appear in the popular imagination does not imply that they are few and give no cause for alarm. They are grave cause for alarm. Wild exaggeration, however, obscures the problem. Under the impression that most sex offenders are incorrigible, retrograde and potentially homicidal, some people cry, "Lock them all up and throw away the key." But catchall laws miss the mark. Indiscriminately sweeping the passive with the aggressive offender into the same net, they distract from the real danger. The exhibitionist needs control and treatment. Yet he is a peripheral problem. It is the sadist, the rapist, the child molester who calls for the major concentration of legal and psychiatric resources. A Pennsylvania medical committee appointed to advise the state government recently reported, "Approximately one million dollars is expended annually in the detection and apprehension of sex deviates, an unknown percentage of whom constitute a burden to themselves and families rather than an immediate threat to the community. Increased ability to differentiate between the non-aggressive and the predatory sex offender will reduce government costs now incurred in apprehension of the non-aggressive sex deviate."

More and more courts all over the country are, in fact, interpreting "dangerousness" in a stricter sense. They tend to limit the word to compulsive, repetitive perverts prone to violence or the seduction of children. The exhibitionist (as long as he doesn't exhibit himself to children), the voyeur, the fetishist, the transvestite they consider public nuisances, guilty of a misdemeanor, and the sentence, if passed, rarely exceeds a few months in jail. The courts almost never penalize homosexuality between consenting adults.

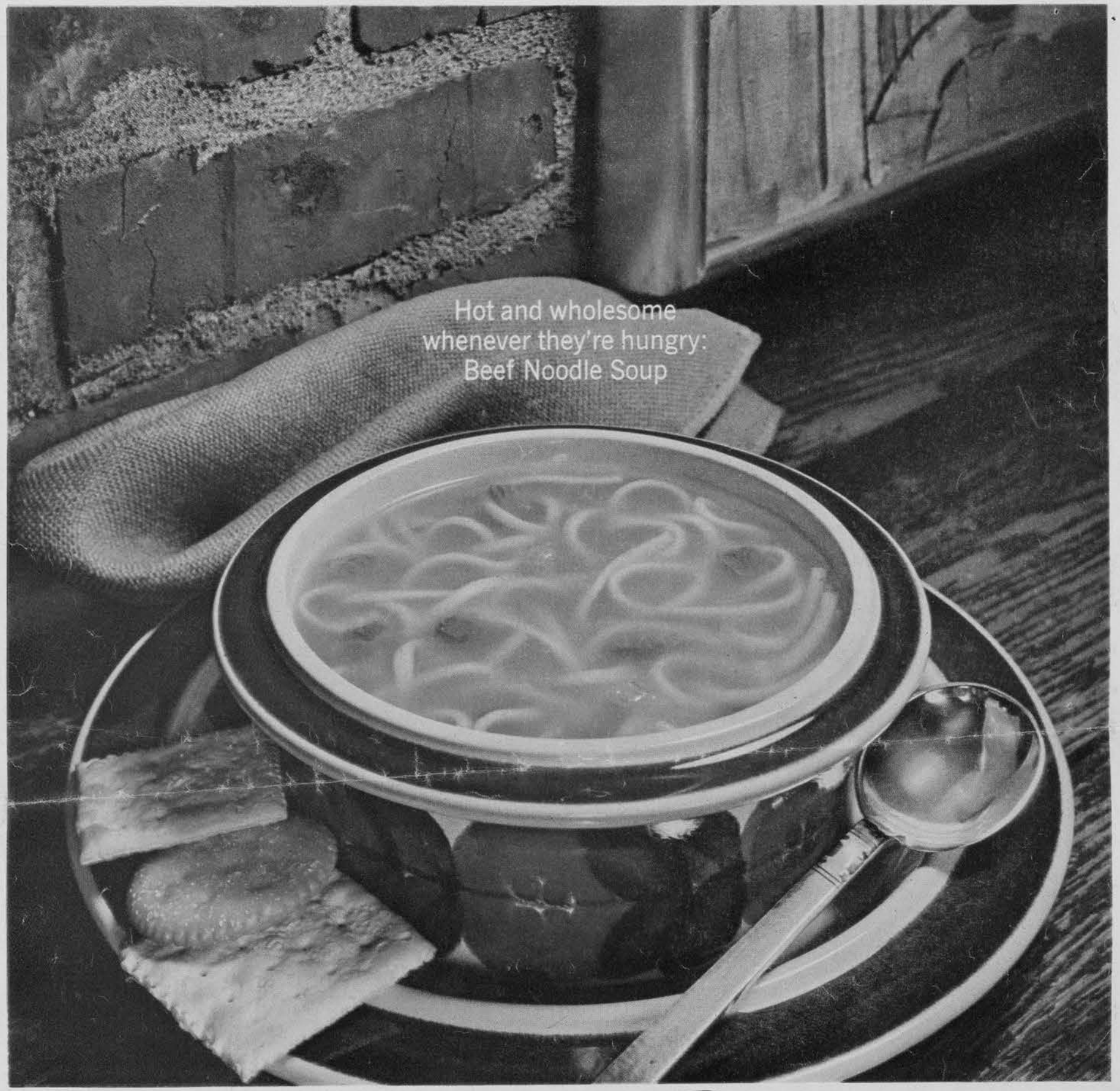
Support is also growing for special sex-offender units outside the standard prison channels. The Pennsylvania committee pointed out: "Since sex offenders vary widely with respect to psychiatric characteristics—ranging from the normal to psychotic—institutions established for specific purposes, such as mental hospitals or correctional institutions, do not have adequate specialized facilities for the various types of sex offenders." As a starter the committee recommended setting up a diagnostic, research and training institute. In Georgia, there is neither medical examination (except to determine a defendant's "sanity") nor, with the exception of Fulton County, psychiatric care after conviction. Superior Court Judge Luther Alverson, former president of the National Association of Mental Health, calls the deficiency "asinine" and proposes the conversion of an abandoned public-works camp near Atlanta into a treatment center.

But why, traditionalist critics demand, should sex criminals be dealt with any differently from other kinds? One reason is that in the caste system of prison he ranks at the bottom. His fellow convicts despise him and often brutalize him. An outcast among outcasts, he sinks deep into a slough of self-hatred, precluding the possibility of rehabilitation. As a matter of fact, the proponents of special treatment do not, in their long-range view, restrict it to sex criminals. If it proves fruitful, they would extend it to all classes of criminals with psychiatric disturbances.

Thus far four states have launched such centers. California's Atascadero State Hospital, the largest, which was established in 1954 to treat mentally ill offenders of every variety, has a population of 1,600. About 50 percent fall into two legal categories: M.D.S.O.'s (Mentally Disordered Sex Offenders), who have been convicted of a sex crime, and M.A.S.O.'s (Mentally Abnormal Sex Offenders), not convicted, but voluntarily committed because of compulsions they fear may drive them to crime. Of the 467 prisoner-patients confined in Maryland's Patuxent Institution at Jessup as "mental defectives with an emotional disorder," 20 percent are sex offenders. Wisconsin, the first state to apply systematic therapy, installed a Sex Deviate Facility 17 years ago within the state prison at Waupun (the present population is 150). Since 1959 Massachusetts has maintained the Treatment Center at Bridgewater for "sexually dangerous persons." There are 127 there today. In New Jersey a plan for a similar center now is under way.

No state has concentrated more capital and energy on the problem than California. The culmination is Atascadero—nicknamed "Ashville" by its inmates—built at a cost of $13 million and now operating with an annual budget of $6 million. A thousand-acre enclave of plum and pale-green units, surrounded by flowerbeds and rolling, carpet-smooth lawns, it stands near the coast midway between Los Angeles and San Francisco. From its population the Kinsey Institute chose some of the interviewees for its monumental study of sex offenders. Parolees from Atascadero also provided the material for the most detailed follow-up survey of sex offenders ever attempted.

Ashville's early days were turbulent. Diametrically *(continued on page 46)*



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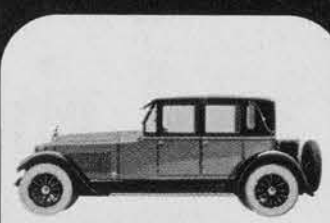
Case

1921



Mercer

1922



Stearns

1923



Chandler

1924



Cord

1930



Durant

1931



Essex

1932



Dodge

1933



Chrysler Airflow

1934



Mercury

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1941



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THE SEX CRIMINAL

(continued from page 42)

opposed views divided the staff, one group stressing penology, the other, hospitalization. For a time the permissive views of the first director, Dr. Reginald Rood, prevailed. He allowed seemingly tractable offenders to leave the grounds to attend ball games, fairs, songfests and other local festivities. The townsfolk were alarmed, and with some justification, it turned out. During the first two years 120 Ashville patients escaped, among them an ex-marine who went berserk with a machine gun and killed a policeman. Under fire, Rood was assigned to another state hospital.

His successors, Dr. G. Lee Sandritter and after him, Dr. Sterling Morgan, steered a middle course. Today no convict may step beyond the gates. Every man in a ward is accountable for every other man. If one escapes, the rest are locked in. On the other hand, compliant convicts, after their first three weeks, are permitted to circulate through the building. After six months of satisfactory adjustment a "white card" gives them access to the grounds. They are always referred to as "patients" and never as "inmates." They occupy "rooms," not "cells." There has been no escape in two years.

Sandritter conceived of Atascadero as neither solely security nor solely therapy, neither prison nor hospital, but a "therapeutic community." To absorb patients into that community, sundry devices were introduced, involving them with each other and with the staff. For example, an "Emotional Security Program" promotes self-government. Each ward elects a council charged with housekeeping, orienting new patients, planning recreational and social activities and enforcing discipline. The ward council elects a member to the E.S.P. "senate," representing the entire patient body. The "senators" in turn appoint a seven-man executive council, which meets weekly with staff members to air general grievances and discuss means of improving living conditions. The therapeutic benefits theoretically derive from a sense of mutual aid and the experience of the democratic process. "As patients show progress," says Morgan, a lanky, ruddy-cheeked man who exudes good fellowship, "they receive more responsibility and more freedom. They attack the specific areas of their disorder through thinking it out, talking it out, listening to other patients, observing their own reactions and the reactions of others to the incidents of daily existence. Their every thought, word and action becomes a part of treatment." Meanwhile therapy teams, each of which includes a psychiatrist, psychologist, social worker, rehabilitation therapist and ward supervisor working in shifts around the clock, keep the patients under constant scrutiny.

Some psychiatrists doubt the efficacy of treatment in confinement. The involuntary patient, they feel, in his craving for freedom, will fake whatever attitudes he thinks the therapists approve. Morgan concedes the advantages of a more permissive setting, but the issue is academic. Society will accept no alternative. It demands as much right to isolate a dangerous sex criminal as to quarantine a typhoid carrier.

Both to and from Atascadero the legal road is long and tortuous. By way of illustration, Sam Foley (a fictitious name), a 30-year-old used-car salesman, accosted a middle-aged woman on a Los Angeles side street late one night and held a knife against her ribs as he forced her into his convertible. Driving up into the hills, he made her undress and then raped her. She had memorized his license plate, and next day the police traced Foley. Upon conviction the superior court judge appointed two psychiatrists to settle three questions: Was Foley mentally disordered? If so, was he predisposed to a sex crime? If predisposed, would he benefit from treatment? The psychiatrists did not conduct a very searching examination of him. Paid a fee with a statutory ceiling of $40 per diagnosis and report, they completed the examination in less than an hour. "The system is inadequate," says Dr. Seymour Pollack, director of the University of Southern California's Institute of Psychiatry and Law, whose staff assists the Los Angeles Public Defender. "I've spent five or six hours testing a sex offender without even getting off the ground."

The court-appointed psychiatrists answered "yes" to all three questions. While the judge was not bound by them, he took the customary step of referring Foley to Atascadero for a period of observation limited by statute to 90 days. (The alternatives open to him included a straight prison term, a suspended sentence and probation, and hospitalization elsewhere.) The Atascadero psychiatrists tackled the same three questions. They, too, declared Sam Foley mentally disordered, predisposed to sex crime and treatable. (Had they found him not mentally disordered, the judge almost certainly would have sent him to prison; if mentally disordered, but not treatable, to prison or another state hospital.) The upshot was indeterminate commitment to Atascadero. At that point Foley had the privilege of demanding a jury trial on the issue of his mental health, and he invoked that privilege. But there was no reversal of the psychiatrists' decision. There seldom is.

After 18 months, the average stretch, Atascadero discharged Foley as no longer dangerous. By law the 18 months were credited against the 10-year prison sentence still facing him. The judge, however, did not oblige him to serve the rest of it, freeing him with five years' probation. If Atascadero had reported that Foley was still dangerous, but unamenable to further treatment, then the judge would have had to reconsider all the alternatives as before. Sometimes he recommits a sex offender to Atascadero, telling the staff, in effect, "Persist."

The basic psychiatric treatment at Atascadero is group therapy, combining elements of psychodrama, Alcoholics Anonymous and public confession. "We have abolished individual therapy," says Dr. Morgan. Necessity dictated the choice. If all 68 staff members were to use individual therapy on the 1,600 patients, they could spare each patient no more than five minutes a day. With the group technique, from 4 to 15 patients gather for several hours a week under the direction of a psychiatrist or clinical technician. The presumed value of group therapy is the support it gives to a deficient ego. Men in communion with each other can tolerate truths about themselves they cannot tolerate alone, and the discovery that others share their affliction helps them understand it. While Freud-oriented, the therapists shun classic, prolonged, couch analysis as not only hopelessly impractical, but because it is unlikely to reach a criminal patient. "The private psychiatrist on the outside must usually strive to relieve inhibitions," Morgan explains. "Here we have to implant controls."

During a typical session at Atascadero not long ago, six patients and a young technician sat in a circle on blue plastic-upholstered chairs in Ward 22. The ward was long and high-ceilinged, and sunlight streamed through a bank of tall windows. Scores of other patients, not part of therapy groups, wandered in and out, read, wrote letters, played checkers, sipped soft drinks. By the open door a guard, himself a patient, sat before a table covered with colored file cards. They served as a system for checking each patient's whereabouts at a glance. Everybody except the white-clad technician wore khaki fatigues, the obligatory uniform.

Throughout the therapy session an elderly man, with a long record of exposing himself to children, dozed. A beefy Mexican, convicted of raping three women, glared about him, seldom uttering a sound. The other patients were voluble, and the technician, whom they called "Nick," blond, crew-cut and soft-spoken, acted chiefly as a monitor. He turned to a chubby, middle-aged man on his right, recently committed for molesting children. "Bob, he said, "did they give you your I.T. card yet?" I.T. (Industrial Therapy) is a supplementary program requiring the patient to work three hours a day at an assigned chore and an additional three hours at an occupation of his own preference. Bob nodded. He was on laundry detail in the morning, and in the afternoon he typed reports for the research department.

NICK: What brought you here, Bob? Why did you crack up?

BOB: I was working 16 hours a day, making $8,000 a year with two jobs. What more can a guy do for his wife? That's how I cracked up. But I guess it really started when I was a kid. I used to ask my mother about things, why I had no father, the man she went out with, about life in general. She'd always brush me off. So I tried to find out for myself. I had this horrible feeling of being worthless. I started working when I was nine. It seemed the only way I could feel worth something, to bring home money.

NORM: (*a child molester, age 32*) What were those last two jobs?

BOB: Soda-fountain clerk, dance teacher.

AL: (*The elderly exhibitionist, reviving briefly*) Too bad we can't dance here. (*General laughter.*)

BOB: Sixteen hours a day. What more can a guy do?

HARRY: (*In his mid-20's, stiff black hair, rugged*) My wife left me because I wasn't making enough dough.

BOB: What are you in for?

HARRY: (*Dropping his voice*) Going after kids. Boys.

BOB: What kind of kids appeal to you?

HARRY: Oh, I don't know . . . .

BOB: Why do you like them better than women?

HARRY: How the hell do I know? Some people rather swim in the ocean than a pool. He's black (pointing to a Negro patient passing by), I'm white. You can't help it any more than Jack here can help robbing banks.

JACK: (*From the nonsexual "mentally ill" population, a cigar clamped between teeth that look like piano keys*) I ain't no bank robber. I only rob supermarkets. (*Laughter.*)

BOB: (*to Harry*) What did you actually do in the sex act?

HARRY: What's the difference? Is that important?

BOB: I want to know.

NICK: Put it in scientific words, Harry.

JACK: Nick's trying to help you, man. (*Harry whispers his answer.*)

NORM: Yeah, that's what I did too.

HARRY: (*To Nick*) That's the lousy part of this hospital routine—repeating the same stuff over and over. But I'm through. I'm not coming back here. I'm ready for society, even if the hospital says I'm not.

JACK: What makes you think you've changed?

HARRY: Hell, I changed before I got here. I learned fast that the only way to get by is to go along with the rules.

JACK: Not that you still don't like kids?

HARRY: No, but I don't want to come back here, so I got to keep away from them.

JACK: It ain't because you want to keep away.

HARRY: No, it's because if I don't leave them alone, I'll wind up back here. I'm all loused up as it is. I couldn't be anything now. It's on my record. Can you see me getting to be governor of the state? All they'd have to do would be look at my record.

JACK: I hear there was a governor who fooled around with kids.

HARRY: And I like to do art. I always liked that.

JACK: Listen, you're lucky you got into trouble in this state. They got the best hospital program in the world. And it don't really hurt you being sent here. Before I came back this time, I was making $180 a week. Carpenter foreman. Been back four times, and each time I got out I got a better job. The hospital gives you time to think. You know, I don't feel the way about sex offenders like I used to. I'm not saying I approve of them, but I feel different. One of my buddies here is a sex offender.

HARRY: I've learned a lot from books here. That's what they want you to do. If they get enough smart guys in the hospitals, it'll profit the state. It costs plenty to keep people here.

JACK: Ah, you won't learn nothing from books. Nobody gets well in sex just because their minds change.

BOB: Harry, why do you want to have relations with a kid?

HARRY: (*confounded*) Why? Why? Because there's sex there.

BOB: You mean to say you don't enjoy women at all?

HARRY: I didn't say that. I'm married. I have a daughter.

JACK: Why bother with marriage? You can get a woman anytime.

BOB: Oh, I don't know about that. There aren't many women that you can just do anything you want with. (*To Harry*) About when did you go queer?

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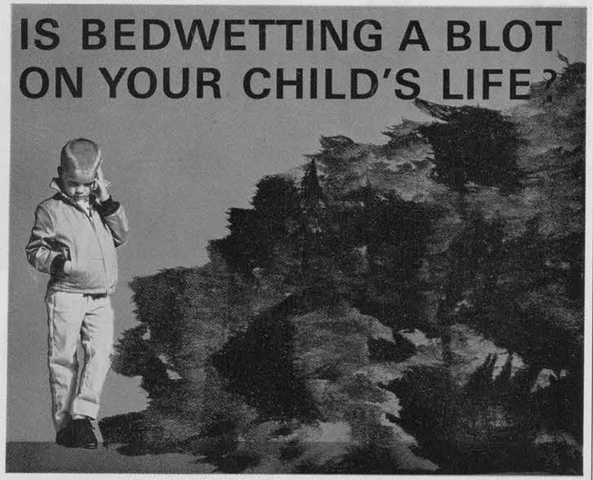
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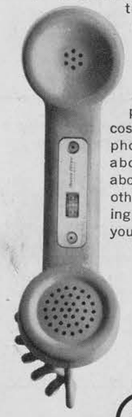
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THE SEX CRIMINAL

HARRY: I've always been. Since I was five. My first experience was with the same sex, and I got to like it.

NORM: Five! I didn't even know what the word meant.

BOB: Was he older, the one you had the experience with?

HARRY: Hell, yes. Forty, forty-five.

BOB: After the first time, did you do it with older boys before you started with kids?

HARRY: Yes, sure, much older in the beginning.

JACK: How many times a year would you do it?

HARRY: How many times? How do you mean?

JACK: Like two, three times?

HARRY: Three times! You kidding? Lots of times.

BOB: And you think you've changed? What made you change?

HARRY: Well, I talked to one of the kids' mother. She was real understanding. She saw I was in trouble and needed help. She wanted to help me, to be my friend. And here I'd gone and messed up their lives, hers and the kid's. All I want is another chance, get married, live a normal life and not go near kids.

BOB: But what are you going to do when you see them everywhere—pray?

HARRY: I'll just think of Ashville. I'm not coming back. No more kids. It's too dangerous. And I'll tell you something, you know, just writing letters to kids can cost you plenty if their folks find out. I'll accept myself as a homosexual, but I'll try to live like a heterosexual.

MANUEL (*The Mexican, speaking for the first and only time*) Come on, *amigo*, we all know what homos are like.

JACK: Yeah, how come a guy's a queer and then, boom, goes for dames. What's he really?

HARRY: Homo. But I'll find a woman and stick with her. Sure, I admit I was guilty. I *am* guilty. It's on the books . . . you know, the lousiest thing, dragging the kids through the courts too.

JACK: You're worried about that? You don't think what you did to them was wrong?

HARRY: I said I was guilty. I'm just saying it's lousy to put the kids through all that.

NICK: Tell us, Harry, do you sincerely believe you've learned enough here, gained enough understanding of yourself, to be ready for society?

HARRY: Yes, Nick, I do.

NICK: Are you strong enough now to say no to a child?

HARRY: Yes, I could say no to a child.

Since this session the staff has decided against consideration of a discharge for Harry for at least another year. Bob has been returned to the court, and from there was transferred to the state prison at Vacaville. The prison's hospital staff includes 16 part-time or full-time psychiatrists, and they probably will have another try. Norm has been paroled. Al and Manuel face many more years of treatment. Jack, the four-time loser, may never go free.

Each case is reviewed from time to time in Morgan's office by the senior psychiatrists. At one recent conference three patients were under consideration for discharge. The first doctor, as he thumbed through a sheaf of progress reports, began: "Frankly, I'm a coward about this one. He relates poorly to people. He tries to dominate everybody. He's thirty-seven. Let's see, been here since 1963. Pedophile. Still, I think he's ready to go." They reserved judgment.

Second doctor: "This one molested his stepdaughter. First sex offense. He was drunk. Twenty-two arrests for drunkenness in a year. I don't think he's treatable. Let's get rid of him. He's only taking up space." Opinions were divided.

Third doctor: "The next one is a functional schizophrenic. Other hospitals ought to be able to handle him better in a closed ward. He's been bugging me for a transfer for weeks. I'm for it." Unanimous agreement.

In forming a decision the doctors tread a rocky path between conflicting imperatives. On the one side they are harassed by overcrowding. Atascadero now has 320 more patients than it was designed to accommodate. "If a hundred come in next month," says Morgan, "a hundred would have to go." The inclination, therefore, is to weed out patients who progress too slowly and make room for promising cases. Combined with fallible human judgment, this pressure can result in the premature release of a Hugh Bion Morse. On the other side hover the ghosts of such past errors, inhibiting both the hospital and the court from running risks. Leery of a patient with an especially black history, even though every sign points to recovery, the psychiatrists tend to hedge. Glossing over the question of dangerousness, they report, "Has reached maximum benefit," and pass the buck to the court. The patient may then go to his grave, riding what Los Angeles public defenders call "the merry-go-round." Dr. Pollack gives an example:

A boy of 17, whom I will call Joe Macklin, raped a woman and, panicking, choked her to death. When his frenzy subsided, he went straight to the police. Largely on the strength of Pollack's diagnosis ("chronic schizophrenic reaction"), the court adjudged him not guilty by reason of insanity and committed him to Atascadero. He regained his freedom five years later with an "A" certification (improved and no longer dangerous). During Macklin's confinement his sister would visit him, sometimes bringing a girl with whom she shared an apartment. He fell in love, and upon his release they married.

The newlyweds' sexual relations were normal. Yet within six months Macklin began having rape fantasies, though not of a sadistic kind. Presently he was acting them out in exhibitionism. He drove a bakery truck for a living, and when his tension built up beyond control, he would pull up beside a woman and expose himself. He made no effort to disguise his license plate or avert his face. "This is characteristic," Pollack notes. "Unconsciously many sex offenders desire punishment. They hope to be caught." Macklin soon was.

Exhibitionism is only a misdemeanor, but because he once killed, the court returned him to Atascadero. "Unamenable to treatment and dangerous," the hospital decided. Pollack disagreed. "I felt sure he desperately wanted help and would benefit from it." He managed to have Macklin recommitted. Another year of treatment didn't alter Atascadero's opinion, and it bounced him back to the court. "No doubt," Pollack concedes, "a psychiatrist would have to say he was mentally disordered in the meaning defined by statute, but I don't believe he was still dangerous. After all, how dangerous is exhibitionism? If we had a sound system of outpatient care and close vigilance, I think he could have been safely released in the community. But we don't." And so the merry-go-round.

From Los Angeles, Macklin went to the Chino State Prison, a reception center which evaluates and relocates felons. Same evaluation. Next stop, the California Men's Colony, a maximum-security prison with one psychiatrist. Macklin has now been there a year. He may well be shunted back to Atascadero for reevaluation, and from there back to the Men's Colony again. "What psychiatrist, what judge," Pollack asks, "reviewing the record, with all those negative prognoses, is going to go out on a limb and say he isn't dangerous? Nobody. Not today. Not twenty years from now."

Despite its flaws, can Atascadero claim substantial overall results? A sociologist, Louise Frisbie, followed the careers of 1,921 sex offenders who were discharged and placed on probation during the hospital's first six years. The largest group, almost 8 out of 10, were child molesters; the second largest, exhibitionists (13 percent); the smallest, homosexuals (1 percent) and, in between, voyeurs, transvestites and "lewd persons," a catchall category (3 percent) and sexual aggressors, chiefly rapists (4 percent). Of the total, 1,536 or 80 percent had not been convicted of any new offense by June 30, 1961.

Measuring recidivism rates by type of offense, Mrs. Frisbie found the highest in the voyeur-transvestite-lewd persons' group, with exhibitionists next, then sexual aggressors, then pedophiles. The homosexuals didn't enter into Mrs. Frisbie's recidivism computations, but generally they have the highest rate of all groups.

A recidivism rate of less than 27 percent seems impressive, but the sociologist cautioned that Atascadero's techniques are not the only conceivable approach. Some patients, she said, particularly first offenders, might have responded just as well to probation and outpatient care. (New Jersey's Dr. Brancale ventures, "Maybe they get better in spite of our therapy.") Mrs. Frisbie further discouraged a rose-colored outlook with the forecast that, as time goes by, further testing the mettle of patients, the proportion of repeaters may increase.

The only completely separate institution in the United States—indeed, in the world—for "sexually dangerous persons" is the Treatment Center at Bridgewater, Mass., 40 miles south of Boston. The statute under which it operates, providing for diagnosis after conviction and indeterminate commitment, resembles that of California, but the Bridgewater philosophy and method differ sharply from Atascadero's. The statute itself evolved painfully. As an initial step, in 1947, Massachusetts empowered the superior court to pronounce a defendant a "psychopathic personality" simply on the petition of the district attorney. Doctors with no psychiatric training could qualify as expert witnesses. The department of health then had to "safely keep and treat the person committed." The statute's language was so fuzzy, its constitutionality so dubious and the department's facilities so scant that only one judge ever invoked it.

In 1954 a revision substituted "sex offender" for "psychopathic personality," made conviction of a specific sex crime a prerequisite to commitment and proposed a treatment center. Not to infringe constitutional rights, it limited the period of commitment to the maximum criminal sentence. Cured or not, the offender went back to society. That statute, too, remained inoperative because no funds for a treatment center were furnished—the joker that nullifies sex-offender statutes in most communities.

The present statute, like many similar ones, was the legislature's response to the public outcry following a particularly bestial sex crime. On July 26, 1957, a 20-year-old shoe-factory worker named Raymond Ohlson, prowling through Field Park near his home in Brockton, Mass., came upon two boys wearing swimming trunks, John Logan, 12, and his brother Paul, 10. Forcing them at knifepoint into a secluded gully, he stabbed them each half a dozen times, stripped off their trunks and attacked both of them sexually. They were still breathing when he heaped brush around their bodies and set a fire. A set of house keys found beneath the charred remains led the police to Ohlson, who confessed. They charged him with first-degree murder,

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which is punishable in Massachusetts by electrocution.

It was not Ohlson's first atrocity. At 13 he sexually abused a three-year-old boy. A county juvenile court sent him for observation to the outpatient clinic of the Foxboro State Hospital. The clinic's report said that although Ohlson was of "neurotic temperament," he suffered from "no particular mental ailment." Psychotherapy, the doctors suggested, might alleviate the neurotic symptoms, providing his mother cooperated to the extent of bringing him to the clinic. This Mrs. Ohlson indignantly refused to do. The juvenile court took no further action.

A year later in Field Park, Ohlson again assaulted a boy of 12, after clubbing him senseless. He then tried to strangle him with a bicycle chain. Failing that, he knifed him five times in the head, back and thigh. The boy lived, however, to identify his assailant.

Before trial for "assault with intent to murder," Superior Court Judge Charles Fairhurst requested the Metropolitan State Hospital to determine Ohlson's competence to understand the proceedings against him. "Psychopathy with asocial and amoral trends," ran the unenlightening report, but "without psychosis." Dissatisfied, the judge sought another opinion from psychiatrists in the Department of Mental Health concerning Ohlson's condition at the time of the killings. They declared him "not suffering from any mental disease or defect which would affect criminal responsibility."

The judge imposed the maximum sentence of 10 years with deep misgivings. He knew that no matter how dangerous Ohlson was, he must under the law be turned loose at the expiration of his sentence, and if granted time off for good behavior, sooner. Only commitment to a state hospital as a mental invalid could keep him out of circulation indefinitely. But the psychiatrists, reflecting a prevalent attitude, hesitated to diagnose a defendant as mentally ill, unless they found him psychotic, which is one extreme form of mental illness. They also hesitated to certify an offender as committable unless they could specify the form of psychosis, such as schizophrenia or paranoia, convenient classifications which explain nothing about cause or cure. Many state-hospital administrators, in their perpetual struggle against overcrowding, still favor the archaic classifications. So, on various grounds, do many legislators, jurists and psychiatrists. Yet the psychiatric tag pinned to an offender bears no relation to the degree of his dangerousness. A "manic-depressive psychotic," totally remote from reality, may prove quite harmless; an "obsessive-compulsory neurotic," functioning successfully on most levels, may prove as deadly as a cobra—and vice versa. Raymond Ohlson, apparently unsuited for any familiar label, went to the Concord Reformatory. Judge Fairhurst later told a friend, "I was so terrified of what might happen that I seldom had a peaceful night."

Though Ohlson's behavior at Concord was exemplary, the warnings of a prison psychiatrist moved the parole board to reject every appeal he filed. Nevertheless, with time off, he won an unconditional release in six years.

Seven weeks from the day he walked through the prison gates he murdered the young Logan brothers. No trial followed. Now diagnosed as schizophrenic, he was committed to the Bridgewater State Hospital for the criminally psychotic, until such time as he might be competent to defend himself. He is still there.

The fearful object lesson impelled the legislature to rush through a new law calling for the indefinite detention



THE SATURDAY EVENING POST

"First, I want to compliment you on your disguise."

and treatment of offenders diagnosed as "sexually dangerous." When, the following year, the procedural problems had not yet been resolved, and potential aggressors still were being released from prison, the legislature proclaimed it "an emergency law, necessary for the preservation of the public safety." An amendment required the commissioner of mental health to install a treatment center at one or more state prisons. Concord was the first chosen. But again the facilities proved so meager that the state supreme judicial court abolished the law on constitutional grounds. Ruling on the appeal of a child molester, the court decreed: "Such confinement in a prison which is undifferentiated from the incarceration of convicted criminals was not confinement in a treatment center within the purview of the statute." In short, if detained on the strength of a psychiatric diagnosis, the offender must be considered a patient. The basic purpose of confinement was therapeutic, not punitive.

The legislature finally appropriated $120,000 to organize a sex-offender unit. (The annual operating budget now runs around $100,000 plus an estimated $3,200 per patient). The building allocated to the enterprise is one of numerous red-brick, turreted monstrosities, dating from the 19th century, that comprise the Massachusetts Correctional Institution at Bridgewater. The others house delinquents with low I.Q.'s, alcoholics and the criminally psychotic. They combine some of the best and some of the worst prison conditions. Superintendent Charles W. Gaughan, a social worker by training, will brook no brutal or callous personnel. For the treatment center he handpicked guards who can approach sexual deviates without revulsion. The stark interior of the building is kept spotless. Meals are tolerable. But the small cells—some so small that the inmates can touch both walls at once by extending their arms—contain neither running water nor toilets. A single wash area to a floor serves as many as 30 men. During the night they use buckets. When the guards unlock the cells next day, the inmates empty the buckets into a common sink. While inspecting the place, not long ago, the chairman of a state senate committee was overcome with nausea.

Under the joint administration of the departments of mental health and correction, the treatment center admitted its first patients in November, 1959. The ensuing efforts to reclaim a special class of offender, like those efforts at institutions such as Atascadero, Jessup and Waupun, marked a revolutionary advance in the history of criminology. Never before had such responsibility been entrusted to psychiatrists instead of jailers.

To direct the enterprise, the commissioner of mental health appointed Dr. Harry L. Kozol, a Boston psychiatrist distinguished both as a private practitioner and a teacher at Harvard Medical School. Kozol is an eclectic of prodigious energy, whose seamless face and slight, trim frame belie his 60 years. He recalls, "We had to start from scratch. There was no consistent body of literature to guide us in our work. We developed our own methods out of our day-to-day experience."

After six years and nearly 600 patients he professes an optimism not universally shared by his colleagues. He believes psychiatry can not only determine how dangerous a sex offender may be but predict the probability of an offender's repeating his crime. He sets forth the following general criteria of dangerousness:

An infantile behavior pattern. Offenders often value only those experiences that bring them instant pleasure. They have no capacity for delaying the gratification of a desire, of sublimating it, of tolerating the tension generated by self-control. As fast as the desire reaches their consciousness, they act it out. The consequences to themselves or others carry no weight. Like a hungry infant who flies into a tantrum if food is withheld, they tend to meet denial with violence.

Disaffiliation (what Kozol terms "psychological nomadism"). Except when they are likely to achieve immediate relief of their appetites, they pursue no sustained, orderly course of conduct. They roam, purposeless, unsettled, and are easily diverted.

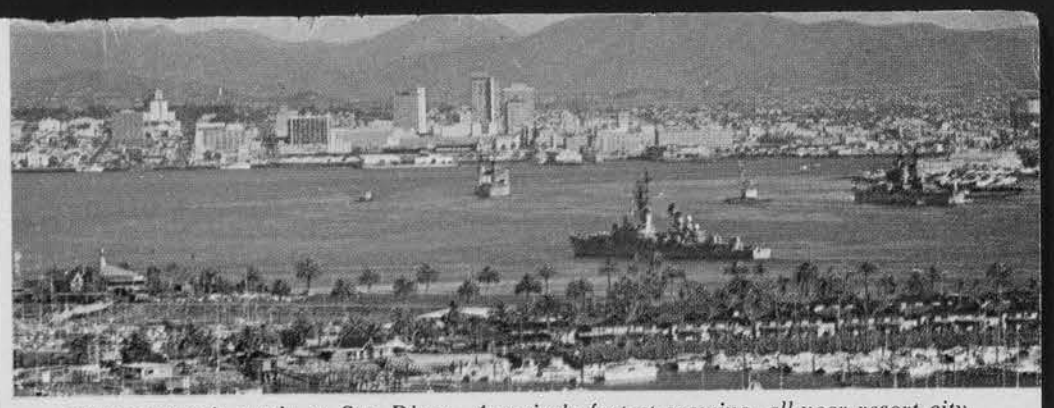
A low threshold of satiety. They crave a perpetual renewal of energy outlets. School, jobs, hobbies, involvement with a friend or lover, soon bore them. Kozol compares their impulses to a shooting star. "They move swiftly, flash across the sky of consciousness and burn out. . . . Unhappily, their skies are filled with shooting stars. The impulse satisfied gives rise to another."

The exploitation of people as objects. They can't differentiate among individuals, only between "them" and "me." "Them" exist solely to gratify "me." Lacking emotional depth, incapable of warmth or trust, seldom feeling intense joy or intense sorrow, they seem to be impervious to the emotions of others.

The faintest sign of the opposite reactions that may emerge under treatment, Kozol contends, offers hope of salvage. Does the offender show concern for his family's welfare? Does the plight of his fellow patients touch him? Does he identify with any of them?

"The worst offender has some inherent potential for good, some positive, constructive quality," says Kozol, who considers no offender, not even the psychotic, totally inaccessible. "The big problem is to uncover that potential and help him cultivate it, until he gains self-respect, sees himself as an adult, begins to react to people with compassion instead of hostility, and finally recognizes that freedom in the community involves responsibility as well as gratification."

Kozol's staff numbers seven full- or part-time psychiatrists, six psychologists, three psychiatric social workers, two research trainees in clinical psychology, a recreational therapist and a medical officer. The paramount questions they ask themselves during the initial 60-day diagnostic stage are: What kind of problem did the offender imagine he was solving by his offense? Does the problem still exist, and will it exist if he is released? The search for the answers begins with a meticulous reconstruction of his thought process and actions shortly before, during and after the offense. Was the offense impulsive or premeditated? Did a fantasy precede it? Of what order? Did he



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know his victim? Did she provoke him, consciously or unconsciously? ("We sometimes discover that the real victim is the accused.") Did she physically resemble anyone close to him? Did she symbolize somebody he hated, or was he venting his rage against womanhood in general? Did he cajole or threaten his victim? Did he indicate any concern whatever for her anguish, or only gross indifference?

Field investigations covering his family, friends and the victim frequently turn up clues of clinical significance that appear nowhere in the police or court records. A member of Kozol's team once drove a hundred miles to verify from a rapist's first wife his assurance that their sexual relations had been fully satisfying.

Besides standard personality and behavior tests and, if brain damage is suspected, an encephalogram, the offender undergoes lengthy analytical interviews. The staff then weighs all the evidence, conferring many times, before sending a report to the court. Nearly always the court accepts the staff's finding.

In 1963, to cite an instance, the sheriff delivered to Bridgewater a confessed offender under sentence of two-and-a-half to five years for "assault with intent to rape, and the commission of an unnatural act." Jack Colby (as we shall call him here), a meat cutter by trade, age 24, was soon to be married when he perpetrated the crime. Driving along a suburban road at night, while his fiancée was waiting for him at her home, he saw a 17-year-old girl. In the grip of a sudden, fierce urge, as he later described it, he dragged her behind some bushes and attempted intercourse. When she fought him, he subdued her by closing his hands around her throat and threatening to kill her. The sound of footsteps frightened him into letting her go. The police eventually managed to trace him through her description.

At Bridgewater, Colby seemed cooperative, sincere and deeply remorseful. According to his account, the assault followed a telephone quarrel with his fiancée. She wanted him to take her to a movie. He pleaded exhaustion, having worked late, but finally yielded. After two drinks and dinner in a restaurant, he drove toward her house. He stopped to relieve himself by the roadside. As he walked back to his car, the girl appeared. "I don't know why I did it," he told the psychiatrists. "I'm certain it could never happen again."

Colby, a field investigator learned, had survived a harsh childhood. The youngest of three children, he grew up in foster homes, his father having decamped, and his mother having taken to drink. He got little affection from his mother, who was often jailed, and he felt none for her. Rebellion and truancy marked his school record. In his 11th year a juvenile court put him on probation for petty theft. He stole again at 16 and spent six months in a reformatory. But there was no further delinquency. Almost overnight, it seemed, he changed into a quiet, diligent worker. He served four years as an Air Force private, receiving an honorable discharge in 1961. The following year he became engaged to a girl of good family.

Most of the people the investigator questioned couldn't imagine Colby in a violent act. According to his aunt he was gentle and affectionate. He never drank heavily, she added, and never consorted with bad company. His fiancée spoke of him with tenderness; her desire to marry him was unaffected.

But Colby's interviews gradually betrayed him. His spontaneous responses began to show the superficiality of his remorse. Hostility would break through the surface. Then, if he suspected himself of a giveaway, he would amend his answer to conform with what he thought to be the norm. After eight conferences the staff agreed: "His personality lacks an adequate, built-in control system. Impulse takes over in a frustrating situation. He is sexually dangerous." But considering that his history indicated no previous sex offense, and that he had a good employment and service record, the staff finally entered a favorable prognosis.

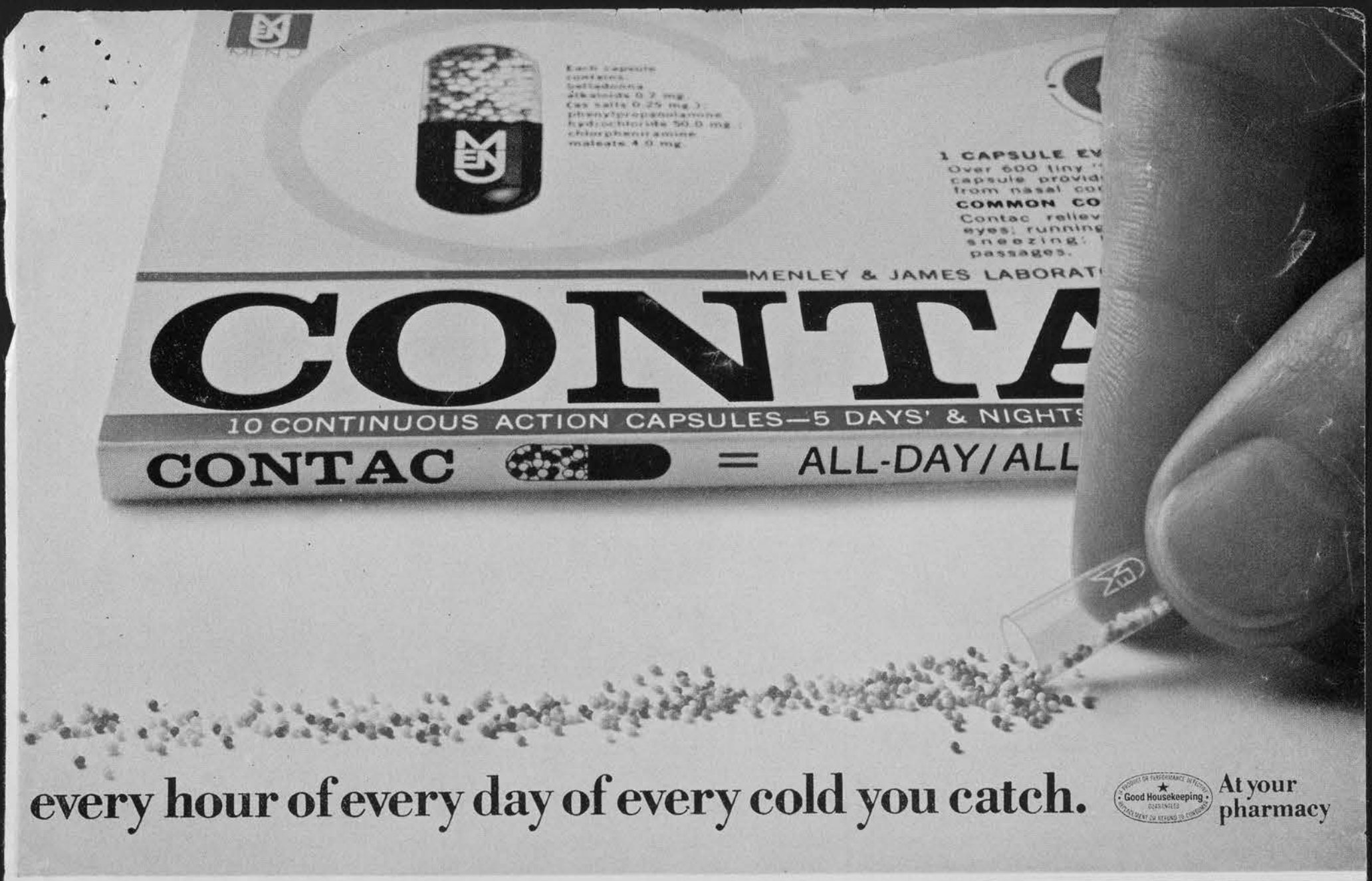
Colby stayed at Bridgewater nearly three years before the staff pronounced him no longer dangerous, and he was paroled. He has since found a well-paid job and has been married to the girl whose loyalty never wavered.

Under Bridgewater's maximum-security regulations the convicts never set foot outside the prison proper. Treatment proceeds in the cell tiers and includes both group and individual therapy. Atascadero mixes different categories of offenders. "We favor diversification," says Morgan, "because such is the condition in the outside world. Besides, we have found that patients of dissimilar disorders can see each other more objectively than those with identical ones." Kozol dissents. He prefers, when it is feasible, to keep the group homogeneous. "Having an offense in common stimulates freer communication," he argues. "Rapists interact better with other rapists, and pedophiles with other pedophiles."

But he considers group therapy by itself worthless. He believes that individual treatment is also necessary. "Society holds the individual accountable for his offense, not the group," says Kozol. "The individual, not the group, gets paroled." The size of his staff, 20 members for 130 patients, makes it possible to explore both avenues. In addition to one or two hours a week of group therapy, about half the patients—those emotionally and intellectually capable of responding—spend up to four hours a week secluded with a therapist in a cell converted to that use. The individual therapy consists mainly of analytic and directive talks, tailored to the patient's I.Q.

A unique adjunct of the center is psychiatric aftercare. As a condition of release, parolees must report at frequent intervals to one of two outpatient clinics which the center operates in Bridgewater and in Boston. "Their readjustment to life in a free society, after a long confinement, is extremely difficult," Kozol points out. "If they are not to repeat their offense, they need close supervision and all the guidance we can give them. The minimum period of aftercare is two years."

In addition to direct court commitment and voluntary admission, Bridgewater receives its patients in a third way. Offenders already serving prison terms may be transferred at the request of a superintendent who detects a predisposition to sexual violence. "Unfor-



tunately," Kozol complains, "not every judge and only a few prison superintendents choose to exercise the option. We should mend the dragnet by making referral mandatory. As it is now, we get to see barely ten percent of all the sex offenders."

Too little time has elapsed, and too few offenders have undergone treatment, to appraise the Bridgewater project. A tentative follow-up study, however, warrants persistence. Of 567 offenders examined in six years, the center certified 396 as not dangerous. Of the 173 detained, 36 have been paroled. The courts returned nine for technical infractions, none involving a sex offense. One catastrophe marred the record, but the blame fell only partly on the center. After four years in therapy, Charles Pierce, originally sentenced for sexually assaulting two children, was paroled with the proviso that he report weekly to the outpatient clinic of the Worcester State Hospital. Through an administrative oversight nobody enforced his attendance. A year later he strangled a five-year-old boy. Declared legally insane, he was removed to the Bridgewater State Hospital.

"Every patient we discharge is a calculated risk," says Kozol. "But so is every parolee everywhere. How else can we test our theories?"

With at least one premise few psychiatrists quarrel: The earlier that aberrant symptoms can be recognized and treated, the better the chances of cure. According to Sen. Thomas J. Dodd's Senate subcommittee on juvenile delinquency 4,500,000 children—10 percent of the country's school population—need psychiatric attention. From this group, Dodd says, we get a substantial proportion of the nearly six million delinquents in the nation each year.

But if treatment facilities for adult offenders are sparse, for juveniles they are, in most states, nonexistent. Barring some exceptions, the juvenile training institutions (formerly called "reformatories") pay only lip service to therapy. Under the minimum standards set by the U.S. Children's Bureau there should be one full-time psychologist and one full-time psychiatrist to every 150 trainees. For the approximately 50,000 now in state- or locally-run institutions the psychologists total 183, the psychiatrists, 56. Their distribution, moreover, is unequal, so that 37 states provide less than the equivalent of one full-time psychiatrist for their entire delinquent population. They take the cheaper, easier course of remedial schooling, vocational training, physical exercise. Full-time staff salaries generally range from a counselor's $5,109 a year to a supervisor's $9,473. In one state several staff members are on public welfare.

"When they toss the juvenile offender into the legal works," says U.S.C.'s Pollack, "he's usually lost." The average training institution breeds crime. Obliged to accept whomever the courts commit, it lumps together first offenders entering their teens with hardened 18-year-olds, the emotionally disturbed with the mentally retarded. The strong victimize the weak. In the resulting contamination, anti-social hostilities spread and homosexuality flourishes. Within a year of discharge, or less, half the trainees commit new crimes.

The National Council on Crime and Delinquency recently finished a report summarizing a three-year, countrywide investigation of training institutions. While awarding high marks to a number of intelligent, dedicated staffs, the report bristles with stinging criticisms. In many states, the investigators found, whipping and lockups remain the chief means of discipline. The report says, "The training school is built around the concept of 'home,' 'farm,' or 'school,' and the youth is required to fit into its pattern. If the youth does not adjust, the training school does not adapt; instead, the youth is either released, transferred or isolated. . . . Once he fits into a pattern of daily institution life with minimal dislocations, the staff believes he has 'changed,' 'adjusted,' or 'improved.' When the youth has been present in the institution a length of time deemed sufficient by existing practice, he is released home to the community. His sentence has been 'served.'"

The council attacks the common failure to differentiate between individual delinquents and to gear treatment accordingly. "Delinquency is like a headache; it may be caused by eyestrain or a brain tumor." The management, the report charges, tends to worry more about its budget from the next legislature, its relations with the courts, the press and civic groups than the delinquents' rehabilitation.

Demolishing various prevailing philosophies of treatment, the council says of the "moralistic-style institution," "The youths perceive themselves as 'bad' or 'suffering from hard luck,' and generally endure the program with the knowledge that if they behave themselves, they soon can get out." Of the "family-styled institution," the council notes, "The staff are openly disgusted with the parents of the youth and never lose an opportunity to express their views about the neglectful and sinful parents." As for vocational training, dairy farming may be taught to city-dwelling delinquents who in all likelihood will never again see a cow.

The council aims its sharpest blows at the negative reaction of the community to institutionalized delinquents. Many institutions place the community's "revenge needs" ahead of the children's needs. Reintegration becomes next to impossible when neighbors, teachers and the police further stigmatize them with such attitudes as, "They're troublemakers." "They can't be trusted." "We're not letting our kids run around with them."

This month President Johnson receives proposals from his Commission on Law Enforcement and Administration of Justice, which he created in 1965. When made public a few weeks from now, those concerning sex offenses are unlikely to surprise anybody familiar with the problem. They will recommend jettisoning legal attempts to regulate private morality, narrowing the sights to the dangerous criminal deviate, and adding substance to well-intentioned statutes with research and treatment centers. They also will recommend establishing community outpatient clinics under whose continued therapy and supervision the paroled sex offender can live and work usefully.

What federal or state action may result from these proposals is impossible to predict. For 30 years legal and medical committees have been urging the same measures. □

DARE I WEEP, DARE I MOURN?

The East German border guards started to open the coffin. What they found inside would determine the rest of his life. . . . A new suspense thriller by the author of "The Spy Who Came in From the Cold."

By JOHN LE CARRÉ

In the ancient German city of Lübeck there was no finer grocer than Herr Koorp. He lived with his narrow wife in a narrow street where gables touched like inquisitive noses. His shop smelled of spices and good traditions, of smoked ham and reverent prosperity. At Christmas he put marzipan pigs in the window, and, at Easter, wheaten cakes and a loaf of bread thickly varnished with egg yolk. On Saturdays he walked up the narrow street from his shop to his new aluminum garage; there, with a soft leather, he would clean his fine Mercedes car.

It was a Mercedes of unusual build—a Mercedes with a wooden back like a cupboard. He used it to deliver groceries to all the fine people in Lübeck: to the senators, the mayor, to the lawyers and merchants, and they recognized his worth because he had a fine Mercedes.

On Sunday mornings he wore a black hat with the brim turned up all around, and he floated to church on his wife's thin arm. On Sunday evenings he drove to the soccer match or to the meeting of refugees from the lost territories of the East. He was a fat, glossy, tidy man, quite nimble. His hands, when not in use, curled lightly inward, thumb and middle finger touching as if they were holding a needle. When they wrapped your coffee they deftly flicked the package round and round, and you wondered at the delicacy of such a large man.

Sometimes—once or twice a year, perhaps—he would make a speech to a gathering of refugees in Lübeck. He would stand alone on the big Gothic platform between the electric candles, while his wife, her thin body pressed into the white ruffs and stiff lace of her Silesian costume, sat below him, as in church, with the leading citizens of Lübeck.

His speech never varied. First (with indignation) he referred to the loss of his homeland; then (with discernible grief) to the plight of his father and his sister, who still lived in the East. Did not his sister write weekly begging for good Western coffee and the comfort of a warm coat? Had not his father applied innumerable times to be united with his fortunate son in Lübeck? Herr Koorp's protest over, he made (with ominous vigor) his claim. He was demanding, he would say, for all German people what was already the right of the most minor African tribe: self-determination. And the German people, he would have them know, was no mere African tribe. When he sat down, the leading citizens of Lübeck applauded, and his wife's narrow face brightened with color, and her eyes shone as if from the cold. Herr Koorp was making his mark.

He was a meticulous man: meticulous as he took his knife and beheaded his egg at twenty minutes past eight that morning in early January; meticulous as he put down his spoon and with surgical precision slit open the letter from Mohndorf with the picture of Ulbricht on the stamp.

"It's from your sister," his wife said.

"Begging, I suppose," Herr Koorp replied. He read a line.

"They're never afraid of asking," his wife said.

"It's about Father," he said.

"I suppose he's ill," his wife said. Her father-in-law was capable of almost any act of inconsideration.

Herr Koorp laid the letter beside the open egg. "He's dead," Herr Koorp said, and glanced at the commercial calendar hanging on the newly papered wall. "He's been dead three days."

He began crying, little-boy tears, holding the letter away from him. There were several pages, and he had not even finished the first. Frau Koorp took the letter from him and read it. She read it once slowly, as if she were checking figures, then suspiciously, as if it were a devious legal document, then a third time, but distractedly, as an aid to other thoughts. "He wants to be buried over here," she said. "In Lübeck," she added. "He wants *us* to do it." She took a sip of coffee. "He wants a grave in Western soil. It was his dying wish."

She looked out of the window at the tall roofs of Lübeck. Standing up, Herr Koorp wiped his chin and walked into his shop. "It's a tragedy," he said. Beside the till was a rack of ties, a special line he had recently introduced as an experiment. Such things were

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Sexual Assault

A Statewide Problem

A Procedural Manual for Law Enforcement, Medical, Human Services and Legal Personnel

SEXUAL ASSAULT: A STATEWIDE PROBLEM

A Procedural Manual Prepared by and for

* Law Enforcement Personnel
* Medical Personnel
* Social Service Personnel
* Legal Personnel
* Concerned Individuals

Compiled and Edited by
Eileen Keller, Assistant Director
Minnesota Program for Victims of Sexual Assault

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PREFACE

Sexual assault is a humiliating and often terrifying and brutal crime, an act which violates a person's innermost physical and psychological being. It includes rape, same-sex assault, child sex abuse and incest and any other sexual activity which a person is forced into without his/her consent. Although each victim responds to the sexual assault in a different way, every victim needs strong support from family and friends as well as from medical, legal, law enforcement and social service personnel. It is hoped that with this support each victim may come through the experience a stronger person.

In many communities throughout Minnesota personnel in medical facilities, prosecutors' offices, police departments and social service agencies as well as individuals involved in community action groups are beginning to examine their agencies' response to sexual assault victims.* This manual is addressed to any of these agencies or communities throughout Minnesota. The recommended procedures should be considered as guidelines to be adapted to each particular community, taking into consideration the needs of that community as well as variations in services available, agency size, etc.

This manual is divided into five chapters: **Law Enforcement Investigation of Sexual Assault Crimes, The Medical Treatment of Sexual Assault Victims, Counseling the Victim of Sexual Assault, The Prosecution of Sexual Assault Crimes,** and **The Child as Victim.** Because the functions and procedures of law enforcement, medical, social service and prosecutorial personnel are highly interdependent it is recommended that the manual be read in its entirety.

*In some communities the efforts of agencies and community groups to re-examine their procedures have already resulted in innovative changes — both within the agencies and in the community at large. A few such communities have organized programs and task forces which coordinate services for sexual assault victims.

TABLE OF CONTENTS

CHAPTER ONE

LAW ENFORCEMENT INVESTIGATION OF SEXUAL ASSAULT CRIMES

I. Introduction 3

II. General Principles 3

A. The Victim 4

B. The Victim's Family 4

C. Sexual Assault Counseling Services 4

D. Corroborating Evidence 5

E. The Victim's Statement as Evidence 5

F. Evidence of the Victim's Prior Sexual Conduct 5

III. Basic Duties and Responsibilities of the Officers Investigating a Sexual Assault Crime 6

A. Dispatcher 6

B. Responding Officers 6

1. Division of Responsibility 6

2. Preliminary Interview of the Victim 7

3. Writing the Report 8

4. Witnesses 8

5. Gathering and Preserving the Evidence at the Scene . . . 8

6. The Medical Examination 8

C. Detective 8

1. Interviewing the Victim 9

a. Setting the Stage for the Interview 9

b. Conducting the Interview 9

2. Follow-Up Investigative Work 10
a. Identification Procedures 10
b. The Modus Operandi File 10
IV. Gathering the Evidence: Checklist in Sexual Assault Cases ... 11
A. Obtaining Facts 11
1. Victim 11
2. Offense 11
3. Suspect 11
4. Witnesses 11
B. Physical Evidence from the Scene 11
C. Physical Evidence from the Victim 11
D. Physical Evidence from the Suspect 13
E. Bureau of Criminal Apprehension (BCA) Laboratory Capabilities 13
1. Introduction 13
2. Information Determinable by Blood Tests 13
3. Information Determinable from Other Significant Body Fluids 14
4. Information Determinable from Hairs and Fibers 14
5. Information Concerning Control Samples 15
Appendix 17

CHAPTER TWO

THE MEDICAL TREATMENT OF SEXUAL ASSAULT VICTIMS

I. Introduction 31
II. General Principles 31
A. Philosophy 31
B. Privacy 31
C. Patient Priority 32
D. Victim Participation in Decision-Making 32
E. Reporting 32
F. Cost of Treatment 32
III. Pre-examination Considerations 33
A. The Victim 33
1. Meeting the Immediate Needs of the Victim 33
2. Preparing the Victim for Examination 33
B. Consent Forms, Release of Evidence and Confidentiality 33
IV. Duties and Responsibilities of Medical Personnel 34
A. The Medical Team 34
1. The Victim Support Person 34
2. The Emergency Room Nurse 35
3. The Physician 36
B. Guide to Medical Testimony in a Criminal Prosecution 36
V. Examination and Treatment of the Victim 38
A. Obtaining the History 38

B. The Evidentiary Examination 39
1. The Victim's Clothing 39
2. The Physical Examination 39
a. Assessment of Injuries 39
b. Treatment of Injuries 39
c. Pelvic and Rectal Examination 39
3. Laboratory Tests 40
a. Samples for Laboratory Testing 40
b. Evidence Check-Off List 42
4. Instruments and Equipment 43
5. Protection of Chain of Custody of Evidence 43
6. Completion of Medical Records 44
C. Prevention of Disease 44
1. Informing the Victim 44
2. Follow-up Tests 45
3. Medical Treatment for Venereal Disease 45
D. Pregnancy 45
E. Follow-Up 46
1. Medical Follow-Up 47
2. Counseling Follow-Up 47
Appendix 49

CHAPTER THREE

COUNSELING THE VICTIM OF SEXUAL ASSAULT

I. Introduction 63
II. The Crisis of Sexual Assault 63
A. Basic Assumptions 63
B. Implications for Counseling 64
C. Counselor Responsibility 64
III. The Victim 64
A. Patterns of Response to Sexual Assault 64
B. Victims' Feelings 65
C. Needs of the Victim 67
1. Crisis Intervention 67
2. Assistance with Life-Sustaining Needs: Housing, Transportation, Child Care 67
3. Medical Information and Care 68
4. Legal Procedural Information 68
5. Advocacy 68
6. Individual Counseling 68
7. Group Counseling - Support Group 69
8. Family Counseling 69
9. Referral 69
IV. The Counselor/Support Person 70
A. Who Counsels/Provides Support 70

B. Needs of the Counselor/Support Person 70
C. Role of the Counselor/Support Person 71
1. The Counseling/Support Process - Responding to the Emotional Needs of the Victim 71
2. Assisting in Decision-Making 72
3. Institutional Advocate 75
4. Assessing Adjustment and the Need for Referral 75
5. Follow-Up 75
Appendix 77

CHAPTER FOUR

THE PROSECUTION OF SEXUAL ASSAULT CRIMES

I. Introduction 87
II. The 1975 Minnesota Criminal Sexual Conduct Law 87
A. Introduction 87
B. Definitions 88
C. Degrees of Criminal Sexual Conduct 88
D. Subsequent Offenses 90
E. Evidence 90
F. Court Instructions 91

G. Scope of Criminal Sexual Conduct Law 91
H. Cost of Medical Exam 91
I. Age of Consent 91
J. Resulting Death Defined as Murder 91
III. The Court Process 92
A. Filing the Complaint (Charges) Indictment 92
B. Initial Court Appearance (Presentment Hearing) 92
C. Omnibus Hearing 92
D. Arraignment 93
E. Plea Bargaining 93
F. Trial 94
G. Sentencing 94
H. Appeal 94
IV. Protocol for the Prosecution of Sexual Assault Cases 94
A. General Principles 94
B. Role of the Prosecuting Attorney 95
C. Role of the Victim Support Person 97
D. The Victim's Role in the Prosecution 97
E. Other Considerations in the Prosecution of Sex Crimes 99
1. Pretrial Preparations 99
2. Physical Evidence 100
3. Depositions 101
4. Motions in Limine 102
5. Admissibility of Other Crimes 102
6. The Trial 102
a. Jury Selection 102
b. Opening Statement 102

c. Use of Witnesses in Trial 103
d. Closing Argument 103
7. Jury Instructions 103
Appendix 105

CHAPTER FIVE

THE CHILD AS VICTIM

I. Introduction 115
II. Interviewing the Child Sex Victim (Police) 117
III. Protocol for Examination of Children Following Sexual Assault (Medical) 121
IV. Counseling the Child Victim 127
V. Child Rape Victims and Their Families 129
VI. Incest: Background and Procedures 131
VII. Minnesota Reporting of Maltreatment of Minors Law 139

CHAPTER ONE

LAW ENFORCEMENT INVESTIGATION OF SEXUAL ASSAULT CRIMES

CHAPTER ONE

LAW ENFORCEMENT INVESTIGATION OF SEXUAL ASSAULT CRIMES

I. Introduction 3

II. General Principles 3

A. The Victim 4

B. The Victim's Family 4

C. Sexual Assault Counseling Services 4

D. Corroborating Evidence 5

E. The Victim's Statement as Evidence 5

F. Evidence of the Victim's Prior Sexual Conduct 5

III. Basic Duties and Responsibilities of the Officers Investigating a Sexual Assault Crime 6

A. Dispatcher 6

B. Responding Officers 6

1. Division of Responsibility 6

2. Preliminary Interview of the Victim 7

3. Writing the Report 8

4. Witnesses 8

5. Gathering and Preserving the Evidence at the Scene 8

6. The Medical Examination 8

C. Detective 8

1. Interviewing the Victim 9

a. Setting the Stage for the Interview 9

b. Conducting the Interview 9

2. Follow-Up Investigative Work 10
a. Identification Procedures 10
b. The Modus Operandi File 10
IV. Gathering the Evidence: Checklist in Sexual Assault Cases ... 11
A. Obtaining Facts 11
1. Victim 11
2. Offense 11
3. Suspect 11
4. Witnesses 11
B. Physical Evidence from the Scene 11
C. Physical Evidence from the Victim 11
D. Physical Evidence from the Suspect 13
E. Bureau of Criminal Apprehension (BCA) Laboratory Capabilities 13
1. Introduction 13
2. Information Determinable by Blood Tests 13
3. Information Determinable from Other Significant Body Fluids 14
4. Information Determinable from Hairs and Fibers 14
5. Information Concerning Control Samples 15
Appendix 17

LAW ENFORCEMENT INVESTIGATION OF SEXUAL ASSAULT CRIMES

I. INTRODUCTION

The following guidelines are intended for use by any law enforcement agency throughout Minnesota, irrespective of the size or make-up of that agency. It is recognized, however, that certain minor adaptations of the guidelines may need to be made to take into consideration variations in the size of the agency, geographical factors, etc.

Because effective criminal sexual assault prosecution relies on the combined efforts of law enforcement, medical, social service and prosecutorial personnel and agencies it is necessary, as a practical matter, to be fully cognizant of the professional responsibilities of one another when dealing with sexual assault victims. Law enforcement personnel are urged to familiarize themselves with the procedures presented in other chapters of this manual.

This Chapter, **Law Enforcement Investigation of Sexual Assault Crimes**, contains basic principles that should govern the investigation of sexual assault crimes. It states what kinds of situations the officers will most likely confront upon investigating a sexual assault case as well as what the officers' goals should be when investigating. The duties and responsibilities of the various officers involved in a sexual assault investigation, namely, the dispatcher, the investigating officers, and the detective, are described. Evidence that is normally required for a sexual assault prosecution and methods used to recognize, obtain, and preserve the evidence while maintaining the chain of custody are explained in detail. Bureau of Criminal Apprehension (BCA) services available for analyzing the evidence are also discussed.

II. GENERAL PRINCIPLES

Since the police/sheriff may be the first contact the victim has after the sexual assault, it is critical that law enforcement personnel be aware of their responsibility in providing for the needs of the victim. This responsibility is two-fold in nature:

1) Assisting, protecting and serving the victim in a humane, sensitive way that recognizes the physical and emotional trauma the victim has suffered; and
2) properly investigating the case, and gathering and preserving evidence necessary for possible prosecution of the crime.

A fine balance of these two roles is essential. A victim who is treated with kindness, patience and respect and who understands what the officer is doing and why, will be of far more assistance in the investigation and will usually be a better witness for the prosecution. At the same time, a thorough initial investigation will produce a stronger case for trial than a sketchy initial investigation where evidence has disappeared or been destroyed. The following guidelines are intended to assist law enforcement personnel in their attempt to achieve a balance of these two roles.

A. *The Victim*

Sexual assault is a traumatic, life-threatening experience which usually leaves the victim feeling humiliated, degraded, distrustful, afraid and angry. Every victim responds to the experience in a different way. Some victims may appear relatively calm and respond to questions in a matter-of-fact manner, whereas other victims may be crying hysterically and unable to respond to any questioning. (A more thorough description of the victim's feelings and responses to a sexual assault is presented in Chapter Three, **Counseling the Victim of Sexual Assault.**)

In dealing with the sexual assault victim, it is essential that the officer communicate an understanding of the traumatic experience the victim has just been through. The officer can do this by stating directly, "I know you have just been through a terrifying experience, and if you feel uncomfortable at any time while we are talking, we will take a break until you feel able to talk about it." This gives the victim a feeling of control over the situation.

The officer should also explain what he/she is doing and why, so that the victim understands the need for each step in the investigation process. If the victim understands the reasons for the procedures, such as the need to ask very personal, intimate and detailed questions, he/she will be more willing to offer assistance and cooperation with the investigation.

Additional guidelines for dealing sensitively with the victim are discussed later under Interviewing the Victim, page 9.

B. *The Victim's Family*

The victim's family may also feel victimized by the sexual assault and may need support and calming from the officer. Sometimes parents, loved ones or friends will react with anger because they feel helpless to correct the situation. They may direct that anger towards the victim by blaming him/her for whatever happened or by showing feelings of distrust of the victim. Therefore, in general, the officer should not interview the victim in the presence of family or friends. The victim usually will not be as candid if family or friends are present and may not want them to hear the details at all. The officer should briefly inform the family of what happened and suggest that they not inquire into details unless the victim volunteers them. To do otherwise could lead to confusion and problems with the investigation.

If the victim indicates a desire to have a relative, close friend, or a victim support person present, the officer should contact that person to meet the victim either at the hospital or some other place that is convenient and at a time that will not interfere with the initial investigation. The officer must make sure that someone is present to comfort and be with the victim once the investigation has been completed. However, care must be taken to not let family or friends interfere in any way with the investigation.

C. *Sexual Assault Counseling Services*

A counselor or victim support person may be important for the victim's emotional adjustment or for family support. Law enforcement agencies should be familiar with the

supportive services in the local community in order to inform the victim, and make a contact or referral if the victim so chooses. The type, extent and quality of service will vary with the community. Rape crisis centers may be of significant assistance to the police as well when they can work out mutually supportive operations and referral systems.

D. *Corroborating Evidence*

Ordinarily the only witnesses to a sex crime are the victim and the assailant. Although corroborating evidence, that is, evidence tending to prove the crime ultimately charged, is no longer required by Minnesota law, it can be critical in obtaining a conviction. A jury will rarely convict a defendant unless there is some corroborating evidence in addition to the victim's testimony. The evidence available in a sexual assault case may be simple in nature but of great corroborative value. Corroborative evidence may include the presence of sperm, blood stains, dirty or messy clothing or hair, minor abrasions or scratches, physical evidence to identify the scene, or evidence of a struggle. Even minor details such as the victim's recollection that there was a red light bulb in the ceiling of the room to which the defendant took the victim, if proven, will provide very important corroborating evidence. It is therefore essential that every bit of possible evidence be preserved and gathered immediately.

E. *The Victim's Statement As Evidence*

In a sex crime, statements made by the victim soon after the crime concerning the identity or description of the assailant or details of the sexual assault are admissible in court to corroborate the victim's testimony. In Minnesota, such statements made by the victim soon after the offense are admissible as evidence of the victim's prompt complaint, which is a specific exception in sexual assault cases to the general exclusionary rule against hearsay evidence. They are admissible under the rule of law that an immediate statement made under the influence of an exciting or traumatic event before the individual has an opportunity to reflect or to fabricate a story is likely to be reliable. This is not meant to imply that delayed reporting is likely to be false. Frequently, the police officer is the first person to whom the victim tells the story in any detail. If the police officer's interview with the victim occurs reasonably soon after the crime or reasonably soon after the victim was able to reach safety, the officer may be able to testify at trial what the victim related. Therefore, it is important for the police officer initially interviewing the victim to make a complete report of the victim's statement. In general, the officer should write the report in his/her own words rather than quoting the victim verbatim. This may avoid embarrassment later if the victim is unable to remember the exact words he/she used originally. In interviewing a child victim, however, the officer may want to quote the child's exact words.

F. *Evidence of the Victim's Prior Sexual Conduct*

Evidence of the victim's prior sexual conduct is no longer admissible under Minnesota law except in very limited circumstances. The victim's past sexual behavior can no longer be laid bare before the world. Only in rare instances will previous sexual conduct be admitted as evidence in court, such as previous sexual activity with the accused assailant. By sharing this important information with the victim, the officer may allay some of the victim's fears about reporting and/or prosecuting.

III. BASIC DUTIES AND RESPONSIBILITIES OF THE OFFICERS INVESTIGATING A SEXUAL ASSAULT CRIME

A. *Dispatcher*

Since the police dispatcher may be the first person the victim contacts after the sexual assault, it is crucial that he/she respond to the call in a calm and supportive manner. The first responsibility of the dispatcher is to determine the victim's need for emergency medical care or immediate police protection. The dispatcher should then obtain the victim's name and present location, and dispatch patrol officers and an ambulance, if needed, to that location. If possible, the dispatcher should remain on the line with the victim until the patrol officers arrive, especially if the victim is alone and wants to stay on the line. The dispatcher should advise the victim not to bathe, change clothes, comb hair, touch any articles or furniture the assailant may have touched, or in any other way destroy possible evidence. If the victim is able to provide additional information in regard to the description of the assailant or a vehicle used, for example, the dispatcher should relay that information immediately.

The dispatcher should notify the hospital that a victim of a sexual assault will be arriving and should contact any person the victim may want present at the hospital, such as a family member, friend, or a victim support person (if that service is available in the community).

As soon as the police squad has arrived and has the situation under control, all other squads should leave the scene immediately to avoid confusion both at the scene and at the trial. The detectives squad or investigating officer and the laboratory personnel (where available) will be called, and should be the only officers present in addition to the initial squad of patrolmen.

B. *Responding Officers*

The officers who initially respond to a sexual assault call usually provide the bulk of the evidence for the prosecution. Therefore, a thorough and accurate initial investigation is essential.

1. *Division of Responsibility*. Whenever possible, two patrol officers should respond to the initial sexual assault call. This allows one officer to undertake the sole responsibility for dealing with and questioning the victim while the other officer is able to assume primary responsibility for preserving the scene, gathering evidence, searching for the suspect, seeking assistance from detectives and the crime laboratory, and notifying the hospital, and any person the victim may want present for support.

   The initial responsibility of the first officer is to assess the victim's need for emergency medical care and, if needed, to provide transportation to the hospital or call an ambulance if the dispatcher has not already done so. If the victim does not need emergency medical care the officer should begin a preliminary investigation. In doing so he/she should constantly be aware of the victim's needs while seeking to obtain the necessary facts such as the assailant's identity and/or description, location and time of the assault, etc.

Questions raised by other officers should be directed to the first officer rather than to the victim in order to avoid subjecting the victim to repeated police questioning. This is not intended to inhibit the initial interview but rather recognizes the severe emotional stress the victim may be experiencing as a result of the sexual assault.

The first officer should remain with the victim throughout the investigative procedure explaining to the victim and the family members or friends the police procedure and its rationale, what is being done to apprehend the suspect, and the investigative and medical procedures that will follow. The officer should accompany the victim to the hospital for medical treatment and an evidentiary examination and, if possible, remain with the victim until the proper medical personnel and/or support person is available. Under no circumstances should the officer be present in the examining room during the examination itself.* The officer should then assure the victim that he/she is available if the victim needs him/her. The victim should also be asked where he/she may be contacted by a detective for a detailed interview and a formal statement (if this did not occur on the scene). If a suspect is in custody the investigation must be completed within 36 hours and the officer should ask the victim to be available during that time.

Before leaving the hospital the officer should arrange with medical personnel a time for obtaining the evidence collected at the hospital.

2. *Preliminary Interview of the Victim.* The responding officer has a responsibility to interview the victim and write the initial report of the crime. The purpose of this interview should be to briefly obtain information concerning the basic elements of the crime (location and time of the offense, an accurate description and/or identity of the assailant), as well as information needed to determine what evidence might be available. The officer should begin by explaining the investigative process to the victim: what information is needed and why, the kinds of evidence needed, the purpose of the medical examination, both to discover and treat any injuries and to gather evidence for possible prosecution. He/she should also re-emphasize to the victim the importance of *not* bathing, changing clothes, or in any other way destroying possible evidence.

   In interviewing the victim, the officer should allow the victim to talk freely and spontaneously, but he/she should not question the victim concerning details of the sexual aspects of the crime except as they relate to evidence that must be preserved and to establish what crime was committed. If the officer attempts to question the victim about minute details not volunteered, the victim is likely either to clam up or to tell him a partial story which will later cause problems in any trial. The initial investigating officer, under that stressful situation, will probably not have the time to establish the same kind of rapport with the victim that the investigating detective will later be able to establish, so the inquiry concerning details should be left to the detective and the prosecutor.

   Although the initial interview should be as brief as possible, it is crucial that the officer be aware of the principles of interviewing which are discussed in greater de-

*Except in the case of obtaining a dying declaration.

tail under Interviewing the Victim, page 9; and in Appendix A, "Crisis Intervention and Investigation of Forcible Rape", M. Bard and K. Ellison; and Appendix B, "Interviewing the Rape Victim", International Association of Chiefs of Police. Both articles provide techniques on what it means to treat a sexual assault victim "sensitively".

3. *Writing the Report.* Each officer should write his/her own report of the initial investigation rather than writing a joint report. In writing the report it is important for the officers to avoid the use of ambiguous or qualified language such as "alleged" victim, which may be used by a defense attorney at trial to imply that the officer did not believe the victim's story. The report should be as complete as possible but stated in the officer's own words rather than quoting the victim directly. Paraphrasing the victim's statement in the officer's own words is advised so that the victim will not appear to be lying when he/she cannot recall word for word what the officer was told.

4. *Witnesses.* The officer who is not interviewing the victim should obtain the names, addresses and phone numbers of all witnesses who saw the victim before the incident, who may have seen the victim with the suspect, anyone who may have seen or heard any part of the incident itself, and everyone to whom the victim spoke after the incident and before the patrol officers arrived. Statements from those individuals will be taken later by the detective and may provide corroborating evidence at trial.

5. *Gathering and preserving the Evidence at the Scene.* If a mobile crime laboratory or the services of the BCA or Sheriff's Office are not available, gathering and preserving the evidence at the crime scene will be the primary responsibility of the patrol officers. A detailed checklist of evidence needed for prosecution is presented later in this chapter. It is critical that the chain of custody of evidence be maintained by all personnel involved in collecting the evidence.

6. *The Medical Examination.* Time is critical in the obtaining of medical evidence from the victim. Sperm and seminal fluid can be recovered from the victim if the examination takes place soon enough. When the officer accompanies the victim to the hospital for a medical examination, he/she should ask the examining physician and any sexual assault counselors who may be present not to question the victim about irrelevant details of what happened. Obviously, the physician must find out all relevant information for the medical examination, but ordinarily does not need to question the victim about the details of the crime itself. The officer should make sure the physician knows what tests are necessary and that the consent for release of medical information form is signed. If there is any bloody clothing or blood stains at the scene, ask the physician to take and preserve a blood test as well. These will be preserved for possible analysis. A more thorough discussion of the medical examination is presented later in this chapter.

C. *Detective*

One supervisor should act as coordinator to read and assign all sexual assault cases. One detective should then be assigned to be responsible for each sexual assault case from the beginning of the investigation through trial.

In smaller police departments and agencies the functions of the initial patrol officer and the detective may be the combined function of one person. It will be essential for that person to determine the most feasible time for a detailed interview with the victim. If a suspect is in custody, however, the investigation must be completed within 36 hours.

1. *Interviewing the Victim.*

   Please read Appendix A, "Crisis Intervention and Investigation of Forcible Rape", M. Bard and K. Ellison; and Appendix B, "Interviewing the Rape Victim", International Association of Chiefs of Police, in conjunction with this section. Both articles provide excellent information on effective and sensitive police interviewing techniques.

   The time to establish a supportive, cooperative relationship between the investigator and the victim is as soon after the crime report as possible. However, the detective investigator must be able to recognize those times when the victim's physical or emotional condition makes such an immediate interview unwise or impossible.

   a. *Setting the Stage for the Interview.* The investigator should first look to the victim's safety, comfort, and privacy. If the attack took place at the victim's home, he/she may like to have the interview at a neighbor's home, for example. In any case, the setting should be comfortable and private, with as few interruptions as possible. Since a relative or friend may be with the victim, it is useful to explain to both of them the purpose of the interview and the necessity, for the sake of both the victim and the police, for privacy, but the friend or relative can be asked to remain nearby.

      The investigator should be prepared to take as extensive notes as possible, consistent with the need to keep the interview from becoming impersonal. It is preferable, however, for the investigator to start a flow of conversation before taking any notes. This can be facilitated by first focusing on the victim's feelings and needs, proceeding to a discussion of how the victim and investigator can work together, and finally, explaining what information is needed. By this point, it should be easier for the victim to talk in more detail, and the investigator should begin to take notes.

   b. *Conducting the Interview.* The investigator will want to obtain as much information as possible, bearing in mind the importance of balancing the need for facts with the need to alleviate the victim's distress during the interview. Because some of the questions the investigator will have to ask may embarrass the victim, they should be prefaced with an explanation of why the information is needed. If the interview is put in the context that the victim is not to blame and that many other persons have been victimized by rapists, it may be easier for the victim to talk about the attack. Similarly, if the investigator does not make moral judgements about the circumstances of the sexual assault (such as hitchhiking), or show shock or disdain about the nature of the sexual acts that took place, he/she will not stifle the victim's responsiveness. Questions about the assailant's behavior that are open-ended (i.e. questions which require more than

a yes or no answer) will enable the victim to speak more freely and not influence his/her account. If the investigator is able to gear his/her terminology to the level at which the victim is most comfortable, it will make the interview less distressing and, therefore, more informative.

Despite such an approach, some victims may naturally be reluctant to discuss the more intimate details of the crime, and if they cannot be encouraged to do so at this time, they should not be coerced into it. The investigator should not use this reluctance as a means of avoiding subjects he/she finds unpleasant. This simply forces the need for a second interview without necessarily sparing the victim's feelings.

From time to time throughout the interview process, the investigator should attempt to see if the victim can recollect identifying characteristics of the assailant — appearance, clothes, unusual features, voice, words used, and so on. If nothing new is triggered by these inquiries, the officer should proceed with other aspects of the interview rather than probing.

2. *Follow-Up Investigative Work.* The standard law enforcement procedures for locating or apprehending a suspect should be followed in sexual assault cases. If at all possible the same detective who conducted the earlier interview with the victim should also conduct the follow-up investigation. Sensitive treatment of the victim is important both as a matter of human concern and as an essential factor in eliciting the most accurate information from the victim.

   a. *Identification Procedures.* If the police have a suspect in custody who is not known to the victim, a line-up is often preferable to photograph identification. If there appears to be a prime suspect who is not in custody, a photo line-up should be utilized. At least eight to twelve photographs of similarly appearing persons should be shown. The photo line-up procedure should be handled very carefully since the victim may well point out one or more pictures looking like the assailant, which would then make any subsequent identification by the victim worthless in court and probably prevent prosecution of the suspect. It is recommended that a joint police-county attorney policy be established on this procedure to avoid evidentiary problems at trial.

   b. *The Modus Operandi File.* Every department, whether or not it has a specialized sexual assault investigation unit, should develop, update, and improve an MO file for sex offenders. The raw material for this file is made up of the persons in the area who have been convicted of such offenses, those who have been arrested on such charges, and others whose identity may be unknown but who have been reported and described by sexual assault victims — plus all the physical, behavioral, and other identifying characteristics associated with each such person. The investigator should research the MO file to match all possible suspects against the victim's testimony in the interview.

   In larger metropolitan or multi-jurisdictional agencies, computerizing the MO files may facilitate the storage, retrieval, and analysis of the information. In smaller jurisdictions or rural areas, law enforcement agencies may well benefit from establishing regional-type MO files within the area.

IV. GATHERING THE EVIDENCE: CHECKLIST IN SEXUAL ASSAULT CASES

Most of the evidence will be preserved and gathered by the initial officers, with the exception of intimate details to be learned from the victim by the detective assigned to the case. Both the initial investigating officer and the detective should *explain* to the victim why the following information and evidence is needed.

A. *Obtaining Facts*

Law enforcement and the county attorney in each jurisdiction should cooperatively develop procedures to determine which of the following facts will be obtained by law enforcement personnel and which by the prosecuting attorney.

1. *Victim.* Name, age, home and work addresses and phone numbers, marital status, number of children, time of last intercourse if within the 24-36 hour period prior to the sexual assault.

2. *Offense.* Location, exact time, details of how the sexual assault occurred, what happened prior to the assault and after it occurred, use of weapons or force.

3. *Suspect.* Name and address, if known, or complete description of suspect, car, license plate, etc. Nature of any contact with the suspect prior to the date in question — when, where, for how long, type of contact.

4. *Witnesses.* Obtain names, addresses and phone numbers of all parties who saw the victim before the incident, who saw or heard any part of the incident, who saw the victim with the suspect, or who talked with the victim after the incident and before the police arrived. Each of these individuals should be interviewed by the detective and statements taken from anyone with relevant information or to whom the victim stated what happened before the police arrived. This should be done in order to preserve the victim's statements of prompt complaint and for such individuals to report in testimony at trial.

B. *Physical Evidence From the Scene*

It is the responsibility of the initially responding officers to make sure the scene is preserved until the mobile crime laboratory is available. If no mobile crime laboratory is available the responding officers should see to it that fingerprint processing is completed, detailed photographs of the scene are taken and a diagram of the scene is made prior to disturbing the scene. They must also see that relevant articles are seized, properly marked and inventoried. *Paper* bags, not plastic, should be used to hold any evidence with human secretion (blood, semen, etc.) to prevent deterioration.

If the scene is not available, but can be ascertained, the detective should obtain a search warrant, where indicated, to investigate the scene and to photograph and make a diagram of it, as well as to seize any relevant articles including any items identifying the room or area that the victim recalls and can describe.

C. *Physical Evidence From the Victim*

1. Any evidence-bearing or damaged clothing worn by the victim should be obtained

at the hospital, after the victim is provided with a change of clothes.

2. A written description of evidence of a struggle, such as damaged or messing of clothing or hair, or any signs of physical trauma in the victim should be made in the report.

3. Close-up photographs should be taken of any injuries to the victim no matter how minor. Hospital personnel should photograph any injuries of the victim's genetalia during the medical examination. Police personnel should also take photographs of bruises and injuries, especially if the particular police station is equipped with controlled lighting conditions, but should not re-photograph injuries of the victim's genetalia specifically.

4. Medical examination of the victim.

   a. The hospital should be notified prior to arrival so that personnel and an examining room can be prepared.

   b. The officer(s) should not be present in the examining room during the physical examination of the victim.*

   c. The victim should be encouraged to sign a medical waiver, authorizing the release of the medical reports to the appropriate police and prosecuting agencies. The victim should be informed that there is no obligation to prosecute by reporting the crime or by signing the medical waiver.

   d. The medical protocol section of this manual contains a suggested procedure for the medical examination of sexual assault victims. In general, the medical examination should include a pelvic examination, blood and urine samples for VD and pregnancy tests, blood pressure, pulse, temperature, etc.

      Any evidence of abrasion, bruises, scratches, or other injuries should be described on anatomical drawings or photographed (by the doctor or by a nurse if they are located in private areas) and reported by the doctor in detail. If anal or oral intercourse occurred, the doctor should make the appropriate examinations for the presence of seminal fluid.

   e. The officer should receive the following evidence from the doctor or nurse:

      1) *Victim's clothing* (*everything relevant*) unless the victim must be taken home to get other clothing first.

      2) *Photographs taken by the hospital*: The officer should note in his/her report whether or not photographs were taken by hospital personnel and, if so, by whom. The film itself, however, should be kept and developed by hospital personnel.

*Except in the case of obtaining a dying declaration.

      3) *Fingernail scrapings* in sealed containers, if relevant.

      4) *Pubic hair combings* together with the comb used, in a sealed envelope and plucked hairs from the victim, in a separate sealed labeled envelope.

      5) *Blood samples*, with a preservative.

      6) *Swabs/Smears* — vaginal, anal, etc.

      7) *Saliva samples*, collected and air-dried on a piece of cloth or gauze

   f. All evidence received must be marked with the victim's name, date, hospital number, name of person taking evidence, name of any other person in the chain of evidence, and the name of the officer receiving it. It is helpful to mark items in the same locations to facilitate court identification. All items needing refrigeration should be properly preserved.

D. *Physical Evidence From the Suspect*

In addition to photographs of the suspect's person, clothing and any injuries, and the taking of the suspect's clothing, a search warrant or court order should be obtained for obtaining a blood sample and samples of head, chest, or pubic hair if relevant to evidence found on the victim or at the scene of the crime, to be analyzed at the BCA for further identification of the suspect. If the suspect is arrested shortly after the crime, and appears to be intoxicated, an immediate blood test should be done to determine the alcohol or drug level, and a detective should consider making a video tape of his/her interview with the suspect to show that the suspect understands what is going on and is capable of making decisions.

E. *BCA Laboratory Capabilities*

1. *Introduction.* The major types of evidence found in crimes of sexual assault are blood, semen, hairs and fibers. The following discussion will explain the necessity of control samples and what results can reasonably be expected from the various evidence types.

2. *Information Determinable by Blood Tests.*

   a. Determine whether blood is human or animal origin.

   b. Classification of dried blood stains into one of four major groups of "O", "A", "B", and "AB". Additionally, blood may be subgrouped in several other factors such as Rh, PGM, EAP, and other blood group systems, depending on size and sample condition.

   c. Classification of blood from each person involved to determine the possible source of the dried stains. NOTE: It is of little value to show that blood on a suspect could have come from the victim without also showing that this blood *could not have come* from the suspect himself/herself or one of his/her associates.

d. Identification of human blood as coming from a particular person is *not* possible. Also the age of a dried stain is not possible to determine.

3. *Information Determinable From Other Significant Body Fluids.*

a. *Seminal stains* —

1) Their identification on the victim's clothing, in vaginal swabs, or at the scene can be of value in corroborating claims of a victim.

2) If the suspect is a *secretor* his blood group can be determined from the seminal fluid. Additionally the PGM enzyme is present in seminal fluid which can also be determined and compared to that of a suspect.

3) Blood controls are necessary to determine the PGM enzyme present in the suspect and victim. Saliva controls are necessary to determine each involved person's secretor status.

b. *Differentiation of secretors and nonsecretors* —

1) Accomplished by using saliva controls from all involved persons.

2) Secretor — One of about 80% of the population who has in his/her other body fluids (saliva, semen, perspiration, etc.) the same ABO blood group factors which are present in his/her blood.

3) Nonsecretor — One of about 20% of the population who does not have ABO blood group factors in his/her other body fluids.

c. *Saliva stains* —

If present on cigarette butts or clothing it may be of value for determining the blood group of the person who deposited it if this person was a secretor.

d. *Limitations on seminal and saliva stain grouping* —

1) Semen is often mixed with urine or vaginal secretions of the victim making grouping tests inconclusive.

2) The amount of blood group factor present on a cigarette butt or in a seminal stain may be insufficient to give conclusive grouping tests.

4. *Information Determinable From Hairs and Fibers.*

a. While hair and fiber examinations are circumstantial from an evidentiary standpoint, they can corroborate other evidence or testimony.

b. *Hairs* —

1) Hairs can be identified as animal or human in origin.

2) If human it can be sometimes determined if the hair was damaged, if the hair was torn in its removal, and the possible area of the body which the hair originated, such as head vs. pubic. Age and sex cannot, generally, be determined from a hair.

c. *Results of hair comparisons* —

1) Hairs match in microscopic characteristics and could have originated either from the same individual or from another individual whose hair exhibits the same microscopic characteristics.

2) Hairs are dissimilar and did not originate from the same individual.

3) No conclusion could be reached.

d. Control hair samples should consist of at least 12 full length hairs *pulled* from different locations on the head or pubic area.

e. *Fiber examinations* —

1) Identification as to type of fiber such as animal, vegetable, synthetic, or mineral.

2) Determinations as to type, color, size, weave, and overall microscopic appearance are made between questioned fibers and knowns. A positive match indicates a possible common origin.

3) Submit entire garment for control samples.

5. *Information Concerning Control Samples.* Most laboratory examinations are comparative in nature and a meaningful interpretation of results is often not possible without control samples. Consequently, as a general laboratory policy, blood grouping, secretor grouping, and other comparative examinations will be performed only after the appropriate controls from all persons involved have been received.

APPENDIX

CHAPTER ONE

APPENDIX ONE-A

*Crisis Intervention And Investigation Of Forcible Rape**

By
Morton Bard and Katherine Ellison

MORTON BARD is a professor of social psychology at the Graduate School and University Center of the City University of New York. His interest in human crisis began with extensive research on the psychological impact of cancer and radical surgery. Dr. Bard has directed a number of innovative community-oriented projects and organized the first Family Crisis Intervention Program within the New York City Police Department. His current focus is on crisis intervention and interpersonal conflict management in the police function.

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THE TRADITIONAL FOCUS of the police has been on law enforcement: the solution of crime and the apprehension of offenders. However, it has become almost a cliche to point out that analyses of the police function reveal that they have increasingly fallen heir (estimated to occupy between 80 and 90 percent of their time) to an increasing array of important human service functions. Traditional training gives them few tools to aid them in performing these functions. If the police are to provide these human services in the manner most satisfactory both to the public and to the officer, it is essential to draw upon the knowledge in other fields related to human behavior. This does not mean that police officers should be made over into psychologists or social workers, rather it means that they should combine knowledge from these fields with their own unique experiences and expertise to perform all aspects of their job with maximum effectiveness, safety, and satisfaction.

Both law enforcement and human service functions are combined in an officer's dealings with a victim of forcible rape. This paper will deal with ways in which the police can use psychological knowledge both to benefit rape victims and at the same time to enhance their ability to apprehend offenders and close their cases satisfactorily.

The handling of rape investigations with psychological insight not only benefits the victim in terms of future psychological functioning, but also results in greater job satisfaction for the officer. In addition, it has ramifications in a larger sphere: "the word gets around," and an image is projected to the public of an authority with psychological and technical competence. This must lead not only to greater public cooperation but also to a greater sense of security for the public at large.

CRISIS THEORY: THE BACKGROUND

The body of psychological knowledge known as crisis theory is particularly useful in enlarging an officer's understanding of the victim's psychological state and reactions, of the way the victim views the situation, and of the officer's role in relation to that event.

Modern crisis theory had its origins in 1942 when a Boston psychiatrist, Erich Lindemann, and his colleagues from the Harvard Medical School, became involved with the victims and the families of victims of the Cocoanut Grove fire.[1] This terrible nightclub conflagration, in which almost 500 lives were lost and many more people were badly hurt, had a major impact on the city of Boston.

Lindemann's work with survivors, their relatives, and friends, produced many ideas about how to deal with victims in crisis. This work has been enlarged and elaborated on by other researchers in the field. Much of the work that has been done has dealt with people in psychiatric crises, while practical applications in other areas have been slower to develop. This paper will suggest that crisis intervention theory has particular relevance to the police especially in their interactions with the victims of crimes against the person, particularly the crime of forcible rape.

CRISIS AND ITS ASPECTS

Crisis may be interpreted in a wide variety of ways, but common to most definitions is the idea that it is a turning point in a person's life. *It is a subjective reaction to a stressful life experience, one so affecting the stability of the individual that the ability to cope or function may be seriously compromised.* Crisis comes in many kinds and degrees. An event that may be of crisis proportions for one person may have less effect on another, but there are some situations that may be considered crisis inducing for any individuals who experience them.

Crime victimization is one of the most stressful events in life. While it is not usually seen in crisis terms, it has all of the qual-

*Reprinted from *The Police Chief* magazine (May 1974): 165-171, with the permission of the International Association of Chiefs of Police.

[1]Lindemann, E. Symptomatology and Management of Acute Grief. *American Journal of Psychiatry,* 101. 1944.

ities that make for crisis. People tend to react to crime with the behavior that one sees in other, more obvious, crisis-inducing situations.

As every officer realizes, people respond differently to having been victims of crime. While highly personal reactions to stress make it difficult to suggest a formula approach to people in crisis, it *is* possible to define some aspects of a situation that will typically be perceived and reacted to as a crisis. It may be useful to discuss important characteristics of stressful situations that result in a crisis reaction.

A. Stress

1. *Suddenness.* Stressful life events that are sudden tend to have a crisis impact. When a situation comes on slowly, people are able to readjust their psychological defenses slowly to cope with it. The death of a loved one who has been dying slowly over months or years usually has less crisis impact than a sudden, unexpected death.

2. *Arbitrariness.* A situation that is arbitrary usually is experienced as a crisis. This is the sort of situation that seems unfair, capricious, and highly selective; it seems to happen in a no-fault, "out of the blue" way, resulting in the "why me?" phenomenon. An out-of-control auto selectively hitting one pedestrian in a crowd is an example of arbitrariness.

3. *Unpredictability.* Closely tied to arbitrariness and suddenness is unpredictability. In everyone's life there are normal and predictable developmental crises for which one can plan: marriage, a new job, a school examination, elective surgery, or any number of other events that are stressful but that can be predicted as being such with greater or less accuracy. Crises that can be anticipated lend themselves to planning so that some of the severity of the impact may be reduced. On the other hand, there are those crises which cannot be predicted. They are precipitated by wholly unforeseen events such as natural disasters, serious accidents, or crimes. It is the unpredictable that further confounds and complicates the stressful event leading to a crisis reaction.

B. Reactions to Stress

1. *Disruptiveness.* A crisis reaction has the characteristic of disrupting normal patterns of adaptation. Normally all of us have defenses which operate all the time to preserve the sense of "self," that is, to protect the self against the normal ebb and flow of life's events. We stay on a pretty constant course that way. But under the impact of a crisis-inducing situation, those defenses are disrupted and functioning suffers. Sleeping and eating patterns may become disturbed, work inhibitions may develop, attention and concentration become difficult.

2. *Regression.* Often individuals regress, that is, emotionally they revert to a state of helplessness and dependence that characterizes an earlier stage of development. When in a crisis, an otherwise mature and effective person behaves almost like a child in seeking support and nurturance, guidance, and direction from those regarded as strong and dependable.

3. *Accessibility.* With characteristic defenses disrupted in a state of helpless dependency, individuals in crisis are extraordinarily open and suggestible. This provides a unique opportunity to affect long-term outcomes.

One of an individual's most basic needs at this time is to ventilate feelings—to be able to talk about what has happened, to "get it out of your system." At this point sensitive intervention can help the person work through turbulent feelings about the experience and can minimize the long-term damage to psychological functioning.

If there is insensitive intervention that discourages ventilation, the individual quickly regroups his defense mechanisms and attempts to use them, often in extreme forms, to deal with the crisis. The defenses, instead of being appropriate reactions to a crisis situation, might harden into inappropriate habit patterns. For example, a common defense mechanism found in victims of crime is repression; they "forget" what has happened to them and can give only the barest, most confused details to the investigating officer. (One psychological theory tells us that this forgetting is only apparent and that the events continue to influence behavior.) Victims may tend to become paranoid and to feel someone is following them, or that the environment is dangerous, or that the offender is lurking nearby, even when this is not possible. They may develop nightmares, compulsions, or excessive, unreasonable phobias. Such defensive reactions often hinder not only the initial investigation, but also the successful legal pursuit of the case when the offender is apprehended and the case comes to trial. The person who "can't remember," who refuses to leave his or her room, and who fears all strangers can hardly be an ideal witness.

The disruption that occurs with crisis may become apparent immediately or there may be a delayed reaction. A police officer often will see a victim of serious crime, such as rape, who seemed calm and unconcerned at the time, but who, three or four weeks later, will need psychiatric treatment or be hospitalized. She may even call the officer who investigated the case and complain of acute or chronic insomnia, or phobias, or that she is depressed and cannot stop crying, and the like. Because crisis-symptoms might not be evident immediately but may show up after some period of time, the officer must act as though the situation is of crisis-proportions.

CHARACTERISTICS OF SUCCESSFUL INTERVENTION

Given the elements that make for crisis, the question then becomes, what are the basic elements that contribute to dealing successfully with a person in crisis? Specifically, what should a police officer do to help the person in crisis regain equilibrium while, at the same time, furthering his own work?

Police have several advantages as crisis intervention agents. Those who have worked with the crisis concept have emphasized the importance of earliness of the intervention. Being on the scene early allows one to take advantage of the period when the victim's defenses are down, when he/she is open and accessible to authoritative and knowledgeable intervention. The police officer is there early simply because people in crisis turn first to the police, especially when the crisis is precipitated by crime. Because the officer is on the scene first, actions taken can critically affect, either positively or negatively, the victim's subsequent behavior.

Almost as important as the immediacy is the question of authority. Most professionals in our society are seen as authority figures and their ability to perform their duties is enhanced by this aura of authority. Professional people are expected to be competent, to be able to do their jobs well. Because professionals are expected to be competent, those seeking their services act in ways that will facilitate this competency; for example, people listen and follow directions.

Some professionals have learned to take advantage of the public confidence that comes with authority. In the field of medicine, it is common knowledge that most of what a docter cures has nothing to do with anything that is specifically wrong with people. At least 70 percent of the time of a general practitioner is devoted to functional disorders, i.e., with ailments that are basically psychological in origin. (Not unlike the 80 percent of police time being concerned with non-crime functions.) What people are cured by is a kind of laying on of hands. The doctor has come to have enormous authority in the eyes of people and they turn to him for the satisfaction of psychological as well as physical needs. In the course of his training he learns how to use this authority in helping patients feel better.

Similarly, a police officer has considerable authority, both real and symbolic. The officer is the symbolic representation of everything from parent to the state. This is especially so when people are in trouble; people turn to the police to help in all sorts of difficulty, from a cat on the roof, to disputes with landlord or spouse, to emergency illness, to rape and robbery. Trouble is the business of the police, and society grants them much authority to help them deal with it. They must learn to use this authority. Because the police, by the nature of their job, have immediacy and authority, their behavior toward the individual in crisis must have impact upon both short and long-term adaptions of such people.

IS RAPE A SEX CRIME?

It is common to regard rape as sex crime. However, there is reason to question this view. Indeed, looking at it in the traditional way may well create a set in the police investigator's thinking that is dysfunctional. That is, to regard the act primarily as sexual in nature may distort the view of investigating officers, giving them a sense that they are dealing with something that really belongs in the area of morality. If one looks upon rape as a crime against the person, one may be more disposed to see it as one would view other aggressive crimes, such as robbery, assault, etc.

The difference in point of view may have a significant effect on the investigator's handling of the case. Despite the new morality, in our society sex is still a subject that is highly charged emotionally, and is difficult to deal with coolly and objectively. Even the most hardened officer, for example, often reports difficulty in dealing with the case of a child who has been sexually molested. The special feelings in our culture about sex are revealed by the fact that, in many states, laws dealing with sex crimes differ significantly from laws dealing with other crimes against the person. For example, a woman carrying a purse is ordinarily not considered to be "asking for" a mugging, but a woman in a short dress is often accused of "asking" to be raped. No other crime has such stringent corroboration rules or requires such blameless character and conduct on the part of the victim.

Recent research on rape[2] suggests that the intent of the offender is more often aggressive than sexual to prove his own masculinity and invulnerability by scape-goating and degrading the victim. Contrary to popular belief, the average rapist probably is not someone for whom normal sexual outlets are unavailable. Often too, the crime may follow a fight with a mother, a girlfriend or wife, and be a displacement of hostility against that woman.

RAPE IN THE CONTEXT OF CRIMES AGAINST THE PERSON

To understand the impact of rape, it would seem appropriate to examine it in the context of other crimes against the person as they are experienced by the victim. All crimes against the person can be said to be violations of the self[3] and, as such, precipitate crisis reactions.

A burglary is such a crisis-inducing violation of the self. People usually regard their homes or apartments as representative of themselves. In an important symbolic sense, their homes are extensions of themselves. It is, in the most primitive sense, both nest and castle. Particularly in a densely populated, highly complex environment it is the place that offers surcease and security. Each nest is constructed uniquely: each is different, just as individuals are different. When that nest is befouled by a burglary, it is not so much the fact that money or possessions have been taken, but more that a part of the self has been intruded upon or violated.[4]

In armed robbery, a somewhat more complex violation of self takes place. While in burglary, the victim is not directly involved, here the violation of self occurs in a somewhat intimate encounter between the victim and the criminal. In this crime, not only is an extension of the self (property, money, etc.) taken from the victim, but he or she is also coercively deprived of independence and autonomy, the ability to determine one's own fate. That is, under threat of violence, the victim surrenders autonomy and control, and his or her fate rests unpredictably in the hands of a threatening "other." This kind of situation must have a profound ego empact.

Now let us go a step further on the scale of violation of self to assault and robbery. Here there is a double threat: the loss of control, the loss of independence, the removal of something one sees symbolically as part of his "self," but now with a new ingredient. An injury is inflicted on the body, which can be regarded as the envelope of the self. The external part of the self is injured, and it is painful, not only physically, but internally in ego terms as well. Victims are left with the physical evidence reminding them that they were forced to surrender their autonomy and also of the fact that they have been made to feel like less than adequate people . . . a visible reminder of their helplessness to protect or defend themselves.

In this discussion we have moved from considering the implications of the violation of self as it relates to the extension of a person (burglary), to the loss of control and autonomy as well as part of the self (armed robbery), then to considering the insult to the envelope of the self as well as the loss of autonomy (assault and robbery). Now to the ultimate violation of self (short of homicide[5]) forcible rape. In the crime of rape, the victim is not only deprived of autonomy and control, experiencing manipulation and often injury to the envelope of the self, but also intrusion of inner space, the most sacred and most private repository of the self. It does not matter which bodily orifice is breached. Symbolically they are much the same and have, so far as the victim is concerned, the asexual significance that forceful access has been provided into the innermost source of ego.

From an ego-psychological point of view, this kind of forceful intrusion into interior space would have to be one of the most telling crises that can be sustained, particularly since it occurs in the context of the moral taboos which traditionally have surrounded the sex function. Indeed, to view rape as purely a sex crime encourages the search for possible sources of satisfaction in the experience for the victim. Actually, there is little opportunity for gratification in the context. For example, if one focuses only on the sexual, one would be tempted to minimize the effects of rape on women with considerable sexual experience. This is not the case. That is why promiscuous women or prostitutes, for whom sexual activity is certainly part of their normal adaptive pattern, will experience rape as a crisis. For all women the focus is upon the intrusion and the violation of self; even prostitutes, for whom sex is a commodity, there is a need to have a sense of control, a sense of autonomy. When this is taken from any woman, her defenses will be incapable of protecting her ego.

Adding to the victim's distress over violation is her awareness of cultural myths about rape, leading to fears of how friends and relatives will react toward her, and perhaps guilt feelings that she surrendered under duress, to a "fate worse than death." In this fearful, disrupted state, she sometimes comes to the police.

IMPLICATIONS FOR THE INVESTIGATOR

The implications of all this for police investigators are truly profound. If officers realize the crisis significance of rape and have an understanding of their role, particularly in terms of its immediacy and authority, they can be considerably aided in achieving a successful outcome of the investigation. Remember that an individual in crisis may be in a state of regression, and

[2]Amir, Menachim. *Patterns in Forcible Rape.* University of Chicago: Chicago, 1971.

[3]The self is an abstract concept; sometimes called ego. It is the sum of what and who a person feels he is. A large part of the concept of self involves the body and the way one feels about the body, but it also includes such extensions of the self as clothing, automobile, and home. For example, this may be expressed in such ways as: "That's just the sort of house I'd expect him to have."

[4]This explains the sense of feeling "dirtied" often expressed by burglary victims. The intent to degrade is borne out by the fact that many burglars leave behind wanton destruction, and even, sometimes, deposits of feces.

[5]Homicide, of course, is the ultimate violation of self. However, witnesses of the homicide or relatives of the victim are usually in a crisis state. The intervention techniques useful with the victims of crimes against the person are appropriate for use with these individuals.

it is natural in such a state to try to defend the self by repressing the noxious experience. While regression provides an opportunity for fostering a relationship with the victim, repression may inhibit the communication of significant information.

A CASE HISTORY OF A RAPE SITUATION

Let us examine an example of a more-or-less typical rape case[6] and the way it was handled. Of particular interest are some of the crucial situations, how the police in this case handled them, what they did consistent with our understanding of crisis theory, and how they might have responded differently.

One Saturday afternoon an eleven-year-old girl, living in a large apartment complex in New York City, was accosted by a sixteen-year-old boy as she went into an elevator, was forced at knife point to the top of the building, and raped in the stairwell for half an hour. She was injured rather badly. When he left, she went down to the playground where she had been playing table tennis, picked up her racket, in a stunned manner, commented on the experience to two of her little girl friends, then went to her own building, took the elevator to her family's apartment, and told her mother about it. Her mother called the police. The police arrived quickly, questioned the family and the child with official demeanor, took the facts, and advised the family that detectives would be there shortly to conduct an investigation. They then advised a hospital examination and, indeed, took the child and her mother to the hospital which was not far away.

About two hours later, two detectives arrived, asked essentially the same questions that the original officers had asked, told the parents they would be in touch again, and left.

Then the problems began. The child tried to talk about the event as the evening went on and both mother and father conspired to keep her from talking about it. The mother's guilt was operating; she experienced the event as having somehow been her fault. She had not protected her child, did not go down to the playground with her, did not keep an eye on her, etc. The father was enraged and guilty because he too had somehow failed to protect the child. There was a fifteen-year-old bother in that family who was also thrust into a state of crisis, and was being ignored. Why was he in a state of crisis? It was an event that had involved sex, an issue about which adolescents are particularly concerned. There was not much age difference between the two children: they were of different sexes, and there must have been some feelings. After all, incest taboos operate strongly in all families. And, additionally, the victim had reported that the rapist was about the same age as her brother. Thus the situation must have had serious implications for him.

What we see here is an incident in which the crime of rape has produced a crisis not only for the victim but for the entire family as well.[7] The impact of the crisis, its shattering effects, the regressive tendency of all members of this family cry out for a firm, gentle but knowledgeable authority who, by his actions, can satisfy the need for support and strength. And if this authority is a police officer, he can at this time set the basis for furthering his investigation.

For example, the parents might be approached in the following way: "Look, we're police officers; we've had experience with this sort of thing, and we understand. So let's talk about what our experience tells us is going to happen as a result of what's gone on here. You're going to feel more guilt than you may realize about what's happened to your little girl. You're going to ask yourselves, 'What could I have done to prevent this?' Well, in reality, you didn't do anything wrong, and neither did she, and there probably was nothing you could have done to prevent it. But we realize that knowing this is so doesn't keep you from feeling guilty all the same, and we understand that."

Just such a simple statement gives the message that this person with authority is knowledgeable and understanding and can actually predict and give voice to the gnawing internal experiences of these parents. Somehow this process is not only reassuring but encourages trust and an openness with the officer.

From there the investigators might go on to anticipate their future reactions so that the family and/or the victim can recognize them and deal with them as they occur. At the same time, they may set the basis for furthering the investigation. They might say something like, "We know that this is painful for the family, too. You're probably going to have a tendency not to want to hear about it, to feel that it would be best for eveybody if your child didn't talk about it. But our knowledge in these situations tells us that people have a compulsive need to talk about what has happened to them, to 'get it out of their system,' to share it with someone who understands and who won't judge her or be harsh with her or blame her and says in effect, 'We still love you.'

"Now, I want you to do a job for us. I would like you to listen to what she has to say, and if at any time in the retelling of the story there is a new piece of information you didn't hear before, write it down, and call us immediately."

In other words, these officers would not only be demonstrating to the family that they know what they are doing, but they have also given them a job to do in relation to the event. They have made them partners in apprehending the offender. The family members can feel that they can do some good in the apprehension, and at the same time they are doing the most helpful thing they can for the victim.

From the viewpoint of the investigating officers, this may seem the long way around. It implies that they should not try to get more than the barest facts at first, that the original report by the patrolman first on the scene probably is enough to begin with, and that probing at this point, especially aggressive probing, is more likely to be harmful and impede the flow of information than to be helpful.

So we would suggest that the first interrogation or interview be a very general one, a helpful one, one that demonstrates to the victim and her family that the officer is concerned about them. The emphasis is on the victim and on her family, not on the offender . . . not yet. First the victim must be allowed to "pull herself together," then she will be willing and able to deal with cooperating in the process of apprehending the offender. A realization of this priority establishes a relationship that will serve as a basis for gaining information. The investigators might even set up an appointment and say, "We'll be back next Wednesday, and we'd like to talk to you then and see how things are going. Maybe then you'll feel a little differently, and will want to go into the matter a little more." The situation is defined as one of helpfulness, not force, and the victim will repay with information and cooperation because the officers gave her and her family the support they needed in crisis.

In the long run, then, more information is likely to be gained with a little increase in time spent by the investigators. They have established a relationship of trust with the victim and with her family. Their desire to help reciprocally will also lessen the likelihood, so frustrating to the investigators, that if a suspect is arrested, the victim will refuse to cooperate, or that her family will put pressure on her to forget the whole incident.

FURTHER GUIDELINES FOR INVESTIGATION

We have attempted to present here a broad outline of how the theory of crisis intervention may be related to work with victims of rape. This outline has emerged froma blend of psychological theory and the practical experience of officers with whom it has been discussed. In discussing this outline with police officers who have dealt with rape cases, several more specific questions about the best procedures have arisen. In answer to the most common questions, some general guidelines may be presented that seem appropriate for the majority of cases. It is up to investigators, however, to realize that each situation differs and to use their discretion and intuition in determining when these suggestions are appropriate.

1. It is critical that the investigator scrupulously avoid any suggestion of force. This is especially true if the officer is male (and of course, most officers *are* male). Often, in his zeal to complete an investigation, because he is committed to what he is doing and really involved, the officer may be perceived by the victim as aggressive and forcible. In a sense, he is acting toward her essentially as the rapist had acted. The implication is obvious.

2. It is crucial that an authoritative investigator present himself in a benign, nonjudgmental way. This is especially true for the male officer. He must have patience and attempt to create a climate that will allow the individual to bring to the surface the information willingly and naturally. The extra time that this seems to take in the short run will yield more information in the long run because it tends to short-circuit repression.

3. The officer should encourage the victim to talk about what has happened, even though he may find it painful and threatening to have to listen. He may want to probe gently in a later interview for information that may be particularly shameful to the victim or that she may not know how to express. This is particularly true if some form of sexual abuse or sodomy, has or may have, occurred. The officer may say something like, "Very often women tell us other things happened to them, too, things they consider unnatural or find hard to talk about. Did anything like this happen to you?" The officer must be careful, at the same time, not to suggest things to a victim who may lie or remember incorrectly in an effort to please him. A very gentle approach, perhaps a bit off-handed, not intense probing, may prevent the tendency to induce suggested conformity.

4. The most appropriate place for interrogation differs with the circumstances. No relationship or encounter occurs in a void. It happens in a setting and the setting often determines what happens in it. Generally, the home is the best place for an interrogation, especially if the rape did not occur there and the victim has not expressed a desire that her family not know about the crime. The home is the extension of the self, and if the interview can be done privately, within the home, it often adds to the victim's sense of safety and security. If the officer is in doubt it often is appropriate to ask, "Where would you feel most comfortable talking about this?" The station house usually is the worst place. It is an environment that is conducive neither to the sense of comfort nor of ease.

5. The question of place leads to the problem of the presence of others, and the necessity, often, of dealing with the family as well as with the victim. Most victims are part of a social network, and their reactions to a crisis will necessarily affect the way they relate to others, whether the others are told directly about the crisis or not. A victim may be afraid to tell her husband about the rape, but he cannot help but notice that her behavior has changed, that something is wrong, and this will, in turn, influence his behavior toward her, often in ways that make the crisis worse for her.

6. The victim always should be seen privately. Even the most well-meaning relative or friend will be upset by the situation and will tend to try to cut off the victim's need to ventilate. If the interview is in the home and the family members seem particularly anxious, it is sometimes helpful to interview the other members of the family first. This should be done without the victim in the room and for the purpose of assuring family members that both they and the victim are blameless. It is important that the authority make clear that the victim acted correctly because she is still alive. It is important, too, to reflect for them something of what they are feeling. They then may be enlisted as helpers in the investigative process.

7. If the victim comes to the station alone to report the crime, she may want and need support in dealing with her family. It is appropriate to ask if she would like to be taken home and have the officer help her explain the situation to her family. At any rate, given the nature of the social view of this crime, the meaning the crime has for the victim (i.e. violation of self), and the effect upon the person, it is very important that the privacy of the relationship with that immediate authority be uncomplicated by any other relationship. It should be developed in the context of confidentiality and closeness. If the officer establishes a good relationship with the family so that they understand the crime and its significance to the victim, then they have a way of dealing with the situation. This enables them to relate to the victim with the same sense of compassion and understanding that they have just received.

8. In later interviews, the officer assigned to the case may help the victim by de-mystifying the court procedure to her in a suppportive way. He may also give her the names of organizations that have been formed to help the victims of rape. In New York City, for example, members of women's organizations familiar with the court procedure are available to supportively accompany the victim through the complexities of the legal process.

9. A frequently asked question is whether the officer assigned to the victim of a rape should be male or female. The reality in most police departments in this country is that the bulk of work is done by male officers. Even if one wanted to refer the victim to a female investigator such an officer may not be available. If the victim specifically and spontaneously requests a female officer, every attempt should be made to provide one for her. However, there is some feeling that there are advantages to having a sensitive male officer deal with the case. An understanding, supportive male at this time may help the victim overcome a natural aversive reaction to men. That is, she sees, at a time when such an experience is vital, that not all men are aggressive and harmful. This may ease her job of relating to the other men in her life. In any case, more important than the sex of the investigator is the individual officer's crisis intervention and investigative competence.

SUMMARY

In this brief presentation we have attempted to place the crime of forcible rape in the context of crisis theory. An understanding of human crisis and of crisis intervention techniques by an investigating police officer can immeasurably aid the rape victim in preserving her psychological integrity and also aid the investigating officer in the apprehension of the offender and in the preparation of a case that will stand up in court.

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[6]Contrary to public expectations, the majority of victims of rape are in their teens, and younger victims are common. Parenthetically, young male victims of sodomy are not uncommon either.

[7]This must be so in all cases, even if the victim does not tell her family about the crime, the changes that will almost inevitably be produced in her behavior as a result of the crisis will become obvious to those close to her. They will wonder what is wrong and be upset by these changes for which they can see no reason.

APPENDIX ONE-B

*Interviewing the Rape Victim**

The interview of a rape victim requires exceptionally intimate communication between the police officer and a victim who has been physically and psychologically assaulted. As such, the investigative nature of the interview represents only one dimension of the officer's responsibility. By conducting the interview tactfully and compassionately — and with an understanding of the victim's psychological condition — the officer can avoid intensifying the victim's emotional suffering. At the same time, the cooperation of the victim is gained and the investigative process is thereby made easier.

Law enforcement authorities agree that, for a number of reasons, rape is the most underreported crime in the United States. Because of the highly personal nature of rape, many victims are too embarrassed to report the crime. They would rather forget the incident than discuss it. In some instances, the rapist may be a relative or family friend, and therefore the victim is reluctant to file a complaint. Some victims do not contact the police because they fear that the investigative, medical, and prosecutorial procedures followed in a rape case are as psychologically traumatic as the crime itself.

The legal process that the rape victim encounters is unfamiliar to her and, under the circumstances, emotionally threatening. The police interview, in which the victim necessarily relives the crime by giving a detailed account of the rape and answers intimate questions, is followed by the courtroom trial where she can be subjected to an intimidating cross-examination by the defense lawyer. The legal process may take years to complete, constantly reminding the victim of the experience and making her relive it each time.

As the initial step in the legal process, therefore, the police interview should be more than an investigative inquiry. It should also be used to acquaint the victim with the complicated legal and medical system that she will encounter.

Important to the successful interview is the officer's understanding of the emotional condition of a rape victim. When interviewing a victim, the officer should not regard rape as solely a physical sexual assault. He should consider the psychological effects rape has on its victims. Often the lasting scar of rape is an emotional one, leading to marital problems, mental illness — even suicide.

PSYCHOLOGICAL REACTIONS OF VICTIMS

SELF-CONCEPT: Except for homicide, rape is the most serious violation of a person's body because it deprives the victim of both physical and emotional privacy and autonomy. When rape occurs, the victim's ego or sense of self as well as her body is penetrated and used without consent. She has lost the most basic human need and right: control of physical and emotional self.

Perhaps most damaging to her self-concept is the intrusion of her inner space. Psychologically, it does not matter which orifice has been violated. Symbolically, breachment of any one represents to the victim a forced entry into her ego.[1]

Police officers should be aware that the rape victim has been forced to experience an event that, from her viewpoint, is emotionally asexual. The victim's psychological response to rape primarily reflects her reaction to violation of self. As such, it is extremely important that police officers view rape as an emotional as well as a physical assault.[2] This is true regardless of the moral reputation of the victim. Even prostitutes, who regularly sell their bodies, will experience the psychological violation of self when raped.

RESPONSE TO INTERVIEW: The way in which rape victims respond to the interview situation is varied, depending on their physical condition and individual psychological makeup. The verbal styles of the victims can range from quiet and guarded to talkative. Some victims find it extremely difficult to talk about the rape, perhaps because of the personal nature of the subject or because they are uncommunicative while under pressure. Others find relief in discussing the details of the rape. Often a victim will exhibit both patterns during the course of an interview.

The two verbal patterns frequently displayed by rape victims during an interview are indicative of general emotional states that are commonly associated with the psychological effects of rape. The victim may respond to the crime in an expressed manner; that is, she verbally and physically exhibits fear, anger, and anxiety. Or, the victim may respond in a controlled behavior pattern. In this pattern the victim hides her feelings and outwardly appears to be calm, composed, or subdued.

A number of rape victims will show their feelings through physical manifestations of expressed reaction. Crying, shaking, restlessness, tenseness — all are means of expression that accompany discussion of the crime, especially the more painful details. Some women may react by smiling or laughing. They do so to avoid their true feelings. Comments such as "really, nothing is wrong with me" combined with laughter serve as a substitute for the distressing memory of the attack.

Rape victims who are composed and able to calmly discuss the rape are usually controlling their true feelings. Presenting a strong controlled appearance during a personal crisis may be the way they cope with stress. In some cases, however, the victim's state of calmness may result from physical exhaustion rather than a conscious effort to remain composed. Because many rapes occur at night, victims are frequently exhausted, not having slept since the previous night.

A silent reaction on the part of the victim may also be encountered. The officer needs to realize that silence does not mean that the victim is hiding facts. It does mean that she is having a difficult time in starting to talk about the incident.

Another emotional reaction of rape victims is to express shock that the incident occurred. Statements such as "I can't believe it happened," "It doesn't seem real," or "I just want to forget it" are common psychological responses to the trauma of rape.

Although there is no doubt that general emotional reactions to rape vary among individuals, there does seem to be one

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*This excerpt is reprinted from *Training Key #210* with the permission of the International Association of Chiefs of Police.

[1]Morton Bard and Katherine Ellison, "Crisis Intervention and Investigation of Forcible Rape," Police Chief (IACP; Gaithersburg, Md.) May 1974, p. 71.

[2]*Ibid.*, p. 71.

common psychological denominator: fear. Experienced police officers have often observed that the victim has feared for her life during the rape, that she viewed the rapist as a potential murderer. In most cases, the emotional reaction to this fear does not dissipate by the time of the interview.

Regardless of the victim's emotional reaction and its observable manifestations to the crime, the interview itself creates additional anxiety. In many cases, the victim is totally ignorant of police procedures; perhaps she has never before talked with a police officer. The only certain thing is that she will have to discuss with a "stranger" the details of what is probably the most traumatic experience of her life. This produces a conflict within the victim: She *knows* that to make possible an investigation, the details of the rape must be discussed, but she *feels* apprehensive about describing the experience.

The character of the emotional stress that the victim experiences when she describes the rape is perhaps frequently misunderstood. To recount the details of the rape, the victim must mentally relive the incident. In most cases, the victim's psychological defenses will interfere with her ability and desire to remember what occurred. The victim may not be able to recall certain parts of the attack, or she may consciously change certain facts or omit them. The officer must exercise great patience and understanding in eliciting from the victim the necessary details of an experience she does not want to relive. Officers need to realize that this "reliving" of the experience, if not properly handled, can amount to a psychological rape of the victim.

Another important factor is that the interview should be thoroughly conducted. The officer should gather complete information during the in-depth interview; thus he avoids the need to repeatedly question the victim at later dates. This constant re-interviewing in effect requires the victim to relive the experience again and again. To avoid repeated interviews, the officer must overcome some victims' reluctancy and difficulty to talk by conducting a structured interview.

THE INTERVIEW

The investigative goal of the police officer in interviewing a rape victim is to determine if and how the crime occurred. It is from the statements made by the victim to the officer that the essential elements of the offense and the direction of the investigation are established.

Because the interview process may be considered as a routine operation, the police officer may, if not careful, project the feeling of not being concerned with the victim as a person. The danger is that the victim may be left with the impression that she is being treated as an object of physical evidence rather than as a person. The officer cannot allow this to happen. It is during the personal and sensitive communication of the interview that the victim's cooperation is gained and her emotional well-being is maintained. If the officer treats the victim impersonally, he will not gain her confidence and the interview will be unsuccessful. The officer may also cause the victim further emotional stress.

OFFICER'S ATTITUDE: When interviewing a rape victim, the officer must realize that, from the victim's viewpoint, what has occurred has not only been a violent sexual intercourse but also a perverted invasion of her self. Further, the officer must be constantly aware of his own sexual attitudes and the subtle and not so subtle ways in which they emerge. Special care should be exercised so that the rape victim is not placed in the position of perceiving herself as being guilty because of the personal nature of the crime and the social stigma attached to it. A professional bearing throughout the interview will help the officer obtain an accurate report of the crime without causing the victim to experience unnecessary anxiety.

PHYSICAL COMFORT: It is unreasonable to expect a rape victim to respond to detailed questioning while she is uncomfortable or in physical pain. The victim may have been beaten as well as raped. Frequently, the rape has occurred outdoors, and the victim and her clothing have been soiled. Sometimes the victim has been urinated on or has been forced to commit oral sex. Under conditions such as these, the preliminary interview should be brief, and the in-depth follow-up interview should be conducted after the victim has been medically examined and treated, and her personal needs such as washing and changing clothes have been met.

SETTING: The interview should take place in a comfortable setting where there is privacy and freedom from distraction. Places such as a crowded office where the interview is subject to interruption are inappropriate. A rape victim finds it difficult to discuss the intimate details of the crime with the interviewer; her reluctance to talk will greatly increase if there are other people present. She should be isolated from everyone. This includes friends, children, husband, boyfriends, and other victims.

It is often desirable that a policewoman conduct the interview. In some incidents, particularly with a juvenile, a rape victim can more easily discuss the crime with a woman than with a man. In most jurisdictions, however, use of a female officer is not possible. However, the police should consider the utilization of the presence of a trained female, such as a nurse or social worker, to help to ease the victim's embarrassment and anxiety.

OPENING REMARKS: To most rape victims, the interviewing officer is not just a police officer. The officer is also an official representative of society, probably the first representative met during a legal process that traditionally has placed a moral burden on rape victims. As such, the officer may symbolize to the victim the entire society. His behavior may represent to the victim the general attitude of the community toward her plight. If the officer is callous, accusatory in manner or speech, the victim may leave the interview fully expecting society — and perhaps even her family — to react in the same way. In addition, the victim may begin to, or further, question her own motives and therefore feel unnecessary guilt.

At this critical point, when the officer should presume that his attitudes are being expressed to the victim, he must gain her confidence by letting her know that a major part of his function is to help and protect her. He should make plain his sympathy for and interest in the victim. By doing this, the officer contributes to the immediate and long-term emotional health of the victim. He also lays the foundation of mutual cooperation and respect on which is built the effective interview.

"VENTILATION" PERIOD: Following the opening remarks, the officer should allow the victim to discuss whatever she wants. This "ventilation" period gives the victim an opportunity to relieve emotional tension. During this time, the officer should listen carefully to the victim, but he should be aware that any initial description of the incident may be colored by the trauma of the experience. Everyone's perception of reality is altered by extreme stress.

INVESTIGATIVE QUESTIONING: After the necessary ventilation period, the victim should be allowed to describe what occurred in her own words and without interruption. As the victim tells the story of the rape, she will also tell a great deal about herself. Her mood and general reaction, her choice of words, and her comments on unrelated matters can be useful in evaluating the facts of the case. It is important in such an interview that the police officer be humane, sympathetic, and patient. He should be alert to inconsistencies in the victim's statement. If the victim's story differs from the originally reported facts, the officer should point out the discrepancies and ask her to explain them in greater detail. The officer should phrase his questions in simple language, making sure that he is understood. It is best if the questions are presented in a manner that encourages conversation rather than implies interrogation.

Often the rape victim will omit embarrassing details from her description of the crime. Officers should expect a certain amount of reluctance on the part of the victim to describe unpleasant facts. The officer should explain that certain information must be discussed to satisfy the legal aspects of rape and pursue the investigation. He may add that the same questions will be asked in court if the case results in a trial.

In a majority of cases the attack is premeditated, and about half the time the rapist has known or has seen the victim before the assault. Because of this, certain types of questions should be asked.

The victim should be asked if, and how long, she has been acquainted with the offender. The circumstances of their meeting and the extent of their previous relationship, including any prior sexual relations, should be discussed. Although previous sexual acts with the accused will not absolve the offender at this particular time, knowledge of them helps to establish the validity of the complaint. Along these same lines, the officer should determine if the victim has ever made a charge of this nature in the past; review of previous records, if any, will provide insight to the present complaint.

Where it is determined that the victim had known the rapist prior to the incident, he should be identified and interviewed. If the offender is unknown, the officer must get a detailed description of him including clothing, speech, and mannerisms. The officer should determine whether the offender had accomplices or revealed any personal facts such as area of residence or places he frequented. Questions such as "Was anyone else present when first meeting or being attacked by the rapist?" should be asked. Did the offender use a weapon? What type? What kind of vehicle did he drive? After obtaining all the possible information about the unknown rapist, the officer will begin his search to identify him.

INTERVIEW'S END: As a result of having been raped, some victims suffer long-range emotional problems. At his discretion, the police officer may suggest that the victim seek assistance from an appropriate counseling agency, family physician, psychologist, or clergyman. In addition, the officer may explain to the victim's family the emotional suffering rape victims typically encounter.

SUMMARY

From the information given by the rape victim during the interview is developed the investigative direction of the case. Without these facts, as personal and unpleasant as they always are to recount, police investigation of the crime cannot proceed.

The manner in which the interview is conducted is vital to the emotional health of the victim. The police officer should be aware that the rape victim has been assaulted psychologically as well as physically. In conducting all phases of the interview, he should keep the well-being of the victim uppermost in his mind by acting tactfully and compassionately.

CHAPTER TWO

THE MEDICAL TREATMENT OF SEXUAL ASSAULT VICTIMS

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I. Introduction 31
II. General Principles 31
A. Philosophy 31
B. Privacy 31
C. Patient Priority 32
D. Victim Participation in Decision-Making 32
E. Reporting 32
F. Cost of Treatment 32
III. Pre-examination Considerations 33
A. The Victim 33
1. Meeting the Immediate Needs of the Victim 33
2. Preparing the Victim for Examination 33
B. Consent Forms, Release of Evidence and Confidentiality . . 33
IV. Duties and Responsibilities of Medical Personnel 34
A. The Medical Team 34
1. The Victim Support Person 34
2. The Emergency Room Nurse 35
3. The Physician 36
B. Guide to Medical Testimony in a Criminal Prosecution 36
V. Examination and Treatment of the Victim 38
A. Obtaining the History 38

B. The Evidentiary Examination 39
1. The Victim's Clothing 39
2. The Physical Examination 39
a. Assessment of Injuries 39
b. Treatment of Injuries 39
c. Pelvic and Rectal Examination 39
3. Laboratory Tests 40
a. Samples for Laboratory Testing 40
b. Evidence Check-Off List 42
4. Instruments and Equipment 43
5. Protection of Chain of Custody of Evidence 43
6. Completion of Medical Records 44
C. Prevention of Disease 44
1. Informing the Victim 44
2. Follow-up Tests 45
3. Medical Treatment for Venereal Disease 45
D. Pregnancy 45
E. Follow-Up 46
1. Medical Follow-Up 47
2. Counseling Follow-Up 47
Appendix 49

THE MEDICAL TREATMENT OF SEXUAL ASSAULT VICTIMS

I. INTRODUCTION

The following guidelines are intended for use by medical personnel and medical facilities throughout the State of Minnesota. The guidelines are intended to be adapted to each community, taking into consideration the particular needs of that community as well as the extent of medical personnel, services and facilities available.

Since the needs of sexual assault victims cannot be met effectively without the combined efforts of law enforcement, medical, social service and prosecutorial personnel, it is necessary to be aware of the responsibilities of one another in dealing with sexual assault victims. Therefore, it is recommended that medical personnel be familiar with the guidelines presented elsewhere in this manual for law enforcement, social service and prosecutorial personnel.

This Chapter, **The Medical Treatment of Sexual Assault Victims,** presents basic principles that should govern the medical treatment and examination of sexual assault victims in order to achieve the following goals:

1) Treatment of injuries
2) Care of the victim's immediate emotional needs
3) Diagnosis and treatment of disease
4) Diagnosis and treatment of pregnancy
5) Prevention of future psychological trauma
6) Proper collection of evidence for possible use in legal proceedings

The chapter includes a discussion of pre-examination considerations such as the victim's immediate needs, use of consent forms, confidentiality, and the release of evidence. It also contains the duties and responsibilities of the various hospital/medical personnel. The specifics of examining and treating the victim of sexual assault are also presented.

II. GENERAL PRINCIPLES

A. *Philosophy*

Every victim of sexual assault has the right to be treated with respect and dignity while receiving proper medical care. The quality of care as well as the legal redress available to the victim will depend, in part, upon the procedures of the medical facility and the attitudes of medical personnel.

B. *Privacy*

A private and comfortable room is desirable as a waiting facility for victims of sexual assault. Interviews and administrative procedures should be completed there.

C. *Patient Priority*

The victim of sexual assault should be treated as a medical emergency and accorded the *highest possible priority* (next only to life-threatening situations) in the emergency room. The victim should be interviewed promptly to determine the urgency of his/her physical and emotional needs. In addition, evidence must be gathered and laboratory tests initiated as soon as possible after the sexual assault for maximum effect.

D. *Victim Participation in Decision-Making*

Because the victim of sexual assault has just been through an experience during which control over his/her life was temporarily in the hands of someone else, it is critical throughout the medical treatment process to assist the victim in regaining a sense of control by involving him/her in decision-making with regard to treatment and examination. The victim should be presented with all the options possible in order to make a meaningful choice regarding treatment.

E. *Reporting*

The hospital should not condition its willingness to provide medical treatment on the victim's intention to report the crime to the police. If the victim has not made a If the victim is unsure about reporting, he/she should be encouraged to have a complete evidentiary examination since evidence may be lost permanently if tests are delayed. However, the victim should be made aware of the county's policy concerning payment of the evidentiary examination in regard to reporting (see the following section, Cost of Treatment).

If the victim is unsure about reporting, he/she should be encouraged to have a complete evidentiary examination since evidence may be lost permanently if tests are delayed. However, the victim should be made aware of the county's policy concerning payment of the evidentiary examination in regard to reporting (see the following section, Cost of Treatment).

If the victim has decided not to report to the police he/she should be examined for physical injury, possible pregnancy and possible venereal disease. The victim should also be advised of the availability of anonymous (third party) reporting procedures, if they exist in the community.

F. *Cost of Treatment**

Minnesota Statute 609.35 provides that the cost of an examination for the purpose of gathering evidence must be paid by the county in which the offense occurred. Some counties require the victim to report the sexual assault to the police before they will assume the expense of the examination. The victim should be informed of this. If the decision is made not to report to the police, alternative billing arrangements should be made with the victim. He/she should be provided with information about whom to contact with any questions about costs or billing.

*See also Chapter Four, Appendix B. The Minnesota Crime Victims Reparations Law.

III. PRE-EXAMINATION CONSIDERATIONS

A. *The Victim*

Sexual assault is a traumatic, life-threatening experience which usually leaves the victim feeling humiliated, degraded, distrustful, afraid and angry. Every victim responds to the experience in a different way. Some victims may appear relatively calm while others may be crying hysterically. (A thorough description of the victim's feelings and responses to sexual assault is presented in Chapter Three, **Counseling the Victim of Sexual Assault.**)

Emotional support and understanding of the victim, as well as of significant others is a prerequisite to good medical care.

1. *Meeting the Immediate Needs of the Victim.* When the victim arrives at the medical facility, he/she should be met in a specified area by a support person, whether that be a social worker, an emergency room nurse, a community health worker, a trained paraprofessional or a volunteer.

   The victim's first need, beyond the care of any emergency physical injury, is to feel safe and to be made comfortable. Arranging for the physical comfort of the victim may be as simple as providing a glass of water, tissues or a place to wash and change clothes after the physical examination. The victim also needs to be informed about the procedures to take place during the examination and to be involved in decisions regarding consent forms, etc. However, information regarding cost of treated as a total person with self respect, to feel in control, not alone, and to have an empathic, understanding listener who will help him/her express feelings about the sexual assault.

   One of the victim's greatest needs is for emotional support. He/she needs to be treated as a total person with self respect, to feel in control, not alone, and to have an empathic, understanding listener who will help him/her express feelings about the sexual assault.

2. *Preparing the Victim for Examination.* An important part of preparing the victim for the physical examination is to find out if he/she has ever been examined. For some victims this may be the first pelvic or rectal examination. The victim needs to know what is expected of him/her and what the physician will be doing and why. Often the physician will explain this, but reinforcement by the nurse or support person will help the victim feel involved instead of feeling like an object of things being done to him/her. Since the victim has just been through an experience which he/she did not consent to, it is essential to avoid any hint of force but rather to encourage the victim's cooperation in the various aspects of the medical treatment.

B. *Consent Forms, Release of Evidence and Confidentiality*

The importance and effect of the consent forms should be explained to the victim prior to any examination or treatment. This will enable the victim to make an informed choice about treatment as well as making a police report.

1. *Consent for Examination and Treatment.* Consent for examination and treatment should be obtained from the victim prior to examination and treatment. Such consent should be separate from the authorization for release of information. It

should cover the examination and the collection of specimens needed for hospital as well as evidentiary purposes.

2. *Authorization for Release of Information and Evidence.* All information and evidence should be retained by the medical facility and should be released *only* upon specific written consent of the victim. Information and evidence includes medical record services, slides, x-rays, clothing, photographs, etc., relative to this incident.

   The victim's authorization for the release of information and evidence to the police should be separate from the victim's consent for examination. (A sample Authorization for Release of Information form is provided in Appendix A of this chapter.)

3. *Confidentiality.* The medical facility should be aware of its possible liability for disclosure of confidential information about the victim to someone outside the hospital — even the police. Specific regulations are in a state of flux but the trend in federal legislation and case law is moving toward more restrictions. At the present time in Minnesota, county and city hospitals are governed by the provision of the Minnesota Data Disclosure Act which requires hospitals to inform the subject exactly what is going to be done with the information gathered (Minnesota Statutes 1974, Sections 15.162-15.169).

IV. DUTIES AND RESPONSIBILITIES OF MEDICAL PERSONNEL

A. *The Medical Team*

A team approach to providing for the needs of the sexual assault victim by medical personnel is ideal. This approach insures continuity of care but should involve as few staff members as possible. The formation of the team as well as the specific responsibilities of each member will vary with the size of the particular medical facility, the availability of staff, and many other factors. The following discussion of responsibilities is outlined for a team consisting of 1) a victim support person (hospital social worker, nurse, or volunteer), 2) an emergency room nurse, and 3) a physician.

A major responsibility of every member of the medical team is to be aware of his/her own feelings and attitudes about sexual assault. Recognizing that the victim has first been through a life-threatening and humiliating experience, the medical team should provide for the emotional as well as physical well-being of the victim by allowing the victim to talk freely about his/her feelings. Listening to the victim in a non-judgmental supportive way and allowing the victim to regain a sense of control over his/her situation can be essential to the victim's emotional recovery from the assault.

1. *The Victim Support Person.* The victim support person may be a hospital social worker, a nurse, a sexual assault counselor or a volunteer. He/she should be knowledgeable of, and ideally be able to continue to support the victim through the medical, law enforcement and, possibly, court procedures. The victim support person may be the key person to provide the continuity of care which can be instrumental for the victim's healthy adjustment after the sexual assault.

   There are many functions the support person should be able to perform, including:

- Making initial contact with the victim in a specified area of the hospital.
- Notifying the appropriate physician or confirming that notification has taken place.
- Asking if the victim wants family or friends to be informed and, if so, contacting them.
- Carefully explaining all procedures about to take place, including the purpose of the medical examination and the specific tests needed for gathering medical-legal evidence, the role of the police, the purpose of photographs, the purpose of consent forms, and the availability of follow-up facilities, including sexual assault crisis centers and medical and emotional treatment facilities. It is important that the victim be given an opportunity to make an informed choice regarding all options.
- Explaining the purpose of consent forms and obtaining the necessary written consents.
- Assessing the victim's behavior and functioning. The social worker, nurse, or counselor who performs this function must have adequate training in the psychosocial problems that sexual assault victims and their families experience. After making the initial assessment the support person should be prepared to refer the victim to other agencies or other team members for counseling, if the victim so chooses.
- Asking the victim whether he/she needs clothing or transportation and making these arrangements for him/her.
- Providing other services, including information about making a report to the police or third-party reporting services.
- Maintaining a follow-up contact with the victim for on-going support, referral, etc.

2. *The Emergency Room Nurse.* In order to facilitate the care of the victim and to provide empathic ongoing support, it seems appropriate to designate a registered nurse as the primary care emergency department staff member. The specific responsibilities of the emergency room nurse will depend upon his/her role on the medical team. In many cases, the nurse will also be designated the victim support person, providing many of the supportive services described above.

   Additional responsibilities of the nurse should include:

   - Providing an examining area where the victim can be registered in private.
   - Further clarifying all procedures about to take place, presenting the victim with all of the options and involving him/her in the decision-making in regard to treatment and examination.
   - Participating in whatever history-taking is designated as his/her responsibility.
   - Assisting in whatever external examination is designated as his/her responsibility.
   - Maintaining the chain of custody of evidence for specimens he/she is designated to collect.
   - Remaining with the victim as much of the time as possible, explaining the reason for his/her absence if the victim has to be left alone.
   - Arranging for a medical appointment for follow-up venereal disease detection. Whenever possible, the victim should be phoned prior to the follow-up and

reminded to attend. If this appointment is missed, it is essential to contact the victim to arrange another appointment.

3. *The Physician.* The physician performing an examination in a sexual assault case has a dual role. In addition to being sensitive to and providing for the emotional and physical needs of the victim, the physician is the key person on the medical team responsible for gathering all of the available medical evidence and providing a permanent record of all aspects of the examination in the event of future prosecution. Such an examination can provide extremely important legal evidence in a criminal prosecution and must be carefully recorded in detail.

   The physician performing the examination should be licensed to practice in the State of Minnesota or must be at least a resident who is eligible for licensing. A first year resident is *not* qualified for licensing and, therefore, is *not* a medical expert qualified to give expert medical opinions or conclusions in court.

   The specific responsibilities of the examining physician should include:

   - Clarifying to the victim the procedures that will be followed, presenting the victim with all of the options and involving him/her in the decision-making with regard to treatment and examination.
   - Obtaining a medical history. If this is the emergency room nurse's designated responsibility the physician should review the nurse's record, discuss it with the victim and, if necessary, elaborate on it in writing on the record.
   - Conducting a general physical examination.
   - Performing a pelvic examination. The physician should forewarn the victim if the procedure is apt to produce discomfort, pain, or a "tension response" and should assist the victim in relaxing as much as possible throughout the examination. This is particularly critical if this is the victim's first pelvic examination.
   - Collecting specimens for laboratory examination.
   - Completing the medical report.

   Physicians in private practice may frequently choose to refer a sexual assault victim to a hospital emergency department which has established procedures for an evidence gathering examination. However, the necessity for prompt examination or the victim's emotional response may sometimes preclude such a referral. In such cases the private physician should be aware of the importance of providing for the emotional as well as physical needs of the victim, collecting the evidence, protecting the chain of custody of evidence, and possibly testifying at trial.

B. *Guide to Medical Testimony in a Criminal Prosecution*

   Although the following section is addressed to the examining physician, other medical personnel, such as the nurse, social worker, or laboratory personnel, should also be aware of these guidelines. In many instances, they will be the key medical witnesses testifying and will be recognized as experts in their field.

   1. *The examining physician* is usually subpoenaed in only a small fraction of the total cases in which he/she performs evidentiary examinations that could lead to criminal

prosecution. If the subpoena is for a District Court case, the attorney ordering the subpoena will probably inform the physician that testimony will not be needed on the date and time specified on the subpoena. A subpoena continues in effect until the matter in litigation is completed. However, if a District Court subpoena comes from the prosecutor, it must request the physician's presence on the date and time that the trial is scheduled to begin. Most felony trials begin with a constitutional hearing, followed by selection of a jury prior to any testimony being taken. These proceedings may take several days. In any case, it should be possible to schedule the physician's appearance to some extent, such as morning or afternoon or an alternative of two possible days to testify. All of this must be arranged with the attorney who is handling the case.

2. *Preparing to Testify.* The examining physician should obtain the name of the victim/patient and hospital number from the attorney who is responsible for the subpoena (the attorney's name will usually appear on the subpoena itself). He/she should then review the medical records trying to recall the details of the case and his/her findings. As the medical expert the physician will have to explain the medical findings, opinions, and conclusions in terms that the jury, judge and lawyers can understand. Once the physician has reviewed the medical records and findings of the case, he/she should meet with the prosecuting attorney prior to trial to discuss the case and the medical testimony to be given.

3. *Testifying.* Any medical witness will necessarily be questioned concerning his/her qualifications as an expert medical witness — educational background, membership in any professional society, publications, number of sexual assault victims treated, etc. A resume should be prepared in advance of testifying.

   The medical witness will be allowed to refer to his/her medical report while testifying if it will refresh his/her memory. He/she should be prepared to relate the following in detail:

   a. Initial contact with the victim/patient including the history and observations of the patient's physical, emotional and mental condition.

   b. All details of the physical examination, including vital signs, the external examination, internal pelvic and laboratory specimens collected ans what was done with each of the specimens, together with anything else that may have been done such as ordering x-rays, etc.

   c. Explanation of all technical terms as well as interpretation of all tests performed and the laboratory results of those tests. If the physician is unsure of his/her ability to interpret the tests, he/she should speak with a hospital pathologist and become familiar with the interpretation of the tests.

   d. Each question should be answered fully and truthfully. In general:

      1) If you don't know the answer to a question, say so.
      2) If you don't understand a question, ask to have it repeated or rephrased.
      3) Respond only to the question asked and do not elaborate beyond the question asked.

4) If you are asked a question demanding a "yes" or "no" answer, which cannot be answered merely "yes" or "no", but instead demands an explanation, say so.
5) Do not go out on a limb, claiming certainty of an answer when you are, in fact, uncertain, because a skillful cross-examiner will then be able to destroy the effect of all your testimony.
6) The opposing counsel may ask: "Do you recognize (a certain publication) as an authority in this field?" If you are familiar with the work, say so, but never advocate any given work as the definitive source for the field.
7) Remember that you will be cross-examined fully by the opposing counsel. The value of your testimony depends entirely upon your ability to clearly state your medical findings in such a way that they are virtually unimpeachable.

V. EXAMINATION AND TREATMENT OF THE VICTIM

In general, family members should not be present during the examination. The victim may not be free with the physician about medical history and the assault itself with the family members present, because such a history may include matters that the victim does not want the family to know. In addition, family members will often be very upset and may vent their anger against the victim rather than providing the support he/she needs.

A. *Obtaining the History*

A complete history should be obtained by the examining physician or nurse (each medical team should designate whose responsibility this is). As the victim goes through the medical treatment process, it is important that personnel who come into contact with him/her recognize the need to keep questions direct and to the point. The victim should not be asked repeatedly to describe what happened and forced to relive the experience again and again. The hospital must decide at the outset what information it needs to obtain and who is to obtain it. The person obtaining the medical history should be concerned only with the history that is related to the victim's condition and the treatment thereof. The basic details of the incident should be elicited from the victim but unnecessary elaboration of the assault should be omitted from the written record. It is usually best to let law enforcement personnel take the detailed report.

The history should include:

1) Pertinent aspects of the incident:
   a) Date, time, place
   b) Body orifices involved
   c) Ejaculation (yes/no; where on the body)
   d) Contraceptive devices used
2) Parity
3) Menstrual history:
   a) Last menstrual period
   b) Any abnormalities
   c) Usual length
4) Date of last Pap smear

5) Time of last intercourse if within 24-36 hours prior to the sexual assault
6) Current meds, contraceptives, etc.
7) Identification of physical injuries (significant injuries should be photographed)

B. *The Evidentiary Examination*

Obtaining materials of an evidentiary nature should be the combined responsibility of the examining physician and the examining nurse, although the specific evidence that each one is responsible for collecting should be clearly designated in advance. Each item of evidence should be labeled. Each label should have the patient's name, hospital identification number, date and time of collection, collector's name and anatomic source of the specimen.

1. *The Victim's Clothing*

a. The victim's clothing should be removed and observed for the presence of stains, tears, missing buttons, dirt, grass stains, semen, etc.

b. The clothing should be properly labeled and secured for the police. If the clothing is wet, air dry before placing in brown paper bags. Do not use plastic bags since this promotes bacterial growth and putrification.

c. The name and signature of the authorized person (police officer) receiving clothing should be obtained and included in the chart.

d. The victim should be provided with a change of clothes before leaving the medical facility.

2. *The Physical Examination*

a. *Assessment of Injuries* — The assessment of injuries should include the following recorded observations:

1) The general physical appearance and demeanor of the victim.
2) The vital signs, i.e. pulse, blood pressure, temperature, and respiration rate.
3) The presence or absence of marks of violence on the body, their character and position. The skin should be examined for bruises, scratches, lacerations, rope imprints, tooth imprints, pressure imprints, and points of tenderness. Photographs should be taken and/or anatomical drawings made of any affected area.

b. *Treatment of Injuries*

1) Most minor trauma is relieved by cold compresses, and mild analgesia.
2) If skin is broken, insure tetanus immunization.
3) Serious hemorrhage necessitates control and resuscitation of any volume of blood deficit. An experienced gynecological surgeon should be summoned if extensive vaginal laceration is suspected.

c. *Pelvic and Rectal Examination* — A speculum examination should be completed with a description of vaginal mucosa and vaginal secretions, as well as any

evidence of trauma. An examination and description should also be completed of the cervix, uterus, adnexa, and rectal region for other abnormalities. The pelvic and rectal examination will also include obtaining samples for evidentiary purposes (see the following section, Laboratory Tests).

3. *Laboratory Tests.* The collection and handling of specimens obtained in the examination of the sexual assault victim depends on what laboratory testing is to be done, and whether the testing will be done in part by the hospital laboratory, or whether all testing will be done by the Crime Laboratory at the Minnesota Bureau of Criminal Apprehension.* The following protocol lists the evidence which should always be obtained for the Crime Laboratory as well as other suggested items that the hospital laboratory can use in additional examinations.

   a. *Samples for Laboratory Testing.*

      1) BLOOD — (two tubes; one for crime laboratory and one for hospital). Draw a tube of venous blood for crime laboratory using an anti-coagulated tube (grey top). The blood sample is used to determine the victim's blood type and enzyme characteristics for comparison with those of the assailant. If it is determined that a serologic test should be performed a second blood sample is drawn in a serum tube (red top) for the hospital VD testing.

      2) SALIVA — (one sample for crime laboratory). Sample of saliva on a clean gauze square is used to determine the victim's secretor status, i.e. whether or not the victim secretes his/her blood group substances in body secretions. It is imperative that no one but the victim touch the gauze, since perspiration from another "secretor" could contaminate the sample. Have the patient place a sterile 1x1 gauze square in his/her mouth and saturate it with saliva. Have the patient place the gauze on a glass slide and allow the sample to air dry. When the gauze is dry, put the glass slide and the gauze in a small manila envelope, identify, seal (DO NOT LICK THE ENVELOPE FLAP SINCE THIS COULD ALSO BE A SOURCE OF CONTAMINATION), initial or sign across the envelope flap. *Reminder:* No one but the victim should handle the gauze.

      3) VAGINAL SWABS — (crime laboratory sample). Swabbings of the vaginal vault (or other body areas where ejaculation may have taken place) are used to detect sperm, and to collect material for enzyme evaluation. The enzyme characteristics of the sample taken could potentially be compared with those of various suspects, or the defendant.

         Swab the vaginal vault with a dry cotton-tipped applicator stick. This swab should be used to make a smear on a clean glass microscope slide. Allow the slide and swab to air dry. Place the slide in a slide mailer, and place the swab in an envelope. Identify the source, seal, and initial the containers. Swabs should also be taken and slides made of other suspected areas such as the oral cavity, the anus/rectum, and suspicious skin areas. (Do not chemically fix the slide or use saline to moisten the applicators prior to use. This is in distinct contrast to the procedure recommended for hospital examination).

      4) VAGINAL SWABS — (hospital sample). Several vaginal swabs are to be collected and these can be used for several laboratory examinations.

         a. *Wet Preparation.* Use a sterile cotton tipped applicator and swab the vaginal vault. The cotton should be thoroughly saturated with vaginal fluid and should be agitated in 3 cc's of sterile saline. The saline should contain no preservatives (blood bank saline is recommended). The swab is twirled within the saline and wrung out on the edge of the test tube. The swab should be discarded since the cotton fibers tend to cause sperm deterioration. The sample should be stoppered and submitted to the laboratory. A drop or two of the suspension should be examined without staining under the microscope for the presence of sperm. If sperm are noted, the specimen should be warmed to 37 degrees centigrade for ten minutes in the blood bank incubator and the specimen should be re-examined to evaluate sperm motility. The specimen may be gently centrifuged to concentrate debris for examination. The remainder of the fluid can be utilized for the acid phosphotase determination (see below).

         b. *Swab for Stained Smear.* A second cotton tipped applicator is introduced into the vaginal vault. The swab should be saturated and material should be rolled and streaked onto a clean glass microscope slide. The specimen should be immediately fixed with pap stain fixative (either fluid or spray fixative is satisfactory). The slide may be submitted to the hospital laboratory for staining and examination for sperm. This slide does *NOT* substitute for a valid cytologic examination.

         c. *Smear in Culture for Gonorrhea (optional).* Swabs for bacteriologic purposes can be obtained if the decision is made to culture for gonorrhea at the time of the initial examination. Swabs should be taken from the cervical canal and the vaginal vault. It is suggested that an additional swab from the anus be taken for the greatest diagnostic accuracy. The swabbing should be processed according to the testing procedures of the hospital laboratory, preferably on Thayer-Martin medium.

            A cervical smear for intra celular diplococci may be made but culture is a preferable diagnostic test.

         d. *Acid Phosphotase Examination.* The supernatent fluid from the wet preparation above (4a) can be utilized for the acid phosphotase determination. The methodology employed by the hospital laboratory should detect *prostatic* acid phosphotase.

      5) VAGINAL ASPIRATE — (crime laboratory sample). Material aspirated from the vagina is used to search for the presence of seminal fluid and to check for the presence of blood group substances for possible comparison

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with the blood group of the assailant. *After all of the swabs have been collected* a saline washing (3 mm) of the vaginal cavity should be collected and sealed in a marked leakproof container. Three ml of saline should be placed in the container. Identifying data, of course, should be included on the container.

6) PREGNANCY TEST — (hospital sample). In most facilities a urine test for pregnancy is readily available. This can be performed if indicated.

7) PUBIC HAIR COMBINGS — (crime laboratory sample). By combing pubic hair of the victim, it is possible to find "foreign" pubic hairs, and it may later be possible to compare these with the pubic hair of the assailant. Comb the pubic area with a clean plastic comb collecting any hairs which are removed by the comb. Place the comb and hairs in an envelope, label the specimen as "pubic combings", seal, identify and initial the sample.

8) PULLED HEAD AND PUBIC HAIRS — (*Need Not Be Taken At Time of Initial Examination!*). Since pubic hair evaluations will be performed only if an assailant is apprehended it is suggested that pubic and head hair samples be collected at a later time. If hairs are requested for comparison purposes by the Crime Laboratory, then a minimum of ten (10) pubic hairs and thirty (30) head hairs should be pulled at random over the pubic area and head. The pubic and head hairs should be sealed in separate marked envelopes.

9) FIBERS OR FOREIGN MATERIAL — (crime laboratory sample). Sometimes seemingly insignificant trace evidence can have a major evidentiary impact. Collect all material on the patient's body which may have originated from someone or something other than the patient; for example, leaves, fibers, hairs or material beneath the fingernails.

10) CLOTHING — (crime laboratory sample). The victim's garments may contain important blood or body fluid stains, and may provide important trace evidence. Collect undergarments of the victim and other clothing which could contain evidence from the assailant. Place each article of the clothing in a separate, clean *paper* bag, seal, identify, and initial.

b. *Evidence Check-Off List.* Below is a suggested check-off list that can be used by hospitals. The hospital laboratory director should be consulted for laboratory input on collecting evidence for each hospital or medical facility. NOTE: All boxed items are for the crime laboratory (BCA) and should *always* be taken. The other items listed are for the hospital laboratory and should be taken only if they are going to be processed at the hospital.

Evidence Check-Off List

1) Blood samples ____

a) One tube with anti-coagulant (blood grouping) ____

b) One serum tube (VD test) ____

2) Saliva — dried sample on gauze ____

3) Swabs ____

a) One vaginal swab and smeared slide ____

b) Swabbings from other body areas (if semen suspected) ____

c) One vaginal swab — wet preparation ____

d) One vaginal swab — stained smear ____

e) One vaginal swab — culture for gonorrhea ____

4) Vaginal Aspirate [Note: Take after all above swabbings are complete] ____

5) Urine sample (Pregnancy test) ____

6) Pubic Hair Combings ____

7) Foreign Fibers or Other Material ____

8) Clothing of Victim ____

4. *Instruments and Equipment.* The following instruments and equipment should be available to medical personnel involved in a sexual assault examination:

- Camera
- Bags for clothing
- Envelopes and/or other containers for fingernail scrapings, hair samples, etc.
- Comb
- Woods lamp (ultra-violet lamp)
- Vaginal speculum
- Cotton swabs
- Slides
- Pap fixative
- Diamond pencil
- Ring forceps (2)
- 1x1 gauze (sterile) plus containers
- Thayer-Martin plates (3)
- Tubes with 3 cc sterile saline
- Serum tubes (red top)
- Oxalate tubes (grey top)
- Urine container

5. *Protection of Chain of Custody of Evidence.* Once evidence has been collected, it is essential that the "chain of custody" be maintained at all times. The court usually requires that the whereabouts of any evidence to be introduced be accounted for from the time of its collection until the time when the laboratory results are generated. A simple method is to utilize the "locked box" technique. A small box

with a padlock (a tackle box or metal tool box equipped with a small padlock is inexpensive and works admirably). It is recommended that as few persons as possible handle the evidence. The materials can be placed in the locked box in the Emergency Room. The box can be transported to the laboratory by the medical technologist or other laboratory representative. The cultures should be placed in a microbiological incubator immediately after reaching the laboratory. All materials to be tested can be retained within the box until testing is complete. If no box is available, the evidence can be placed in a large paper envelope. The flap should be sealed and identifying data and physician's signature can be written across the flap seal to preserve the chain of evidence. It is essentially impossible to tamper with the contents of the envelope without disturbing the signature as written.

6. *Completion of Medical Records.*

   a. The names of all physicians, nurses, laboratory personnel and police officers who handle any item of evidence or who participate in the examination should be written or printed legibly. It should be kept in mind that the report may be read by a number of other people.

   b. Judgmental statements should not be made, e.g. "The patient appears *unusually* calm". All references to the assault should be brief and factual. Qualifying language such as "alleged" should be avoided. A good format is: "The patient says that...".

   c. All specimens should be carefully and accurately labeled and identified with:
      1) Patient's name
      2) Patient's hospital number
      3) Date specimen collected
      4) Person collecting sample
      5) Person receiving sample
      6) A record of the chain of evidence should be kept indicating who collects and receives all items of evidence from start to finish.

C. *Prevention of Disease*

Fear of exposure to venereal disease is a major concern of many sexual assault victims. Tests for the presence of syphilis and gonorrhea should be conducted at the time of the evidentiary examination as well as at follow-up periods. Controversy exists over the routine use of antibiotics for VD prevention without a definitive culture and the final recommendation should be made by the physician. The following procedure is recommended:

1. *Informing the Victim.*

   a. The victim should be informed of the possibility of transmitting VD to sexual partners. He/she should be reminded that VD is transmitted through all mucous membranes (e.g., oral-genital). Sex is not safe until it is determined whether or not the victim has contracted VD and, if so, has finished treatment.

   b. Symptoms of syphilis, gonorrhea and other kinds of venereal disease, including

crabs, trichomonas and herpes, should be discussed and a written handout describing these symptoms should be given to the victim.

   c. The need for returning for follow-up tests to determine the presence of VD should be strongly emphasized.

2. *Follow-Up Tests.* The victim should be strongly encouraged to return for a GC culture in 3-8 days and for a test for syphilis in 6-8 weeks. An information sheet should be given to the victim indicating the times for check-ups as well as alternative facilities where VD examinations can be obtained without a charge.

3. *Medical Treatment for Venereal Disease.*

   a. A full medical history including allergies and other medications being used should be obtained from the victim.

   b. If immediate treatment is warranted and consented to by the victim, the appropriate dosage of medication should be administered.

   c. If prophylactic injections are utilized the victim should be kept under observation for 30-60 minutes.

D. *Pregnancy*

The possibility of pregnancy as a result of the sexual assault should be considered a primary medical concern unless the victim has been taking an oral contraceptive regularly, has an intrauterine device, has had a tubal ligation or hysterectomy, was in her menses at the time of the assault, or is not in her reproductive years. Presence or absence of sperm on the wet preparation may be helpful in evaluating the risk of pregnancy if the samples have been taken shortly (less than eight hours) after the assault. Unfortunately, a decision about continuing or terminating a pregnancy may have to be made by the victim when she is still likely to be suffering from the shock and confusion of the sexual assault. Alternatives should be presented clearly, objectively and in a non-threatening manner. Psychological needs and reactions of the victim should be taken into consideration. Ultimately, the decision must be that of the victim. If the victim chooses to continue a pregnancy to term, an appropriate referral should be made. If the victim has made a choice to prevent the pregnancy these alternatives are possible:

1) A menstrual extraction may be performed.
2) Some form of postcoital medication may be administered.
3) Insertion of an IUD.
4) The victim can wait and see if she is, in fact, pregnant and have an abortion, if desired.

The following considerations should be kept in mind regarding these three options:

1) *Menstrual Extraction.* This is a procedure in which the endometrial lining of the uterus is removed by insertion of a flexible plastic cannula through the cervical

canal into the uterus. Suction is applied through the cannula as it is moved about within the uterus to remove the endometrial lining. The victim must appear negative on a pregnancy test before a menstrual extraction can be safely performed.

This alternative should be explained to the victim. If the medical facility does not customarily perform menstrual extractions, the victim should be informed of where this service can be obtained.

2) *Diethylstilbestrol (DES, the morning-after pill).* DES is a synthetic hormone that can be given up to 72 hours after intercourse to prevent pregnancy. However, because of the possibility of harmful short-term as well as long-term side effects, the use of DES should be restricted to emergency situations and then only after taking the following precautions:

   a) The victim is not currently using oral contraceptives or an intrauterine contraceptive device (IUD).
   b) The victim is not currently pregnant (this should be ruled out by examination and pregnancy test).
   c) The victim has no history of cancer, diabetes, some forms of heart disease (see other contraindications on DES literature).
   d) Administration is begun within 72 hours of the victim's unprotected exposure to pregnancy.
   e) The facility can provide a six week follow-up examination or make an appropriate referral and is relatively *sure* the patient will return for follow-up.
   f) The facility has the ability to terminate a pregnancy if DES is given and fails, or has the ability to make an appropriate referral.
   g) The victim has been informed in detail, verbally and in writing, of all the side effects (short and long-term), contraindications and precautions of using this drug.
   h) If DES is prescribed, the full course of the drug *must* be taken for effectiveness. Also, an anti-nausea medication may be considered.

3) *Insertion of an IUD.* An intrauterine device may be inserted and later removed during the victim's next menstrual period.

4) *Suction Abortion or D&C.* Abortion is an option to the victim who chooses to wait until pregnancy is determined. If the hospital or physician has a policy against providing abortions, the victim should be provided with information explaining the policy and stating where such services can be obtained.

E. *Follow-Up*

Follow-up treatment for both medical and counseling purposes is an important part of assisting sexual assault victims. However, some victims may be reluctant to participate in follow-up treatment because it may be a constant reminder of the traumatic experience they have undergone. A suggested procedure, therefore, is to coordinate the follow-up with the victim's initial treatment and, if possible and desired by the

victim, to make such treatment part of a continuous medical effort. The victim may be more likely to participate in follow-up treatment which involves familiar faces. However, a number of follow-up choices should be available to the victim, including referrals to private physicians, free clinics, VD clinics, and support services.

1. *Medical Follow-Up.*

   a. The initial support person at the hospital should be responsible for making the follow-up appointment at the time of the initial examination. Whenever possible the victim should be contacted to insure that he/she does, in fact, follow-up either at the hospital, or at another referral facility or with a private physician.

   b. The victim should be given the name and phone number of the medical person to contact for any problem which would merit prompt attention, e.g. signs of infection such as fever, pain, sores, discharge, etc.

   c. The schedule for follow-up treatment should be discussed in detail with the victim. The following schedule includes some of the options:

      1) Gonorrhea test — three to five days after the initial examination
      2) Syphilis test — six to eight weeks after the initial examination
      3) Pregnancy tests/prevention:
         a) within 48-72 hours, if DES treatment is chosen
         b) two weeks after missed period if no prior treatment is chosen

2. *Counseling Follow-Up.* Emotional support and/or counseling should be available to victims at every phase of their contact with the hospital. If crisis intervention is available at the hospital during the initial examination, a determination of the need for additional counseling can better be made both by the support person and the victim.

   Facilities that do not have a counseling staff or support person available should refer victims needing such services to outside agencies properly staffed with counselors. Again, care should be taken to coordinate this follow-up counseling with the initial treatment.

   Victims must have a choice of whether or not to obtain counseling. They should be given the name and phone number of agencies that offer services for sexual assault victims.

APPENDIX

CHAPTER TWO

APPENDIX TWO-A

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION FOR VICTIMS OF SEXUAL ASSAULT

I, _____, hereby authorize _____
(Name of Hospital)
to release all of the evidence found and all of the information contained in the medical records concerning this sexual assault examination and treatment to the law enforcement agencies that may be involved in investigating this assault or in prosecuting the assailant.

I hereby waive all medical privilege in connection with such examination, treatment and evidence found, and I expressly authorize the use of such medical information in any subsequent criminal prosecution in the State or Federal courts against the assailant.

Care was received on or about _____

Emergency Department _____ In-Patient _____

Under the name of _____

I UNDERSTAND THAT THIS WAIVER AND RELEASE AUTHORIZES RELEASING THE RECORDS OF THE SEXUAL ASSAULT EXAMINATION TO THE APPROPRIATE LAW ENFORCEMENT AGENCIES, BUT THAT NOTHING CONTAINED IN THIS WAIVER AND RELEASE OBLIGATES ME TO PROSECUTE THE ASSAILANT.

SIGNATURE OF WITNESS: SIGNATURE OF AUTHORIZING PERSON(S):

_____ _____

DATE: _____ _____

TIME: _____ _____
Relationship to Patient

APPENDIX TWO-B

HENNEPIN COUNTY MEDICAL CENTER
EMERGENCY DEPARTMENT
NURSING SEXUAL ASSAULT REPORT

Pt. No.

Address

Phone No.

Birthdate

OB-GYN HISTORY

Parity:

Last Pap Smear: Month Day Year

L.M.P.: Month Day Year

Ave. Length Menstruation: Days

Abnormalities of Menstruation:

Last Intercourse: Month Day Year

Current medications: (List)
A. Contraceptives:
B. Other:

Date:
Date of Incident:
Time of Incident: a.m. p.m.

Examination (Circle if taken):

Examining Physician:

HCMC LAB TESTS			CRIME LAB TESTS		
1. Seminal Fluid on Body:	Yes	No	5. Fingernail Scraping:	Yes	No
A. Where:			6. Pubic hair combing:	Yes	No
B. Swab for sperm mobility & P-tase:	Yes	No	7. Saliva Sample:	Yes	No
C. Swab for sperm stain:	Yes	No	8. Blood Type:	Yes	No
2. VDRL	Yes	No	9. Sperm Typing Test:	Yes	No
3. Pregnancy Test:	Yes	No	10. Blood Alcohol/Drugs:	Yes	No
4. GC if Indicated:	Yes	No	11. Urine for Drug I.D.:	Yes	No
12. Photographs taken:	Yes	No	A. How many?		
B. What of?					

13. Blood Pressure: / T.P.R.
14. Description of Physical Injuries (Subjective & Objective):

15. Orifices Involved:
16. Ejaculation: Yes / No Where:
17. Contraceptive Devices Used by Assailant:
18. Since Assault (Circle): Bathing, Clothing Change, Douching, Other.
Describe:

19. Stains on Clothing: Yes / No Describe:

20. Emotional State (Subjective & Objective):

21. Disposition (Rape Crisis Center, Home, Clinic Appointment, Etc.):

22. Other Relevant Comments:

NURSE

POLICE OFFICER Receiving Crime Lab Specimens

APPENDIX TWO-C

PROTECTION OF CHAIN OF CUSTODY OF EVIDENCE — Sample Form

Date _____ Floor _____

The following specimens numbered and labeled in the attached container were obtained from the above patient.

1. One swab in a test tube for acid phosphatase (add 1. ml. saline please).

2. One swab in a test tube for routine culture.

3. Two slides in a brown envelope for smears for examination for sperm cells.

4. Thayer-Martin culture plate for gonococcus culture inoculated.

Included in this box is an extra empty test tube if it is needed; and a brown envelope for hair, stains, etc., which the physician may want.

Label each specimen with complete name and hospital number.

Staple this card to the container before it leaves the E.R.

All persons handling the specimens must sign in order:

		Time			
Doctor:	_____	Date	_____	am:pm	
Nurse:	_____	Time Date	_____	am:pm	
Tech:	_____	Time Date	_____	am:pm	
Chemistry:	_____	Time Date	_____	am:pm	
Microbiology:	_____	Time Date	_____	am:pm	
Other	_____	Time Date	_____	am:pm	

APPENDIX TWO-D

Bureau of Criminal Apprehension (BCA) Laboratory Capability

I. INTRODUCTION

The major types of evidence found in crimes of sexual assault are blood, semen, hairs and fibers. The following discussion will explain the necessity of control samples and what results can reasonably be expected from the various evidence types.

II. INFORMATION DETERMINABLE BY BLOOD TESTS:

A. Determine whether blood is human or animal origin.

B. Classification of dried blood stains into one of four major groups of "O", "A", "B", and "AB". Additionally, blood may be subgrouped in several other factors such as Rh, PGM, EAP, and other blood group systems, depending on size and sample condition.

C. Classification of blood from each person involved to determine the possible source of the dried stains. NOTE: It is of little value to show that blood on a suspect could have come from the victim without also showing that this blood *could not have come* from the suspect himself or one of his associates.

D. Identification of human blood as coming from a particular person is *not* possible. Also the age of a dried stain is not possible to determine.

III. INFORMATION DETERMINABLE FROM OTHER SIGNIFICANT BODY FLUIDS:

A. Seminal Stains:

1. Their identification on the victim's clothing, in vaginal swabs, or at the scene can be of value in corroborating statements of a victim.

2. If the suspect is a *secretor* his blood group can be determined from the seminal fluid. Additionally the PGM enzyme is present in seminal fluid which can also be determined and compared to that of a suspect.

3. Blood controls are necessary to determine the PGM enzyme present in the suspect and victim. Saliva controls are necessary to determine each involved person's secretor status.

B. Differentiation of secretors and nonsecretors:

1. Accomplished by using saliva controls from all involved persons.

2. Secretor — One of about 80% of the population who has in his other body fluids, (saliva, semen, perspiration, etc.) the same ABO blood group factors which are present in his blood.

3. Nonsecretor — One of about 20% of the population who does not have ABO blood group factors in his other body fluids.

C. Saliva Stains:

If present on cigarette butts or clothing it may be of value for determining the blood group of the person who deposited it if this person was a secretor.

D. Limitations on seminal and saliva stain grouping:

1. Semen is often mixed with urine or vaginal secretions of the victim making grouping tests inconclusive.

2. The amount of blood group factor present on a cigarette butt or in a seminal stain may be insufficient to give conclusive grouping tests.

IV. INFORMATION DETERMINABLE FROM HAIRS AND FIBERS:

A. While hair and fiber examinations are circumstantial from an evidentiarty standpoint, they can corroborate other evidence or testimony.

B. Hairs:

1. Hairs can be identified as animal or human in origin.

2. If human it can be sometimes determined if the hair was damaged, if the hair was torn in its removal, and the possible area of the body which the hair originated, such as head vs. pubic. Age and sex cannot be determined from a hair.

C. Results of hair comparisons:

1. Hairs match in microscopic characteristics and could have originated either from the same individual or from another individual whose hair exhibits the same microscopic characteristics.

2. Hairs are dissimilar and did not originate from the same individual.

3. No conclusion could be reached.

D. Control hair samples should consist of at least 12 full length hairs *pulled* from different locations on the head or pubic area.

E. Fiber examinations:

1. Identification as to type of fiber such as animal, vegetable, synthetic, or mineral.

2. Determinations as to type, color, size, weave, and overall microscopic appearance are made between questioned fibers and knowns. A positive match indicates a possible common origin.

3. Submit entire garment for control samples.

V. INFORMATION CONCERNING CONTROL SAMPLES:

Most laboratory examinations are comparative in nature and a meaningful interpretation of results is often not possible without control samples. Consequently, as a general laboratory policy, blood grouping, secretor grouping, and other comparative examinations will be performed only after the appropriate controls from all persons involved have been received.

CHAPTER THREE

COUNSELING THE VICTIM OF SEXUAL ASSAULT

CHAPTER THREE

COUNSELING THE VICTIM OF SEXUAL ASSAULT

I. Introduction 63
II. The Crisis of Sexual Assault 63
A. Basic Assumptions 63
B. Implications for Counseling 64
C. Counselor Responsibility 64
III. The Victim 64
A. Patterns of Response to Sexual Assault 64
B. Victims' Feelings 65
C. Needs of the Victim 67
1. Crisis Intervention 67
2. Assistance with Life-Sustaining Needs: Housing, Transportation, Child Care 67
3. Medical Information and Care 68
4. Legal Procedural Information 68
5. Advocacy 68
6. Individual Counseling 68
7. Group Counseling - Support Group 69
8. Family Counseling 69
9. Referral 69
IV. The Counselor/Support Person 70
A. Who Counsels/Provides Support 70

B. Needs of the Counselor/Support Person 70
C. Role of the Counselor/Support Person 71
1. The Counseling/Support Process - Responding to the Emotional Needs of the Victim 71
2. Assisting in Decision-Making 72
3. Institutional Advocate 75
4. Assessing Adjustment and the Need for Referral 75
5. Follow-Up 75
Appendix 77

COUNSELING THE VICTIM OF SEXUAL ASSAULT

I. INTRODUCTION

The following guidelines are intended for use by social service and mental health professionals, paraprofessionals, volunteer advocates, crisis intervention workers, telephone counselors and any other persons involved in a supportive role with sexual assault victims. The guidelines are intended to be adapted to a particular community, taking into consideration the needs of that community as well as the level of services available.

Since the needs of sexual assault victims cannot be met effectively without the combined efforts of law enforcement, medical, social service and prosecutorial personnel, it is necessary to be aware of the responsibilities of one another in dealing with sexual assault victims. Therefore, it is recommended that social service personnel be familiar with the guidelines presented elsewhere in this manual for police, hospitals and prosecutors.

This Chapter, **Counseling the Victim of Sexual Assault,** does not attempt to teach basic counseling techniques or crisis intervention skills. It is assumed that any person involved in the counseling of sexual assault victims is already trained or will receive training in general counseling skills. What is presented in this chapter is intended to supplement those skills by providing guidelines specific and unique to meeting the particular needs of sexual assault victims.

II. THE CRISIS OF SEXUAL ASSAULT

Sexual assault is an invasion of a person's physical and psychological being. It includes rape, same-sex assault, incest, child molestation, and any other sexual activity which a person is forced into without his/her consent.

A. *Basic Assumptions*

1. No person has the right to sexually violate another person.

2. Sexual assault is a potentially painful and intense experience in which the victim has to deal not only with the actual physical sexual assault but also the emotional aftermath which may occur. Sexual assault is an experience that may severely affect the victim's unique pattern of physical, emotional, sexual and social functioning.

3. Sexual assault is an act of power and violence expressed through sexual aggression. In sexual assault, the victim's control over his/her body and life is involuntarily in the hands of another person, through fear or coercion.

4. Sexual assault is surrounded by myths that may affect the response of the victim, and his/her family, friends and acquaintances.

B. *Implications for Counseling*

1. The victim of sexual assault should be viewed as a victim of crisis. The counseling process should focus on the victim's reactions and feelings to the sexual assault and not on other problems except as they relate to the sexual assault.

2. It is crucial for the victim to regain a sense of control over his/her own life. In the counseling process the victim has the right to be presented with all the options, but the decisions and choices should be completely his/her own.

3. The counselor's primary responsibility is to the victim — to be there to listen and to empathize with the victim's feelings; to inform, to explain, to clarify, to support, to aid with practical issues and concerns, and to assist the victim in dealing with people such as family, police, medical and legal personnel.

4. The counselor's role is to support the victim — not to investigate or judge the victim.

C. *Counselor Responsibility*

In order to function effectively in the victim's best interest, the counselor should:

1. Be fully informed in regard to the medical, law enforcement and legal procedures in order to provide information, explanation, and clarification of these procedures to the victim; be aware of resources such as support services, sources of financial aid, etc., in order to make effective referrals.

2. Be fully informed about the myths and facts of sexual assault and how they will affect the victim, friends, relatives and significant others (see Appendix A, "Myths and Facts").

3. Be knowledgeable concerning the variety of reactions of victims to the sexual assault during, immediately following, and subsequent to the experience.

III. THE VICTIM

A. *Patterns of Response to Sexual Assault**

It is important to remember that each victim will respond to the sexual assault in a unique manner reflecting 1) the uniqueness of the incident (e.g. degree of force used, relationship, if any, with the assailant); 2) the victim's developmental stage, particularly in the areas of sexuality, interpersonal relationships and support systems; and 3) the victim's previously developed manner of responding to a crisis. Studies indicate, however, that, as in any crisis situation, the responses of the sexual assault victim will follow a somewhat predictable and sequential pattern: *Phase 1: Impact, Phase 2: Outward Adjustment, Phase 3: Resolution, Phase 4: Integration.* It is essential to be aware of the *fluidity* of these phases for each victim, e.g. being in a later phase but

*Adapted from Sandra Sutherland and Donald J. Scherl, M.D., "Patterns of Response Among Victims of Rape", *American Journal of Orthopsychiatry*, 40 (April 1970) 3: 503-511.

going back to behavior typical of an earlier phase or experiencing aspects of one phase while being in another. These phases should be viewed merely as a frame of reference from which to consider the variety of victims' emotional responses to sexual assault.

Phase 1: Impact. This is a stage of disorganization and disorientation immediately following the sexual assault. It may last a few hours or a few days. The victim's initial reaction is an immediate impact reaction in which there may be a variety of emotions including shock and disbelief, followed by anxiety and fear. How the victim expresses these emotions will vary. The victim may be crying or laughing, quiet or talking. He/she may experience a loss of appetite and sleep, or other physical trauma. It is during this phase that the victim will need to deal with decisions about medical attention, reporting to the police, notifying family and friends, and other immediate practical concerns, such as repair of locks, transportation, child care, etc.

Phase 2: Outward Adjustment. As the victim deals with practical concerns he/she will often deny, suppress or rationalize the sexual assault in an attempt to return some normalcy to his/her life. This period may last for a few days, a few weeks or years. During this period the victim does not want to talk about the sexual assault or have to deal with it in any way. The victim wants to return to his/her pre-sexual assault equilibrium which represents security, comfort and a feeling of being in control. He/she attempts to do so by denying that the assault happened. Although during this period the victim outwardly appears to have adjusted, he/she has not in fact resolved the sexual assault experience.

Phase 3: Resolution. The resolution phase usually begins when the victim is depressed and feels a need to talk to someone about the sexual assault. It may be precipitated by a specific incident, e.g. having to appear in court or seeing someone who resembles the assailant, or the victim may just find himself/herself constantly thinking about the assault and wondering why. The victim realizes the need to finally deal with the sexual assault both in terms of feelings about himself/herself as well as feelings about the assailant. Resolution occurs when the victim is able to experience anger and focus that anger where it belongs — on the assailant.

Phase 4: Integration. The period of integration is the culmination of all the previous phases. At this point the victim has accepted the fact of the sexual assault, has sorted out his/her feelings of guilt and responsibility — focusing anger on the assailant, and has integrated the sexual assault experience into the whole of his/her life, neither repressing nor being dominated by it.

B. *Victim's Feelings*

During the period following the sexual assault the victim may experience a variety of emotions. These feelings need not be viewed as stage specific; they can occur during any of the phases described above. Victims will vary in their manner of expressing, experiencing, and understanding the emotional impact of the assault situation. Emotional responses may be readily discernible through verbalizations or physical manifestations such as crying, shaking, restlessness, or they may be masked — the victim may appear calm, controlled and subdued. The appearance of the victim may

be dependent upon several factors: exhaustion, the assault situation, state of shock, utilization of defenses in an attempt to deny or repress the attack. However the victim's feelings are expressed will be based upon the victim's previous pattern for coping with stressful situations.

The following presentation of the feelings frequently experienced by sexual assault victims* is based on the assumption that there is a continuum of feelings within each of the groupings.

1. *Fear - Anxiety Reactions.* Although the specifics of each sexual assault situation are different, many victims respond intially with a feeling of relief, "Thank God I'm alive — I could have been killed." This realization most often creates a feeling of fear of being attacked again. This fear response may be a specific fear of the assailant, especially if the assailant threatened to harm the victim again, or it may be a generalized fear: fear of people or things that remind the victim of the assault situation.

   Many victims will experience feelings of anxiety based on their fear of being attacked again. This anxiety may be evidenced by shaking, startled reflexes, disturbed sleeping patterns, nightmares, etc.

   This anxiety may extend to a fear of people in general. The victim may be particularly attuned to sexual innuendos, glances, etc., which used to be taken in stride. If the assailant was someone trusted by the victim, he/she may experience a feeling of loss of faith and trust not only in others but also in his/her own judgment.

   Many victims may have believed, prior to the sexual assault, that sexual assault couldn't happen to them, that they would be able to resist or somehow take care of themselves. Since any resistance was overcome either by force or fear, most victims may feel a loss of control. They may experience feelings of powerlessness and helplessness which in turn affects the way they view their own independence. If the victim has followed a life style of trusting people, leaving doors open, talking to strangers, hitchhiking across country, and so on, the sexual assault may be felt as an intrusion not only of the body but of his/her whole way of life.

2. *Guilt — Self-Blame — Embarrassment.*

   NOTE: Many victims have internalized the myth that the victim of sexual assault is somehow responsible or to blame for having been sexually assaulted. Regardless of the fact that a person may have acted carelessly or without good judgment (e.g. leaving a door unlocked at night), sexual assault is a crime committed *against* the victim, for which the assailant is responsible.

   In general, feelings of guilt and self-blame seem to vary in degree with the circumstances of the sexual assault, the extent of physical injury to the victim and the type of association with the assailant. Victims who have experienced severe physical injury during the sexual assault usually have less guilt feelings because of the obvious evidence of their resistance. The victim who was sexually assaulted at home, however, may feel guilty about not having secured the house better. The victim who knows the assailant may have the most difficulty in resolving guilt feelings and conflicts over the sexual assault. This victim may, irrationally, blame himself/herself for poor judgment, seductive behavior, etc. The victim who does not physically resist due to fear may irrationally blame himself/herself for not preventing the assault — even if physical resistance would have been useless.

   Many victims may feel ashamed and embarrassed about the sexual assault due to society's uncomfortableness with sexuality in general. Our bodies and sexual activity have always been regarded as private, and privacy has been stripped from the victim by someone else. Telling anyone at all may be painful and embarrassing. If the assailant was verbally abusive the victim may be embarrassed to repeat what was said. In addition, the victim may not know acceptable terminology to describe what happened sexually. The victim may also feel embarrassed during the medical exam when his/her body is again exposed and is the object of attention and inspection by strangers.

3. *Anger.* Anger is perhaps the most appropriate feeling the victim of sexual assault can experience. Anger, directed toward the assailant, can be the beginning of a healthy resolution of the sexual assault experience. Many victims may have difficulty expressing this anger verbally although ventilation of the anger may also take the form of reporting and prosecuting.

C. *Needs of the Victim*

The most immediate need of every victim of sexual assault is the need for safety. This should be the primary concern of the first person to be in contact with the victim following the sexual assault.

Beyond the need for immediate safety, each victim of sexual assault will have different needs, ranging from the need to have access merely to factual information and practical resources to the need for support from someone who can help deal with the victim's intense feelings about the sexual assault. The range of services available to sexual assault victims, whether provided by police, hospital, legal, social service, or crisis center personnel, should reflect the range in victims' needs:

1. *Crisis Intervention.* Frequently the support systems, e.g. family and friends, normally available to a person during a crisis, will be unable to help the victim cope with the crisis of sexual assault. For this reason, many victims, and also their significant others, need to have outside support available in order to be able to work through the immediate crisis situation. Immediacy of this service is crucial and wherever possible should be available to the victim on a 24-hour basis. Crisis intervention may involve providing information to the victim over the phone, providing support at the scene, through the police investigation and hospital examination, providing short-term counseling, and/or making appropriate referrals.

2. *Assistance with Life-Sustaining Needs: Housing, Transportation, Child Care.* Victims who have been assaulted are frequently afraid to be alone in their homes or

*Adapted, with permission, from the Minnesota NOW State Task Force on Rape handbook, *On Rape*.

to travel by themselves. Many times assailants will threaten to return if the victim goes to the police. Victims may need:

- Transportation to or from the hospital, police station, or home.
- Housing for the immediate night or day, and possibly the next few days.
- Child care, e.g. while the victim is at the hospital or with the police.
- Contact with family or friends who would be comforting and helpful. There may be various reasons that a victim may not want to be with his/her family. A quick assessment of these reasons should be made and the victim should be helped in making the decision. Fears of how parents or significant others will react may be overestimated, or they may be real, but they need to be dealt with.
- Assistance in securing the home or helping the victim feel safer at home, e.g. changing locks, contacting Operation ID, finding a roommate, etc.

3. *Medical Information and Care.* The victim of sexual assault has the right to a sensitive and thorough medical examination. The victim should be encouraged to seek medical attention for treatment of injuries, venereal disease, and pregnancy as well as for gathering of evidence if there is any possibility that the victim will want to prosecute. Full medical information, with all the options and alternatives, should be provided to allow the victim to make his/her decisions from a position of knowledge rather than ignorance.

4. *Legal Procedural Information.* Decisions regarding whether or not to report and whether or not to prosecute are very personal ones and should be made by each victim on the basis of as much information as possible. The victim needs to know what to expect at each step of the legal process *before* making a decision.

5. *Advocacy.* If the victim chooses to receive medical attention, to report to the police, and/or to prosecute, he/she may still feel intimidated and/or confused by the system and may want someone to accompany him/her through the system representing his/her interest. The advocacy may come from within or outside the system and does not necessarily imply an adversity of interest between the system and the victim. Rather, advocacy may merely be a matter of assuring that there is someone the victim can turn to at any point during the medical-legal process for information, explanations, or support.

6. *Individual Counseling.* Sexual assault, or its attempt, is viewed as a crisis. It is an act of violence. The crisis is situational, an unexpected event which is disruptive. The threat to life is a primary reaction. Along with this comes the feeling of helplessness. The loss of control of oneself and the humiliation are feelings that are not easily overcome.

   Short-term counseling might provide a catharsis for the victim, helping that person deal with the trauma and the feelings connected with the sexual assault. The victim may need short-term support in regaining a sense of control over his/her life. This short-term support aimed at helping the victim learn to cope, may be the catalyst for working through continuous emotional reactions and may ultimately prevent the need for more intensive therapy.

   For some victims, however, the traumatic reaction to a sexual assault may be such

a psychological shock that intensive, long-term counseling may be needed. The emotional responses of the victim may interfere drastically with the day-to-day functioning of that individual. The victim who feels guilty about the incident may be triggering an emotional response that is difficult for that person to overcome. The guilt in not having prevented or stopped the action in a sexual assault may affect the person's ability to relate to other people, feeling they see him/her as responsible and shameful. The victim who feels anger may find his/her sexual attitudes and sexual activity in a difficult and/or negative place. These types of reactions and others may stimulate the victim to seek professional long-term help in working through negative or uncomfortable attitudes that affect functioning.

7. *Group Counseling - Support Group.* In addition to dealing with his/her own feelings about the sexual assault, the victim may be concerned about other people's attitudes and reactions toward him/her. The internal conflicts that the victim may be experiencing may also interfere with that person's ability to relate to other people. The concern with what others think about him/her and how it will affect how others react to him/her may immobilize or hamper the individual in relating to others.

   A support group, as experienced in group counseling, is a milieu where the victim can share personal fears and perhaps find that others share those fears. A group provides an atmosphere of acceptance of members that will aid an individual in relating feelings and fears about how others relate to him/her.

   A group involvement may provide the opportunity for the victim to realize that other persons experience similar emotions and responses. The ability to share these feelings may stimulate a working-through of the emotional difficulties resulting from the sexual assault.

8. *Family Counseling.* The victimization in a sexual assault may affect more than the individual immediately involved. The victims of such a crime may include an entire family.

   Family members also enter this experience with preconceived notions and attitudes about sexual assault victims and about the family member assaulted. The combination of these attitudes and feelings creates the potentially fertile ground for family difficulty.

   Family counseling may become necessary when the trauma affects normal family functioning. The family may find it necessary to meet as a unit to work through the attitudes and feelings that interfere with positive family interaction.

   The sexual assault victim will need familial support to effectively deal with the personal trauma. The lack of family understanding will affect the ability to cope with the experience.

9. *Referral.* An individual in a crisis situation may feel the need to reach out for help. The manner in which that individual is treated in the first, and perhaps only, call

or contact will possibly determine whether that person will continue to seek the help that may be desperately needed.

A well defined and coordinated referral network will help insure that the victim is not given vague answers or indefinite information, or gets lost in the system. The initial contact, whether it is the police, the hospital, or an information and referral service, should understand the available service network for a sexual assault victim. Service to a victim should be a part of an organized system that includes: social services, advocate services, police referral, medical referral, and legal referral. Such a system should address the emotional needs, the legal needs, and the medical needs of the victim. Referring a victim to the appropriate person in that system should be consistent with the victim's feelings, needs, and wants.

IV. THE COUNSELOR/SUPPORT PERSON

A. *Who Counsels/Provides Support*

This will vary from community to community and will be dependent on the size of the community, the types of services already available, the concern of the community, etc. Counseling/support of sexual assault victims could be provided by trained volunteers, paraprofessionals, or professionals. Possibilities include "Crisis Line" volunteers, social service workers, public health or school nurses, professional counselors, public or private mental health facilities, family planning clinics, or sexual assault crisis center personnel. The role of the counselor would vary accordingly. What is of primary significance is not who provides the services but rather that sexual assault counseling services *do* exist and that the community's law enforcement, medical, and legal personnel who work with sexual assault victims as well as the community at large *know* who, how, and when to contact a counselor/support person and know what they can expect from that person.

B. *Needs of the Counselor/Support Person*

It is unrealistic to expect that every counselor/support person can meet the needs of every sexual assault victim. The counselor/support person needs to stay in touch with his/her own emotional reaction to the victim. If the counselor has strong negative feelings about a particular victim or feels he/she cannot handle the case alone or at all, the victim should be referred to someone else. This should be seen as a recognition of a person's limits rather than as a sign of weakness. It is quite possible that the counselor/support person's own value system or job situation may prevent him/her from meeting certain needs of the victim, e.g. a request for an abortion referral. In this case again the counselor should refer the victim to another support person who can make such a referral without fear of job loss or interfering with one's own value system.

The counselor/support persons in each community need to work as a team of people who communicate with each other and support each other. Providing support to victims of sexual assault can be an emotionally and physically exhausting experience. Counseling/support persons need to learn their personal limitations and know they can turn to someone, in confidence, for support.

Training. The counselor/support persons should receive training which will prepare them to deal with the emotional, medical, legal and political aspects of sexual assault that will be relevant to the victims they will counsel. Such training should be geared to meet the needs of each counselor/support person by *supplementing* skills, training, education and/or experience already gained with aspects specific to meeting the needs of sexual assault victims.

C. *Role of the Counselor/Support Person*

Remember that the sexual assault victim has two equally important needs: access to someone who can help him/her deal with the feelings about the experience and access to factual information/practical resources in order to facilitate decision-making. The counselor/support person can help with both of these.

The ideal support system or person for a victim of sexual assault is one which:

- Allows the victim to be himself/herself in feelings and in needs.
- Allows the victim to heal at his/her own pace.
- Anticipates reactions to the crisis without forcing the process.
- Realizes that people can heal and emerge stronger from a crisis.

It is important for the counselor/support person to be aware of and to communicate what he/she can and cannot provide for the victim. This will avoid raising unrealistic expectations in the victim and will help the counselor avoid frustration and feelings of failure when the victim's preexisting life problems persist. Such problems may be brought into focus more sharply during such a time of trauma, and conflicts between the victim and other people important to him/her may surface.

1. *The Counseling/Support Process - Responding to the Emotional Needs of the Victim.* A major role of the counselor/support person is to respond to the emotional needs of the victim. The following guidelines provide suggested ways of being with and responding to the victim. These guidelines are not meant to be used as techniques but rather as ideas to stimulate thinking and to be incorporated and modified into the counselor/support person's own style of counseling. The list is not all-inclusive nor does the order of presentation reflect any sequential order in the counseling support process.

   a. *Confidentiality.* It is important throughout the counseling/support process to assure the victim of confidentiality. Remember that many victims are ashamed and embarrassed that they have been sexually assaulted, and they need to know that you will not discuss this situation with anyone without permission, e.g. to make a medical referral. This is particularly important if a third party contacts you about the victim. That party, as well as the victim, should know that the confidentiality between you and the victim will be respected.

   b. The important aspect of the counseling/support process is not what you do or say, but how you are. Simply being there for the sexual assault victim may be enough. The most beneficial counseling responses are genuine feelings of

warmth, concern, caring, empathy, and desire to function supportively and effectively. These feelings are transmitted to the victim.

c. *Listening.* Listen in a way that supports and validates the victim's feelings, encouraging him/her to express whatever feelings he/she has in whatever way he/she wants to.

- Do not attempt to redefine the situation as being more or less critical than the victim sees it. Keep in mind that each victim's reaction to the sexual assault will be based partially on his/her perception of the event in its social context plus his/her previous experience in coping with stressful events. Also keep in mind that the victim's attitudes toward men, women, violence, and sexuality as well as his/her own feelings of self-worth will affect his/her reaction. The victim is the only one who can determine how critical the situation is, since the determination must be based on his/her values and perceptions.
- Go with the victim's style of expressing his/her emotions. This may range from *expressed* — crying, shaking, verbalizing, expressing anger, etc. to *controlled* — shocked (dazed, confused), intellectualizing as if it happened to someone else, or simply a silent reaction.
- Help the victim to clarify his/her feelings. Communicate an acceptance and understanding that his/her reaction is a normal reaction to what has happened.

d. It may help the victim to be told that this experience may cause a disruption to his/her life for a while.

e. Assure the victim that he/she has not been singled out for an attack, but that what has happened to him/her has happened to thousands of others.

f. Allow the victim to talk through as much of the sexual assault as he/she wants to. Finding out that he/she can share this experience with someone who is not shocked by hearing it can be very reassuring to the victim.

g. Anticipate reactions or feelings to the victim, without forcing them, e.g. "Some victims find they can't sleep at night". Knowing what to expect may help the victim deal with his/her reactions better. Physical problems, loss of sexual interest or changes in response, changes in patterns of living, fears which begin to restrict activity, loss of self-confidence — all these may occur long after the victim feels he/she has dealt with the sexual assault.

h. Help the victim work through to a healthy anger; that is, anger directed toward the assailant, rather than towards himself/herself.

2. *Assisting in Decision-Making.* The victim of sexual assault has just been through a damaging experience in which he/she was forced to submit against his/her will. In order to regain a sense of control over his/her own life, the victim needs to be informed of his/her options and then to be supported in whatever decisions he/she makes. The counselor/support person's role is to help the victim clarify his/her concerns, provide the information necessary in order for the victim to come to a

decision, and focus the victim's decision on action that needs to be taken in priority order. Decisions may need to be made about: medical treatment, reporting to the police, safety precautions, emergency clothing, transportation, child care and housing arrangements, and informing relatives or employers. The counselor/support person's awareness of services and alternatives can be extremely important.

a. *Seeking Medical Treatment.* In an emergency medical situation, this is a necessity and the victim should be transported by an ambulance or the police.

- The victim should be made aware of the fact that a prompt medical evidentiary examination is necessary in most cases to even consider a possible prosecution. If the victim is unsure about whether to report to the police and/or become involved in prosecuting, he/she should be encouraged to obtain an evidentiary examination should he/she decide later to report and prosecute.
- If the victim chooses not to report to the police, he/she should be encouraged to seek medical attention for venereal disease, pregnancy and possible injuries. It is hoped that most hospitals no longer automatically report a sexual assault case to the police but in areas where this is the hospital's policy the victim should be made aware of this and be presented with other medical alternatives if he/she so desires.
- If the victim does decide to seek medical attention, he/she should be told not to *bathe, shower, douche, or change clothes* before going to the hospital and/or the police since this could destroy possible evidence.
- The counselor/support person should inform the victim of what is involved in the medical examination and the purpose of each aspect.
- The victim should be made aware of the questions that will most likely be asked and the purpose of these questions, e.g. regarding last intercourse, contraceptive usage, venereal disease history.
- The victim should be informed of the importance of the venereal disease and pregnancy examination and treatment, and the alternatives available.
- The victim should be made aware of the fact that the 1975 Minnesota Criminal Sexual Conduct Law provides that medical costs arising from examining the victim for purposes of gathering evidence be paid by the county in which the offense was committed. However, some counties require the sexual assault be reported to the police in order for the victim to be reimbursed, and the victim should be informed if this is the case.

(Please read Chapter Two, **The Medical Examination and Treatment of Sexual Assault Victims**, to become more familiar with the medical procedures.)

b. *Reporting to the Police.*

- Reporting to the police can be a means for the victim to regain a sense of control over his/her life as well as to ventilate some very healthy anger. Whenever possible the victim should be encouraged to report to the police, even anonymously (if a third-party reporting system is available), since many assailants assault more than once.

- If the victim expresses hesitation to report, the counselor/support person should help the victim sort out his/her feelings about reporting. If the victim's concern is based on a fear of the system and how he/she will be treated, the counselor/support person may help allay that fear by giving the victim the name(s) of sensitive, concerned law enforcement person(s).
- If the victim decides to report, he/she should be made aware that the police will need to question him/her and to conduct an investigation and gather physical evidence from both the victim and the scene, if available. The procedures of police investigation should be explained to the victim.
- Police questioning should only concern matters relating to the incident; however, police may need to ask embarrassing questions of the victim and the purpose of these questions should be discussed with the victim.
- Many police refer victims to an advocate/support person and work closely with such counseling services.

(Please read Chapter One, **Law Enforcement Investigation of Sexual Assault Crimes**, to become more familiar with the police procedures.)

c. *Becoming Involved in Prosecution.*

- Remember, reporting the sexual assault to the police does not mean the victim will have to prosecute. That decision can be made later by the victim.
- The counselor/support person should be familiar with the changes in the 1975 Minnesota Criminal Sexual Conduct Law (see page 87 of this manual for a summary of the new law). Briefly, the new law:
  - —Classifies criminal sexual conduct into four degrees depending on the degree of force and nature and extent of injury to the victim.
  - —Stipulates that the victim's testimony need not be corroborated, although corroboration may improve the chances of gaining a conviction.
  - —Provides that the victim need not prove resistance.
  - —Provides that, with a few exceptions, evidence of the victim's prior sexual behavior is not admissible in court.
  - —Provides that medical costs arising from examining the victim for purposes of gathering evidence be paid by the county in which the offense was committed.
- Sexual assault is a crime against the State and is therefore prosecuted by a county attorney, representing the State. The victim is the prosecution's key witness.
- The victim needs to be aware of what will be expected of him/her throughout the legal process.
- The victim needs to be supported throughout the entire process whether or not the case is prosecuted or a conviction is obtained.

(Please read Chapter Four, **The Prosecution of Sexual Assault Crimes**, to become familiar with the legal procedures.)

d. *Telling Family and Friends.*

- The counselor/support person should help the victim assess which people in his/her life may provide support and understanding. The victim, however, should make the decision about who he/she wants to share with.
- The counselor/support person may offer to help the victim tell family friends if he/she wants this. Sometimes a third party can be a buffer.
- Family/friends may need an initial period of ventilation. This crisis has disrupted their lives also and brought forth feelings of worry, fear, and a recognition of their inability to protect the victim from harm. Sometimes the hurt and anger experienced by the family may supercede their concern for the victim and result in a blaming attitude. The crisis may bring underlying problems in relationships to the surface. The victim may need the counselor/support person for listening-ventilation and assistance in coping with these reactions.
- The counselor/support person might consider, with the victim's permission, counseling for family members also, especially if:
  - —The family becomes overprotective of the victim and does not allow him/her to resume daily activities.
  - —The victim and his/her partner are unable to resume, after what they consider to be a reasonable time, their usual pattern of sexual activity and level of trust in each other.
  - —There are feelings that the victim is "ruined for life" or has disgraced the family.

(Please read Appendix B, "A Note to Those Closest to Rape Victims".)

3. *Institutional Advocate.* This may be the first acquaintance with the law enforcement and criminal justice system for many victims, and the nature and timing of the medical examination is of particular stress. What is viewed by the working professionals as regular and simple procedures, such as signing a "consent to examine" form or keeping of the victim's clothes for evidence, may provoke feelings of overwhelming helplessness and anxiety in the victim. Hospital and police personnel may, at times, be too busy to give information in a reassuring slow manner. A clarification of what is happening and why it is necessary will help the victim regain a sense of control over what happens to him/her.

4. *Assessing Adjustment and the Need for Referral.* Not all sexual assault victims need or want counseling, and the vast majority do not need professional psychiatric counseling. Sexual assault can act as a catalyst, as can other life crises, in provoking the victim to reassess his/her lifestyle and experiences in interpersonal relationships. This introspection can be a maturing experience. However, an inability to resume normal tasks, failure to cope with the reactions of the victim's social network, or lack of resolution of introspection may necessitate referral for long-term counseling or psychotherapy.

5. *Follow-Up.* It is important that the victim knows that he/she can contact the counselor/support person later for support or information. The counselor/support person should take the initiative to call the victim, but only if the victim has agreed that he/she wants this. The purpose of the follow-up is to reassess the victim's needs, provide support, remind the victim of medical follow-up for venereal disease or pregnancy and, in general, to reassure the victim of the counselor/support person's availability.

APPENDIX

CHAPTER THREE

APPENDIX THREE-A

Myths and Facts About Sexual Assault *

Myth 1: Rape is provoked by the victim. Women who are raped are asking for it.

Fact: Amir's study indicated that 60-70% of rapes are at least partially planned beforehand by the rapist. The study also shows that the victim is usually threatened with death or bodily harm if she resists. Why would a woman go out of her way to be humiliated, to be beaten or possibly killed. The problem with this myth is the way it takes away the criminal blame from the rapist and shifts the responsibility for the crime to the victim.

Though provocation may consist of only a "gesture" according to the Federal Commission on Crimes of Violence, only 4% of reported sexual assaults involved precipitative behavior on the part of the victim and most of this provocation consisted of nothing more than walking and dressing in a way that is socially defined as attractive. No woman's behavior or dress gives a man the right to rape her.

Myth 2: Only young, beautiful women in mini-skirts are raped. It can't happen to me, only other types of women get raped. Only "bad girls" get raped.

Fact: A victim of sexual assault is a victim of *violence*. Rapists choose their victim without regard to physical appearance. Victims are of every age, shape, race, and social class.

Reported age range is six months to 93 years.

Myth 3: Women are raped when they are out alone at night, primarily in dark alleys, so if women stay at home, they'll be safe.

Fact: Any woman, regardless of place of residence, social or economic class, age, appearance or other factors, can be a victim of rape.

Studies show that 1/3 to 1/2 of sexual assaults are committed in the victim's home, and half of all rapes occur in a private residence.

Myth 4: Sexual assault occurs only among strangers. If I avoid strangers I will not be raped.

Fact: Though 66% of the rapes studied by Amir did occur among strangers, a full 34% involved cases where the victim and the offender knew each other in some way. In 14% of the cases the rapist is a close personal friend, a member of the family or friend of the family. When considering these statistics, it is important to remember that Amir dealt with REPORTED cases of forcible rape and a woman is more apt to report being raped by a stranger than to press charges against a friend or relative.

Myth 5: Any woman could prevent the rape if she really wanted to. No woman can be raped against her will.

***Prepared by Eileen Keller, Assistant Director, Minnesota Program for Victims of Sexual Assault, 430 Metro Square Building, St. Paul, Minnesota 55101; LEAA Grant #4317013675**

Fact: Amir found that in the majority of rapes the woman is threatened with death if she resists. In 87% of all rapes the rapist either carries a weapon or threatens her with death. Roughness occurs in 29% of the crimes, non-brutal beatings in 25%, brutal beatings in 20%, and choking in 12% of all rapes. No force whatsoever exists in only 15% of all rape cases studied by Amir and these instances usually involved the rape of a child.

In a study of 80 rape victims in Boston, it was found that 50% of the women had been threatened with a weapon, another 30% had been manhandled and 20% had been threatened verbally. The primary reaction of almost all women to the rape was fear for their lives. In view of fear of injury or death, the loss of control over her life and body, and the humiliation that a rape victim undergoes, it is amazing that so many people still believe the preposterous myth that victims really enjoy rape.

Myth 6: Rape only occurs in large cities.

Fact: Although the reported number of assaults is higher in an urban area, sexual assault does happen in every area — the city, the suburbs, and rural areas.

Myth 7: Most rapes involve black men and white women.

Fact: FBI statistics show that 3% of rapes involve black men and white women. 4% involve white men and black women. Most rapes involve a rapist and victim of the same race and socio-economic class.

Myth 8: Rape is an impulsive, uncontrollable act of sexual gratification. Most rapes are spontaneous (i.e. a sexually frustrated man sees an attractive woman and just can't control himself).

Fact: Amir found that 71% of all rapes were planned; the rapist has it in his mind to rape a woman (any woman) or he has a specific woman in mind. Eleven percent of rapes were partially planned. For example, a rapist takes advantage of a woman in a situation where she is particularly vulnerable (when she was hitchhiking, walking alone at night, drunk, etc.) and only 16% were spontaneous or "explosive" rapes where the rapist had no prior intent to commit rape.

From the viewpoint of a rapist, rape is primarily a crime of violence or hate. Sex is used as a weapon to inflict violence, humiliation, and/or conquest on a victim.

Myth 9: Rapists are abnormal perverts or men with an unsatisfied sex drive. Only "sick" or "insane" men rape women. The primary motive for rape is sexual.

Fact: Rapists have a normal sex drive, are generally sexually active, and exhibit "normal" types of behavior, with the exception of a greater-than-average tendency toward expression of violence.

Studies show the major motive for rape is aggression, not sex. The rapist is seen to have a normal personality but an abnormal tendency to be aggressive and violent. Amir says it is this violence "which makes him (the rapist) a danger to the community".

Rapists are married or have available sexual partners.

Myth 10: It is easy to prosecute rapists.

Fact: In 1970, at least 365 rape cases were reported to law enforcement agencies in Minnesota. Only 23 of these cases were prosecuted and of those only 12 resulted in conviction.

Myth 11: Women frequently cry "rape"; i.e. there is a high rate of false reporting.

Fact: Studies show that only 2% of rape calls are false reports which is no more than in the reporting of other felonies.

APPENDIX THREE-B

A NOTE TO THOSE CLOSEST TO RAPE VICTIMS: HOW YOU CAN HELP*

How does rape affect a woman? How does rape affect those closest to the rape victim? How can you help? Far more than anyone else, it is the people closest to the victim who influence how she will deal with the attack.

Most women who have been raped react to the terror and the fear that is involved. Often a woman's immediate reaction is "I could have been killed." The best way for you to understand what she is feeling is to try to remember a situation where you felt powerless and afraid. You may remember feeling very alone, fearful, and needing comfort.

Often a raped woman needs much love and support. Affection is very important. Try to show her, in your own way, that you care about her and that you would like to help. This can help to break down her loneliness and alienation.

It seems advisable for the woman to talk about the rape; however, it is not possible to generalize about how much the victim should be encouraged to talk about it. Most women do not seem to like specific questions; they tend to seem probing and callous. To probe in these areas may only make it harder for the women to deal with the rape because she may feel like you are judging her.

Instead you should share feelings and ask her what bothers her. These should not be threatening and should allow her to talk about her most immediate concerns. Remember, too, the woman may want to talk about other things. Often the rape may leave the woman concentrating on other problems and it is important that she talk about these. Probably the most practical suggestion is that you communicate your own willingness to let her talk. Because of your closeness to her, the woman may be more sensitive to your feelings. If the rape distresses you, it may be impossible for her to talk to you. She may also try to protect you. In these and other such cases, where she really will not be able to talk with you — encourage her to talk to someone she trusts. Remember that the rape has brought on feelings of powerlessness — encourage her to talk to whom she wishes, when she wants. This may be more helpful than feeling that it is necessary to talk to you. If she feels she needs professional help, encourage her to do so. This is not a sign of weakness or failure on your part or on her part. Most of us need special help at times of crisis.

Whether or not counseling is sought, it is not a replacement for warm, concerned, loving communication. A counselor may help, but he or she can not replace your role in the victim's life. Rape not only affects the woman, but also you, as it plays upon your own fears and fantasies. Try to recognize the fears for what they are; otherwise you may end up projecting them on the woman and cause some serious problems for your relationship with her. Give her the right to make her own decisions. Don't be over-protective.

It should be noted that, if the woman has pressed charges, the whole process of prosecution involves much stress. Your awareness of the legal processes and problems involved, and your support will be helpful.

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CHAPTER FOUR

THE PROSECUTION OF SEXUAL ASSAULT CRIMES

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THE PROSECUTION OF SEXUAL ASSAULT CRIMES

I. Introduction 87
II. The 1975 Minnesota Criminal Sexual Conduct Law 87
A. Introduction 87
B. Definitions 88
C. Degrees of Criminal Sexual Conduct 88
D. Subsequent Offenses 90
E. Evidence 90
F. Court Instructions 91
G. Scope of Criminal Sexual Conduct Law 91
H. Cost of Medical Exam 91
I. Age of Consent 91
J. Resulting Death Defined as Murder 91
III. The Court Process 92
A. Filing the Complaint (Charges) Indictment 92
B. Initial Court Appearance (Presentment Hearing) 92
C. Omnibus Hearing 92
D. Arraignment 93
E. Plea Bargaining 93
F. Trial 94
G. Sentencing 94
H. Appeal 94

IV. Protocol for the Prosecution of Sexual Assault Cases 94
A. General Principles 94
B. Role of the Prosecuting Attorney 95
C. Role of the Victim Support Person 97
D. The Victim's Role in the Prosecution 97
E. Other Considerations in the Prosecution of Sex Crimes 99
1. Pretrial Preparations 99
2. Physical Evidence 100
3. Depositions 101
4. Motions in Limine 102
5. Admissibility of Other Crimes 102
6. The Trial 102
a. Jury Selection 102
b. Opening Statement 102
c. Use of Witnesses in Trial 103
d. Closing Argument 103
7. Jury Instructions 103
Appendix 105

THE PROSECUTION OF SEXUAL ASSAULT CRIMES

I. INTRODUCTION

The following guidelines are intended for use by prosecutors' offices throughout the State of Minnesota. The guidelines are intended to be adapted to each prosecutorial office, taking into consideration the particular needs of the community, as well as the variations in size of jurisdictions and in staffing patterns, which directly affect the availability of time and resources in any given prosecutor's office.

Since effective criminal sexual assault prosecution relies on the combined efforts of law enforcement, medical, social service and prosecutorial personnel, it is necessary to be aware of the responsibilities of one another when dealing with sexual assault. Therefore, it is recommended that prosecutorial personnel be familiar with the guidelines presented elsewhere in this manual for law enforcement, medical, and social service personnel.

This Chapter, **The Prosecution of Sexual Assault Crimes,** presents a summary of the 1975 Minnesota Criminal Sexual Conduct Law which made major changes affecting prosecution of sexual assault cases. An explanation of the court process is also provided, both as a synopsis for legal personnel to use in familiarizing victims and other witnesses, and also as background information for non-legal personnel whose responsibility it may be to prepare and/or support the victim through the legal proceedings. The chapter also presents general principles that should govern the prosecution of sexual assault cases, the role of the prosecuting attorney, the role of the victim support person, the victim's role in the prosecution, and other considerations specific to the prosecution process in sexual assault cases.

II. THE 1975 MINNESOTA CRIMINAL SEXUAL CONDUCT LAW

A. *Introduction*

In order to achieve effective prosecution of sexual assault crimes, it is essential that law enforcement, medical, social service as well as prosecutorial personnel be aware of the legal standards required by the State of Minnesota.

In 1975, the Minnesota Legislature took a significant step when it enacted a new and far-reaching Criminal Sexual Conduct Law (Minnesota Statutes Sections 609.341-609.351)*. The changes are comprehensive. Under the new law, criminal sexual conduct includes not only rape but also same-sex assault, child abuse, and any other sexual activity which a person is forced into without consent. The law provides that sex offenders and victims, male or female, be treated equally. It also provides a rational scheme for determining the degrees of severity in sex crimes. In addition, the statute states that resistance by the victim and corroboration of the victim is not required although as a practical matter it serves to strengthen a prosecution in most cases. These changes

*See Appendix A for a complete copy of the law.

make Minnesota's sex offense law one of the most progressive in the nation. The following is a detailed summary of the new law.

B. *Definitions*

The new definitions are broadly inclusive, yet precisely applicable to any type of sex related offenses.

Actor — Person accused of criminal sexual conduct.
Complainant — Person alleging to have been subjected to criminal sexual conduct.
Force — When an actor commits or threatens to commit a crime against the complainant who believes the actor is capable of doing what is threatened and therefore causes the complainant to submit to the actor's wishes.
Consent — A voluntary and unmistakable agreement to perform a particular sex act, which must be at the time of the act.
Intimate Parts — Includes the primary genital areas, groin, inner thighs, buttocks, or breast of any person.
Mentally Defective — A person suffering from a temporary or permanent mental defect that makes that person incapable of understanding his/her conduct.
Mentally Incapacitated — A person who is rendered temporarily incapable of understanding or controlling his/her conduct due to the influence of alcohol, drugs, or any other substance administered to that person without consent, or due to any other act committed upon that person without his/her agreement.
Personal Injury — Bodily harm, severe mental anguish or pregnancy.
Physically Helpless — A person physically unable to communicate that he/she does not consent to an act and that condition is known, or reasonable should have been known, to the actor.
Position of Authority — A parent or guardian or a person who, even for a brief period, is responsible for the health, welfare or supervision of a child.
Sexual Contact — Includes the following acts committed without the complainant's consent (except where consent makes no difference, such as with a child), for the actor's aggressive or sexual satisfaction:
(a) intentional touching by the actor of complainant's intimate parts;
(b) forcing complainant to touch another's intimate parts;
(c) forcing another to touch complainant's intimate parts;
(d) in any of the above instances, the touching of the clothing covering the immediate area of the intimate parts.
Sexual Penetration — Sexual intercourse, cunnilingus, fellatio, anal intercourse or any intrusion, no matter how slight, into the genital or anal openings of complainant's body by any part of the actor's body or any object used by the actor, if accomplished without complainant's consent (except in circumstances where consent is not a legal defense). Emission of semen is not necessary to a finding of sexual penetration.

C. *Degrees of Criminal Sexual Conduct*

The new law also defines four degrees of criminal sexual conduct. Generally, the major distinction between the degrees are: (1) First and Third degrees both require penetration; (2) Second and Fourth degrees both require contact; (3) in all other respects First and Second are identical and Third and Fourth are substantially identical, with the major difference being a higher degree of force or coercion being

required in First and Second versus a lesser degree of force required in Third and Fourth.

First degree criminal sexual conduct is punishable by up to 20 years imprisonment and occurs when the actor sexually *penetrates* another person and one of the following circumstances exists:

a. The complainant is under 13 years old and the actor is more than three years older, (mistake of the complainant's age or complainant's consent are not legal defenses); or

b. The complainant is 13 to 16 years old and the actor is four years older *and* is in a position of authority over complainant, and uses such authority to force the complainant to submit, (mistake of age and consent are not legal defenses); or

c. Circumstances at the time of the act cause the complainant to reasonably fear that great bodily harm will result to him/her if he/she does not submit; or

d. The actor has a dangerous weapon and threatens complainant with it in order to get complainant to submit; or

e. The actor personally injures complainant *and* either 1) forces sexual penetration, or 2) knows or has reason to know the complainant is mentally defective, mentally incapacitated or physically helpless; or

f. The actor is aided by others who use force or a dangerous weapon to get complainant to submit.

Second degree criminal sexual conduct is punishable by up to 15 years in prison and occurs:

a. If the actor has sexual *contact* (first degree requires penetration) with another *and*

b. One of the above (a-f) circumstances of first degree exists.

Third degree criminal sexual conduct requires sexual penetration and is punishable by 10 years imprisonment, if one of the following circumstances exists:

a. Complainant is under 13 years old and the actor no more than three years older (in First and Second degrees, actor must be more than three years older); or

b. Complainant is aged 13 to 16 and actor is more than two years older and not in a position of authority; if, however, the actor is no more than four years older and shows he/she believed complainant was over 16, actor can only be imprisoned up to five years; or

c. The actor uses force to penetrate without inflicting personal injury, as in First degree; or

d. The actor knows complainant is mentally defective, mentally incapacitated or physically helpless (consent is no legal defense).

Fourth degree criminal sexual conduct does not require sexual penetration (unlike First and Third degrees) and is punishable by up to five years imprisonment if the actor sexually *contacts* another and any of the following exist:

a. The complainant is less than 13 years and the actor is not more than three years older than the complainant; or

b. Complainant is 13 to 16 years old and actor is more than four years older or is in a position of authority, which position the actor uses to coerce submission; or

c. The actor forces the contact (without inflicting personal injury as in second degree); or

d. The actor knows the complainant is mentally defective or incapacitated or physically helpless (consent is no legal defense).

NOTE: In Minnesota the law states that a child under 14 years of age is incapable of committing a crime and must be prosecuted in juvenile court. A finding of delinquency in juvenile court is not a criminal record. A child between 14 and 18 years of age is presumed incapable of committing a crime, but if the juvenile correctional facilities are inadequate for rehabilitating the child, the child can be certified by the juvenile court to stand trial as an adult. A person who is 18 years of age or older is an adult under Minnesota law. Accordingly, an actor under 14 years old cannot be prosecuted under the Minnesota Criminal Sexual Conduct Law, and an actor between 14 and 18 years old can only be prosecuted if the actor is certified to stand trial as an adult.

D. *Subsequent Offenses*

The new law also provides a minimum three-year sentence for a second offense within a fifteen-year period following the first offense, unless the defendant successfully completes an anti-social sexual behavior treatment program.

E. *Evidence*

The new law makes sweeping changes in the evidence requirements in a sexual assault prosecution.

1) The law specifically states that the victim's testimony need not be corroborated.

2) The victim is also not required to have resisted the actor.

3) A major change in evidence no longer permits the victim's previous sexual conduct to be used in court. The victim will no longer be subject to the familiar defense tactic of utilizing past sexual behavior. The very specific exceptions to this general rule are:

a) when the victim has willingly engaged in very similar sexual behavior under similar circumstances in the prior calendar year and the actor-defendant claims the victim therefore consented to the act, or else fabricated the incident;
b) when evidence is shown that semen, veneral disease or a state of pregnancy was present at the time of the assault or evidence that shows venereal disease or pregnancy occurred between the assault and the trial;
c) evidence of past sexual conduct between the complainant and the defendant;
d) evidence to show the complainant has not told the truth at the trial;
e) evidence that the complainant has previously made wholly unsubstantiated claims of criminal sexual conduct.

Introduction of the above exceptions must be in accordance with a set procedure that requires court review and court permission *before* any such evidence can be presented at the trial.

F. *Court Instructions*

The court can *no* longer instruct juries that:

a) A complainant who has consented to prior sexual intercourse with other persons would be likely to consent with defendant and that this prior sexual conduct in and of itself may be used in determining complainant's credibility; or
b) Criminal sexual conduct is easily charged but difficult to disprove; or
c) The complainant's testimony should be scrutinized more closely than that of any other witness in any other felony.

It should be noted that potential for lesser included offenses instructions might be applicable.

G. *Scope of Criminal Sexual Conduct Law*

The law does not cover adults living together and maintaining an ongoing voluntary sexual relationship. Married persons also are not covered under the law unless living apart with one having filed for separate maintenance or dissolution of the marriage.

H. *Cost of Medical Evidentiary Exam*

The new law makes death caused while committing First or Second degree criminal sexual conduct subject to a First degree murder charge (formerly applicable only in the case of rape and sodomy).

I. *Age of Consent*

The law also reduces the age of consent from 18 to 16.

J. *Resulting Death Defined as Murder*

The new law makes death caused while committing First or Second degree criminal sexual conduct subject to a First degree murder charge (formerly applicable only in the case of rape and sodomy).

NOTE:
On the last day of the 1975 Legislative Session, when the Criminal Sexual Conduct bill was passed, a provision in the bill was deleted that would have repealed a number of statutes that make consensual sex acts criminal. However, not only did the Legislature retain bestiality, fornication, adultery, and consensual sodomy as criminal acts, but also the Legislature retained the old statute on aggravated sodomy, sodomy, and sodomy upon or with a child (Minnesota Statutes Section 609.293). As a result, any act of sodomy that is subject to criminal charges under the old sodomy law is necessarily also subject to criminal charges under either First or Third Degree Criminal Sexual Conduct. It is recommended that prosecutors file a two-count complaint in sodomy cases; for example, Count I, Aggravated Sodomy (the old law), and Count II, Criminal Sexual Conduct in the First Degree or, in the alternative, seek an instruction of First Degree as a lesser included offense. The new evidentiary laws apply to the old statutes that were retained, as well as to the new law.

III. THE COURT PROCESS

The following explanation of the court process is intended for use by:

1) Non-legal personnel, who may be unfamiliar with the process and whose responsibility it may be to prepare and/or support the victim throughout the legal proceedings;
2) Prosecuting attorneys, as a synopsis that can be used to familiarize the victim with the court process and thereby demystify the legal proceedings for which it is essential to gain the victim's cooperation.

There are various levels in the court process that a person passes through before the case gets to trial:

A. *Filing the Complaint (Charges) — Indictment*

Charges may be filed against the suspect by means of either a complaint or an indictment, both of which have the same legal effect, i.e. to institute a prosecution. A complaint is issued under the authority of the county attorney while an indictment is issued by a grand jury. Both set forth the offenses with which the suspect is charged. The victim may be asked to sign the complaint although most complaints are signed by the investigating officer after having been prepared by the county attorney according to the facts presented. The complaint sets out the basic facts of what occurred and how the suspect has been identified as the assailant, while an indictment does not. In the case of an indictment, the victim will be asked to testify before the grand jury.

B. *Initial Court Appearance (Presentment Hearing)*

Soon after arrest and filing of charges, the defendant has an initial appearance in court when bail, if any, will be set, and the defendant is advised of the right to counsel and of the nature of the charges. The court will appoint counsel to represent the defendant if the defendant cannot afford to hire an attorney.

C. *Omnibus Hearing*

The omnibus hearing is usually held in District Court. In some Minnesota counties

this hearing may be held before the County Court but the procedure is the same. The purpose of the omnibus hearing is to:

1) Show probable cause that the offenses charged were, in fact, committed;
2) Show probable cause that the suspect charged was, in fact, the assailant; and
3) Determine whether any of the defendant's constitutional rights were violated by reason of a search and seizure, by reason of any statements he/she may have made to the police, or by reason of the identification procedures used in the case, such as a lineup or showing photographs.

When the offense is charged by indictment, probable cause has been found by the grand jury. Therefore, the only purpose of the omnibus hearing under indictment is to determine whether the defendant's constitutional rights have been violated.

The victim may be required to testify under oath before a judge. If the victim's testimony is required he/she will be questioned by both an attorney from the county attorney's office and by the defendant's attorney. Prior to the omnibus hearing the victim will have been interviewed by the county attorney. Testimony will be taken by a court reporter. Probable cause should be established by affidavit, and the prosecutor should avoid testimony by the victim, if possible in that county. However, if the victim must testify at the omnibus hearing he/she should be informed that although this is an opportunity for the defense to explore various ways of proceeding in terms of developing its case, it can also be a good opportunity for the victim to become acquainted with the courtroom atmosphere in order to feel more comfortable at the time of trial. The defendant has the right to waive the omnibus hearing and consideration of the constitutional or probable cause questions. Waiver of the probable cause aspects of the omnibus hearing simply means that the defendant acknowledges that probable cause exists. The defendant does not admit guilt by waiving the omnibus hearing. The purpose of the omnibus hearing is simply to determine whether or not there is probable cause to hold the defendant for trial and to determine whether evidence obtained from the defendant is constitutionally admissible against the defendant at the trial. If the defendant either waives the right to an omnibus hearing or the judge finds that probable cause exists, the defendant will be ordered to stand trial.

D. *Arraignment*

The next step is arraignment at which time the defendant enters a plea of guilty or not guilty. If the defendant pleads guilty and that plea is accepted by the court, the only stage of the criminal process remaining will be the sentencing of the convicted.

E. *Plea Bargaining*

Plea bargaining is an agreement between the prosecution and the defense that recommends a disposition of the case to the court. Usually the defendant agrees to plead guilty to the offense charged or to a lesser charge in order to receive less than the maximum sentence. The judge is not bound by any agreement between the prosecution and the defense but generally will accept the settlement they have agreed upon. If the judge does not accept the plea agreement the defendant has the right to withdraw his guilty plea and stand trial. Plea bargaining may occur any time from the time the crime is reported until the case is submitted to the jury.

F. *Trial*

If the defendant pleads not guilty and there are no successful plea negotiations, the case will go to trial. At trial the State proceeds first with attempting to sustain its burden of proving the defendant committed the act charged beyond any reasonable doubt. In most cases, the prosecution will call as witnesses the victim, the police officers, and anyone who may have seen or heard the incident. The victim will probably be asked to identify the defendant in the courtroom. The victim may also be asked by both prosecution and defense to reconstruct the offense in detail. After the State has rested its case, defense council will be allowed to present its witnesses which may include the defendant. When all the evidence has been presented, the court will instruct the jury as to what the applicable law is that they should use in their deliberations. The jury then retires to the jury room to deliberate and must reach a unanimous decision for a finding of guilty.

G. *Sentencing*

If the defendant is found guilty or pleads guilty, the sentencing process begins. Minnesota Statutes 609.116 and 246.43 require that the court order a presentence investigation prior to sentencing for sex offense convictions. When sentencing, the court could impose a minimum of zero (0) years to a maximum which cannot exceed the statutory maximum for the charge of which the defendant has been convicted. However, offenses which involve the utilization of a dangerous weapon and are so cited statutorily, require the minimum imposition of a three-year sentence. If the defendant is found guilty of more than one count the maximum that could be imposed, although not required, is the maximum of the count which carries the highest penalty. The court also has the discretion to order a stay of execution, stay of imposition, probation, probation with workhouse or county jail time, or conditional probation with treatment. In the case of a negotiated plea where the penalty has also been negotiated, the court will impose the negotiated sentence.

H. *Appeal*

The State is not able to appeal a final verdict of acquittal. Minnesota Statute 632.11 allows the State to appeal only pretrial orders by the court. If the State does make such appeal the door is opened and the defendant is then able to file cross-appeal of pretrial orders, which the defendant ordinarily is not able to do. However, the defendant has a constitutional right to appeal a verdict of guilty for any number of reasons.

IV. PROTOCOL FOR THE PROSECUTION OF SEXUAL ASSAULT CASES

A. *General Principles*

Sexual assault is a traumatic, life-threatening experience for the victim, an act which violates a person's physical and psychological being. Although each victim responds to the sexual assault in a different way, every victim will need the strong support from legal personnel in order to play an effective role in the prosecution of the case. In addition, the victim's emotional adjustment to the sexual assault may be helped or hindered by the quality of his/her contacts with legal personnel.

1. *Concern for the Victim.* Male and/or female members of a prosecutor's office who handle sexual assault cases should possess and display an attitude of sensitivity and concern for the victim. Understanding the victim's feelings and responses to the sexual assault is a key to gaining this sensitivity. (A thorough description of the victim's feelings and responses to the sexual assault is presented in Chapter Three, **Counseling the Victim of Sexual Assault.**)

2. *Rapport with the Victim.* If possible, the prosecutor should enter the case at an early point to develop the needed rapport with the victim. Preferably, the number of different prosecutors dealing with a victim and to whom the victim must relate the incident should be kept to a minimum. Ideally, one prosecutor, assigned to the case at entry, should retain responsibility for the case until final disposition. This enhances the likelihood of rapport with the victim and sound case preparation.

3. *Victim Participation in Decision-Making.* Because the victim of a sexual assault has been through an experience during which the control over his/her life was temporarily in the hands of someone else, it is important throughout the legal process to assist the victim in regaining a sense of control by involving him/her, whenever possible, in the decision-making aspects of the prosecution process (this will be discussed in greater detail under The Victim's Role in the Prosecution, page 97).

4. *The Victim's Right to be Informed.* The victim should be able to obtain information at all times on the status of the legal proceedings, court dates, etc., whether directly from the prosecutor or from an assigned information person in the prosecutor's office. In addition, the prosecutor should act affirmatively in keeping the victim informed of the development of the case.

5. *Advising the Victim of Other Assistance.* The victim should be advised of the Minnesota Crime Victim's Reparation Law (See Appendix B) and, if applicable, the process for applying should be explained. Additionally, legal personnel should be aware of counseling and medical follow-up services available in the community for victims.

B. *Role of the Prosecuting Attorney*

The county attorney, by statutory delegation from the State Legislature, assumes responsibility for the prosecution of felonies and gross misdemeanors on behalf of the State, because a crime against one is a crime against all. Thus, the county attorney will be the prosecuting attorney in sexual assault cases.

1. *Interagency Cooperation.*

   a. *Law Enforcement Agencies.* The county attorney should work closely with local law enforcement personnel to develop guidelines for the investigation, gathering and preservation of evidence necessary for successful prosecution of sexual assault cases. (See Chapter One, **Law Enforcement Investigation of Sexual Assault Crimes.**)

b. *Medical Facilities.* The county attorney should work cooperatively with local medical personnel to develop acceptable court-tested medical protocols for the examination of the victim and collection of extrinsic evidence. Evidentiary tests should be mutually agreed upon, and care should be taken that any hospital lab work is closely coordinated with police laboratories. Also, as is the case with the police, prosecutors should ensure that evidence collected by medical facilities is secured in such a manner as to withstand challenges to its chain of custody. (See Chapter Two, **The Medical Treatment of Sexual Assault Victims.**)

2. *Relating to the Victim.* The county attorney should *encourage* and *prepare* the victim (complainant) to cooperate and testify, through personal support and explanation of court procedures and legal requirements. This includes interviews before the actual trial as well as those prior to all preliminary proceedings during which the witness is to testify. Preparation not only informs the witness how to respond properly to questions put by counsel, but also helps prepare him/her for this experience, so as to minimize its traumatic effect. A witness, especially the victim, is often frightened, confused, and reticent. He/she probably has never appeared in court before. He/she needs all the comfort, assistance, and concern a prosecutor can provide. Although some prosecutors feel the victim should not be "over-prepared" lest his/her testimony seems artificial and contrived, most agree that the whole court process should be explained, and that the victim should be made to feel he/she is an important part of the system.

3. *Keeping the Victim Informed.* The county attorney should take the responsibility and act affirmatively to keep the victim informed of developments in the case. In addition, the prosecutor may choose to assign an "information person" who could be responsible for:

- Maintaining accurate records of the status of all sexual assault cases.
- Contacting victims and informing them of the progress of their case.
- Answering questions of an informational nature such as court dates.
- Relaying questions of a more personal or evaluative nature to the prosecutor involved.

4. *Facilitating Court Appearances.* Efforts should be made by the county attorney to facilitate court appearances. Some suggestions include:

- Minimizing continuances, and when continuances are sought, providing advance notice to the victim and other witnesses.
- Arranging to have certain witnesses on call, rather than having them wait in the courtroom until the case is called.
- Having a private area or waiting room for the victim to insulate him/her from unnecessary contact with the defendant and/or his/her family or friends.
- Ensuring that the victim knows in advance and has been adequately prepared for each appearance.
- Arranging for a witness support person to accompany the victim to all proceedings, if the victim so chooses.

C. *Role of the Victim Support Person*

It is often desirable to have a support person available to assist the victim and witnesses throughout the court process. In some communitites there are existing crisis centers which provide trained volunteers as victim support persons. In other areas interested persons can be located through volunteer as well as professional service organizations who can then be trained to fill this role. This may be an excellent opportunity to utilize the resources of the community and encourage interested citizens to be active participants in the system.

The victim support person could be of assistance to the prosecutor in the following ways:

- Serving as an information coordinator.
- Serving as a referral source by helping the victim secure follow-up medical treatment, counseling or mental health services, babysitting, and transportation assistance.
- Accompanying the victim and other witnesses to all preliminary proceedings and hearings as well as the trial.
- Accompanying and supporting the victim during any courtroom encounters with the defendant, his/her friends and/or family.

D. *The Victim's Role in the Prosecution*

1. *The Victim as Evidence.* In a purely conceptual sense the complainant in a prosecution for sexual assault is evidence that the crime has occurred and that it was the defendant who committed it. A criminal prosecution is the State's remedy for a crime committed against the laws of the State.

   A person who has been sexually assaulted, however, will more understandably feel that it is he/she, rather than the State, who has been offended. The victim will need to view the criminal justice system as one way he/she can redress this very personal wrong. Hence, the victim has only the criminal justice system through which to vindicate the wrongs perpetrated upon him/her; this road can be tortuous, vexing, embarrassing, and uncertain. Once the court process is begun, the complainant will find the situation out of control in most respects.

2. *Participation in Decision-Making Process.* While the criminal justice system perceives the crime of sexual assault as an act against society and attempts to redress its social wrong, it was, in fact, the victim who was assaulted. Because the victim has a very personal interest in the successful prosecution of the crime, his/her opinion, attitude, and feelings should be considered, whenever possible, in certain aspects of the conduct of the prosecution. This should include the freedom to withdraw from the case if he/she feels he/she cannot withstand the pressures. It would also include participation in decisions concerning acceptance of possible pleas to lesser offenses and sentencing options, whenever possible.

   a. *The Decision to File Charges.* Prosecutors are invested with significant discretion in determining whether or not to file charges and what charges to file

against a defendant. Frequently, this decision is based on little more than a pragmatic determination, grounded in experience, that a given case is factually too weak to be worth the effort of trying to obtain a conviction. From the victim's perspective, however, this is commonly perceived as disbelief or lack of concern about the sexual assault.

The decision of whether or not to file charges should be made only after lengthy consultation with the victim, and his/her wishes in this regard should be given real consideration. Prior to any filing the prosecutor, police detective, victim, and witness support person, if any, ought to confer, and the victim should be advised of the nature of the court proceedings to follow, the legal and evidentiary problems raised by the case, the probable areas in which the victim will be cross-examined at trial, and the likelihood of a plea or guilty verdict. The victim should also understand his/her civic duties in cooperating with the law enforcement process. Of equal importance is the responsibility of the prosecutor to so inform the victim of the legal procedures in a manner least likely to discourage or intimidate the victim.

On the basis of this information, the victim is better able to make the decision whether or not he/she wants to go forward. If the victim chooses not to go forward and if no plea can be obtained from the defendant, it may be that the case will have to be dropped. If the victim agrees to go forward with the prosecution, it should be understood that, barring serious unforeseen difficulties, he/she is expected to persevere to disposition. On the other hand, if the prosecution believes for some reason that the case cannot be won and therefore chooses to close the matter, the reason should be absolutely clear to the victim. Clarity is important in order to assure the victim that the validity of his/her statement is not in question.

The initial conference should help both the victim and the prosecution make a better assessment of the fundamental considerations involved in a decision on whether or not to file charges.

b. *The Decision to Withdraw.* The right of a victim to withdraw from the prosecution after commencement may present serious problems. Once the victim has committed himself/herself to the prosecution, it is important to advise him/her that withdrawal is expected only for good cause, such as his/her health and well-being.

c. *Participation in Other Decisions.* Whenever possible, the prosecutor should discuss major decisions affecting the prosecution with the victim. For example, in the case of plea negotiations, the victim should be made aware of the elements of the crime to which the plea is being accepted. The prosecutor should inform the victim that although the case may not be appropriate for criminal prosecution, acceptance of a plea to a lesser charge in no way diminishes the validity of the victim's complaint. Similarly, if a victim is reluctant to go to trial and strongly prefers that the case be disposed of by plea to a lesser offense, his/her preferences should be considered. In addition, the victim should be informed of the sentencing disposition.

3. *The Victim as a Witness.* At all stages of the proceedings and particularly during the victim's testimony:

   a. The absolute and complete truth must be told to the police, the prosecutor, and when testifying. The victim should not be concerned whether something sounds good or bad.

   b. During the testimony, each question asked should be answered completely, but should not go beyond the question asked so as not to be misunderstood.

   c. If a question during testimony is not understood, the victim should ask to have it repeated or rephrased. The victim should be certain to understand the question before trying to answer it.

   d. If an objection is made to any question asked, the person testifying should wait until the judge rules on the objection before answering the question.

   e. The victim's manner of dress and appearance in court may be important. The jury's verdict must be unanimous and if any one juror is offended by the victim's manner of dress, that juror could prevent a conviction no matter how strong the proof against the assailant.

E. *Other Considerations in the Prosecution of Sex Crimes*

1. *Pretrial Preparations.* In preparing for a trial of a sexual assault case it should be kept in mind that, due to mistaken attitudes about sexual assault, some juries still have a tendency to "try" the victim. Although the new Minnesota Criminal Sexual Conduct Law no longer requires corroborating evidence, many juries will not convict without some kind of corroborating testimony. Therefore, in the prosecution of sex crimes, it is more important than ever to establish the credibility of the victim. The case should be assembled with that thought in mind, with each witness corroborating as much as possible the testimony of the victim and underscoring the credibility of the victim.

   a. *Preparing the Victim.* Early contact with the victim is desirable to begin building a relationship to assure full cooperation. A complete explanation of what legal steps will be taken should be given to the victim. Problem areas of the case as well as any questions concerning the victim's personal life that may be asked should be discussed openly with the victim.

      From the very beginning it is important to impress on the victim the importance of telling the complete truth. The tendency to assume guilt for the attack is common in victims of sexual assault and should be kept in mind when interviewing the victim. Sometimes victims will avoid what seems to be a minor point in an effort to appear totally blameless. This is particularly true in instances such as hitchhiking where some sort of consensual act by the victim may be a factor in the sexual assault. If the case is to be presented to the grand jury, it is important that any falsehoods which have been told to the police are discussed and resolved, and that the complete truth is told when the victim is

placed under oath. Grand jury transcriptions and testimony of witnesses are discoverable by the defense under the Minnesota Rules of Criminal Procedure (18.05).

Prior to trial the prosecuting attorney should familiarize the victim with the courtroom procedures, take him/her into the courtroom, and discuss the importance of how he/she dresses and appears in the courtroom at the time of trial.

If a victim support person is available he/she could be a valuable liaison between the prosecutor and the victim in helping the victim understand the legal process and the delays which are normal in the criminal justice process. The victim support person could provide information and support that the victim needs at this time.

b. *Preparing Other Witnesses.* One witness who should be interviewed early is the first person to whom the victim spoke after the assault. The conversation the victim had with this person is admissible under the "prompt complaint" theory which is derived from the res gestae principle and is used to corroborate the victim's testimony. If the police report does not indicate the identity of this person, it should be information obtained from the victim at the earliest possible time. This is particularly important if the person is a stranger to the victim. If this witness is a stranger, waiting until a later date may mean that this valuable testimony will not be available at the time of trial.

Other witnesses who can be very useful to the prosecution are those who observed struggling, heard screams or any other events which would indicate lack of consent on the part of the victim. Witnesses who can testify in such a manner as to indicate this lack of consent are particularly important since the defense that the act was consensual is frequently used by counsel for the defendant in sexual assault cases.

If the investigating officer is to testify in court he/she should be interviewed prior to trial by the prosecuting attorney.

Medical evidence is often the only tangible evidence available in a sexual assault case. If the examining physician will be called to testify it is important to interview him/her prior to trial to ascertain his/her ability to interpret the various medical tests which are performed during the examination of the victim. The physician should be prepared to testify from the history which the victim gave at the time of examination in regard to the incident, the victim's appearance, mental or emotional state and the results of any tests which were performed. Minimizing a physician's courtroom involvement will most often result in extremely cooperative efforts by the physician. Physicians almost uniformly have unusually busy schedules and making an effort to accomodate their schedules will facilitate prosecution's efforts.

2. *Physical Evidence.* The county attorney should work closely with local law enforcement and medical facilities to develop guidelines for the gathering and

preservation of evidence needed for successful prosecution of sexual assault cases. Detailed guidelines indicating the specific evidence to be gathered by law enforcement and medical personnel are contained in Chapter One, **Law Enforcement Investigation of Sexual Assault Crimes**, and Chapter Two, **The Medical Treatment of Sexual Assault Victims**, respectively. The Bureau of Criminal Apprehension Laboratory Capabilities are also presented in these two sections.

In determining the specific evidence to be introduced in the trial of a sex crime the prosecuting attorney should not overlook physical evidence that a jury can touch, hold in their hands, and take back to the jury room with them. The clothing the victim was wearing, photographs of the scene, fingerprints of the assailant, weapons and hair samples are all examples of physical evidence which can be introduced into the trial.

a. If the attack took place in a deserted area, a photograph of the scene can help clarify the scene for the jury as well as establish the lack of consent by showing that the victim had no choice but to submit.

b. If there is a question of identity, fingerprints can be extremely useful. The FBI has recently conducted additional testing of a method of obtaining fingerprints from skin. These fingerprints are developed by a chemical method and can be recovered if the skin of a live victim is treated within an hour and one-half of the incident.*

c. The victim's body and the clothing of the victim will frequently show the presence of seminal fluid. The Bureau of Criminal Apprehension Laboratory has the facilities for testing the clothing of the victim and also any material which might contain traces of seminal fluid. The lab also has the capability of testing hair samples for consistency or inconsistency with the hair of the victim and the assailant. Photographs may also be taken of bruises and lacerations on the body of the victim, perferably in color, and in a manner so that only the affected area is shown.

3. *Depositions.* Depositions in criminal cases could be allowed in the State of Minnesota under *Minnesota Rules of Criminal Procedures, Rule 21. No* prosecutor should allow the deposition of a victim without complete exhaustion of objection and remedies. If the circumstances allowing deposition (*Minnesota Rules of Criminal Procedures, 21.06*) actually exist, the prosecutor should review the case for alternative disposition. The prosecuting attorney should take the time to talk with any persons to be deposed prior to the deposition. The reason for the deposition should be carefully explained to each of them (i.e., deposition used as discovery or for the purpose of impeachment). Before the deposition, the victim should be allowed to refresh his/her memory from statements given to the police at the time of the incident. Section 609.347 provides for in-camera hearings regarding prior sexual conduct of the victim. The prosecutor should attempt to limit the purpose and scope of deposition pursuant to this section.

*Information on this method can be obtained by contacting: Director of F.B.I., Washington, D.C. 20537, Attention: Latent Fingerprint Section, (202) 324-2163.

4. *Motions in Limine.* An important trial tool for the prosecutor can be a motion in limine. A motion in limine can be used to exclude any mention of the victim's prior sexual conduct on grounds of 609.347 and alert the court to the necessity of an in-camera hearing for such matters. It can limit defense counsel's ability to inquire into areas which can be damaging to the victim's credibility but have no bearing on the issues of the charge. Examples of this may be the presence of venereal disease in the victim, illegitimate children, or an unconventional life-style. Motions in limine should be attempted with extreme care inasmuch as courts are frequently reluctant to make any evidentiary rulings prior to trial.

5. *Admissibility of Other Crimes.* A significant number of defendants may have convictions of a similar offense. This is particularly true in cases involving children. In general, Minnesota law does not allow inquiry into any convictions of crimes unrelated to the current charge unless the defendant testifies, in which case any other prior convictions or evidence of similar conduct may be admissible.

   A line of cases has developed in Minnesota which has allowed the introduction into evidence of crimes or conduct of a similar nature, primarily *State v. Spreigl* and *State v. Billstrom.* The Spreigl case allowed evidence of similar conduct to establish the defendant's identity, state of mind, as well as other characteristics. Evidence of similar conduct need not involve a conviction or even a charge but must be sufficiently clear so that there is no room for speculation in the mind of the jury that the alleged prior misconduct did, in fact, occur.

   The evidence of other conduct is weighed as to its probative value versus the probability of undue prejudice. When defense counsel has interjected reputation-type language or evidence of good character into his/her opening statement, prosecution may successfully argue this fact as a rationale for the evidence being allowed. Despite the problems, the use of such evidence is particularly useful in the prosecution of cases where consent is an issue.

6. *The Trial.* No article can fully convey the "How To" of trying any case, civil or criminal. Trial practice courses in law school give the basics and continuing legal education courses refine them. However, the trial of sex crimes is uniquely different from the trial of other crimes. Most persons have difficulty viewing sex crimes as crimes of violence but tend to interpret them as sexual acts. The following considerations are based on the experience of a number of prosecutors in Minnesota who have prosecuted criminal sexual assault cases and who agree with the generalizations made.

   a. *Jury Selection.* Jury selection should be done with the knowledge that sexual assault usually engenders strong responses in prospective jurors. Due to the many myths about sexual assault many prospective jurors may communicate an attitude of disbelief. The prosecuting attorney should carefully, though indirectly, attempt to determine the attitudes of prospective jurors and select the jury on the basis of their awareness and sensitivity to the problem of sexual assault.

   b. *Opening Statement.* The opening statement should be used to give all the facts

of the case to the jury. Some prosecuting attorneys prefer vague opening statements as a defense against changes in witness testimony.

c. *Use of Witnesses in Trial.* The victim of the crime is usually the first witness called. Taking time to talk with him/her in advance of the trial, explaining the courtroom procedure, and showing him/her the courtroom is important both for the case and for the victim's well-being. Since it is probable that the victim will not have seen the defendant since the attack he/she should be prepared to identify the defendant in the courtroom. Ask the victim to point out the defendant in a positive and forceful manner so the jury will not doubt him/her. Questions to the victim which elicit the fear, terror, and humiliation which most victims experience during the sexual assault will help the jury experience these emotions with him/her.

   In general, the victim should not remain in the courtroom after testifying. His/her presence may be distracting to the jury and hearing the testimony of other witnesses may be distressing to the victim. His/her presence may also lead the jury to believe the trial is a personal vendetta rather than a criminal case. Care should be taken in argument to stress that the victim is a witness to a crime and the State is the plaintiff, not the victim.

   Presenting other witnesses in chronological order, although not required, makes the case easier for the jury to follow. If damaging statements were made by the defendant, the officer who took them should be presented as the final witness. A strong finish is always preferable, especially if no defense is presented.

d. *Closing Argument.* The closing argument should begin with the first witness. It is important to decide the theory of the case early and keep it uppermost in the mind as the case is presented, filling it out with the responses of the witnesses. The theory and the answers of the witnesses will make up the argument. Defense counsel's arguments should not be anticipated in the prosecuting attorney's argument. Something which seems an obvious defense argument may not be so obvious to that person.

   When the victim has not been physically injured, juries often have a difficult time seeing a sexual assault as a violent crime. Arguments which stress the criminal acts, the victim's lack of choice, and the continuing fear experienced by the victim should be used.

   The explanation of the jury instructions should not be overlooked during the closing argument. Correlating the facts of the case with the jury instructions helps jurors put them in the proper perspective. If there are lesser and included offenses, they should be explained from the lowest to the highest with appropriate facts to support the verdicts. The explanation should be ended with a call for a verdict of the highest offense.

7. *Jury Instructions.* Minnesota's new Criminal Sexual Conduct Law (Minnesota Statutes Sections 609.341-609.351) *absolutely precludes* the use of the following jury instructions:

a) It may be inferred that a complainant who has previously consented to sexual intercourse with persons other than the defendant would be therefore more likely to consent to sexual intercourse again; or
b) The complainant's previous or subsequent sexual conduct in and of itself may be considered in determining the credibility of the complainant; or
c) Criminal sexual conduct is a crime easily charged by a complainant but very difficult to disprove by a defendant because of the heinous nature of the crime; or
d) The jury should scrutinize the testimony of the complainant any more closely than it should scrutinize the testimony of any witness in any felony prosecution.

The prosecution's jury instructions can, in most instances, be quoted directly from the new statute. The applicable degree of criminal sexual conduct and the attendant definition in the statute should be set forth in the instructions. If there is more than one count of criminal sexual conduct charged, it is advisable that the definition for each count be included in the jury instructions by the prosecutor.

APPENDIX

CHAPTER FOUR

APPENDIX FOUR-A

FIRST REGULAR SESSION *Ch. 374* 69 TH LEGISLATURE

Sex Crimes
Chapter 374
H. F. No. 654
(CODED IN PART)

An Act relating to crimes; specifying the acts constituting sexual offenses; admissibility of evidence in sex offense prosecutions; providing penalties; amending Minnesota Statutes 1974, Section 609.185; and Chapter 609, by adding sections; repealing Minnesota Statutes 1974, Sections 609.29; 609.291; 609.292; 609.295; and 609.296.

Be it enacted by the Legislature of the State of Minnesota:

Section 1. Minnesota Statues 1974, Section 609.185, is amended to read: **609.185 Murder in the first degree.**

Whoever does either of the following is guilty of murder in the first degree and shall be sentenced to imprisonment for life:

(1) Causes the death of a human being with premeditation and with intent to effect the death of such person or of another; or

(2) Causes the death of a human being while committing or attempting to commit criminal sexual conduct in the first or second degree with force or violence, either upon or affecting such person or another.

Sec. 2. Minnesota Statutes 1974, Chapter 609, is amended by adding a section to read:

609.341 Definitions

Subdivision 1. For the purpose of sections 609.341 to 609.351, the terms in this section have the meanings given them.

Subd. 2. "Actor" means a person accused of criminal sexual conduct.

Subd. 3. "Force" means commission or threat by the actor of an assault, as defined in section 609.22, or commission or threat of any other crime by the actor against the complainant or another, which causes the complainant to reasonably believe that the actor has the present ability to execute the threat, and also causes the complainant to submit.

Subd. 4. "Consent" means a voluntary uncoerced manifestation of a present agreement to perform a particular sexual act.

Subd. 5. "Intimate parts" includes the primary genital area, groin, inner thigh, buttocks, or breast of a human being.

Subd. 6. "Mentally defective" means that a person suffers from a mental disease or defect which renders that person temporarily or permanently incapable of appraising the nature of his conduct.

Subd. 7. "Mentally incapacitated" means that a person is rendered temporarily incapable of appraising or controlling his conduct due to the influence of alcohol, a narcotic, anesthetic, or any other substance administered to that person without his agreement, or due to any other act committed upon that person without his agreement.

Subd. 8. "Personal injury" means bodily harm as defined in section 609.02, subdivision 7, or severe mental anguish or pregnancy.

Subd. 9. "Physically helpless" means that a person is unconscious, asleep, or for any other reason is physically unable to communicate unwillingness to act and the condition is known or reasonably should have been known to the actor.

Subd. 10. "Positon of authority" includes but is not limited to any person acting in the place of a parent and charged with any of a parent's rights, duties or responsibilities to a child, or a person who is charged with any duty or responsibility for the health, welfare, or supervision of a child, either independently or through another, no matter how brief, at the time of the act.

Subd. 11. "Sexual contact" includes any of the following acts committed without the complainant's consent, if the acts can reasonably be construed as being for the purpose of satisfying the actor's sexual or aggressive impulses, except in those cases where consent is not a defense:

(i) The intentional touching by the actor of the complainant's intimate parts, or

(ii) The coerced touching by the complainant of the actor's, the complainant's, or another's intimate parts, or

(iii) The coerced touching by another of the complainant's intimate parts, or

(iv) In any of the cases above, of the clothing covering the immediate area of the intimate parts.

Subd. 12. "Sexual penetration" means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any intrusion however slight into the genital or anal openings of the complainant's body of any part of the actor's body or any object used by the actor for this purpose, where the act is committed without the complainant's consent, except in those cases where consent is not a defense. Emission of semen is not necessary.

Subd. 13. "Complainant" means a person alleging to have been subjected to criminal sexual conduct.

Sec. 3. Minnesota Statutes 1974, Chapter 609, is amended by adding a section to read:

609.342 Criminal sexual conduct in the first degree

A person is guilty of criminal sexual conduct in the first degree and may be sentenced to imprisonment for not more than 20 years, if he engages in sexual penetration with another person and if any of the following circumstances exists:

(a) The complainant is under 13 years of age and the actor is more than 36 months older than the complainant. Neither mistake as to the complainant's age nor consent to the act by the complainant is a defense; or

(b) The complainant is at least 13 but less than 16 years of age and the actor is more than 48 months older than the complainant and in a position of authority over the complainant, and uses this authority to coerce the complainant to submit. Neither mistake as to the complainant's age nor consent to the act by the complainant is a defense; or

(c) Circumstances existing at the time of the act cause the complainant to have a reasonable fear of imminent great bodily harm to the complainant or another; or

(d) The actor is armed with a dangerous weapon or any article used or fashioned in a manner to lead the complainant to reasonably believe it to be a dangerous weapon and uses or threaten to use the weapon or article to cause the complainant to submit; or

(e) The actor causes personal injury to the complainant, and either of the following circumstances exist:
(i) The actor uses force or coercion to accomplish sexual penetration; or
(ii) The actor knows or has reason to know that the complainant is mentally defective, mentally incapacitated, or physically helpless; or
(f) The actor is aided or abetted by one or more accomplices within the meaning or section 609.05, and either of the following circumstances exists:
(i) An accomplice uses force or coercion to cause the complainant to submit: or
(ii) An accomplice is armed with a dangerous weapon or any article used or fashioned in a manner to lead the complainant reasonably to believe it to be a dangerous weapon and uses or threatens to use the weapon or article to cause the complainant to submit.

Sec. 4. Minnesota Statutes 1974, Chapter 609, is amended by adding a section to read:

609.343 Criminal sexual conduct in the second degree

A person is guilty of criminal sexual conduct in the second degree and may be sentenced to imprisonment for not more than 15 years if he engages in sexual contact with another person and if any of the following circumstances exists:

(a) The complainant is under 13 years of age and the actor is more than 36 months older than the complainant. Neither mistake as to the complainant's age nor consent to the act by the complainant is defense; or

(b) The complainant is at least 13 but less than 16 years of age and the actor is more than 48 months older than the complainant and in a position of authority over the complainant, and uses this authority to coerce the complainant to submit. Neither mistake as to the complainant's age nor consent to the act by the complainant is a defense; or

(c) Circumstances existing at the time of the act cause the complainant to have a reasonable fear of imminent great bodily harm to the complainant or another; or

(d) The actor is armed with a dangerous weapon or any article used or fashioned in a manner to lead the complainant to reasonably believe it to be a dangerous weapon and uses or threatens to use the dangerous weapon to cause the complainant to submit; or

(e) The actor causes personal injury to the complainant, and either of the following circumstances exist:

(i) The actor uses force or coercion to accomplish the sexual contact; or
(ii) The actor knows or has reason to know that the complainant is mentally defective, mentally incapacitated, or physically helpless; or
(f) The actor is aided or abetted by one or more accomplices within the meaning of section 609.05, and either of the following circumstances exists:
(i) An accomplice uses force or coercion to cause the complainant to submit; or
(ii) An accomplice is armed with a dangerous weapon or any article used or fashioned in a manner to lead the complainant to reasonably believe it to be a dangerous weapon and uses or threatens to use the weapon or article to cause the complainant to submit.

Sec. 5. Minnesota Statutes 1974, Chapter 609, is amended by adding a section to read:

609.344 Criminal sexual conduct in the third degree

A person is guilty of criminal sexual conduct in the third degree and may be sentenced to imprisonment for not more than ten years, if he engages in sexual penetration with another person and any of the following circumstances exists:
(a) The complainant is under 13 years of age and the actor is no more than 36 months older than the complainant. Neither mistake as to the complainant's age nor consent to the act by the complainant shall be a defense; or

(b) The complainant is at least 13 but less than 16 years of age and the actor is more than 24 months older than the complainant and not in a position of authority over the complainant. In any such case it shall be an affirmative defense, which must be proved by a preponderance of the evidence, that the actor believes the complainant to be 16 years of age or older. If the actor in such a case is no more than 48 months but more than 24 months older than the complainant, he may be sentenced to imprisonment for not more than five years. Consent by the complainant is not a defense; or

(c) The actor uses force or coercion to accomplish the penetration; or

(d) The actor knows or has reason to know that the complainant is mentally defective, mentally incapacitated, or physically helpless.

Sec. 6. Minnesota Statutes 1974, Chapter 609, is amended by adding a section to read:

609.345 Criminal sexual conduct in the fourth degree

A person is guilty of criminal sexual conduct in the fourth degree and may be sentenced to imprisonment for not more than five years, if he engages in sexual contact with another person and if any of the following circumstances exists:

(a) The complainant is under 13 years of age and the actor is ~~no less~~ more* than 36 months older than the complainant. Neither mistake as to the complainant's age or consent to the act by the complainant is a defense; or

(b) The complainant is at least 13 but less than 16 years of age and the actor is more than 48 months older than the complainant or in a position of authority over the complainant and uses this authority to coerce the complainant to submit. In any such case, it shall be an affirmative defense which must be proved by a preponderance of the evidence that the actor reasonably believes the complainant to be 16 years of age or older; or

*Amended H.F. No. 910, Section 9, 1976.

(c) The actor uses force or coercion to accomplish the sexual contact; or

(d) The actor knows or has reason to know that the complainant is mentally defective, mentally incapacitated, or physically helpless.

Sec. 7. Minnesota Statutes 1974, Chapter 609, is amended by adding a section to read:

609.346 Subsequent offenses

Subdivision 1. If a person is convicted of a second or subsequent offense under sections 609.342 to 609.346 within 15 years of the prior conviction, the court shall commit the defendant to the commissioner of corrections for imprisonment for a term of not less than three years, nor more than the maximum sentence provided by law for the offense for which convicted; provided, however, that the court may invoke the provisions of section 609.135, if a specific condition of the probationary term under section 609.135 includes the successful completion of a treatment program for anti-social sexual behavior, and such person shall not be eligible for parole from imprisonment until he shall either have served the full minimum sentence herein provided, or until he shall have successfully completed a treatment program for anti-social sexual behavior as herein provided notwithstanding the provisions of sections 242.19, 243.05, 609.11, 609.12 and 609.135.

Subd. 2. For the purposes of this section, an offense is considered a second or subsequent offense if, prior to conviction of the second or subsequent offense, the actor has been at any time convicted under sections 609.342 to 609.346 or under any similar statute of the United States, or this or any other state.

Sec. 8. Minnesota Statutes 1974, Chapter 609, is amended by adding a section to read:

609.347 Evidence

Subdivision 1. In a prosecution under sections 609.342 to 609.346, the testimony of a complainant need not be corroborated.

Subd. 2. In a prosecution under sections 609.342 to 609.346, there is no need to show that the complainant resisted the actor.

Subd. 3. In a prosecution under sections 609.342 to 609.346, evidence of the complainant's previous sexual conduct shall not be admitted nor shall any reference to such conduct be made in the presence of the jury, except by court order under the procedure provided in subdivision 4, and only to the extent that the court finds that any of the following proposed evidence is material to the fact at issue in the case and that its inflammatory or prejudicial nature does not outweigh its probative value:

(a) When consent or fabrication by the complainant is the defense in the case, evidence of such conduct tending to establish a common scheme or plan of similar sexual conduct under circumstances similar to the case at issue on the part of the complainant, relevant and material to the issue of consent or fabrication. Evidence of such conduct engaged in more than one year prior to the date of alleged offense is inadmissible;

(b) Evidence of specific instances of sexual activity showing the source of semen, pregnancy, or disease at the time of the incident or, in the case of pregnancy, between the time of the incident and trial;

(c) Evidence of the complainant's past sexual conduct with the defendant;

(d) For purposes of impeachment, when such evidence is offered to rebut specific testimony of the complainant.

Subd. 4 The defendant may not offer evidence described in subdivision 3 except pursuant to the following procedure:

(a) A motion shall be made by the defendant prior to trial, unless later for good cause shown, stating to the court and prosecutor that the defendant has an offer of proof of the relevancy of the evidence of the sexual conduct of the complainant which is proposed to be presented;

(b) If the court finds that the offer of proof is sufficient, the court shall order a hearing out of the presence of the jury, if any, and in such hearing shall allow the defendant to make a full presentation of his offer of proof;

(c) At the conclusion of the hearing, if the court finds that the evidence proposed to be offered by the defendant regarding the sexual conduct of the complainant is relevant and material to the fact of consent, and is not so prejudicial as to be inadmissible, the court shall make an order stating the extent to which evidence is admissible under subdivision 3 and prescribing the nature of questions to be permitted at trial. The defendant may then offer evidence pursuant to the order of the court;

(d) If new information is discovered after the date of the hearing or during the course of trial, which may make evidence described in subdivision 3 admissible, the defendant shall make the disclosures under clause (a) of this subdivision and the court shall order an in camera hearing to determine whether the proposed evidence is admissible by the standards herein.

Subd. 5. In a prosecution under sections 609.342 to 609.346, the court shall not instruct the jury to the effect that:

(a) It may be inferred that a complainant who has previously consented to sexual intercourse with persons other than the defendant would be therefore more likely to consent to sexual intercourse again; or

(b) The complainant's previous or subsequent sexual conduct in and of itself may be considered in determining the credibility of the complainant; or

(c) Criminal sexual conduct is a crime easily charged by a complainant but very difficult to disprove by a defendant because of the heinous nature of the crime; or

(d) The jury should scrutinize the testimony of the complainant any more closely than it should scrutinize the testimony of any witness in any felony prosecution.

Sec. 9. Minnesota Statutes 1974, Chapter 609, is amended by adding a section to read:

609.348

Laws 1975, Chapter 374 shall not apply to sexual penetration or sexual contact when done for a bona fide medical purpose.

Sec. 10. Minnesota Statutes 1974, Chapter 609, is amended by adding a section to read:

609.349

A person does not commit criminal sexual conduct under Laws 1975, Chapter 374 if the actor and complainant were adults cohabiting in an ongoing voluntary sexual relationship at the time of the alleged offense, or if the complainant is the actor's legal spouse, unless the couple is living apart and one of them has filed for separate maintenance or dissolution of the marriage. Nothing in this section shall be construed to prohibit or restrain the prosecution for any other offense committed by any person against his legal spouse.

Sec. 11. Minnesota Statutes 1974, Chapter 609, is amended by adding a section to read:

609.35 Costs of medical examination

No costs incurred by a county, city, or private hospital or other emergency medical facility or by a private physician for the examination of a complainant of criminal sexual conduct, when the examination is performed for the purpose of gathering evidence for possible prosecution, shall be charged directly or indirectly to the complainant. The reasonable costs of such examination shall be paid by the county in which the alleged offense was committed. Nothing in this section shall be construed to limit the duties, responsibilities, or liabilities of any insurer, whether public or private.

Sec. 12. Minnesota Statutes 1974, Chapter 609, is amended by adding a section to read:

609.351 Applicability to past and present prosecutions

Except for section 609.347, crimes committed prior to August 1, 1975, are not affected by its provisions.

Sec. 13. Minnesota Statutes 1974, Sections 609.29; 609.291; 609.292; 609.295; and 609.296 are repealed.

Approved June 5, 1975.

APPENDIX FOUR-B

The Minnesota Crime Victims Reparations Law (Minnesota Statutes 299B.01 - 2990.16)

Purpose

To provide innocent victims of violent crime with compensation for loss of earning or support and out-of-pocket loss for injuries sustained as a direct result of a crime committed against their person. Out-of-pocket loss means reasonable medical care or other services necessary as a result of injury. In the event of the death of the victim, reasonable medical care plus reasonable expenses incurred by a legal representative of deceased for funeral, burial or cremation.

How much can a victim recover?

Up to a maximum of $10,000. There is a $100 deductible and further deductions for amounts received or to be received as a result of the injury:

(a) From or on behalf of the offender.
(b) Under insurance programs of any kind — Blue Cross/Blue Shield, Group Health, Workmen's Compensation, loss of wage insurance, etc. (except life insurance contracts).
(c) From public (city, county, state, or federal) funds.

Who is eligible?

An innocent victim of a violent crime against his or her person. A dependent of legal representative of an innocent victim who has met death as a result of a violent crime.

What must a victim do to be eligible for reparations?

1. Must report crime to law enforcement agency where crime was committed within five days of the event. If crime could not be reasonably reported within five days of its occurrence, then within five days of the time when a report could reasonably have been made.
2. Must be completely cooperative with the law enforcement agency.
3. Must be an *innocent* victim of crime.
4. Must file a Preliminary Claim Form with Crime Victims Reparations Board within *one year* of the happening of the event.

Victims of sexual assault may receive reparations for:

Economic loss which means actual economic detriment incurred as a direct result of injury or death:

(a) In the case of injury the term is limited to:

(i) Reasonable expenses incurred for necessary medical, chiropractic, hospital, rehabilitative, and dental products, services, or accommodations including ambulance services, drugs, appliances, and prosthetic devices.
(ii) Reasonable expenses incurred for psychological or psychiatric products, services or accommodations where the nature of the injury or the circumstances of the crime are such that the treatment is necessary to the rehabilitation of the victim.
(iii) Loss if income the victim would have earned had he not been injured.
(iv) Reasonable expenses incurred for substitute child care or household services to replace those the victim would have performed had he/she not been injured.

(b) In the case of death the term is limited to:

(i) Reasonable expenses incurred for funeral, burial, or cremation.
(ii) Reasonable expenses for medical, chiropractic, hospital, rehabilitative, psychological, and psychiatric products, services or accommodations which were incurred prior to the victim's death or for which the victim's survivors or estate are liable.
(iii) Loss of support including contributions of money, products, or goods but excluding services which the victim would have supplied to his dependents if he/she had lived.
(iv) Reasonable expenses incurred for substitute child care and household services to replace those which the victim would have performed for the benefit of his/her dependents if he or she had lived (injury is defined as actual bodily harm including pregnancy, and mental or nervous shock).

To recover reparations:

File a Preliminary Claim Form with the Victim's Reparations Board. Forms can be obtained from your local law enforcement agency or by writing to the Crime Victims Reparations Board, 504 No. Rice Street, St. Paul, Minnesota 55103 or calling (612) 296-7080.

CHAPTER FIVE

THE CHILD AS VICTIM

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THE CHILD AS VICTIM

I. Introduction 115

II. Interviewing the Child Sex Victim (Police) 117

III. Protocol for Examination of Children Following Sexual Assault (Medical) 121

IV. Counseling the Child Victim 127

V. Child Rape Victims and Their Families 129

VI. Incest: Background and Procedures 131

VII. Minnesota Reporting of Maltreatment of Minors Law 139

THE CHILD AS VICTIM

I. INTRODUCTION

The sexual abuse of children includes sexual assault by someone within the victim's family (incest) as well as sexual assault by someone outside the victim's family. Because the needs of the child victim of sexual assault are so uniquely different from those of the adult victim, special procedures for working with child victims need to be developed by police, hospital, legal and social service agencies.

Developing a comprehensive recommended protocol for working with the child as victim is a major effort in itself, yet to be undertaken. Unlike the four preceding chapters of this manual, the information provided in this chapter is a compilation of materials available relative to the sexual abuse of children, but in no way intends to be a comprehensive recommended protocol.

*Interviewing the Child Sex Victim**

In interviewing a child sex victim, the police officer must establish the elements of the offense without causing the victim, who is likely to be confused and frightened, unnecessary anguish. Frequently, the emotional reactions of the parents and problems of communication between the officer and the child complicate the interview process. Throughout the interview, the police officer should exercise tact, compassion, and patience, keeping the welfare of the child first in his mind.

Although one researcher has estimated that more than one million American children are sexually assaulted each year,[1] very few of these cases are brought to the attention of the police. The primary reason that child sexual abuse is a vastly underreported crime is that frequently the victim and the offender are related. Family members may not report such sex crimes because of personal shame, misguided loyalty, fear of public exposure and embarrassment, or outright complicity. The child may not relate the abuse to anyone because she is naively obedient, fears retaliation, does not want to hurt the family, or is unaware that an offense has been committed.

Because of these factors, a great majority of incidents involving family members do not surface rapidly, if at all. Often, such cases of abuse represent long periods of chronic adult-child sexual activity, in which the child maintains genuine affection for the offender although she may have negative feelings about the sex acts. Some children may be active participants in sexual relations because of their need and desire for adult or parental affection and attention.

Child assaults committed by strangers are much more likely to be reported to the police. But even here, underreporting is prevalent because children often have difficulty in understanding and relating unusual experiences. Since the assault complaint is typically registered by the parents, they must first understand and believe the child's account.

The one background factor that seems common in cases of child sexual abuse is that the victims often come from a disorganized family. A recent study[2] concluded that the great majority of sexual offenses occurred as a result of parental negligence. Three conditions of negligence were found to be typically involved: the daughter was left unprotected even though the parent knew she was in danger, the parent refused to listen to the child's story that she had been attacked or was in danger, or the parent was aware of the attack but took no positive action because a family member was the offender.

The study also showed that 33 percent of the child victims were from one-parent homes, and another 14 percent were from families where the parents were not legally married. Many of the children studied were victimized by members of their own family. For example, the report indicated that the girls between the ages of 6 and 15 were one and a half times more likely to be assaulted by a household member or blood relative than by a stranger.[3]

Underreporting is not the only obstacle that the police face in dealing with child sex victims. Even when such assaults are reported, there frequently is a substantial time lag between the occurrence of the incident and the notification of the police. Many times the parent does not learn about the attack immediately because the child "forgets" to mention it. The victim may not think to mention the incident until something triggers her memory of it. For example, while being bathed, a young girl may remember the assault and tell her mother that someone had kissed or touched her. Police officers need to realize that a late report is often caused by the child's limitations in remembering and communicating experience. On the other hand, the longer the time period between the attack and the official reporting of it, the more difficult it is to investigate the case.

After the attack has been reported, police involvement in the case usually begins with the interview of the child. Interviewing a child is different from interviewing an adult, where both the officer and the victim are at least assured of "speaking the same language." The officer has to use special skills in conducting a successful interview of a child sex victim. He needs to have an insight into how children perceive and relate events, and he must have some understanding of the psychological reactions of the child and the parents to the incident.

Psychological Reactions

In cases of child sexual abuse, the police officer must consider carefully the emotional condition of the victim and her parents. An understanding of the various psychological reactions of the parents and child helps the office to avoid causing unnecessary anguish and creates an atmosphere of trust and support, in which the investigative process, especially the initial interview, can proceed smoothly.

PARENTS: Child molestation is an offense where the emotions of the parents or guardians may be more complex and explosive than the psychological reactions of the victim. Because the child's emotional condition and attitude toward the police will likely reflect her parents' state, it is often necessary for the officer to consider the parents' reaction, if they are not involved in the offense, before concentrating on the victim.

Although parental reactions vary, there are typical emotional conditions for which the police officer can be prepared. Perhaps most common is the grief reaction, a combination of fear, anger, and sorrow. Here, the police officer should allow the parents to express or "ventilate" their feelings. After they have relieved some of their emotional tension, the officer should try to further calm the parents, assuring them that the child is safe and everything during the investigation will be carried out in her best interest.

*Reprinted from Training Key #224 with the permission of the International Association of Chiefs of Police.

[1] Leroy G. Schultz. "Child Sex Victim: Social, Psychological and Legal Perspectives." *Child Welfare,* 1973, p. 147.

[2] Vincent DeFrances. *Protecting the Child Victim of Sex Crimes Committed by Adults.* American Humane Association, Denver, Colorado, 1969.

[3] *Ibid.* p. viii.

Parents of child sex victims frequently experience feelings of extreme guilt. They blame themselves for "allowing" the assault to occur. Such expressions of guilt generally start with the word if — "if only I had moved to another neighborhood" or "if only I hadn't gone to the store." Where appropriate, the police officer should assure them that they have been responsible parents and that the only guilty party is the offender.

Sometimes the parents' guilt will be directed toward the child in the form of verbal abuse. The parents will blame the child for her misfortune. When this occurs, the police officer should separate the child from the parents and explain to them that their behavior will adversely affect the child's present condition and future recovery. Explanations such as these should be delivered tactfully, for the success of the interview and the well-being of the victim depend greatly on the rapport established between the police and the parents.

If one parent is the offender and the other parent's guilt is justified — for example, when a mother has known for some time about relations between her husband and daughter — the officer should acknowledge the mother's feelings but not criticize her behavior. Antagonizing the mother will only make interviewing the child a more difficult task.

CHILD: Many factors influence the emotional reactions that child sex victims experience. The age, level of physical and emotional development, understanding of sex, family stability, brutality of the attack, and the relationship between the victim and the offender must be taken into account, especially when trying to speculate about the long-range impact of the incident on the child's emotional health. The immediate goal of the police officer, however, is to calm and protect the victim from further emotional damage while carrying out the investigative interview.

The child may exhibit fear, embarrassment, guilt, or confusion. Emotional shock, manifested by crying, shaking, and restlessness, is a reaction that police officers frequently encounter. In such cases, the officer and the parents must comfort the child until her sense of well-being is restored.

Withdrawal is another common psychological reaction in these situations. The child may refuse to converse with the officer or to become involved in the interview in any other way. Embarrassment, a desire to forget the incident, or unfamiliarity with the interview surroundings and procedures may be at the root of this feeling. Patience and understanding on the part of the police officer will help the victim overcome these inhibiting fears.

When the offender is a family member or brutality is involved, the child may "repress" the incident and not be emotionally capable of discussing it. Repression is sometimes called "active forgetting" in that individuals will not allow themselves to remember unpleasant experiences. All that the police officer can do in this situation is to make the victim feel comfortable and secure and explain the importance of the interview in the hope that she will respond positively.

Particularly among older children, there may be guilt feelings associated with the assault. The child may feel that she somehow provoked the attack by her behavior. The guilt association may be quite childish: for example, the victim accepted candy or a ride from a stranger and then was "punished" for doing what her parents constantly warned her not to do. Or the victim's guilt may take a more adult form, such as wondering whether her own sexuality somehow enticed the offender. In any case, the police officer must make it completely clear that the child was not at fault and should not in any way hold herself responsible for what occurred.

Younger children may be genuinely confused about the attack. The victim may know that something unusual occurred but not that something "bad" or significant took place. Here, the police officer should try to get the facts of the case without alerting the child to the seriousness of the attack. So long as the child looks upon the incident as only an "unusual" event, her chances of a complete emotional recovery are very good.

The concept of "protection through innocence" should be recognized by police officers. The premise of the concept is that the young child, because of her lack of awareness of the social taboos violated, will not suffer a long-lasting emotional disturbance from a sexual assault. Although all child sex victims probably experience some degree of short-term psychological stress, most will not suffer from long-range emotional problems unless they are adversely affected by the reactions of adults.

The Interview

The interview of any victim of a sex crime is demanding work. The interviewing officer must obtain information from a victim who typically finds it difficult and unpleasant to recount the personal aspects of the crime. If the police officer does not exercise tact and compassion, not only does the interview fail as an investigative process, but also the victim may unnecessarily suffer emotionally. Although interviewing an adult victim is difficult, the interview of a child is more so. Problems of communication and identification between an adult officer and a child victim must be overcome. The task becomes even more complicated when the offender is related to the victim. When the officer is confronted with both problems in interviewing a child victim of a sexual assault, the difficulty is compounded and special attention is required.

TIMING: The interview should take place as soon as possible after the incident is reported. The longer the time interval between the assault and the interview, the less able the child is to recall the attack and relate the details. The welfare of the child cannot, however, be sacrificed for investigative expediency. Since extensive questioning by more than one officer can cause the victim emotional trauma, it should be avoided when possible. However, detailed questioning by the officer responsible for the initial interview is, however, necessary to establish whether a crime was committed and to obtain the identity or description of the suspect. The following procedures should, therefore, be applied during both the preliminary and in-depth interviews.

SETTING: The in-depth interview of the victim should not take place until after the child has been medically examined and treated and other physical needs have been met. Personal needs often include washing and changing clothing.

The interview should take place in a comfortable setting where the child feels secure. The setting should provide privacy. Places that are not free from interruptions, distraction, and noise are inappropriate for effective interviewing. A preferred location is the child's home, so long as it is not the site of the attack. It is familiar to the child and will provide the needed privacy. If an office is used, the officer should ensure that it meets basic requirements of the interview setting, and he should permit the child to become familiar with it before starting the interview.

It is often desirable that a female police officer conduct the interview of a child sex victim. This will depend on the age, sex, and feelings of the victim. In many cases, though, a policewoman will not be available. At these times, the officer should consider using the presence of a female nurse or social worker to facilitate the interview process. Although the nurse or social worker will not participate in the actual interview, her mere presence may be comforting to the child.

PARENTS AS OBSERVERS: When one of the victim's parents is the suspected offender, it is usually most productive to interview the child without either parent being present. In these cases the child probably will be hesitant to discuss the attack if family members participate in or observe the interview.

Where a parent is not the perpetrator, the police officer should explain to the child's parents the purpose and structure of the questioning before the interview begins. The officer's attitude must convey a sympathetic understanding of the parents' position, and their cooperation should be openly solicited. Experience has shown that a child's initial reaction to an interview is influenced greatly by the attitude of the parents. When the parents feel secure and display cooperativeness, the child will likely behave in the same way.

Whether the parents should be present during the interview depends entirely on the specific circumstances of the case. Some children will be frightened and uncommunicative if their parents are not present; others will be reluctant to discuss the matter in front of their family. Generally, if the child requests that her parents be present, her wish should be complied with. The parents can be seated behind the child so that they do not interfere with the questioning. When the child does not want her parents present, they may be seated outside the room where they can observe but not overhear the victim. An interview room equipped with a two-way mirror can fulfill this requirement. In all cases, the interviewing officer will have to judge what arrangement is best, keeping the welfare of the victim uppermost in his mind.

RAPPORT: One of the most important elements of the interview is the officer's ability to establish a rapport with the victim. An effective means of accomplishing this is for the officer to question the child about herself. Most children like to talk about themselves. Questions concerning the child's hobbies, school friends, and activities will show the child that the officer is interested in her as a person. In this way, an informal and friendly relationship between the two can be developed, and, in addition, the child will become accustomed to answering personal questions. Once rapport is established, the officer should be able to smoothly lead into discussion of the assault.

OBTAINING THE STATEMENT: As when interviewing an adult victim, the police officer should let the child describe the incident in her own words and should not ask detailed questions until the victim's statement is complete. The officer should listen attentively and encourage conversation with supporting gestures and comments. By nodding his head, the officer lets the child know that he is listening and understands what she is saying. Another way to encourage conversation is to repeat key words and the last word or statement that the child has made. Expressions such as "you feel that," "you are saying that," and "what you are trying to tell me" also help to draw out information.

The language the officer uses must suit the age and level of development of the child being interviewed. It is important that the officer stay on the child's level and phrase his questions in a language that the victim understands. Young children usually do not know the correct words for various parts of the body, especially sexual organs. When referring to some parts of the body, for example, children often use nicknames. The officer should ask the parents for the meanings of these nicknames and his report should reflect the terms used by the child and include the meaning attached to them by the victim. With older children, the officer's choice and manner of language will often be that of an adult. When talking to adults about sexual relationships, adolescents typically use formal terms. Adolescent girls, for instance, prefer formal language to child or street talk when discussing the topic of sex because it is less likely to embarrass them.

Because the purpose of the interview is to determine the facts of the crime, the police officer must question the victim about the details of the assault. Some details are not common knowledge among children, and they frequently cannot describe sexual activities in a vivid way. In addition, children sometimes find it difficult to distinguish between what actually happened and what they imagined to have occurred. This is especially true when the experience is a very emotional one. In overcoming these interview obstacles, the police officer relies on past experience, exercises patience, and seeks the advice of the victim's parents.

VICTIM EVALUATION: During the interview, the police officer has to establish the potential of the child as a credible witness as well as determine the truthfulness of the child's statement. This evaluation is aimed at two characteristics of the victim: her ability to accurately relate the event and to distinguish between fantasy and truth.

The child's capacity to recall and relate information can be tested by asking her personal questions. Information should be solicited from her about family life, friends, school, and other interests. General questions about the community in which she lives, such as church and recreational activities, also help to determine her level of intellectual development. The child's replies to these questions not only help in evaluating the child's ability, but also the discussion serves as a means of fostering a rapport.

The victim's ability to tell time is often a crucial factor in establishing when the attack occurred. Questions about the hours and days of the week the child attends school will aid in this evaluation. There are other routine functions in the child's life which the officer can use to determine the time of the offense including television schedule, eating habits, and daylight and nighttime activities.

Whether the child can differentiate between the truth and a lie needs to be assessed by the interviewing officer. The officer should ask the victim if she knows the difference between the two and what happens when she tells a lie. The victim's answer may be expressed in child terms, but the important thing is her attitude. She should consider telling the truth as being positive and telling a lie as being negative. If there is a need, the police officer can verify the child's reputation for honesty by talking with the parents, teachers, friends and parents of friends.

The child's ability to distinguish between fantasy and reality must also be established. If the victim's account seems improbable, overly imaginative, or exaggerated, the police officer may have to probe into her background to determine whether she often confuses real events with those imagined.

ENDING THE INTERVIEW: The police officer should never end an interview abruptly. When he has obtained all of the facts about the incident, the officer should ask the child whether there is anything else she wishes to say. The child should be told that, if she remembers anything else about the assault, she should tell her parents. If the child is old enough to understand, the officer can explain the investigative steps to be followed.

The police officer should explain to the parents that the child may have to repeat her story to others, including the prosecutor, as well as testify in court. The parents should also be told that, if the case goes to trial, the police will help prepare the child for the courtroom hearing so that the experience will not be emotionally traumatic.

The parents should be cautioned against questioning the child about the incident. The less the child has to think about the assault, the faster her emotional recovery will probably take place. If the child wants to discuss the matter, however, the parents should be advised to talk about it frankly and without embarrassment.

Sometimes child sex victims and their families experience long-range emotional difficulties. Depending on the circumstances, the police officer may suggest that they seek the help of an appropriate social service agency, family physician, psychologist, or clergyman.

Preparing the Child for Court

When the investigation of a child sex offense ends successfully and a trial is scheduled, the police should begin to prepare the child for court. The officer should explain to the child courtroom procedures and the roles of the judge, jury, prosecutor, and defense attorney. This explanation must be in such a manner that the child understands it. Where possible, the officer and the prosecutor should familiarize the child with the courtroom. She should be taken to the courtroom and allowed to sit in the judge's chair, at the attorney's table, and in

the witness chair. The victim should also be familiar with where she and her parents will be sitting. By acquainting the victim with the legal proceedings, the officer accomplishes two goals. He makes the child a better witness by reinforcing her self-confidence and makes the courtroom experience less mysterious and frightening.

Summary

For a variety of reasons, sexual crimes against children often go unreported. When a case of child molestation is brought to the attention of the police, the interviewing officer is responsible for obtaining the facts so that a proper investigation of the matter can be conducted. But interviewing a child sex victim is a very difficult and delicate assignment. The officer must consider the psychological condition of the victim and her family, gain the cooperation of the parents, and question the victim without causing her additional emotional problems. He must evaluate the victim in terms of her potential as a witness, and, if the case goes to court, the officer must prepare her for the trial.

PROTOCOL FOR EXAMINATION OF CHILDREN FOLLOWING SEXUAL ASSAULT*

I. GENERAL GUIDELINES

In order to facilitate the care of the patient-victim and to provide for empathic on-going support, the registered nurse has been designated as the primary care department staff member.

In practical terms, this means that nurses will be responsible for guiding the victim through the system as follows:

A. A nurse will meet the patient-victim at the registration desk, introduce herself and escort the patient to an examining area *where the victim will be registered.* Every effort should be made to provide a room as soon as possible.

B. If the patient is accompanied by a police officer, many of the necessary details can be obtained from him. The staff should encourage (not force) the child victim to express his/her feelings about the incident. The nurse and doctor should record in the third person i.e. "He said . . . She said . . ." as they document the report of their interaction with the child. (Ordinarily, hearsay testimony is not accepted in court, but in the case of sexual assault there is a specific exception to the hearsay rule. Those individuals to whom the victim speaks about the incident shortly after it happens will be able to relate the conversation in courtroom testimony. The importance of this evidence cannot be overestimated. The additional details which must be gathered by the nurse will be elicited in the course of the history taking.

C. In addition to explaining the procedures which are part of the nurse's examination, she should also explain in general what will be done in terms of the physician's exam (answering any questions which the patient may raise).

D. If the patient-victim is a minor, the nurse should, through conversation with the *patient-victim,* determine whether it is advisable to have a parent present during the exam and communicate that information to the physician. Parents need not be contacted if the patient is old enough to understand (sixteen and older if of normal intelligence). Parents of children under sixteen years of age will be contacted unless contraindicated.

E. To insure the continuity which seems to provide support for the patient-victim, it is essential that as few staff members as possible be involved. The R.N. should make every effort to be with the patient as much of the time as possible. If she has to leave the area, she should introduce a staff nurse to the patient-victim and that nurse will be responsible during her absence. If she must leave the patient alone, she should explain the reason for her absence to the patient.

F. It is also important for the nurse to *monitor* the identification of lab and police specimens for legibility and completeness.

G. In summary, the nursing staff should deal empathically and responsibly with the patient-victim during the entire time the victim is in the department. At discharge, the victim is to be given the follow-up sheet and its contents explained as needed.

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II. CARE OF THE CHILD

The emotional difficulty accompanying sexual molestation can be increased by the insensitive imposition of adult standards. The protection of the child is an important duty of the hospital staff. Psychosexual trauma must be recognized and minimized. Emotional support and gentle sympathetic understanding of both child and family are important; therefore TACT and KINDNESS are imperative. Parents should be given reassurance and guidance and warned specifically against magnifying the situation. Avoid such terms as "ruined," "violated," "dirty," or "lost her innocence" lest the child develop severe guilt feelings and anxiety.

III. PRIVACY

A. Assault victims are priority patients — escort them immediately to a private exam room. A primary nurse will accompany child as much as possible.

B. The child who has recently experienced potentially traumatic episodes must be protected from police, curious onlookers, and others who may be insensitive to the child's feelings.

C. Therefore, it may be necessary to separate the child from his parent at the discretion of the professional who has considered the child's wishes and rights.

D. If the history is taken with parents present it should be repeated with the parent absent to substantiate the facts. A girl who has had intercourse and is afraid that she is pregnant, for example, may tell a parent that she has been raped.

IV. OBJECTIVES

A. To give care for injuries.

B. To prevent future psychological damage.

C. To minimize stress.

D. To evaluate pregnancy possibilities.

E. To prevent venereal disease.

F. To maintain a medical-legal record.

G. To initiate follow-up health care.

V. PREPARATION OF THE CHILD/FAMILY

A. The nurse will discuss the objectives of treatment with the child/family in private *before* any procedure (including undressing the child) is begun. Stress the importance of recording and reporting the incident to the police and request permission to contact them immediately for their cooperation.

B. If permission for reporting the incident to the police is granted, the nurse will obtain written consent for examination and release of medical information; and instruct the secretary to notify the police.

4. Secure all clothing for police, noting blood stains, secretions or other stains. Place outer garments in separate bag from inner garments.

5. Note name and obtain signature of the police representative receiving clothing.

6. Photograph any external bruises, scratches, or broken nails. Identify patient on each picture. Take fingernail scrapings if material is noted under the nails. Preserve these in container provided by the police.

7. Make Woods lamp examination of suspicious areas for presence of seminal fluid which will flouresce.

8. Comb pubic hair for foreign hairs and fibers using new plastic comb. Place all comb material and comb itself wrapped in lens paper or tissue into an envelope and seal, noting date, patient's name and hospital number. Envelope flap should be signed by the child/parent and the nurse, across the seal.

9. Ask child to place a 2 x 2″ piece of sterile gauze in her mouth and saturate it with saliva. No one but the child should touch the gauze. Place the saturated gauze in container provided by police representative.

10. Obtain a urine sample for pregnancy testing, and tests for presence of other medications in the body (to lab).

11. If semen was deposited on the patient's body or in the mouth, obtain the following specimens:

    a. Swab for sperm motility and acid phosphatase determination using a saline moistened swab or cotton tip applicator. Swirl it in 3 cc sterile saline and ring it out against the edge of tube and discard swab. Give to police.

    b. Swab for sperm stain and typing using a saline moistened swab or cotton tip applicator. Smear a clean glass slide which has been labeled with the name, hospital number and date. Place the slide in a bottle of pap smear fixative. Place the swab into a sterile container labeled with the patient's name, date and hospital number. Give to police.

    c. Culture the area for GC using a saline moistened applicator, if indicated. Prepare the child for the physician's exam.

VII. PHYSICIAN RESPONSIBILITIES

A. Review thoroughly the nurse's record and discuss.

B. Establish rapport with the victim and clarify question on nurse's exam PRN.

C. Give a general physical examination looking for signs of injury.

D. Perform a pelvic exam when indicated by age, history and physical findings.

1. External genitalia.

    a. Examination.

    b. GC culture from urethra and rectum into Stewart's Transport Media. Send to lab.

C. Via telephone:

1. Explain the importance of reporting the incident.

2. Instruct family not to bathe or undress the child/victim before coming into the hospital to be examined.

D. Stress that this written consent does not obligate the victim to prosecute the assailant. The exam will enable collection of evidence which will be used if the child/family wish to prosecute the assailant at a later date.

VI. NURSING RESPONSIBILITIES

A. Notify mental health representative.

B. Obtain a pertinent history.

1. Current symptoms (pain, bleeding and swelling, pelvic and other).

2. Physical injuries inflicted.

3. Time, date and place of incident.

4. Age

5. Nature of sexual acts performed (e.g. vaginal intercourse, sodomy, etc.).

6. Last menstrual period and length of normal menstrual cycle as well as any menstrual abnormalities.

7. Parity — if appropriate.

8. Current contraceptive used by victim; other medications.

9. Any contraceptive device used in incident.

10. Last coitus before sexual assault.

11. Did ejaculation occur? If so, where on patient's body was seminal fluid deposited?

12. Age of assailant.

13. Relationship of assailant to victim.

C. Begin physical examination.

1. Describe emotional status — objective observations.

2. Record vital signs: T-P-R-BP.

3. If clothing is damaged, stained or disarrayed, photograph patient before she disrobes.

2. Speculum (only when indicated by History and Physical findings).

a. Use only water for lubricant.

b. Examination.

c. Posterior fornix.

(1) Swab posterior fornix and swirl the swab in 3 ml of sterile saline. Wring out against the edge of the tube and *discard* the swab. This is for sperm motility and acid phosphatase. Secure for evidence.

(2) Swab posterior fornix and smear a clean glass slide which is placed in pap smear fixative. This is a smear for sperm. Secure for evidence.

(3) With sterile ring forceps swab the posterior fornix with a 2 x 2 gauze (do not contaminate with perspiration) and place in a labeled container to be given to the police for sperm typing. Secure for evidence.

(4) Swab the cervix for GC culture, send to lab in transport media for smear.

3. If indicated by preceeding portion of the physical examination or history do a bi-manual examination noting uterine size and pain.

VIII. TREATMENT

A. Physician diagnose and treat physical trauma.

B. Physician and nurse assess emotional status of child/family and provide immediate intervention and make certain that the mental health professional becomes involved. Ongoing needs should be referred to mental health professional.

C. Nurse counsels on available counseling services at the Community Agencies.

D. Nurse arranges follow-up:

1. Return in 3 days for GC culture.

2. 1 week visit by mental health professional involved.

3. Visits as necessary by mental health professional.

4. 6 week OPD visit for VD check.

IX. POINTS TO REMEMBER

A. All references to assault should be brief and factual. Do not report details of the incident and do not use qualifying language such as "alleged". A good format is "the patient says that . . ."

B. Take time to calm and quiet the patient.

C. Do your most gentle exam.

D. Make no judgmental statements in documentation. Record problem or assessment or impression as "sexual assault exam — interpretation pending lab results".

E. Make arrangements for appropriate medical follow-up.

F. Be certain all specimens are carefully and accurately labeled and identified.

1. Patient's name.

2. Patient's hospital number.

3. Date specimen collected.

4. Person collecting sample.

5. Person receiving sample.

G. Assure that family's questions are answered, that they understand the situation and know what to do next.

H. Make sure victim leaves with a family member, friend or police escort to get them home.

C.H.C. 8/18/75
Revised 8/27/75
Revised 9/15/75
Revised 11/13/75
Revised 12/11/75

*Counseling the Child Victim**

by Dr. Patrick F. Sullivan, Ph.D.

In dealing with the child unfortunate enough to have been a victim of sexual assault, the counselor is faced with several difficult areas which will affect her decisions in counseling the victim. These areas include the child's age, the extent of physical pain and injury, the manner in which the act was perpetrated (e.g., force, threats, cajoling, etc.), relationship to the offender, the parental and familial response to the assault.

The parental response in many cases may equal or surpass the child's and the counselor would do well to assess this as quickly as possible since the long term impact is potentially more troublesome for the child victim — especially for the younger child. Parents are likely to feel combinations of grief, anger, and guilt. These feelings may focus on the child, the attacker, or themselves. Assisting them in ventilating and understanding their feelings should be combined with pointing out how these can be helpful or detrimental to the child. At the same time, the counselor should be attempting to make some assessment of the parent's sexual attitudes so that these can be considered in later counseling with the child.

With regard to the child, the age and maturity level are paramount — obviously a fourteen year old will have a better understanding of the attack than a four year old. A first step in counseling the sexually assaulted child is the assessment of the child's perception of the event and emotional reaction to it. Was it enjoyable, neutral, or painful? Does the child understand what happened? Does he/she feel guilt, fear or anxiety regarding it? Chances are good that a child who fails to understand the significance of the attack will manage a good subsequent adjustment so that both counselor and parents need to be cautious about conveying their own anxiety.

If the child understands the event, it is wise to explore the problem areas and assist the child in dealing with them. A tactful discussion of sexual relations as a pleasurable activity appropriate to adults is probably of major importance in order to both assist the child in separating sexuality from violence and in later sexual adjustment.

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*Child Rape Victims And Their Families**

Avalie Saperstein

Children comprise approximately one-half of all rape victims seen by WOAR. The child victim differs from the adult victim in two main areas. One, children do not have the cognitive development nor the life experiences to understand and assess a situation as does an adult. Two, children depend on parents for physical and emotional care. For this reason, their feelings, to a great extent, are determined by parental feelings. Therefore, in regards to the child victim, we have the particular tasks of helping the child at her own level understand what is happening to her (not necessarily what has happened) and, most importantly, helping the parents respond to their child in a constructive way.

The younger the victim the more focused WOAR help is on the parents. From our experience, generally, children appear unconcerned about the rape or its consequences (excepting if the child has been terrorized or it is an older child). Children *will* reflect their parents' feelings. Do not hesitate to refer the family to Child Guidance especially where the rape is family related and/or the family responds to their child in a destructive manner.

Following is a brief list of tasks for the WOAR volunteer to keep in mind in dealing directly with children.

1) It is necessary to assess the child's cognitive, life experience age. Once determined, the WOAR volunteer will be able to respond to the child in a way she can understand. Do not be misled by the street-wise young woman.

2) It is necessary to ascertain what the rape means to the child and deal with the rape on that level. To the young victim, rape may mean social ostracism (or acceptance) from peers, intense fear of living in her gang-infested neighborhood, questions about her sexual identity, and so on. For all children, there will be concern about their parents' reactions. Remember, the younger the child the greater the incidence of the rape being family related. The child involved in a family related rape will be particularly concerned about her family believing her and/or possible repercussions in the family.

3) It is necessary to tell the child why she is in the hospital and what is going to happen to her. (She is in the hospital because she may be hurt and the doctor is going to examine her). By making the unknown, known, you will be alleviating some of the fear of the unknown, confusing and frightening situation. Be honest. Be focused on why the child is in the emergency room. Elaborate explanations will be confusing to a child. Explain the pelvic exam and entire medical procedure in language the child can understand, such as, the doctor will examine your bottom. As you speak with her, observe her expressions to determine her understanding. Again, be honest. If you are calm, treating the examination as a normal process, you will alleviate the child's anxiety.

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Following is a brief list of tasks for the WOAR volunteer to keep in mind as she works with the parents of the victim.

1) It is necessary to help the parents focus on their child's pain. Parents' own confused and negative feelings and hangups will cloud the issue. For example, the issue is not whether their daughter should have been on the streets at night, but that their daughter has just experienced a painful situation and she needs their help.

2) In order to help the parents focus on their child's pain, it will be necessary to channel parental feelings constructively. Usually the parents will be in a crisis state also. Provide feedback to counteract parental feeings of guilt. Help them to channel their anger appropriately (prosecution), not at their daughter.

3) It is important to give parents some pointer in how to respond to their daughter so they can provide corrective experiences for her. Stress the importance of parental feelings and attitudes to their daughter's own feelings of self and the rape experience. Encourage the parents to be available to their daughter, not to force the child to talk nor cut off talk. Point out that it is beneficial for the child to continue in her usual routine and activities, and that this may require some parental encouragement.

4) As with any victim, it is also necessary to alleviate the anxiety of the unknown situation by informing parents of legal and medical matters. Be sure that parents understand that the medical examination is for the child's safety and that it provides legal evidence.

INCEST: BACKGROUND AND PROCEDURES*

Prepared for NIP Rape Counseling Center by Pat Mehigan, Debbie Laine, Karen Sando, Judy Schwager

Definition of Incest

Sex Offense Law — 609.365 Incest

Whoever has sexual intercourse with another nearer of kin to him than first cousin, computed by rules of the civil law, whether of the half or the whole blood, with knowledge of the relationship, is guilty of incest and may be sentenced to imprisonment for not more than ten years.

Some thoughts on the definition of Incest:

A. Most of the statistics and studies available deal primarily with (1) the nuclear family and (2) father-daughter incest.

B. Consider an expansion of the definition to include:

1. Broadening family to include those who play the primary role in the family, not necessarily biological father, but stepfather, male guardian, uncle or boyfriend of mother; also primary female role, not necessarily mother but stepmother, female guardian, aunt or girlfriend of father.

2. Incest, like rape, creates many of the same psychological difficulties whether it be actual penetration or the threat or attempt of same.

3. While points #2 and #3 may or may not fit into the legal definition of incest, they do share several commonalities:

   a. A continual presence or condition of physical/sexual violence.

   b. Structure of the family roles each member takes.

   c. Reaction and perception of victim (daughter) to herself, family and the rest of the world.

Voluntary/Involuntary Participant?

Our prime concern is how the victim (daughter) perceives the situation. Our role is not to presume or judge.

The caller/client may perceive the situation as being a desirable, guilt-free relationship except, perhaps, where reconciling behavior with cultural norms. The caller/client may also feel guilt laden for failure of the family to nuture and protect her, possess little worth of self . . . may view it as a traumatic experience. She may also react somewhere in between these extremes or combine a series of reactions which may differ from day to day.

The question of free will or real choice by the daughter is an academic one.

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Let me repeat, our prime concern is how the victim (daughter) perceives the situation. Our role is not to presume or judge.

Important!

Ostensibly, each member of a family which is involved in an incestuous relationship is a "victim". While we may be confronted by any member of this family, we are focusing our attention on the likelihood:

A. That the involved daughter is the primary victim.

B. That she will be the one who calls or comes in.

C. That she will be involved in a father-daughter incestuous relationship.

D. That she will be, usually, an involuntary participant.

Note: This does not dismiss the occurrence of incestuous relationships which may be viewed by all participants as good. It is just that the material we have covers the former.

Similarities and Differences Between Rape And Incest

Rape and Incest both involve:

A. Sexual violation of another.

B. Active or potential physical violence.

C. Disruption of the victim's sense of well being and ability to deal with the world.

D. Confuses value of self and others, principally men.

Incest takes these qualities and can protract them by several years, from childhood, puberty to adulthood:

A. Constant and continual threat or potential for sexual and physical violence.

B. Disruption/distortion of the "normally" supportive and nuturing roles of parents.

C. Disruption/distortion of the development of a whole, integrated individual being, psychologically, physically, emotionally and sexually.

D. A distorted perception of the outside world and her ability to deal with same.

Take into consideration the roles of all the other members of the family: father, mother, number of daughters still living at home and you have some idea of the dimensions of the situation. Specific perceptions and difficulties the victim may have to cope with will be more completely covered within sections on *Characteristics of Girls Involved in Incest and Procedures.*

Methodology

Available statistics and studies, in addition to being hindered by their concentration on father-daughter incestuous relationships, are further limited. "They are limited by the fact that most studies are of adjudicated offenders." This fact introduces several sources of bias:

A. Lower socio-economic classes are over represented.

B. Dysfunctional families would likewise be over represented.

C. Studies of family structure occur after detection of incest and severe social sanctions have been imposed.

D. The incestuous relationship is of an appreciable duration.

Reference: *Incest: A Selective Review of the Literature*, Irving Benoist

Note: Please keep this in mind when reading this paper.

Overall Family Characteristics

A. Serious disorganization and role disturbance had occurred prior to onset of incestuous relationship . . . primarily mother has moved to a passive or absentee role, dropping maternal and sexual roles. Combine this with dropping of or lack of development of the paternal role and poor impulse control of the father. 86% of a study of adult partners were experiencing socially and emotionally disturbed relationships with their wives.

B. Reclusive family . . . the child victim lives in a secretive home environment. Frequently she cannot have friends in or rarely as overnight guests. Further she is discouraged from mingling closely with neighbors, developing close friendships outside the family, generally discouraged from outside activities or events.

C. May be overly zealous religious family. This type of family frequently stresses the authority of the father figure . . . closeness of the family, heavy dependency relationship.

D. May be strong delineation of right and wrong, good and evil, superimposed upon the children by authoritarian type parent. Fear is an important control.

E. Marriage of incest offenders was typically undertaken at an early age, 18 for the wife and 19 for husband.

F. Eldest daughter usually victim . . . relationship had usually occurred when daughter was 12, father 40.

G. Incestuous relationship usually lasts 3.1 years.

H. Subject families usually earn less than $7,000/year.

I. In one study, crowded living was typical.

J. Most parents had little formal education, yet there is little evidence of being subnormal intellectually. (Between 60-85% of incest fathers and over 75% of daughters had IQ's average or higher.)

Characteristics of Father/Male Parent Role

A. Frequently responds with violent outbreaks of temper and physical violence when their commands are not met.

B. High degree of alcoholism.

C. Personalities of incest fathers differed according to the ages of the daughter participants at time of incest according to one study:

1. (Ages 10-11) had poor relationship with their own parents, unstable childhood families, premarital sex were ineffectual, non-aggressive, dependent, alcoholic, preoccupation with sex and sporadic workers.

2. (Ages 12-15) more heterogenuous, sex was not overly important to them, many were alcoholic.

3. (Ages over 16) typically from large families with many sisters, they engaged in very little premarital sex, were sexually restrained after marriage, were conservative and devout, but had very poor impulse control.

NOTE: In comparing incest fathers with other sex offenders, Gebhard, et. al. could find few differences. Ellis and Bruncale found that incest fathers were no different than other sex offenders in hostility, recidivism, or emotional dependency. However, they were less sexually inhibited than other sex offenders, and were more frequently emotionally immature and alcoholic.

Characteristics of Mother/Female Parent Role

A. Seen as passive and dependent.

B. At time incest initiated, mother has usually withdrawn from sexual and maternal roles.

C. Mother is seen as ill-equipped to handle own personality, let alone personality of husband. As a consequence, she is usually overwhelmed by maternal and wifely responsibilities, especially initiating termination of an incestuous relationship of father and daughter or heading a single household.

D. Mother may help initiate incestuous relationship . . . bringing daughter into sexual role with father in order to maintain family. Others have adopted an illusory/avoidance system to prevent seeing or comprehending relationship.

Factors which sustain an incestuous family

"Although conviction rates for the crime of incest have always been low . . . there is reason to believe that the conviction statistics reveal only a fraction of the occurrence of incestuous relations . . ." *Incest: A Selective Review of the Literature.* Irving Benoist.

Direct discovery of incestuous relationships within a family are not common. Whatever meager discoveries made occur principally through secondary causes:

A. The daughter has become pregnant.

B. She becomes a runaway.

C. Alcoholism of father.

D. Report of rape.

E. Family argument.

F. Suicide or attempt, usually by victim.

G. Homicide or attempt, usually by victim.

What are the factors which keep primary victim within family?

A. Victim's feelings of shame and guilt toward mother and/or father.

B. Fear of men.

C. Passive behavior, low value of self.

D. Lack of knowledge of their own rights.

E. Fear removal from home.

F. Breakup of family.

G. Loss of father.

H. Alienation from rest of family.

I. Social isolation of family.

J. Dependency of daughter.

K. Threats to child.

L. Ill equipped to deal with outside world.

M. Fear incest will then occur with next eldest daughter.

N. Confusion about her sexuality.

O. Disturbed relationship of marital partners.

Aftermath

According to one study, fathers confronted with detection frequently deny the incest or if they admit it, attempt to minimize their guilt, and often express surprise that incest is punishable by law. They frequently insist that they have done nothing wrong; some fathers believe sexual access to be one of their parental rights.

Even after incarceration of the fathers, some wives refuse to believe that incest occurred; thus, the father may remain the dominant member of the family, although in prison. Frequently, the cost of the mother's admitting that incest occurred is the dissolution of the family and the mothers in these families are often especially incapable by both background and temperament to head a house-

hold. Very often the fathers return to the home and the ingredients which make up a condition for incestuous relationship remain and are either resumed by the eldest daughter or if removed from the home, voluntarily or otherwise, the role is then passed to the next eldest daughter.

Characteristics of Girls Involved in Incest

The following descriptions of girls involved in incestuous relationships may help you recognize them when they call. Most of the victims share some or all of the characteristics listed below:

She may likely be forced to fill a "mature" role in the family, i.e. the wife's role to the father and, perhaps, the mother's role to younger children. She may feel frustrated and helpless in that she does not have a mother she can depend on. Underlying this appearance of maturity is a feeling of immaturity, lack of self esteem and a fearfulness of the world outside the family.

This poor self-concept is constantly reinforced and she may frequently deny her own needs. She may feel fear and anger towards her father and extend it towards all men. She may be depressed. She may be very confused about sex and feel disgust towards her body and that of a man.

Some hints that may suggest incest to you are:

1. Alcoholism in the family.

2. Poor school work.

3. Excessive parental restrictions.

4. Depression.

5. Frequently young women that run away from home are running from an incestuous environment.

The long-term effects of incest are far reaching. The victim tends to see herself as a sex object and may learn to use sex to manipulate favors. She can also hold other women in contempt.

Generalizations such as "men only want one thing," "all men are animals" are reinforced and, consequently, she may develop a cynical and defensive behavior toward men. Guilt and shame are experienced as well as the feeling of being used. She may also exhibit great anger toward her mother for not protecting her. Sex is something to be kept secret, "don't tell."

Incest usually takes place over a long period of time, from six months to several years. It may take many years of intensive professional counseling to deal with some of the woman's feelings as a result of this experience. Don't try to deal with it all at once.

CAUTION: It is natural for you to feel you want to help her get out of this situation. Do not burden her with your feelings . . . handle the situation judiciously. There are many ways of resolving this type of situation, and not all are the kind of resolution you may have in mind, specifically, running away, homicide or suicide.

BIBLIOGRAPHY

Anderson, Lorna, Ph.D., Ramsey County Mental Health Center. *Characteristics of Girls Involved in Incest.*

Anderson, Warren L., former Unit Supervisor, Child Protective Services, Hennepin County Welfare Department. *Observations on Families and Children Involved in Incest.*

Bagley, Christopher, *Incest Behavior and Incest Taboo.*

Bailey, Carolen, Sergeant, Sex Homocide Division, St. Paul Police Department. *St. Paul Police Procedures in Incest.*

Benoist, Irving. *Incest: A Selective Review of the Literature.*

* Gaffney, James, Assistant County Attorney, Hennepin County. *Incest, Sexual Abuse and Prosecution.*

Jacobson, Virginia. *Observations on Long Term Effects of Incest on the Woman.*

* Jaffee, Arthur C., M.D., Department of Pediatrics, Hennepin County General Hospital. *Medical Perspectives.*

State of Minnesota. *Sex Offender Law.*

REFERENCES: ADDITIONAL READING MATERIAL

Cormier, B., Kennedy, M. and Sangourcy, J. Psychodynamics of Father-Daughter Incest, *Canadian Psychiatric Association Journal.* VII, 5 (October, 1962), 203-217.

Ellis, A. and Bruncale, R. *The Psychology of the Sex Offender.* Springfield: Thomas, 1956.

Gebhard, G., Gangnon, J., Pomeroy, W. and Christenson, C. *Sex Offenders.* NY: Harper & Row, 1965.

Gilgor, Incest and Sexual Delinquency. *Dissertation Abstracts,* 1967.

Holder, *Schweiz, Arch. Neurol. Psychiat.,* 1949, *64,* 175.

Kaufman, I., Peck, A. and Taguirir, C. The Family Constellation and Overt Incestuous Relations Between a Father and Daughter. *American Journal of Orthopsychiatry,* 1954, *24,* 266, 279.

Lester, D. Incest. *Journal of Sex Research,* 1972, 8, 268-285.

Lustig, N.; Dresser, J.; Spellman, W.; and Murray, T. Incest. *Archives of General Psychiatry,* 1966, *14,* 31-40.

Machotka, P.; Pittman, F.; and Flomenhaft, K. Incest as a Family Affair. *Family Process,* 1967, 6, 98.

Maisch, H. *Incest,* 1973.

Mandel, N.; Bittner, M.; Webb, R.; Collins, B.; and Jarcho, P. The Sex Offender in Minnesota, *Journal of Sex Research,* 1965, 1, 239-248.

Tormes, Y. *Child Victims of Incest.* Denver: American Humane Association, Children's Division, 1968.

Virkkunnen, M. Incest Offenses and Alcoholism. *Medicine, Science and the Law,* 1974, 14, 124-128.

Weinberg, S. *Incest Behavior.* N.Y.: Citadel, 1955.

Williams, J., and Hall, E. The Neglect of Incest: A Criminologist's View. *Medicine, Science and the Law,* 1974, 14, 64-67.

* Speeches given by individuals, text not available.

Children— Maltreatment
Chapter 221
H. F. No. 306
(CODED)

An Act relating to children; requiring reports of maltreatment of minors to be filed by certain individuals; authorizing reports to be filed by citizens under certain circumstances; prescribing penalties for failing to report or falsifying reports; amending Minnesota Statutes 1974, Chapter 626, by adding a section; repealing Minnesota Statutes 1974, Section 626.554.

Be it enacted by the Legislature of the State of Minnesota:

Section 1. Minnesota Statutes 1974, Chapter 626, is amended by adding a section to read:

626.556 Reporting of maltreatment of minors.

Subdivision 1. Public policy. The legislature hereby declares that the public policy of this state is to protect children whose health or welfare may be jeopardized through physical abuse, neglect or sexual abuse; to strengthen the family and make the home safe for children through improvement of parental and guardian capacity for responsible child care; and to provide a safe temporary or permanent home environment for physically or sexually abused children.

In addition, it is the policy of this state to require the reporting of suspected physical or sexual abuse of children; to provide for the voluntary reporting of neglect of children; to require the investigation of such reports; and to provide protective and counseling services in appropriate cases.

Subd. 2. Definitions. As used in this section, the following terms have the meanings given them unless the specific content indicates otherwise:

(a) "Sexual abuse" means the subjection by the child's parents, guardian, or person responsible for the child's care, to any act which constitutes a violation of Minnesota Statutes, Sections 609.291, 609.292, 609.293, 609.295, or 609.296.

(b) "Neglected child" shall have the meanings defined in Minnesota Statutes, Section 260.015, Subdivision 10. Nothing in this section shall be construed to mean that a child is neglected solely because the child's parent, guardian or other person responsible for his care in good faith selects and depends upon spiritual means or prayer for treatment or care of disease or remedial care of the child.

(c) "Physical abuse" means:

(i) Any physical injury inflicted by a parent, guardian or other person responsible for the child's care on a child other than by accidental means; or
(ii) Any physical injury that cannot reasonably be explained by the history of injuries provided by the parent, guardian or other person responsible for the child's care.

(d) "Report" means any report received by the local welfare agency pursuant to this section.

Subd. 3. Persons mandated to report. A professional or his delegate who is engaged in the practice of the healing arts, social services, hospital administration, psychological or psychiatric treatment, child care, education, or law enforcement who has knowledge of or reasonable cause to believe a child is being physically or sexually abused shall immediately report the information to the local welfare agency or police department. The police department, upon receiving a report, shall immediately notify the local welfare agency. Nothing in this subdivision shall be construed to require more than one report from any institution, facility, school or agency.

Any person not required to report under the provisions of this subdivision may voluntarily report to the local welfare agency or police department if he has knowledge of or reasonable cause to believe a child is being neglected or subjected to physical or sexual abuse. The police department, upon receiving a report, shall immediately notify the local welfare agency.

Subd. 4. Immunity from liability. Any person participating in good faith and exercising due care in the making of a report pursuant to this section shall have immunity from any liability, civil or criminal, that otherwise might result by reason of his action.

Subd. 5. Falsified reports. Any person who willfully or recklessly makes a false report under the provisions of this section shall be liable in a civil suit for any actual damages suffered by the person or persons so reported and for any punitive damages set by the court or jury.

Subd. 6. Failure to report. Any person required by this section to report suspected physical or sexual child abuse who willfully fails to do so shall be guilty of a misdemeanor.

Subd. 7. Report. An oral report shall be made immediately by telephone or otherwise. An oral report made by a person required under subdivision 3 to report shall be followed as soon as possible by a report in writing to the appropriate police department or local welfare agency. Any report shall be of sufficient content to identify the child, the parent, guardian, or other person responsible for his care, the nature and extent of the child's injuries and the name and address of the reporter. Written reports received by a police department shall be forwarded immediately to the local welfare agency.

Subd. 8. Evidence not privileged. No evidence regarding the child's injuries shall be excluded in any proceeding arising out of the alleged physical or sexual abuse on the grounds of either a physician-patient or husband-wife privilege.

Subd. 9. Mandatory reporting to a medical examiner or coroner. When a person required to report under the provisions of

subdivision 3 has reasonable cause to believe a child has died as a result of physical or sexual abuse, he shall report that information to the appropriate medical examiner or coroner instead of the local welfare agency or police department. Medical examiners or coroners shall notify the local welfare agency or police department in instances in which they believe that the child has died as a result of physical or sexual abuse. The medical examiner or coroner shall complete an investigation as soon as feasible and report the findings to the appropriate law enforcement authorities and the local welfare agency.

Subd. 10. Duties of local welfare agency upon receipt of a report. The local welfare agency shall immediately investigate and offer protective social services for purposes of preventing further abuses, safeguarding and enhancing the welfare of the abuse or neglected minor, and preserving family life whenever possible. When necessary the local welfare agency shall seek authority to remove the child from the custody of his parent, guardian or adult with whom he is living. In performing any of these duties, the local welfare agency shall maintain appropriate records.

Subd. 11. Records. All records maintained by a local welfare agency under this section, including any written reports filed under subdivision 7, shall be private. The records shall be collected and maintained in accordance with the provisions of Minnesota Statutes, Sections 15.162 to 15.168, and an individual subject of a record shall have access to the record in accordance with those sections, except that the name of the reporter shall be disclosed only (a) by the local welfare agency if the report is found to be unsubstantiated or (b) by the local welfare agency upon court order if the report is found to be substantiated.

Records maintained by local welfare agencies under this section must be destroyed as follows:

(a) All records relating to reports which, upon investigation, are found to be unsubstantiated shall be destroyed immediately;

(b) All records relating to reports which, upon investigation, are found to be substantiated shall be destroyed seven years after the date of the final entry in the case record; and

(c) All records of reports which, upon initial investigation, cannot be substantiated to the satisfaction of the local welfare agency may be kept for a period of one year. If the local welfare agency is unable to substantiate the report within that period, all records relating to the report shall be destroyed immediately.

Sec. 2. Minnesota Statutes 1974, Section 626.554, is repealed.

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BIBLIOGRAPHY

BIBLIOGRAPHY

BOOKS

Amir, Menachem. *Patterns in Forcible Rape.* Chicago: University of Chicago Press, 1971.

Angelou, Maya. *I Know Why the Caged Bird Sings.* New York: Bantam Books, 1971.

Brecher, Edward M. *The Sex Researchers.* Boston: Little, Brown and Company, 1969.

Brownmiller, Susan. *Against Our Will: Men, Women and Rape.* New York: Simon and Schuster, 1975.

Burgess, Ann Wolbert and Holmstrom, Lynda Lytle. *Rape: Victims of Crisis.* Bowie, Md.: Robert J. Brady Company, 1974.

Burton, Lindy. *Vulnerable Children.* New York: Schocken Books, 1968.

Connell, Noreen and Wilson, Cassandra, Eds. *Rape: The First Sourcebook for Women.* New York: Plume Books, 1974.

Csida, June Bundy and Csida, Joseph. *Rape: How To Avoid It and What To Do About It If You Can't.* Chatsworth, Calif.: Books for Better Living, 1974.

DeFrancis, Vincent. *Child Abuse Legislation in the 1970's.* Denver: The American Humane Association, n.d.

DeRiver, D. *The Sexual Criminal.* Springfield, Ill.: Charles C. Thomas Publishers, 1956.

Drapkin, Israel and Viano, Emilio. *Victimology.* Lexington, Mass.: Lexington Books, 1974.

Ellis, A. and Brancale, R. *The Psychology of Sex Offenders.* Springfield, Ill.: Charles C. Thomas Publishers, 1956.

Freedom From Rape. Ann Arbor, Mich.: Women's Crisis Center, 1974.

Gager, Nancy and Schurr, Cathleen. *Sexual Assault: Confronting Rape in America.* New York: Grosset & Dunlap, 1976.

Gebhard, Paul, et al. *Sex Offenders.* New York: Harper & Row, 1965.

Gibbons, T., and Prince, J. *Child Victims of Sex Offenses.* London: Nell, 1963.

Gil, D. G. *Violence Against Children.* Cambridge, Mass.: Harvard University Press, 1972.

Haskell, Molly. *From Reverence to Rape: The Treatment of Women in the Movies.* Baltimore: Penguin Books, Inc., 1974.

Helfer, R. E., M.D.; and Kemp, C. H., M.D.; Eds. *Child Abuse and Neglect: The Family and the Community.* Michigan State University, Ballenger Publications, 1976.

Herschberger, Ruth. *Adam's Rib.* New York: Harper & Row, 1970.

Horos, Carol V. *Rape.* New Canaan, Conn.: Tobey Publishing Company, 1974.

How To Organize a Women's Crisis-Service Center. Ann Arbor, Mich.: Women's Crisis Center, 1974.

How To Start a Rape Crisis Center. Washington, D.C.: Rape Crisis Center Women, 1972.

Karpman, Benjamin. *The Sexual Offender and His Offenses.* New York: Julian Press, 1954.

Lystad, Mary, Ph.D., Ed. *Violence at Home: An Annotated Bibliography.* Rockville, Md.: National Institute of Mental Health, Division of Special Mental Health Programs, 1974.

MacDonald, John. *Rape: Offenders and Their Victims.* Springfield, Ill.: Charles C. Thomas Publishers, 1971.

Maisch, H. *Incest.* New York: Stein and Day, 1972.

Medea, Andrea and Thompson, Kathleen. *Against Rape.* New York: Farrar, Straus and Giroux, 1974.

Norman, Eve. *Rape.* Los Angeles, Calif.: Wollstonecraft, Inc., 1973.

On Rape, Second Edition. Minneapolis: N.O.W. State Task Force on Rape, 1975.

Our Bodies, Ourselves. New York: Simon and Schuster, 1973; Boston: Boston's Women's Health Collective, 1971.

Parker, T. *Hidden World of Sex Offenders.* Indianapolis: Bobbs-Merrill, 1969.

Peters, P. *The Psychological Effects of Childhood Rape.* Philadelphia: Center for Studies in Sexual Deviance, 1973.

Protecting the Child Victim of Sex Crimes. Denver: American Humane Association, 1966.

The Rape Handbook. Palo Alto, Calif.: Student Workshop on Political and Social Issues, Rape Collective, 1973.

Ross, Susan C. *The Rights of Women: The Basic ACLU Guide to a Woman's Rights.* New York: Avon Books, 1973.

Russell, Diana E. H. *The Politics of Rape.* New York: Stein and Day, 1974.

Schultz, LeRoy G., Ed. *Rape Victimology.* Springfield, Ill.: Charles C. Thomas Publishers, 1975.

Shultz, Gladys. *How Many More Victims?* New York: Ballantine Books, 1968.

Stop Rape. Detroit, Mich.: Women Against Rape, 1971.

Tormes, Yvonne. *Child Victims of Incest.* Denver: The American Humane Association, 1968.

Tormes, Yvonne. *The Victim: Child Victims of Incest.* Washington, D.C.: U.S. Children's Bureau, 1968.

Viano, Emilio C. *Victims & Society.* Washington, D.C.: Visage Press, 1976.

Vuocolo, Alfred. *The Repetitive Sex Offender.* N.J.: Quality Printing, 1969.

Walker, Marcia J. and Brodsky, Stanley L. *Sexual Assault.* Lexington, Mass.: Lexington Books, 1976.

Walters, David R. *Physical and Sexual Abuse of Children.* Bloomington: Indiana University Press, 1975.

ARTICLES

Anderson, C.M. "Molestation of Children." *Journal of the American Medical Women's Association,* 23 (1968) 2: 204-206.

Bard, Morton, and Ellison, Katherine. "Crisis Intervention and Investigation of Forcible Rape." *Police Chief,* 41 (1974) 5: 68-74.

Besharov, Douglas J. "Building a Community Response to Child Abuse and Maltreatment." *Children Today,* (Sept. - Oct. 1975): 2-4.

Betries, Joyce. "Rape: An Act of Possession." *Battle Acts,* (April-May 1972).

Blanchard, W.J. "The Group Process in Gang Rape". *Journal of Social Psychology,* 49 (1959): 750-766.

Brabec, Dette Dewing. "Rape: The Ultimate Violence." *Prime Time,* (September 1974).

Burgess, Ann Wolbert and Holmstrom, Lynda Lytle. "Crisis and Counseling Requests of Rape Victims." *Nursing Research,* 23 (1974) 6: 196-202.

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

Burgess, Ann Wolbert, and Holmstrom, Lynda Lytle. "The Rape Victim in the Emergency Ward." *American Journal of Nursing,* 73 (1973) 10: 1740-1745.

Burgess, Ann Wolbert, and Holmstrom, Lynda Lytle, "Sexual Trauma of Children and Adolescents: Pressure, Sex and Secrecy." *Nursing Clinics of North America*, 10 (1975) 3: 551-563.

Capraro, Vincent J. "Sexual Assault of Female Children." *Annals of the New York Academy of Sciences*, 142 (1967): 817-819.

Cavallin, H. "Incestuous Fathers: A Clinical Report." *American Journal of Psychiatry*, (1966).

Chappell, Duncan, et al. "Forcible Rape: A Comparative Study of Offenses Known to Police in Boston and Los Angeles." *Studies in the Sociology of Sex*, edited by J. M. Heuslin. New York: Appleton-Century-Crofts, 1971.

Cohen, Murray L., et al. "The Psychology of Rapists." *Seminars in Psychiatry*, 3 (August 1971): 307-327.

Cohn, Barbara N. "Succumbing to Rape?" *The Second Wave*, 2 (1972) 2: 24-27.

Cordell, Sarita. "Self-Confidence/Self-Defense." *The Second Wave*, 2-4.

De Francis, V. "Protecting the Child Victim of Sex Crimes Committed by Adults." *Federal Probation*, 35 (1971) 3: 15-20.

Douglas, Carol Ann. "Rape in Literature." *The Second Wave*, 2-2.

Eaton, A. "The Sexually Molested Child." *Clinical Pediatrics*, 8 (1969): 438.

Evrad, John R. "Rape: The Medical, Social and Legal Implications." *American Journal of Obstetrics and Gynecology* 111 (1971): 197-199.

F.M. "Coming to Terms." *Off Our Backs*, (January 1975).

F.M. "Reforms." *Off Our Backs*, (January 1975).

Fisher, G. and Rivlen, E. "Psychological Needs of Rapists." *British Journal of Criminology*, 11 (1971): 182.

Fox, Sandra Sutherland and Scherl, Donald J. "Crisis Intervention with Victims of Rape." *Social Work*, 17 (1972) 1: 34-43.

Gager, Nancy and Schurr, Cathleen. "Rape." *Washingtonian*, 8 (1973) 9: 86-91, 120-124.

Gagnon, John. "Female Child Victims of Sex Offenses." *Social Problems*, 13 (1965): 176-192.

Geis, Gilbert and Chappell, Duncan. "Forcible Rape by Multiple Offenders." *Abstracts on Criminology and Penology*, 11 (July-Aug. 1971) 4: 431-436.

Goldner, Norman. "Rape as a Heinous but Understudied Offense." *Journal of Criminal Law, Criminology, and Police Science*, 63 (1972) 3: 402-407.

Greer, Germaine. "Seduction is a Four-letter Word." *Playboy*, 20 (1973) 1: 80.

Griffin, Susan. "Rape: The All American Crime." *Ramparts*, 10 (Sept. 1971) 3: 26-35.

Hankoff, L.D.; Micchorr, T.; Tomlinson, Karl E.; and Joyce, Sheila A. "A Program of Crisis Intervention in the Emergency Medical Setting." *American Journal of Psychiatry*, 131 (1974) 1: 47-50.

Hayman, Charles. "Rape and Its Consequences." *Medical Aspects of Human Sexuality*, (February 1972): 16.

Hayman, Charles. "Rape in the District of Columbia." *American Journal of Obstetrics and Gynecology*, 113 (1972): 91.

Hayman, Charles; Lewis, Frances; Stewart, William; and Grant, Murray. "A Public Health Program for Sexually Assaulted Females." *Public Health Reports*, 82 (1967) 6: 497-504.

Hibey, Richard A. "The Trial of a Rape Case — An Advocate's Analysis of Corroboration, Consent and Character." *American Criminal Law Review*, II (Winter 1973) 2: 309-334.

KGO Radio — San Francisco. "I Never Set Out to Rape Anybody." *Ms.*, (December 1972): 22-23.

Kiefer, C. Raymond. "Sexual Molestation of a Child." *Medical Aspects of Human Sexuality*, 7 (1973) 12: 127-128.

Lake, Alice. "Rape: The Unmentionable Crime." *Good Housekeeping*, (November 1971): 104-105.

Landis, Judson O. "Experiences of 500 Children with Adult Sexual Deviations." *The Psychiatric Quarterly Review* (Supplement), 30 (1956): 91-108.

Lanza, Charlene. "Nursing Support for the Victim of Sexual Assault." *Quarterly Review*, 39 (Summer 1971) 2.

Lear, Martha Weinman. "The American Way of Rape." *Viva*, (Nov. 1974): 43.

Lear, Martha Weinman. "Q. If you Rape a Woman and Steal Her TV, What Can They Get You for in New York? A. Stealing Her TV." *New York Times Magazine*, (January 30, 1972): 7.

Lear, Martha Weinman. "What Can You Say About Laws That Tell a Man: 'If You Rob a Woman You Might as Well Rape Her Too — The Rape is Free'?" *Redbook*, 139 (Sept. 1972): 83.

LeGrand, Camille. "Rape and Rape Laws: Sexism in Society and Law." *California Law Review*, 61 (1973) 3: 919-941.

Lindsay, K.; Newman, H.; Taylor, F. "Aspects of Rape." *The Second Wave*, 2 (1972) 2: 20-28.

Lipton, G.L. and Roth, E.I. "Rape: A Complex Management Problem in the Pediatric Emergency Room." *Journal of Pediatrics*, 75 (1969): 859-866.

Loenig, R. "Rape: Most Rapidly Increasing Crime." *McCalls*, 100 (July 1973): 25.

McCaghy, C. "Child Molesting." *Sexual Behavior*, I (1971) 5: 16-24.

McCaldron, R. "Rape." *Canadian Journal of Corrections*, 9 (1967) 1: 37-57.

McDormich, S. "Popular Myths about Rape." *Straight Creek Journal*, (September 4, 1973).

McGeorge, J. "Sexual Assault on Children." *Medical Science Law*, 4 (1964): 245.

Macdonald, W.F. "The Victim: A Socio-Psychological Study." Berkeley, Calif.: University of California at Berkeley, 1970.

Massey, Joseph; Garcia, Celso-Ramon; and Emich, John P. "Management of Sexually Assaulted Females." *Obstetrics and Gynecology*, 38 (July 1971) 1: 29-36.

"Medical Procedures in Cases of Suspected Rape." American College of Obstetrics and Gynecologists Technical Bulletin #14, reprinted in *Medical Aspects of Human Sexuality*, 7 (1973) 9: 65-71. Amended 7-12: 166.

Meyer, Mary. "Rape: The Victim's Point of View." *Police Law Quarterly*, (April 1974).

Perdue, W.D. and Perdue, L.D. "Personality Characteristics of Rapists." *Perceptual and Motor Skills*, 35 (1972): 514.

Ploscowe, Morris. "Rape." *Problems of Sexual Behavior*, 203-240.

Raffalli, H.C. "The Battered Child: An Overview of a Medical, Legal, and Social Problem." *Crime and Delinquency*, 16 (1970) 7: 139-150.

Randal, Judith. "Rape: An Analysis." *Washington Evening Star*, (November 12, 1971).

Roth, N. "Emergency Treatment of Raped Children." *Medical Aspects of Human Sexuality*, (August 1972): 84.

Rush, Florence. "The Sexual Abuse of Children: A Feminist Point of View." *The Radical Therapist*, 2 (December 1971) 4.

Schiff, Arthur. "Rape in Other Countries." *Medicine, Science and the Law*, (London) 11 (1971) 3: 139-143.

Schultz, LeRoy G. "The Victim-Offender Relationship." *Crime and Delinquency*, 14 (April 1968) 2: 135-141.

Schultz, Terri. "Rape, Fear and the Law." *Chicago Guide*, (November 1972): 56-62.

Schurr, Cathleen. "Rape: Victim as Criminal." *Pittsburgh Forum*, (November 1971); *Know, Inc.* (1972).

Seawell, Mary Ann. "Rape — The Myth and the Reality." *Palo Alto Times*, (June 1972).

Sgroi, Suzanne M. "Sexual Molestation of Children." *Children Today*, (May-June 1975): 18-21.

Shaffer, Helen B. "Crime of Rape." *Editorial Research Reports*, 1 (January 19, 1972) 3.

Sheehy, Gail. "Nice Girls Don't Get Into Trouble." *New York*, (2/15/71): 26-30.

Sheldon, Ann and Margolin, Debbie. "Rape: The Experience"; "Rape: The Fact"; "Rape: A Solution." *Women: Journal of Liberation*, 3 (1972) 1: 18-23.

Silverberg, Shirley. "Rape: The Most Savage Carnal Knowledge." *Cosmopolitan Magazine* (September 1974).

Steinem, Gloria. "But What Do We Do with Our Rage?" *Ms.*, (May 1975).

Sutherland, Sandra and Scherl, Donald, M.D. "Patterns of Response Among Victims of Rape." *American Journal of Orthopsychiatry*, 40 (1970) 3: 503-511.

Svalastoga, K. "Rape and Social Structure." *Pacific Sociological Review*, 5 (1962): 48-53.

Wasserman, Michelle. "Rape: Breaking the Silence." *Progressive*, (November 1973): 19-23.

Weiner, I. B. "On Incest: A Survey." *Abstracts on Criminology and Penology*, 4 (1964): 137-155.

Weis, Kurt and Borges, Sandra. "Victimology and Rape: The Case of the Legitimate Victim." *Issues in Criminology*, 8 (Fall 1973) 2: 71-114.

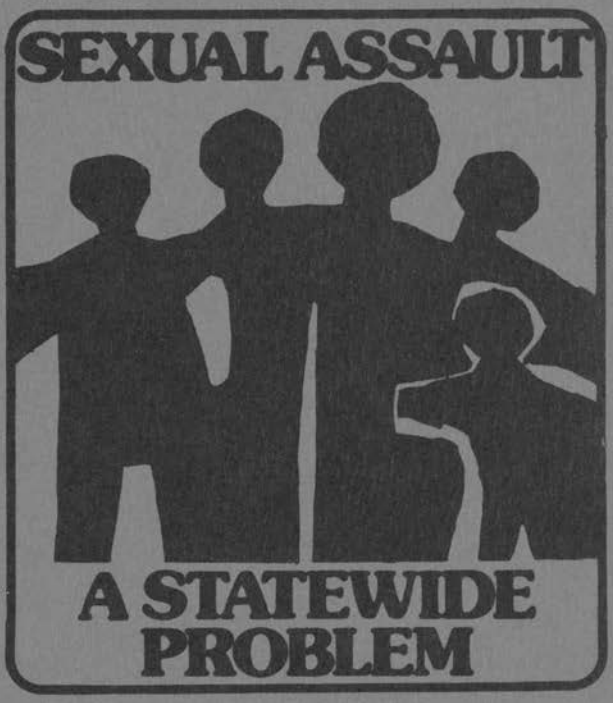
Westberg, Lisa and Thompson, Margaret. "Rape." *The Minnesota Daily*, (July 3, 1973).

Wheeler, S. "Sex Offenses: A Sociological Critique." *Law and Contemporary Problems*, 25 (1960): 258-279.

"Women Against Rape." *Time*, (April 23, 1973).

"Woman's Body/Woman's Mind: How Much Do You Really Know About Rapists? *Ms.*, (July 1974): 113.

Wood, Pamela Lakes. "The Victim in a Forcible Rape Case: A Feminist View." *American Criminal Law Review*, 11 (Winter 1973) 35: 345-347.



SEXUAL ASSAULT is a humilitating, terrifying and often brutal crime, an act which violates a person's innermost physical and psychological being. **No one** deserves to be sexually assaulted, but it can and does happen. How you will respond when it does happen – to a loved one, a friend, a co-worker, yourself – will depend in great part on what you have thought about sexual assault beforehand. Each victim responds to the sexual assault in a different way but every victim needs strong support from family and friends as well as from medical, police, legal and social service personnel. It is our hope that with this support each victim may be able to come through the experience a stronger person. It is to this end that we are committed.

SEXUAL ASSAULT is a violent crime which is primarily an aggressive rather than a sexual act. It is any sexual activity which a person is forced into without his/her consent. It includes rape, same-sex assault, child sex abuse and incest. The victim of sexual assault may be young or old, male or female, single or married, urban or rural – no one is immune.

In 1976 there were 724 reported rapes in Minnesota. But the FBI estimates that only one in every five to ten sexual assaults that occur is ever reported to the police. And the reporting rate of child sex abuse, same-sex assault, and incest is probably even lower.

MYTHS AND FACTS ABOUT SEXUAL ASSAULT

Myths about sexual assault prevent many victims from reporting and seeking assistance in working through the trauma of the assault. We must work to discard and dispel these myths.

Myth: Most sexual assaults are provoked by the victim.

Fact: Though provocation may consist of only "a gesture" according to the Federal Commission on Crimes of Violence, only 4% of reported sexual assaults involve precipitative behavior on the part of the victim.

Myth: Only women who walk alone at night are sexually assaulted.

Fact: Studies show that 1/3 to 1/2 of sexual assaults are committed in the victim's home.

Myth: Sexual assault occurs only among strangers.

Fact: In nearly 65% of sexual assault cases the victim and offender know each other in some way.

Myth: No person can be sexually assaulted against their will.

Fact: Studies indicate that in 75% of sexual assault cases the victim is faced with a weapon or threat of death or great bodily harm.

Myth: Only women are victims.

Fact: Although most victims are female, there is an increase in the number of children and men reporting. Any vulnerable man, woman or child is a potential victim.

Myth: Sexual assault is an impulsive, uncontrollable act.

Fact: 58% of sexual assaults are planned in advance by the offender.

Myth: Sexual assault is primarily a sex act.

Fact: Sexual assault is primarily an act of violence. 85% of offenders use some form of overt violence or force.

PREVENTION TECHNIQUES

No one method of prevention is completely effective in every situation. Allowing yourself to consider what you would do if attacked may be the best preparation. Consider, also, the following suggestions:

Lock your doors and windows – car and home.

Don't open your door to strangers; require identification of all service personnel.

Whenever possible avoid walking alone at night.

Don't be caught off guard – be prepared to run and scream.

If attacked, assert yourself. Use your common sense. Do not fight against a weapon – your life is most important.

Hitchhiking can be dangerous. If you must hitchhike try to travel in pairs and be cautious with whom you accept a ride.

A training course in physical self-defense and assertiveness may be of help.

WHAT TO DO IF YOU HAVE BEEN SEXUALLY ASSAULTED

REMEMBER: You are not to blame for having been sexually assaulted.

Report the assault to the police immediately whether or not you choose to prosecute. You may save someone else from being victimized in the future.

Do not bathe, douche, change clothes, clean up, or in any other way destroy possible evidence.

Call a hospital or private physician to get an emergency medical exam for treatment of injuries, V.D. and pregnancy; and an evidentiary exam which is required if you decide to prosecute.

Call a friend, family member or a sexual assault crisis center, if available, for support.

Write down details about the assailant and circumstances of the assault as soon as possible.

THE VICTIM OF SEXUAL ASSAULT NEEDS YOUR SUPPORT

Law Enforcement Personnel: Encourage victims to report assault by providing an accepting, caring, and non-judgmental atmosphere when victims do report and when conducting investigations.

Medical Personnel: Provide a thorough emergency medical examination and gather the best evidence for possible use in prosecution so that the victim begins to regain a sense of control over his/her life.

Social Service Personnel: Provide the victim with whatever emotional support and personal counseling is necessary to deal with his/her feelings of personal self-worth, as well as the feelings of family and friends and society's attitudes in general.

Legal Personnel: Provide the victim with the best prosecution possible in the light of the new law to assure that the victim of an assault does not also become a "victim" of the legal system.

Family and Friends: Allow the victim to work through the crisis at his/her own pace by offering support in the decisions the victim makes as well as by listening to the victim in a sensitive, non-judgmental way.

Concerned Citizens: Organize interested individuals and groups in your community to dispel the myths about sexual assault, increase awareness of "rape situations" and how to avoid them, and assure that needed services are provided in your community for victims of sexual assault.

THE MINNESOTA PROGRAM FOR VICTIMS OF SEXUAL ASSAULT

A program sponsored by the State Department of Corrections through a grant from the Governor's Commission on Crime Prevention and Control.

The Minnesota Program for Victims of Sexual Assault has as its primary aim the delivery of comprehensive services to sexual assault victims through a coordinated statewide network.

The Program has as its objectives:

- to establish a statewide support and referral service for victims of sexual assault
- to provide direct victim assistance in pilot project areas
- to schedule training programs for criminal justice personnel, health care professionals, social service agencies, and others in contact with victims of sexual assault
- to increase public understanding and sensitivity to the problems of sexual assault and its victims through media, literature, programs and forums
- to provide a statewide clearinghouse on programs, materials, services, and resources for and about victims of sexual assault.

The Minnesota Program for Victims of Sexual Assault will provide to any agency, organization, group or individual within the State of Minnesota assistance with specific programs for victims as well as workshops, forums or information about the problem of sexual assault.

THE 1975 MINNESOTA CRIMINAL SEXUAL CONDUCT LAW

Classifies criminal sexual conduct into four degrees depending on the degree of force and nature and extent of injury to the victim.

Stipulates that the victim's testimony need not be corroborated.

Provides that the victim need not prove resistance.

Provides that, with a few exceptions, evidence of the victim's prior sexual behavior is not admissible in court.

Provides that medical costs arising from examining the victim for purposes of gathering evidence be paid by the county in which the offense was committed.

For further information contact:

The Minnesota Program for Victims of Sexual Assault
430 Metro Square Building
St. Paul, Minnesota 55101
(612) 296-7084

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