FEMALE SEXUAL VICTIMIZATION:
PSYCHOSOCIAL CONSEQUENCES

THESIS

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This archival and qualitative research adds insight into the psychosocial consequences females of sexual victimization incur.

Sexual abuse is a pervasive, complex societal problem experienced by 30%-46% of American females. The psychosocial consequences are numerous, often severe, and can result in death. They include: anxiety, BPD, denial, dependence, despair, eating disorders, destructive relationships, fear, guilt, hallucinations, helplessness, hopelessness, hysteria, insecurity, isolation, MPD, nightmares, numbness, passivity, pessimism, phobias, PTSD, rage, self-loathing, sexual dysfunctions, shame, shock, sleeping disorders, stigmatization, stress-related disorders, substance abuse, and suicide.

The severity of psychosocial consequences to female victims varies greatly depending upon the degree, duration, and emotion surrounding the abuse, the victim's health, and the health of the victim's social network.
In conclusion, strategies suggested in the literature to combat female sexual victimization are outlined.
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CHAPTER 1

INTRODUCTION

Significance of the Problem

Maram estimates that 30 percent of the female population have been sexually victimized at some point in their lives (Maram, Interview, 1990), and Peters found that 46% of the females in Los Angeles in 1988 had been child sexual abuse victims (Cutler and Nolen-Hoeksema, p. 425).

Female sexual victimization is defined as any sexually violating act or behavior toward a female who cannot defend herself emotionally, psychologically or socially. This includes but is not limited to: sexual harassment, the paraphilia, molestation, incest, rape, pedophilia, prostitution, pornography, sexual trafficking in children, and woman battering when sexual victimization is a part of the battering experience.
Female sexual victimization has been evident in most cultures throughout most of recorded history. According to Chapman, "Violence against women is an ancient story recounted in art, literature, and personal accounts, but not in history books" (p. 54). And, in Sex in History, Tannahill discusses the nineteenth century sexual trade of children, stating that London had child brothels which utilized 14 and 15 year old girls. Tannahill continues by saying that the demand for increasingly younger prostitutes created the practice of the sexual usage of 12 year olds (p. 374). Tannahill also states that in New York City in 1977, police estimated 20,000 teenage runaways under 16 years of age, "many of them available for commercial sex. In Chicago, rings of girl prostitutes, many of them 12-year-olds, were at work. In Los Angeles, up to 3,000 girls and boys under 14 were engaged in prostitution" (Time, November 28, 1977 - qtd. in Tannahill, p. 374). And, in "Child Sexual Abuse: Looking Backward and Forward," Conte states, "It is generally recognized that there has been adult sexual use of children from earliest recorded history" (Patton, p. 3).

Although males are also sexually victimized, they are victimized less often than females, making, "the minor female
victim . . . more representative” of sexual violation (Campagna and Poffenberger, p. 182; Ellenson, p. 596). Additionally, perpetrators are almost exclusively male (Thompson, p 6; Ritter, p. 48; Patton, p. 226-7; Finkelhor, p. 3; Doyle and Paludi, p. 194). As Finkelhor states, “The most obvious characteristic of sexual abusers [of either girls or boys] has been one of the least analyzed: they are almost all men.” And Finkelhor also states, “The fact that men are sexual offenders is not often analyzed because it is so taken for granted. It is men who rape; it is men who are responsible for most sexual ‘deviations’” (p. 75). Finkelhor further reports that, “nearly one out of five girls” reports sexual victimization by an older person and that, “preadolescent children are the most vulnerable” (p. 143).

In “A New Vision of Masculinity,” Thompson states that:

Whether the setting is a sexual relationship, the family, the streets or the battlefield, men continuously engage in efforts to dominate. Statistics on child abuse reflect that the vast majority of abusers are men. Rape may be the fastest growing crime in the United States. And it is men, regardless of nationality, who provoke and sustain war (p. 6).

Patton suggests that it is a misconception to see sexual abuse as occurring in the, “poorly educated, low-income families.” He states that, “problems of family sexual abuse cut across all sectors
of society . . . [and are] by no means a problem restricted to the poor, uneducated, and obviously mentally disturbed" (pp. 226-7). Patton further states that the perpetrators in their studies were normally not confronted with their crimes and that it is typically men, not women, who commit incest. And, of those females who do commit incest, the female offenders got “caught up in and contribute[d] to sexual dysfunction and abuse often, but not always, under male coercion” (pp. 228-9; Chase, p. xi).

With respect to rape, in “The Dilemma Of The Rape Victim: A Descriptive Analysis,” published by the Criminal Justice Monograph, Goldstein reviews the history of rape and concludes that, “Rape is one of the oldest crimes in the history of man.” Goldstein states that throughout history many laws against rape were “property laws” and that, “rape laws are still property laws in our society today” (p. 3). Also, Doyle and Paludi add, “The historical roots of rape run deep in the patriarchal tradition of men’s violence toward women” (Brownmiller, 1975; Chappell et al.; Russell, 1975 and 1977, all qtd. in Doyle and Paludi, p. 188).

In “Humanist Sociology and Date Rape on the College Campus,” Schwartz states that, “women students, faculty and administrators
are still the objects of harassment, sexual discrimination and rape” (p. 314). And Lott quotes Crocker’s research, concluding that, “Sexual harassment in education is a frighteningly pervasive problem” (Crocker, 1982: 91 - qtd. in Lott, p. 203). Doyle and Paludi state that ours is definitely a “rape-prone” culture. Today, rape as a social phenomenon is of epidemic proportions (Benderly, 1982; Schwendinger and Schwendinger, p. 198, all qtd. in Doyle and Paludi, pp. 188-189). Bradley states that there are a number of things to consider in studying rape: 1) readily available sex does not deter rape; 2) men view women as “property, to be ‘had’ at will;” 3) rape that occurs in war is usually committed by the “second wave” of troops and “rape in war is extremely brutal -- often ending in murder;” 4) "Many religions see the victims of rape as no more than adulteresses;” 5) rape is sometimes “punishment for a woman who seeks to step outside of her culturally proscribed role;” and, 6) “Of the ‘big four’ in crime -- murder, robbery, rape, and assault -- rape is the fastest rising crime” (pp. 1-21). Donnerstein and Linz add that, “males in our society have callous attitudes about rape,” and, “rape and other forms of violence against women are pervasive” (p. 616). And, in Intimate Violence in Families, Gelles and Cornell state
that, "One of the most common forms of sexual victimization for a woman is to be forced into having sex or engaging in a sex act she objects to, by her husband," which is considered both a form of rape and a form of battering (p. 70).

With respect to the age of rape victims, Warshaw states that, "Thirty-eight percent of women surveyed who had been raped were between the ages of 14 and 17 at the time of the assault, and a significant number of teen girls suffer this violent incident as their first or nearly first experience of sexual intercourse." And, according to Burgess & Holmstrong (1978), "25% of rape victims do not regard themselves as recovered . . . [for] as long as 4 to 6 years later" (qtd. in Wortman, p. 217). In "A Conceptual Analysis of Rape Victimization: Long-Term Effects and Implications for Treatment," Koss and Burkhart state that,

Recent . . . studies have suggested that 15-22% of women have been raped at some point in their lives (e.g., Koss, Gidycz, & Wisniewski, 1987; Koss & Oros, 1982: Russell, 1984), many by close acquaintances . . . Surveys have revealed that 31-48% of rape victims eventually sought professional psychotherapy, often years after the actual assault (Ellis, Atkeson, & Calhoun, 1982; Koss, in press)(p. 27).
In "Horror, Rage, and Defenses in the Symptoms of Female Sexual Abuse Survivors," Ellenson states, "By weight of sheer statistics, child abuse -- the sexual abuse of female children being the preeminent form -- may well be the most common source of significant childhood emotional trauma and subsequent suffering in adulthood" (p. 596). Mayhall and Norgard state that child sexual abuse includes: physical and genital fondling, molestation, exhibitionism, forcible and statutory rape, sexual assault, commercial exploitation of children in pornography, pedophilia, incest, and misuse (p. 172). They also state, "Reports of sexual maltreatment increased at a rate of over 100% from 1979-1980" (p. 172), and, "most child sexual abusers are respected members of the community and often are family members" (Caplan, p. 46; Finkelhor, p. 17, qtd. in Mayhall and Norgard, p. 172).

In Sexually Victimized Children, Finkelhor states that one in every five of the girls who participated in his study (questionnaires from college students in social science classes in six New England colleges and universities) had been involved in "childhood sexual experiences with older persons" (p. 41, p. 57, p. 143), and Finkelhor suggests that sexual abuse and rape are similar in that: each is a
crime; “the offenders are almost all men;” the victims experience trauma unique to sexual offenses such as humiliation, stigmatization, self-blame, shame and doubt; and, society has blamed the victims for their own victimization in both cases (p. 3). Finkelhor also suggests that sexual abuse and rape are dissimilar in that: sexual abuse of children occurs often by friends and family members; and, child sexual abuse is frequently ongoing and involves less physical force and violence than rape (Peters, 1976, qtd. in Finkelhor, pp. 2-4).

With respect to the sexual exploitation of minors, in The Sexual Trafficking in Children: An Investigation of the Child Sex Trade, Campagna and Poffenberger state that, “Minors have been, are, and apparently will continue to be the most sexually exploited class of citizens in the United States; may number as many as 1.2 million” (p. 3), and this coercive and exploitative enterprise “shows no signs of declining” . . . (and has) “long-lasting, devastating effects on the victims” (4). Campagna and Poffenberger conclude that, “In all cases, those who are victimized are exploited and eventually discarded” (p. 5). Also, that “The notion of a minor as a victim of ongoing exploitation is too fantastic or farfetched for many people
to accept," and the details of this national and international phenomenon have "only recently begun to emerge" (pp. 15, 17).

Additional insight into the enormity of the problem of the sexual abuse of children is given by Dr. Green, who states that, "sexually abused children 'are more common among the Children's Hospital patients than broken bones and tonsillectomies'; psychiatrists, doctors, nurses, social workers, teachers and child-care workers are discovering so many cases as to suggest a national epidemic" (Rush, p. 5). In *Somewhere A Child Is Crying*, Fontana, (1973) states that, "It is not only the immediate abuse that must concern us. It is the future. Because the child who survives maltreatment rarely recovers from it, he is permanently damaged in body, brain, or psyche, sometimes in all three" (p. 57).

With respect to the damage incurred by the victim of molestation, Kitchens states that, "Along with rape and incest, child molestation is a very aggressive sexual disorder and has the potential of causing serious injury to the victim" (p. 111). Kitchens continues by referring to Gallagher (1987) in which Gallagher categorizes pedophiles into two types - the tender and the aggressive - and states, "the aggressive type is typically, but not
always, attracted to children of the opposite sex. The aggressive type may add hostility to the sexual act and physically harm the child. He may even kill the child as a part of the sexual ritual” (p. 112).

Campagna and Poffenberger illustrate how one pedophile can victimize numerous children when they quote one man as saying, “I would have maybe 50 sexual relationships with girls 12 and under in say a year’s time” (p. 130).

In Female Sexual Slavery, Barry states that female sexual slavery is, “present in ALL situations where women or girls cannot change the immediate conditions of their existence; where regardless of how they got into those conditions they cannot get out; and where they are subject to sexual violence and exploitation” (pp. 33-34). Barry interviewed escapees in France and reports on the “maisons d’abattage” (literal translation: Houses of slaughter)” and states: females sexually, “serve 80 to 120 customers a night, and on holidays their quota might go up to 150,” (p. 4); torture is sometimes a part of the female prostitute’s experience (p. 4); women become prostitutes at these sites by being “purchased, kidnapped, drawn in through syndicates or organized crime, or
fraudulently recruited by fronting agencies which offer jobs, positions with dance companies,” (pp. 4, 12). Barry states that on an international level, authorities are generally complacent toward female sexual exploitation and, although it contains force and dehumanizing violence, prostitution is thought by many to be, “a necessary service for a particular group of women to perform” (p. 8). Barry further states that prostitutes are labelled “deviants” by sociologists and “sadomasochists” by psychologists (p. 9). Also, that pimps often cajole and coax frightened and homeless girls into compliance and service and, “pimps recruit girls who are runaways, many of whom are from middle-class homes” (p. 9). Barry continues by saying, “Women are bullied into denying the existence of sexual violence; when [they] expose it, [they] are called crazy by those who have a quiet interest in its continuation” (p. 13). Also, that men do these things to women, “Because, in part, there is nothing to stop them” (p. 215), and the exact amount of female sexual slavery cannot be measured because of its clandestine nature and social invisibility (p. 220).

Heise states that, “Violence against women - including assault, mutilation, murder, infanticide, rape, and cruel neglect - is perhaps
the most pervasive yet least recognized human rights issue in the world" (p. 40). Echoing Heise's assertion are Professor Ruth Rosen of the University of California, Davis, and Charlotte Bunch, Director of the Center for Global Issues and Women's Leadership at Rutgers University. And, Chapman adds that, "[the] widespread violence [against females] and [the] tolerance of it constitute a major human rights problem which has been largely ignored or unacknowledged as a human rights issue" (p. 54). In Female Sexual Slavery, Barry states that, "Individual liberty is the other side of female sexual slavery." Barry further indicates that sexual exploitation is a human rights issue (p. 236). And, in "Prostitution as a Human Rights Question," Reanda states that, "the sexual abuse and merchandising of women, regardless of age, are beginning to be understood as violations of human rights" (p. 228).

In summation, the sexual victimization of females has existed in most cultures through most of recorded time. It is a widespread societal problem of enormous proportion in the United States today, and the number of victims is steadily increasing. It is widespread throughout our society today in the form of sexual harassment, the paraphilias, molestation, incest, rape, pedophilia, prostitution,
pornography, sexual trafficking in children, and woman battering. Sexual abuse of females is considered by many to be one of the leading human rights issues in the world today. Furthermore, sexual abuse has been connected to the development of severe symptoms in adulthood (Ellenson; Kilgore; Rosenthal, qtd. in Ellenson, p. 595). The sociological, psychosomatic and psychological consequences to survivors vary greatly, are often severe, are frequently long-lasting, and sometimes culminate in the premature death of the victim.

Within this historical and cultural backdrop, this paper narrows its focus to an in-depth exploration of the sociological, psychosomatic and psychological consequences to female sexual abuse victims.

**Goal of this Research**

The goal of this research is to gain in-depth understanding into the psychosocial consequences incurred by females who are sexually victimized by male perpetrators. Areas of focused research are many. First, this research seeks to understand the multitudinous types of female sexual abuse. It also strives to gain and present a deeper understanding of the psychosocial and psychosomatic
consequences experienced by victims by gleaning them from current literature and compiling them. Attention is also given to researching the determinants of the varying degrees of post-victimization consequences exhibited by victims. The post-victimization impact upon the victim’s social support network is studied, as well as the degree the victim is likely to enter negative or self-destructive situations or relationships post-victimization. Attention is also directed to the ways and degrees the victim is revictimized by “the system.” And, lastly this research looks at what societal changes aimed at reducing the degree of female victimization and/or improving service to victims are suggested in the literature.

Research Paradigm

The first chapter of this research project states the significance of the problem. It looks at the prevalence of female sexual victimization throughout history. It further demonstrates the enormity of the problem and the various ways it manifests itself in our society today.
The next goal of this project is to gain increased knowledge and insight into female sexual victimization by compiling research from a variety of sources to gain a clearer understanding of the dynamics of female sexual victimization.

The final section of chapter one clarifies the structure of the research project.

Chapter two presents the composite findings of the literature review. These findings are presented in three major groupings. The sociological consequences victims incur are presented and are grouped into four major categories. The first category is social support network and looks at the impact sexual victimization has on a female's support network. The next sociological category examines the belief that victimized females are more prone than nonvictimized females to enter into destructive situations and relationships post-victimization. The third category considers the degree to which a victim is "revictimized" by "the system."

The second section of chapter two considers the psychological and psychosomatic consequences incurred by females who have suffered sexual violation. First, these consequences are consolidated and organized to gain a clearer understanding of the
breadth and depth of the psychological and psychosomatic consequences to females. Next, the factors that are found to relate to the degree of resultant dysfunction post-victimization are presented.

The third and final section of chapter two presents the corrective strategies presently recommended with respect to both reducing the percentage of victimized females and in improving services to victims.

The third and final chapter of this research summarizes what we now know with respect to the psychosocial consequences incurred by female sexual assault victims of male perpetrators.
CHAPTER II

LITERATURE REVIEW

Archival research focused primarily in the following areas:

**Sociological:** 1) to what extent is the victim’s social support network negatively impacted by sexual victimization? 2) to what degree is the victim likely to enter negative or self-destructive situations or relationships post-victimization? 3) to what degree is the victim revictimized by “the system”? 4) what is the cost to society for female sexual victimization?

**Psychological and Psychosomatic:** 1) what are the psychological and psychosomatic consequences to the female sexual abuse victim? 2) what are the primary determinants of the degree of resultant sociological and intrapersonal dysfunction that the victim experiences?

**Corrective Strategies:** what societal changes are suggested in the literature to reduce the degree of female victimization and improve service rendered to victims?

**Sociological**

1. The literature reveals that the female sexual abuse victim’s social support network is severely adversely impacted in a myriad
of ways and that sexual victimization is often a precursor to other victimizations.

For example, the victim becomes increasingly isolated and begins to withdraw from others (Campagna and Poffenberger, p. 3; Gidycz and Koss, 1989, pp. 139-149), which impairs her future life choices and chances. Her lifestyle can change as subtly as her becoming withdrawn, or as drastically as her running away from home and becoming enmeshed in the pornography and/or prostitution industries. Victims also are found to tend to conceal their emotional distress when interacting with others, which may lead to others developing a, "distorted picture of how normative it is for victims to experience or express emotional distress" (Wortman, p. 216).

With a reduced social support network, suicide becomes an increasing possibility. As Stets reports concerning the connection between social integration and suicide:

Durkheim noted in his work on suicide that social integration reduced suicide rates not only because social participation made life meaningful, but also because it placed constraints/controls on behavior (Durkheim, 1951: 158 - qtd. in Stets: 4). Others have discussed the relevance of social control in influencing low rates of maladaptive behaviors (Hughes and Gove, 1981) and high rates of positive health-related behaviors (Unberson, 1987) (qtd. in Stets, p. 4).
Females who are abused are increasingly found among the homeless population, and the homeless suffer additional social support network losses. For example, in “When I Was Well, I Was A Sister’ - Social Work With Homeless Women,” Lee states that a growing number of the homeless are women with families, and that the loss of basic housing is, “compounded by the loss of attachments on multiple levels.” Lee suggests this is especially tragic since, “It is the human connection that is the basis for all growth and change.”

In No Fairy Godmothers, No Magic Wands: The Healing Process After Rape, Katz addresses, “Friends and Family: The Impact of Rape on Significant Others.” Katz, a professor and herself a rape victim (p. 65), illustrates normative victim responses while using her own experience as an example. Katz reports feeling “tremendously isolated and alone,” and says she unconsciously maintained or pulled away from friendships based on their response to her disclosure of the rape (pp. 33-34). She says that when she told friends of the rape, she “slowly learned about how many of [her] close friends had also been raped at some time in their lives” (p. 37). Katz states, “I was overwhelmed by the fact that women I had known so well had never shared this part of themselves with me. I learned
slowly and painfully just how many women [had] personal encounters with rape” (p. 37). Too, many former friends avoided Katz after she told them of her rape. With respect to dating, Katz, 26 and single at the time of her abuse, states that her, “interactions with men were clearly affected by [her] experience.” Also, sexually Katz felt a need to be in charge and initiate “all sexual encounters” (p. 45). Katz further states that she would only allow herself “to care for someone to a certain point. Then, once I reached that point, I would cut off my feelings or terminate the relationship.” Katz also reports that she became promiscuous, “as a way of exploiting men” in retaliation for her rape by a man, as a way to deal with her anger and hostility, and to gain a sense of safety and protection (p. 46). From others, Katz reported a “continuum of responses ranging from . . . detrimental to . . . helpful” (p. 47). With respect to her social support network, Katz concludes, “in many ways, we were all victimized by the rape” (p. 51).

Concerning participation in the court process, Katz was willing to testify, until she was called upon to do so. Katz then states, “It was only when faced with the reality of this situation did I understand the difficulty of such a choice . . . For the first time in my life, I understood why women chose not to testify. I could
clearly understand their fears, their pain, their anguish and their
guilt" (pp. 52-54).

Social identity\(^{12}\) often undergoes major negative changes post-
victimization and victimized persons frequently become a
stigmatized minority whose future life choices and chances are
circumscribed or limited. Concerning rape, for example, Koss and
Burkhart state:

Because rape is fundamentally an interpersonal act, victims
have to resolve the most central identity questions, ‘What
will people mean to me and what do I mean to others?’ It is
not just that nameless forces caused a natural disaster;
rather, people, represented by an assailant, who is usually
known to the victim, are now the source of threat and
degradation . . . According to Just World Theory (Lerner,
1980), rape is what happens to bad women who, thus,
cannot count on cultural support, but instead may
experience isolation and shame . . . The power of these two
interacting factors in thwarting resolution of rape trauma
can be identified in all sexual victimizations. However, in
examining acquaintance rapes, these factors are placed in
bold relief (p. 31).

In "Evaluation of a Multiple-Family Incest Treatment Program,”
Woodworth cites Finkelhor and Associates (1986) and states they
provide evidence verifying incest victims, “may be more prone than
nonvictims to later sexual revictimization” (qtd. in Patton, p. 130).
Also, the possibility for victims to become involved in delinquent
careers increases as indicated by Rivera and Widom, who conclude
there is a connection between childhood victimization and violent offending and their research reveals "abused and neglected children began delinquent careers earlier" (p. 19). Furthermore, the victim's resultant demonstration of the disorders (outlined in detail in the section on psychosomatic and psychological consequences) can severely negatively impact the victim's social and economic options.

According to Delaplane, the victim's children, if they witness the abuse of their mother, may incur dysfunctions and appear:

. . . sad, fearful, depressed and/or anxious; aggressively defiant or passively compliant; to have limited tolerance for frustration and stress; to become isolated and withdrawn; to be at risk for drug and alcohol abuse, sexual acting out, running away; to have poor impulse control; to feel powerless; to have low self-esteem . . . (p. 81).

Stets and Straus, (1980) as well as Yllo and Straus (1981) indicate that isolated persons may experience more battering because restraints are lifted when people are isolated and when there is a, "lack of social support or lack of social control" (qtd. in Stets, p. 676). Stets further states that,"social support is important to an individual's psychological well-being, particularly when a crisis situation arises" (p. 677).

In summation, the victim's social support network often undergoes major change post-victimization. The victim often
withdraws and becomes increasingly isolated. Her sense of identity frequently undergoes self-defeating change. Society often blames the victim for her own victimization. The victim becomes a member of a stigmatized minority and she is more likely to become part of the homeless population. She may run away from home to escape the abusive environment only to get caught up in other victimizing environments. And, she is prone to later revictimizations.

2. The literature reveals that childhood sexual victimization events often predispose victims of sexual abuse to forms of later revictimization. Female sexual violation victims are likely to enter one or more of a variety of negative and/or self-destructive situations or relationships post-victimization.

Finkelhor and Associates (1986) state that incest victims may be more prone than nonvictims to later sexual revictimization" (qtd. in Patton, p. 130). And Campagna and Poffenberger reveal that many youths run away from sexually abusive homes only to frequently become enmeshed in the counterculture of prostitution. Campagna and Poffenberger also state that children who become involved in sexual trafficking often had run away from sexually abusive homes only to end up in the child sex industry (p. 4). Also, that “sexually
exploitative practices in the home often produce runaway children, child prostitutes, and other victims" (p. 227). And Maram, a psychologist specializing in sexual abuse issues, states that incest victims often become promiscuous and are likely to become “a victim of choice” post-victimization (Interview: July 3, 1990).

With respect to self-placement into dangerous social situations and relationships, Russell (1986) found that the percentage of females who marry violent husbands is approximately 26% higher for adult female child abuse victims than for nonvictims. And Briere (1984) found that incest victims were 33% more likely to fear men than nonvictims (qtd. in Patton, pp. 129-130). In, “Intrafamilial Sexual Abuse in American Indian Families,” Carter and Parker found that, “shame may lead to repetitive abusive relationships” (qtd. in Patton, pp. 115).

Henderson, a mental health counselor who works with child sexual assault survivors, states that:

Rarely do I see a woman in a battering relationship who wasn’t abused emotionally, physically and/or sexually in her birth family. Often the memory of the childhood molestation is completely blocked . . . Very few of the women . . . I see told anyone of their abuse (Interview: 1990).
Opposing those who present prostitution as a victimless crime, Campagna and Poffenberger conclude that a female victim will often decide, “to accept her fate,” and that “self-destruction becomes a life-style” for females sexually exploited in youth. They further assert that these violated children feel they are bad, and the pain and punishment they receive in life is “well-deserved” (p. 184). And, Barry states that, “forced female prostitution involves coercive control practices very similar to thought reform,” a practice Okun refers to as “seasoning” (p. 133).

In a critique of Campagna and Poffenberger’s book, The Sexual Trafficking in Children: An Investigation of the Child Sex Trade, Lipovský informs that:

Child prostitutes live within a subculture of violence, drug use, and emotional exploitation, which compound the hazards of sexual victimization. Many child prostitutes have run from abusive and dysfunctional family situations, only to find themselves caught in a cycle of continued victimization (through ‘sexual trafficking’ which includes child pornography, prostitution, sex rings, molestation, sex tourism, white slavery, bogus adoption, nude dancing or modeling, apprenticeship or recruitment for prostitution, procuring, and indenturing) . . . Child pornography is a lucrative business, motivated equally by the sexual and economic gratification it provides to both the producer and consumer (p. 70).
The negative consequences of female sexual violation can be seen in the lives of the victim's offspring, too. Incest victims are 26% more likely than nonvictims to enter battering relationships (Russell, 1986 - qtd. in Patton, pp. 129-130), and "63% of teenage killers in California prisons are there for killing their mother's batterer" (University of California, Davis, qtd. by Women's Transitional Living Center, Inc.).

Many incest victims ultimately commit suicide. In, "Effects of Reunification on Sexually Abusive Families," Matthews, Raymaker and Speltz give an example of a female incest victim who attempted suicide and was placed in an inpatient facility (qtd. in Patton, p. 152). And, in Women, Sex, and Addiction, Kasl relates the story of Kathi Vanderharr, who was raped by three hockey players at the age of 15. The local authorities were not supportive when Kathi filed charges against the athletes. The local school personnel was likewise disapproving of Kathi and her family for taking action against the school's star athletes. Students and the media were also condemning. "Finally, at the age of eighteen, Kathi killed herself" (p. 248). Suicide among sexually violated females is not uncommon.
In summation, the literature reveals that sexual victimization can predispose victims of sexual abuse to forms of revictimization such as promiscuity, prostitution and battering relationships. The victim is also at increased risk for suicide.

3. The literature reveals various ways in which the female sexual abuse victim is revictimized by society and "the system." For example, in "Psychotherapists' Knowledge About and Attitudes Toward Sexual Assault Victim Clients," Dye and Roth state that treatment for the traumatic sexual assault crimes for victims is a, "complicated social and political problem," and that:

Social psychology research on attitudes toward rape has demonstrated that individuals ... hold many prejudices about and negative views of sexual assault victims, often referred to as "rape myths" (e.g., Brownmiller, 1975; Burt, 1980; Field, 1978).

Thus, victims often suffer not only from the trauma of the assault itself, but also from the effects of these negative stereotypes. Legal and medical professionals ... often share the same negative attitudes toward sexual assault victims found in society at large. Indeed, the evidence is strong that police officers (Field, 1978; Galton, 1976; Lester, Gronau, & Wondrack, 1980), judges (Barber, 1974; Bohmer, 1974; Bohmer & Blumberg, 1975; Landau, 1974), and medical personnel (Alexander, 1980; Damrosch, 1980; Holstrom & Burgess, 1978; LeBourdais, 1976) frequently blame victims for sexual assault and endorse other rape myths. . . historically, mental health professionals have been guilty of holding negative, prejudiced attitudes toward victims of sexual assault . . . (and) may continue to be consciously or unconsciously biased against their clients.
In “Reactions to Rape Victims: Effects of Rape Circumstances, Victim's Emotional Response, and Sex of Helper,” Krulewitz states that:

Holmstrom & Burgess (1978) reported that medical personnel, social service personnel, and police officers were relatively nonsupportive and deprecatory in their treatment of rape victims, especially of those women who were perceived as relatively less upset, as less obviously suffering additional physical damage, or as having been raped by an acquaintance (p. 652).

Concerning the sexual assault survivors’ treatment by therapists, Katz tells of a 16-year-old rape victim who was raped by four men, told of her experience in group therapy, and was then asked by the male therapist, “Did you provoke the attack? Were you flirtatious? Did you lead them on in any way?” (p. 75). Prior to the session, the survivor had been given a battery of tests at the psychiatrist’s recommendation after which the victim was asked, “Didn’t you really enjoy it?” (p. 75). Katz states that this treatment exacerbates the victim’s anguish, and Katz adds, “If you believe this to be an extreme case, you are wrong. This type of behavior in therapy occurs every day about rape” (p. 75). Katz also relates that few female rape victims seek professional assistance (counselors, psychologists or psychiatrists)
post-victimization because of the stigma attached to the event (p. 75).

Katz further relates the process of a rape victim going through the trial from the vantage point of a rape advocate. She states that in some cases victims are asked to take a polygraph test before the police will continue with the investigation which, according to Katz, “further serves to damage the woman’s psychological condition in many cases” (p. 55). Katz also states that, “Often in the preliminary hearing, the woman feels like she is the one being prosecuted for a crime” (p. 57). Katz says that, “justice is not always served,” and she tells of a case in which the rapist was found “not guilty,” “because the juror believed that the only way a woman could be raped was if she were unconscious. Even though the woman had been tied up during the assault, the juror was still not convinced that this was rape” (p. 60).

The Criminal Justice System’s ambiguous response to rape victims includes often treating the victim as the perpetrator and not always enforcing existing laws. Katz states that, “some changes are taking place,” such as changes in state laws which recognize the reality of rape as sexual assault. Other changes include discontinuing the use of a woman’s sexual history in a rape trial,
considering marital rape as a valid rape, redefining sexual assault, utilizing special attorneys in sexual assault cases, and the use of "expert witnesses" to educate the jury (p. 61). Katz states that the Criminal Justice System can revictimize the victim in numerous ways, as it did Kathi Vanderharr, and concludes that, "The changes in courtroom procedures and new legislation are encouraging but problems still exist" (p. 62).

In Child Molestation: The Criminal Justice System, A Report To The Illinois General Assembly, the Illinois Legislative Investigating Commission interviewed the parents of various victims. They found that,"investigators on the case" suggested to the family that, "counseling for her daughter would be a waste of time and that she should just let her daughter forget the whole thing." However, this same mother found her dealings with the medical profession and the State's Attorney's Office to be satisfactory (p. 32). The Illinois Legislative Investigating Commission stated that, "More often than not, at least in the recent past, child abuse cases have not resulted in criminal prosecution" (p. 115). The Commission recommended that involvement in the criminal process, "might encourage the alleged perpetrator to face up to his problem and undergo counseling,
when previously nothing forced him to take responsibility for his conduct and its effect [on the victims]” (p. 115).

According to Serber, prior director of a facility that treats females with eating disorders, many physicians are aware of the common thread of sexual abuse in the histories of their patients with present medical problems. Nevertheless, they continue to treat the patient for the eating disorder rather than refer her to appropriate therapeutic treatment for sexual abuse (Serber, Interview, 1991).

Freedman, Director of Education and Training at Richard H. Hutchings Psychiatric Center in New York, and VanDyke, Clinical Director of New Life Treatment Center in California, and Serber, M.D., found that over 80% of their female patients have sexual abuse in their histories (Freedman, 1992; VanDyke, 1991; Serber, 1991). And two informants from different inpatient psychiatric treatment facilities relayed that they were aware of female inpatients in their facilities who were sexually abused by staff.

In, “Patterns of Victimization Among Incarcerated Women,” Lake states that research was conducted with 88 offenders and 48 nonoffenders and revealed that 6.8% of offenders had been sexual assault victims (by parent, stepparent, or foster parent) compared to
0.0% of nonoffenders; 29.5% of offenders had been sexual assault victims of strangers compared to 4.2% of nonoffenders; and, 61.4% of offenders stated having been sexual assault victims (assailant unspecified) whereas only 16.7% of nonoffenders were sexual assault victims (assailant unspecified)(pp. 19, 20).

Further concerning the revictimization of victims, Barry states that although it is known that many prostitutes and runaways left homes that were sexually or physically abusive, they were, “treated as criminals” by the Criminal Justice System in that they are, “picked up, taken to Juvenile Hall, and booked for running away,” and often sent back to their abusive homes (p. 232).

The pornography industry also exploits young females who run away from sexually abusive home environments by coercing them into, “the business.” And females who participate in pornography are believed by Roy to be victimized in that:

Pornography objectifies women by [caricature sum] of their sexual parts and functions - devoid of sensibilities and intelligence. Woman battering objectifies women by reducing them to objects of possession. Both pornography and woman battering legitimize the pain inflicted on the women by objectifying them. In addition, many women are raped and verbally assaulted while being battered. So there is often a combination of sexual assault and verbal assault with the actual physical assault - the theme of pornography (Roy, p. 93).
With respect to the legal system's approach to prostitution, in *Females, Males, and Sexuality*, Lott says that:

Adolescent boys may gain respect from sexual exploits, but among girls such behavior is still considered a sign of deviance or low status. Sexual offenses define delinquency for girls, but not for boys, and this difference is maintained in the legal approach to prostitution. In most states, it is the seller (typically a woman) and not the buyer (typically a man) who is considered more reprehensible, threatening to society, and criminal" (Lott, p. 199).

Concurring, French states that in prostitution females experience institutional discrimination in that it is the "women, not men, [who] are held responsible for sexual behavior." Also, "prostitutes, but not the men who patronize them, are considered criminals and are arrested and imprisoned" (French, p. 18).

In "Adolescent Female Prostitutes," Gibson-Ainyette, Tempher, Brown and Vesco (1988) state that between 1967 and 1976 there has been an increase of 242% in teenage female prostitution and that these girls are females who often experienced, "early sexual exploitation, sometimes including incest." They further state, "Bracey (1979) found that an early damaging sexual experience was present in most teenage prostitutes." They continue by saying:
The very negative attitude toward men of the adolescent prostitute is consistent with literature regarding prostitutes (Hollander, 1972). Such negative attitudes are to be understood in terms of the harsh realities of the life style -- beatings, disfigurations, and even murders committed by their clients with whom they have sex, not by preference but for financial necessity. Frequently they are beaten, cheated, or exploited by their pimps (pp. 431-438).

Ritter states that he has not met a “young prostitute” who wanted to be one and who, “did not start out as a runaway” (pp. 50-51). Ritter continues by saying:

It doesn’t take long to murder a child, and there are lots of ways to do it. You can shoot them, O.D. them, stab and strangle them, push them out of windows and off roofs, run them over with cars . . . . There are many reasons why we have a sex industry in Times Square -- and now, all around the country. The simple, undeniable fact is that we want one. There are literally millions of customers -- almost exclusively 100 percent male -- who patronize this multi-billion-dollar business (p. 48).

Regarding The Sexual Trafficking in Children, Campagna and Poffenberger assert that the trafficking of children for prostitution is a major societal problem today, and this “indicates that something is radically lacking in the response of society at large and the Criminal Justice System in particular” (p. 87). Campagna and Poffenberger comment on the “erratic and slowed” response to child sexual trafficking which they feel is due, in part, to a “lack of public awareness” (p. 178).
In “Prostitution as a Human Rights Question,” Reanda states that there is increasing “awareness of the problems of child abuse and domestic violence as possible root causes of prostitution,” and prostitution of women and children has been, “akin to slavery because of the violence and coercion involved” (p. 226). Reanda further states that, “It is estimated... that in the United States child prostitution earns up to two billion dollars a year” (Council of Europe, Sixteenth Conference of European Ministers of Justice, Lisbon, 21 June 1988 - qtd. in Reanda, 204-205)

In summation, the sexual assault victim is likely to be revictimized by society and “the system” in a number of ways. She often receives detrimental treatment by the Criminal Justice System and treatment providers, she may be exploited by the medical profession, and she is more likely to enter into the often destructive and exploitive pornography and prostitution industries.

4. The literature reveals that society pays a significant price for female sexual victimization in terms of lost lives, lost human potential, decreased productivity, Criminal Justice System costs, medical system costs, mental health treatment costs, and damage to offspring of the female.
For example, as previously stated, according to Green, sexually abused children ‘are more common among the Children’s Hospital patients than broken bones and tonsillectomies’; psychiatrists, doctors, nurses, social workers, teachers and child-care workers are discovering so many cases as to suggest a national epidemic” (Green, qtd. in Rush, p. 5). And, according to Conte, although “No one has yet calculated the financial costs of childhood sexual abuse in terms of social problems, lost individual potential, and human suffering . . . they are likely to be substantial.” Conte also states, “The public needs to know about the current lack of treatment, the long-term costs and negative consequences of childhood sexual abuse:” Conte goes on to say:

It is increasingly clear that eliciting public support for effective treatment will require leadership willing to point out the current failures of society’s organized response to childhood sexual abuse and to suggest practical programs and policies for a new way of responding (qtd. in Patton, p. 18).

As previously indicated, females who were incest victims in youth are 26% more likely to enter battering relationships (Russell, 1986 - qtd. in Patton, pp. 129-130). And battering of females alone costs society $5 billion annually in absenteeism; $100 million
annually in medical bills (Porter - qtd. in Trembly, p. 40); millions of dollars in the maintenance of homeless shelters, of which 43% are battered females; medical costs for the 70% of assault victims who are attacked in their homes (Trembley, p. 40), and the cost of the 10% of battered women who were battered so severely during pregnancy that they miscarried.

**Psychological and Psychosomatic**

Dunn's definition of wellness will be the standard by which dysfunction is measured. According to Reed, "Dunn (1961) defined mental well-being in terms of degrees or levels."

High-level wellness for the individual is defined as an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable. It requires that the individual maintain a continuum of balance and purposeful direction within the environment where he is functioning (Dunn, p. 4 - qtd. in Reed, p. 75).

Archival research reflects that the psychological and psychosomatic consequences to the female sexual abuse victim are often numerous, complex and long-lasting, sometimes culminating in the victim's death.
Dye and Roth state that sexual assault is a traumatic experience which can seriously disrupt the life of victim (p. 191). For example, Katz relates a short-lived (20 minute) experience of a one-incident rape that did not include brutality. She reports feelings and reactions during the first month post-rape that include disbelief, guilt, self-blame, dehumanization, shame, loneliness, rage, alienation, helplessness, insecurity, anger, hostility, feeling unsafe, being overwhelmed with grief and sorrowful, powerless, confusion, feeling conspicuous and exposed, fearful, increased anxiety, terrified, vulnerable, and defeated (Katz, pp. 10-24). Katz further states that three months after the rape she felt she was, “losing control” (p. 29). Katz disclosed her long-range responses to rape as being: withdrawal, feeling unsafe, disoriented, needy, angry, isolated, alone, insecure, unsure one can “make it,” fearful, paranoid, an inability to relax, dread/hatred of the night and fears escalating in the dark hours, insomnia, anxiety, guilt, shame, flashbacks, feelings that someone is in the room, terror, suspiciousness, becoming “sexually involved with a man partly as a way to feel protected,” a need to control and initiate sexual contact, denial, terror, paranoia, pulling away from friends and becoming
increasingly isolated, fear of rejection, guilt, shame, responsibility, internal conflict, “holding in a tremendous amount of pain,” fear of loss of respect, inner turmoil, and disgust (pp. 25-29, 38). Katz further relates feeling: out of control, depressed, overwhelmed by fear and paranoia, an inability to focus, fearful, diminished strength to continue struggling and lost defenses, vulnerability, feeling one is losing one’s mind. Katz states that almost eight years after the rape feelings can suddenly “overwhelm” her and leave her “very depressed” (p. 63.) She continues by saying, “Clearly, I am not the same person I was before the rape” (p. 64). With regard to surviving the rape experience, Katz states, “I have faced, throughout these years, immense loneliness and the possibility of death” (p. 65). In “Coping with Victimization: Conclusions and Implications for Future Research,” Wortman states:

Taken as a whole, these studies suggest that emotional reactions to undesirable life events are highly variable. Following rape, for example, individuals may appear calm or highly emotional, and may exhibit anxiety, guilt, depression, anger, or a combination of these feelings (cf. Silver & Wortman, 1980). There is also evidence to suggest that emotional distress often lasts much longer than the victim or others expect (see Silver & Wortman, 1980, for a review). This latter point is illustrated in the Silver et al. paper (1983, this issue), where it is reported that incest victims continue to experience emotional distress as long as twenty years after the victimizing experience has terminated.
For the most part, previous research on emotional reactions to life crises has been descriptive, focusing on the specific emotions that occur when a particular crisis is encountered, and on the length of time that such emotions are experienced. Thus far, less attention has been paid to the consequences of various emotional reactions for the victim's ultimate adjustment (p. 212).

In *Sexual Violence: A Resource Manual For Clergy And Church Groups*, the authors state that women often feel conflicted over the anger they experience post-victimization and that most religious women feel that they can "never" exhibit anger in "any" situation and so they turn that anger inward which leads to "serious, long-term consequences for assault victims" (p. 57).

Finkelhor relates that most researchers agree that experiences, "with close family members are potentially more traumatic than those with acquaintances or strangers," because of increased violation of trust and security, the increased likelihood of complicated, "family dynamics triggered by the sexual relationship," and the greater the possibility for guilt (p. 101).

Cutler and Nolen-Hoeksema state research indicates that, "Women are nearly twice as likely as men to suffer from . . . depression," and that one explanation for the difference, "is the high
rate of childhood sexual abuse of females” (p. 425). Cutler and Nolen-Hoeksema state that depression is a more common response to childhood sexual abuse for females than males (p. 433) and suggest this stems from females experiencing, “more serious forms of abuse than boys,” and that females are more likely to, “blame themselves for their abuse” (p. 434).

Sexual victimization also results in decreased self-esteem (Ellenson, p. 593; Koss and Burkhart, p. 29; Cutler and Nolen-Hoeksema, p. 425). Cutler and Nolen-Hoeksema state Tong et al. (1987) speculate that the fact females are more likely than males to know their perpetrator is one possible reason for females having lower self-esteem than males (p. 435). And Finkelhor (1979), “found that girls were much more likely to be abused by a family member than boys” (qtd. in Cutler and Nolen-Hoeksema, p. 435). Rivera and Widom state that females tend to become passive rather than aggressive post-victimization, whereas males are more likely to commit a violent offense (p. 30).

With respect to rape, females are known to experience the “rape trauma syndrome,” which is evidenced by any or all of the following, which can be either expressed or controlled: disruption in eating and sleeping patterns, hysteria, crying, anger, fear, verbal
outbreaks, disorganization in life style and emotional processes, move or relocation soon after the rape, fear of physical injury and death, degradation, shame, anger, guilt, and humiliation. Also, "The stigma and shame of being raped is increased if the individual reports the crime" (Goldstein, pp. 11, 12).

Another of the post-victimization psychological responses is depression (Blumberg, 1981; Browning and Boatman, 1977; Sgroi, 1982 - qtd. in Heath, Donnan, and Halpin, pp. 157-8; Cutler and Nolen-Hoeksema, pp. 425-428; Wortman, pp. 211-212; Coates and Winston; Dye and Roth, p. 192).

And, in "Today's Women and Depression," Bailey states, "With the increase in depressive disorders comes the increase in attempted and completed suicides" (p. 35). Bailey continues by stating:

Wayne Oates's definition of depression is "a syndrome of symptoms that interfere with the total life function of the person in such a way that the person is disabled." This "syndrome of symptoms" includes but is not limited to: poor appetite and weight loss or increased appetite and weight gain; sadness; hopelessness; irritability; insomnia or hypersomnia; psychomotor agitation or retardation; loss of interest or pleasure in usual activities; decrease in sexual drive; loss of energy/ fatigue; feelings of worthlessness, self-reproach, or excessive or inappropriate guilt; diminished ability to think or concentrate; indecisiveness; suicidal ideation and/ or recurrent thoughts of death and/ or wishes to be dead (Bailey, pp. 30-38).
Also, female victims of violence often find their sense of strength has been undermined and they no longer feel safe or secure (Schepple and Bart, p. 63; Rouse: 1985, p. 11; Koss and Burkhart, p. 31). Schepple and Bart state that being attacked is a traumatic experience not only because the event is horrible, "but because it causes women to reassess their assumptions about the safety of the world in general" (p. 79). Schepple and Bart conclude that:

When a woman is assaulted, the whole definitional structure that enabled her to feel safe ... comes crashing down. It would seem from the evidence presented here that when those definitional structures are built back up again, they are often changed rather dramatically. The world seen through the eyes of women who have been sexually assaulted is a dangerous place (p. 80).

Fear is another typical reaction to sexual victimization (Koss and Burkhart, p. 28; Ellenson, p. 591). The victim may also experience intense fear and fear of being alone (Williams and Holmes, p. 86). Also common consequences to victimization are restricted dating, suspiciousness, and sexual difficulties (Koss and Burkhart, p. 28). With respect to the complexity of incurring fear, Frankl states that "paradoxical intention" is based on the fact that "fear brings about that which one is afraid of" (p. 126).

Additional dysfunctions commonly experienced by victims are: increased anxiety (Katz, p. 11; Ellenson, p. 592); sorrow and grief,
anguish, self-loathing, self-blame (Katz, pp. 10-16; Krulewitz, p. 652; Cutler and Nolen-Hoeksema, p. 435; Miller and Porter, 1983, p. 139), self-blame for causing the violence, not being able to modify the violence, and for tolerating the violence (Miller and Porter, p. 139); feeling dehumanized (Katz, p. 11); “cataclysmic proportions of rage and horror” (Ellenson, p. 596); shame and feeling debased (Ellenson, p. 589; Katz, p. 11); feeling lonely, insecure, unsafe and disempowered (Katz, pp. 11-16); and increased stress (Ellenson, p. 591). With respect to the increased stress, Stets quotes Vogel who states, “Stress is associated with alcohol use in that alcohol reduces anxiety and tension” (Vogel, 1983, qtd. in Stets, p. 19).

Also, “Stress is also related to depression since life events call for social readjustments which may disrupt the normal functioning of the psychological system of individuals” (Lin et al., 1986, qtd. in Stets, p. 19).

Rage is a common consequence of sexual victimization. And, according to Ellenson:

Moshe Dayan, former Israeli Defense Minister, once said that before war, all other human endeavors pale to insignificance. Before the rage of the sexual abuse survivor, all other affects pale as well (596). . . women react with horror to their own cataclysmic rage (589) . . .
an enormous tidal wave (of rage) . . . threatens to overwhelm the survivor.

It is difficult to describe the rage experienced by the survivor, except by call it *cataclysmic* (592). One wonders how any ego, no matter how intact, could be expected to assimilate the enormously disruptive energy of the cataclysmic rage experienced by survivors without at least the appearance of ego fragmentation (592). If control over rage is lost, the survivor may in fact, explode into physical violence (593). The existence of rage and its attendant hostility is deeply repugnant to the survivor, painfully lowering self-esteem (p. 593).

Rage as a post-victimization consequence can be seen in Amber Cruther's case. Amber, herself a multiple rape victim, demonstrates the magnitude of her rage in her analysis of, "Leda and the Swan" by William Butler Yeats; Leda is a rape victim, as is Amber. Amber's submission is entitled, "Leda and the Rape":

No! a young woman cried, in vain, trying to push him away from her. His hair was a smear of black tangles, like thickets of briar, that stole her sight and clogged her throat. She tried to push him away. Words spewed from his mouth and hung in the air like the putrid odor of a rotting corpse. She tried to push him away. His flesh made her skin turn to glass, red glass, that shattered and bled over her soul. She tried to push him away. And felt his anger as it invaded her garden, crushing her flowers, withering her plants, and causing the soil to turn sour. The moon and the stars floating above her tapestry broke into pieces and fell from the sky. His anger left but her garden was destroyed.

I am Leda and Leda is me.

Leda, in the poem "Leda and the Swan" by William Butler Yeats, is a victim of rape. She was helpless against the strength of the swan. This poem surely does not belong
under the sub-heading, "Mating With a Mortal." The term mating implies consensual sex or intercourse with the purpose of procreation. It does not imply violence. Yet, simply that this poem lies beneath such a sub-heading perpetuates a societal myth that rape and sex are related. They are not. They never have been, and they never will be. Phrases like, "sudden blow . . . staggering girl . . ., helpless breast . . ., and terrified vague fingers . . ." do not evoke images of lovemaking.

This poem stirred within me my own feelings of violation and anger. It caused me to remember a deep hidden scar. A scar I never again wanted to see and certainly did not want to touch. I felt a sorrow for and a sisterhood with Leda. I wanted desperately to fall into those pages and rescue her or, at the very least, hold her broken body in my arms and tell her I was sorry that she had to pay for someone else's cruelty for the rest of her life. Yet she could still live, still go on, happily, even without that stolen piece of her soul. I would promise her the swan would burn eternally in the flames of his own violence. Raped and raped and raped by Satan and all his servants until his pathetic body and his pathetic mind split in two. Then Leda could sleep in peace. Maybe I could, too.

Amber is presently 19-years-old, attending college, and in counseling. ("Leda and the Rape" is the property of Amber Crutcher and cannot be quoted or reproduced without her prior written permission.)

In "Horror, Rage, and Defenses in the Symptoms of Female Sexual Abuse Survivors," Ellenson states that nightmares, phobias and hallucinations (auditory\textsuperscript{18}, visual\textsuperscript{19}, tactile\textsuperscript{20}, kinesthetic\textsuperscript{21}, and psychic\textsuperscript{22}) are common post-victimization psychological
consequences. He also says, "To be useful in therapy, future theory development needs to attend to the immensity of horror and rage in survivors and to the impact of these cataclysmic effects upon the ego from a psychodynamic standpoint" (1989, pp. 589-596).

Additional post-victimization psychological responses to sexual victimization include: guilt\(^{23}\) (Katz, p. 10; Wortman, p. 212; Krulewitz, p. 542; Boatman, Borkan, and Schetky, 1981, qtd. in Heath, Donnan, and Halpin, p. 157; Ellenson, p. 589); hostility (Katz, p. 14) and anger\(^{24}\) (Browning and Boatman, 1977; Tufts, 1984, qtd. in Heath, Donnan, and Halpin, p. 158; Ellenson, p. 591; Katz, p. 14; Wortman, p. 212); fierce anger, mourning, sorrow, bewilderment (Katz, p. 36); and shame\(^{25}\) (Robertiello and Gagnier, p. 118; Wortman, p. 212; Ellenson, pp. 589-596). Many sexual assault victims further contend with repression, suppression, avoidance, and denial (Ellenson, pp. 593-4). And victims often no longer see themselves as safe and secure (Koss and Burkhart, p. 31).

Also experienced by abuse victims are: violated trust, increased dependence, (Williams and Holmes, p. 86); denial (Wortman, p. 196); learned helplessness (e.g., Abramson, et al., 1978, qtd. in Wortman; Williams and Holmes, p. 86); despair, alienation, deindustrialization, anomie, isolation and hidden agendas (a complex of subconscious
and/or unarticulated values, attitudes and behaviors that subtly affect the female's decisions, actions and life choices), sadness, pessimism, and suicidal ideation (Gidycz and Koss, 1989, pp. 139-149). Additional responses include shock and anxiety (Wortman; Browning and Boatman, 1977; Tufts New England Medical Center [Tufts], 1984, qtd. in Heath, Donnan and Halpin, p. 157; Cutler and Nolen-Hoeksema, p. 425).

Krulewitz reports that rape victims experience fear, disruption of sexual relations, and depression (Burgess and Holmstrom, 1978; Ellis, Atkeson, and Calhous, 1981; Feldman-Summers, Gordon and Meagher, 1979 - qtd. in Krulewitz, p. 652). Many victims also suffer numbness, passivity and helplessness (Peterson and Seligman, 1983, p. 103). And, today, "... guilt and self-blame are a 'woman's problem' of epidemic proportion" (Lerner, p. 125).

In "The Importance of Religious Issues," which is taken from Sexual Violence: A Resource Manual For Clergy And Church Groups, blaming the victim is addressed and it is concluded that both shame and guilt are, "significant roadblocks" in dealing with sexual violence issues. Also that, "Traditionally, rape victims have been burdened with the shame of sexual impurity or infidelity," and that,
“For victims of family sexual abuse, feelings of shame and embarrassment about the sexual activity are powerful deterrents to disclosure of the abuse” (p. 55). Again, with respect to shame, Travis suggests that, “Shame often silences those who most need . . . help” (p. 32).

In “Psychotherapists’ Knowledge About and Attitudes Toward Sexual Assault Victim Clients,” Dye and Roth state phobias, depression, sexual dysfunction, social withdrawal, and oscillating cycles of intrusion and denial, are frequent consequences to sexual victimization (p. 192). They also cite consequences such as victims blaming themselves, feeling alienated, angry, and confused about male/female relationships, Post-Traumatic Stress Disorder (PTSD) and, repression. They continue by stating, “many women who have been sexually assaulted . . . continue to experience substantial psychological distress for years following the assault (e.g., Cohen and Roth, 1987; Kilpatrick, 1984; Silver, Boone, and Stones, 198, qtd. in Dye and Roth, p. 192).

Regarding post-incest-victimization, in “Searching for Meaning in Misfortune: Making Sense of Incest,” Silver, Boon, and Stones state that, “Many authors have suggested that the search for meaning is a common and adaptive process.” They add that, “Assault
often shatters people's views that they live in an orderly, understandable and meaningful world.” They also state that the victim may, “need to accept that one’s experience is, in effect, unexplainable (cf. Straker, 1971 - qtd. in Silver, Boon, and Stones, pp. 81-97).

To aid in clarifying the extent to which one post-victimization consequence, such as hopelessness, can potentially impair a victim, Dr. Frankl informs that:

Those who know how close the connection is between the state of mind of a man -- his courage and hope, or lack of them -- and the state of immunity of his body will understand that the sudden loss of hope and courage can have a deadly effect (p. 84).

Becker states that, “... most co-dependents ... had family histories of dysfunctional characteristics ranging from moderate to severe” (ix). Also, becoming involved in substance abuse (qtd. in Cutler and Nolen-Hoeksema, p. 429), co-dependent behaviors, and relationship addiction are additional possible consequences of victimization. And, in Suicide and Suicide Prevention, Daly states that there is a definite correlation between sexual abuse and suicide among teenagers.

Furthermore, females who experience extreme traumas such as child sexual assault often begin to exhibit the characteristics of
Borderline Personality Disorder (BPD). According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) published by the American Psychiatric Association in 1987, Borderline Personality Disorder is described as:

A pervasive pattern of instability of mood, interpersonal relationships, and self-image, beginning by early adulthood and present in a variety of contexts, as indicated by at least five of the following:

1. a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of over-idealization and evaluation . . .

2. impulsiveness in at least two areas that are potentially self-damaging, e.g., spending, sex, substance use, shoplifting, reckless driving, binge eating . . .

3. affective instability: marked shifts from baseline mood to depression, irritability, or anxiety . . .

4. inappropriate, intense anger or lack of control of anger, e.g., frequent displays of temper, constant anger, recurrent physical fights . . .

5. recurrent suicidal threats, gestures, or behavior - self-mutilating behavior . . .

6. marked and persistent identity disturbance manifested by uncertainty about at least two of the following: self-image, sexual orientation, long-term goals or career choice, type of friends desired, preferred values . . .

7. chronic feelings of emptiness or boredom . . .
frantic efforts to avoid real or imagined abandonment... (DSM-III-R: p. 347).

Herman, Perry, and van der Kolk, research in "Childhood Trauma in Borderline Personality Disorder," reports that 71% of their subjects have histories of childhood trauma, 68% report sexual abuse, 75% have a history of incest, and 62% have witnessed serious domestic violence (p. 490). Herman, Perry and van der Kolk state that the, "subjects generally did not perceive a direct connection between their current symptoms and abusive experiences in childhood" (p. 494). They continue by saying:

Childhood trauma has been implicated as an etiological factor in such diverse psychiatric conditions as somatoform disorder (Krystal), panic disorder (Faravelli), and multiple personality disorder (Bliss). Thus, it might be possible to conceptualize a range of adaptations to childhood trauma, or trauma spectrum disorders, with multiple personality disorder presenting an extreme adaptation to severe chronic abuse, borderline personality disorder representing an intermediate form of adaptation to chronic abuse, and some forms of somatoform, panic, and anxiety disorders representing dissociated somatic reexperiencing of more circumscribed traumatic events (van der Kolk) (p. 494).

Herman, Perry, and van der Kolk also suggest that females may experience Borderline Personality Disorder more than males because, although both sexes are equally likely to experience physical abuse, "girls are at two to three times greater risk for
sexual victimization. Moreover, sexual abuse is apparently more prevalent, and often more prolonged . . .” (p. 494). They conclude that females may be, “more frequently exposed to conditions favoring the development of Borderline Personality Disorder” (p. 494). They also state that “Post-traumatic states are often undiagnosed in cases in which secrecy or stigma prevents recognition of the traumatic origins of the disorder” (p. 494). Herman, Perry and van der Kolk state that, “These results demonstrate a strong association between a diagnosis of Borderline Personality Disorder and a history of abuse in childhood” (p. 490).

In, “Behavior in Individuals with Borderline Personality Disorder,” Fine and Sansone state that persons with Borderline Personality Disorder exhibit such disabling disorders as:

- Increased dependence, self-regulation deficits, impulsivity, fluctuating boundaries in interpersonal relationships, fleeting quasi-psychotic phenomena (e.g. rage reactions, paranoia, dissociative episodes), and a primitive defense structure (e.g., splitting) (p. 160).

Fine and Sansone continue by stating that a thread in the histories of persons with Borderline Personality Disorder is, “ongoing self-destructive behavior,” (p. 160). Also that, “Self-destructive behavior has been referred to as the behavioral specialty of the borderline individual (Mack, 1975), a claim that has been well
documented in a number of . . . studies (Shearer, Peters, Quaytman, et al., 1988)” (p. 160). Furthermore, Fyer et al. reported an 81% rate of suicide attempts in Borderline Personality Disorder patients and Friedman et al. reported a 92% rate of suicide attempts (qtd. in Fine and Sansone, p. 161). Fine and Sansone conclude that, “Given the high frequency of suicide attempts, death by suicide is a genuine risk in patients with Borderline Personality Disorder (p. 161).

In, “Suicide Attempts in Patients With Borderline Personality Disorder,” Fyer, Frances, Sullivan, Hurt, and Clarkin, review the charts of 180 inpatients diagnosed with Borderline Personality Disorder who are predominately white, female, and either single or divorced. Their study reveals that 19% have no history of suicide attempts, 32% have made suicide gestures, and 49% have made serious suicide attempts (p. 738).

Victims of sexual abuse also often exhibit symptoms of Post-Traumatic Stress Disorder in which, according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R): “The person has experienced an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, e.g., serious threat to one’s life or physical integrity . . .” (p. 250). The DSM-III-R continues by listing indicators of PTSD which include,
"... inability to recall an important aspect of the trauma (psychogenic amnesia); markedly diminished interest in significant activities; feeling of detachment or estrangement from others; sense of a foreshortened future, e.g., does not expect to have a career, marriage, or children, or a long life; difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating, hypervigilance, and exaggerated startle response (p. 250).

Not all child sexual assault experiences are violent, but with respect to those that are:

Koss (1988, this issue) has reviewed research on the mental health impact of violence . . . there are a set of core responses (to violence) . . . Most victims of violence exhibit an immediate post-victimization distress response, which, if not resolved, develops into longer-term, chronic, heterogeneous symptom patterns that are consistent with the criteria in the Diagnostic and Statistical Manual of Mental Disorders-Revised (DSM-III-R, American Psychiatric Association, 1987) for post traumatic stress disorder (Koss, 1988) (p. 371).

In Healing the Child Within, Whitfield offers additional information concerning the consequences incurred by victims. He states that the post-victimization psychological consequence of feelings of extreme shame (at being someone wrong or bad) will, if not treated effectively, "tend to accumulate and burden us more and
more, until we even become its victim" (p. 45). Whitfield links Post-
Traumatic Stress Disorder with childhood traumas and states, "The
post-traumatic stress disorder (PTSD) is a condition that may so
affect someone that not only is the Child Within stifled and stunted,
but the person often becomes overtly ill from repeated stress and
its extreme traumas" (p. 55).

Whitfield states that what Kritsberg refers to as "chronic
shock" (1986, qtd. in Whitfield, p. 55) can be related to the female
who is repeatedly a child sexual assault victim, and that "psychic
numbing" is also a consequence related to repeated major stressors.
Koss and Burkhart state that the victim of rape often experiences a,
"sort of cognitive-emotional paralysis" (Koss and Burkhart, p. 32).
And Peterson and Seligman concur that numbing and passivity are
consequences of victimization (p. 113).

Perhaps one of the most extreme psychological victimization
consequences to female sexual violation victims is Multiple
Personality Disorder (MPD). That 92 out of every 100 persons with
MPD are female is attributed to the fact, "Women internalize
feelings such as anger and tend to express them in psychosomatic
symptoms" (Investigations, p. 10). Confirming that 92% of MPD
persons are female, Phillips states that persons with MPD have
characteristics in common which include: either superior or superintelligence (Chase, p. 348), being under five years of age at onset of abuse, the lack of a support system at the time of the abuse, having a highly “religious” orientation of significant others, incurring brutal and overwhelming experience(s) (Chase, p. xvi), feeling responsible for her own victimization (Chase, p. xvii), a sense of complete powerlessness and aloneness combined with a sense of tremendous fear and confusion (Chase, p. xviii), and, being overwhelmed by a baffling horror. Phillips also states, “The feelings and sensations associated with such experiences are beyond the developmental ability of a young child to understand and assimilate. The feelings are too intense, and the experiences too bewildering” (Chase, p. xiii). Phillips further states, “The human mind is a strange and wonderful place. But there are those who possess minds that I can only call ‘wondrous’, and those minds do survive atrocities without falling prey to insanity” (Chase, p. 102). Phillips likens the experiences that lead to MPD to those of Vietnam vets and states that they, “hold themselves the same way, at least the ones who went through the high crap. Like they need their whole body compressed underneath them, controlled” (Chase, p. 105).
The Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) states that MPD is, "The existence within the person of two or more distinct personalities or personality states." Also, that the onset of MPD is almost always in childhood and it tends to be chronic. Further, it has complications such as suicide attempts, self-mutilation, and externally directed violence. Additionally, that "Several studies indicate that in nearly all cases, the disorder has been preceded by abuse (often sexual) or another form of severe emotional trauma in childhood." The DSM-III-R continues by stating that, "In several studies of psychiatric patients, the disorder has been diagnosed from three to nine times more frequently in females than in males" (pp. 271-2).

Concerning suicide attempts, Campagna and Poffenberger discuss the consequences to female children who are sexually exploited and state that many try to destroy themselves. They say that uncovering childhood sexual victimization in treatment, "sometimes precipitates suicidal thoughts," and some victims try to destroy other people (p. 193).

In, "A Comparison of Group [Gang-Rape] and Individual Sexual Assault Victims," Gidycz and Koss compare the experience of individual and gang rape among 44 gang rape victims (multiple
perpetrators, one victim) and 44 individual sexual assault victims (one perpetrator, one victim). They conclude that gang rape experiences were, "in general more violent." Also, that the victims of gang rape were more likely to "have contemplated suicide" (p. 325).

Next, with respect to the psychosomatic dysfunctions resultant post-victimization, female victims of sexual violations and trauma often display psychosomatic disorders that range from migraines (Ellenson, p. 595) and incurable rashes to uncontrollable bleeding (nasal or vaginal) that can result in death (Odell, 1988).

Medical Doctor Joseph Krimsky, stated that, "Hate and fear can poison the body as surely as any toxic chemicals." And Medical Doctor Charles W. Mayo (1898-1968), said that, "Worry affects the circulation, the heart, the glands, the whole nervous system, and profoundly affects heart action." Yet hate, fear and worry are just three of the innumerable reactions that are part of the female sexual assault survivor's post-victimization reactions.

Society's negative sanctioning of certain emotions in survivors may result in survivors suppressing emotions. Wortman states that evidence suggests that many regard the victim's display of negative feelings as "inappropriate and indicative of maladjustment." Also,
that this is communicated to the victim directly or indirectly (Wortman and Dunkel-Schetter, 1979; Dunkel-Schetter and Wortman, 1982; Coates and Winston, 1983 - qtd. in Wortman, p. 213). Wortman also states that evidence suggests that when victims interact with others, “victims may conceal their emotional distress,” even though those who hold in their anger have, “significantly higher diastolic blood pressure levels,” and, “inhibition of anger (has been identified as) a significant risk factor for hypertension” (p. 213).

Wortman further asserts that victims are deemed well-adjusted to the crisis if they have the ability to, “maintain a positive attitude, and a positive self-concept in the face of crises,” yet research indicates that focusing on the positive can lead to subsequent difficulties (p. 216). For example, “Breast cancer patients who survived the longest were rated by their oncologist as possessing more negative attitudes toward their illness, its treatment, and their physicians” (Derogatis et al., 1979, qtd. in Wortman, p. 216). Wortman concludes that the expression of negative emotions among breast cancer patients has been linked to subsequent survival time (Derogatis, Abeloff & Melisaratos, 1979, qtd. in Wortman, p. 213).
Eating disorders that may culminate in premature death of the victim, such as obesity, anorexia nervosa and bulimia nervosa, have been linked to sexual victimization.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) outlines bulimia and anorexia as follows:

Anorexia nervosa: “Refusal to maintain body weight . . . intense fear of gaining weight . . . although underweight . . . the person claims to ‘feel fat’ even when emaciated . . .” (p. 67).

Bulimia nervosa: “Recurrent episodes of binge eating . . . the person regularly engages in either self-induced vomiting, use of laxatives or diuretics . . . or vigorous exercise in order to prevent weight gain . . . “ (p. 69).

In summation, the enormity and severity of post-victimization dysfunctions a female victim of sexual violation can incur ranges from sadness to suicide. These include, but are not limited to:

**Sociological:** alienation, decreased social support network, societal blame for victimization, increased isolation, promiscuity, pornography, prostitution; battering relationships and murder;

**Psychosomatic:** eating disorders (such as anorexia nervosa, bulimia nervosa, and obesity), migraines, stress disorders such as bleeding;

**Psychological:** anger, anguish, anomie, anxiety, avoidance, Borderline Personality Disorder (BPD), crying, decreased self-esteem, degradation, deindividualization, denial, depression,
despair, fear, fear of physical injury and death, feeling unsafe, grief, guilt, helplessness, hopelessness, horror, humiliation, hysteria, inability to trust, increased dependence, hallucinations, insecurity, Multiple Personality Disorder (MPD), nightmares, numbness, passivity, pessimism, phobias, Post-Traumatic Stress Disorder (PTSD), rage, repression, sadness, self-blame, self-loathing, sexual dysfunctions, shame, shock, sleeping disorders, stigmatization, stress reactions, substance abuse, suicidal ideation, suicide, undermined sense of strength, and violated trust (see Literature Review section for references concerning dysfunctions).

2. The literature suggests that the primary determinants of the degree of resultant sociological, psychosomatic and psychological dysfunction that the victim will experience varies from victim to victim. Also, the literature, case studies, and interviews with treatment professionals, indicate that there are five primary factors that determine the degree of the post-victimization consequences female abuse survivors experience. These are: 1) The degree of the abuse (fondling to penetration); 2) The duration of the abuse (one time to ongoing); 3) The emotion surrounding the abuse (pleasure, confusion, shame, rage); 4) The mental health of the victim (generally well-adjusted to dysfunctional); and, 5) The
health of the family and of the victim's social support network (supportive to severely abusive).

Finkelhor's research conclusions in chapter seven of *Sexually Victimized Children* are contradictory to some research in that Finkelhor concludes that the duration of victimization and whether or not the sexual victimization involves intercourse does not dictate the degree of trauma (1979, p. 146). He also asserts that the degree of the partner's family closeness does not dictate the degree of trauma (although he states that father-daughter incest is the most traumatic) (p. 144). Finkelhor further reports that what is referred to as an "epidemic" of sexual abuse of children has not been an actual increase over the past thirty years, but increased awareness and reporting. Also, he states that the major determinant of the degree of trauma is "use of force," and "age of partner" - the older the partner, the worse the experience (p. 144).

However, in *The Sexual Trafficking in Children*, the result of Campagna and Poffenberger's five year extensive study of the sexual exploitation of children, they conclude that there are factors that contribute to the degree of dysfunction a female child incurs through sexual exploitation, which include:

  The victim's age, the duration of victimization, the parent's involvement, the extent of force used, and the nature of the
exploitive acts . . . Helping victims of commercial sexual exploitation is similar in some ways to treating prisoners of war or cultists who have been brainwashed . . . self-destructive rampages are common, and safe treatment may require residential care or secure psychiatric hospitalization (pp. 192-193).

Also, in "A Conceptual Analysis of Rape Victimization: Long-Term Effects and Implications for Treatment," Koss and Burkhart state that:

A number of factors may modify the intensity of a victim's response to rape including: characteristics of the crime (Frank & Stewart, 1983; McCahill, Meyer & Fischman, 1979) locus of control (Janoff-Bulman, 1979), coping ability (Burgess & Holmstrom, 1979), life stress (Ruch, Chandler, & Harter, 1980), personality variables and social network (Atkeson, Calhoun, Resick, & Ellis, 1982), and developmental stage (Burt & Katz, 1987; Notman & Nadelson, 1976) (p. 29).

In the subsection titled, Factors Affecting Response to Trauma and Recovery from Trauma, of "Understanding and Treating Psychological Trauma," Harvey, the Director of the Victims of Violence Program at The Cambridge Hospital, states that there are many factors that interconnect to predict the response and recovery from trauma. These are: Person - age/developmental stage; relationship to offender(s); pre-traumatic personality with relation to functioning and coping capabilities; ability to utilize social
support and to perceive help as helpful; immediate response and
subsequent response; perceptions of and meaning ascribed to trauma;
and, qualities assigned to self and others post-trauma. **Event** -
severity, duration, frequency; degree of physical violence and
personal violation; shared with others or suffered alone; and,
“Power Politics.”

Adding further insight, in, “Reactions to Rape Victims: Effects
of Rape Circumstances, Victim’s Emotional Response, and Sex of
Helper,” Krulewitz states:

Victims who have been assaulted by acquaintances . . . have
been found to experience psychological problems and
interpersonal difficulties of longer duration and greater
severity (Burgess & Holmstrom, 1975b; Krulewitz, Note 2)
than are persons attacked by strangers (p. 652).

Burgess and Holmstrom (1978) have reported that recovery
from rape is affected to a large extent by the nature of
support received from friends and relatives as well as from
professional helpers (pp. 652-653).

And in, “Horror, Rage, and Defenses in the Symptoms of Female
Sexual Abuse Survivors,” Ellenson states, “It is the author’s
contention that severe intrapsychic disruptions in adulthood occur in
direct proportion to the type, length, and frequency of **active**
assaults suffered in childhood” (Ellenson, p. 596).
In summary, the determinants of post-victimization are found to fall within five categories: the degree of the abuse; the duration of the abuse; the emotion surrounding the abuse; the mental health of the victim; and, the health of the family and of the victim's social support network.

Corrective Strategies

A review of the literature suggests a variety of areas in which positive change can be enacted to improve services to victims of sexual assault.

Donnerstein and Linz state that, "Forms of violence against women are pervasive. How we change this situation is of crucial importance, and our efforts need to be directed to this end" (p. 616). And Okun states, "Society as a whole plays the crucial role in permitting . . . woman abuse" (p. 115). Lott adds that, "We must dispel old myths about the nature of women (and men) and work toward elimination of the differences in status, power, and expectations that currently separate the genders" (p. 207).

Corrective strategies have been divided into four major groupings: Criminal Justice System, Feminist Action, Education, and Affirmative Action.
1. **Criminal Justice System**

With respect to blaming the victim, in "Attributions for Blame and Responsibility Among Female Incest Victims," Heath, Donnan, and Halpin (1990) conclude that, "Subjects attributed most blame to the offender" (p. 163). Also, in *Intimate Violence*, "Protecting the Victim", Gelles and Straus state:

The sociologist Kai Erikson once said that our systems of preventing deviance operate so poorly that one wonders if the systems are organized to encourage and maintain deviance rather than to control and prevent it. There are many government policies that not only fail to help victims . . . but actually exacerbate the problem (p. 189).

In *Family Sexual Abuse*, Conte states that, "Some (professionals) have even suggested that sexual abuses be decriminalized. Such an action would serve to give the wrong message to offenders about the nature of their behavior and society's feelings about it" (qtd. in Patton, p. 17).

Barry discusses the lack of support found in the Criminal Justice System. Barry cites research that reports 70% of the battered women studied found the police not to be helpful, and that police justify inaction or noninterference in battering, rape and incest cases on many grounds. Barry concludes that policing agency
personnel should receive additional education in the psychodynamics of sexual abuse victims (p. 149).

Further, in, "Taking Sibling Incest Seriously," O'Brien states that,

Professionals in the criminal justice, child protection, and mental health systems have often reinforced the family's resistance to treatment by investigating inadequately, deciding not to prosecute, and failing to provide appropriate treatment" (qtd. in Patton, p. 89).

Bazawa and Bazawa also consider the Criminal Justice System, and they state it has historically disliked, "to intervene in cases of domestic assault." They continue by saying that, although it has made major structural changes to accommodate violence victims, "actual observable change in "street level" justice has not consistently been attained" (p. 136).

With respect to prostitution, Barry discusses the consequences of labeling and concludes that as long as society labels prostitutes as:

... outcasts, they will be expendable as throwaway women, and legally defined as criminals. A widespread campaign for legal change must address the roles into which society has forced these women, and the changes must provide a way out. Consequently, legal change will mean direct confrontation with the laws that protect the enshrined masculine double standards" (p. 235).
Sandel agrees with Richards who states that the court system should take female abuse more seriously and enforce the laws more stringently. For example, Sandel states that the courts frequently mandate a batterer to attend counseling but do not enforce full participation or penalize nonparticipation (Interview, 1991). And Richards states that batterers will often not comply with mandated counseling yet will receive little or no penalty for violating the court order. Richards also states that the female victim is not usually directed toward counseling by the legal system (Interviews, 1990, 1992).

Doyle and Paludi state that all women are threatened by rape, all women are vulnerable, and fear of rape restricts women's behavior (p. 191). Of the 32 college campuses Koss researched, one in four (3,187) had been raped and 30% of these women said they had considered suicide (Doyle and Paludi, pp. 191, 192). Yet Doyle and Paludi report that although rape as a social phenomenon is of epidemic proportions (p. 189), it is under-reported and that those females who do press charges are apt to be met with questions, accusations, and other degrading and humiliating experiences by authorities that are sworn to uphold the laws of society that make the rape of a person a serious felony (p. 190).
In *Criminal Justice Monograph*, Goldstein states that rape is, “an almost entirely masculine crime,” and that, “many victims stated that reporting the crime to the police was almost as degrading and painful as the rape itself.” Also, that many victims feel they are raped twice -- first by the perpetrator and secondly by the system (p. 18). Goldstein offers suggestions for improving the treatment of rape victims and the processing of rape cases through the criminal justice system. For example, omit embarrassing questions about the female's prior sex life; treat the victim first as a hurt person and second as a “piece of evidence;” develop non-judgmental attitudes; use policewomen rather than policemen whenever possible; develop special rape squads who specialize in rape cases; utilize “ombudswomen” to walk ... the victim through the system; and, educate the police in counseling techniques and crisis management (p. 22).

Bazawa and Bazawa state that perpetrators have been treated with leniency until recently and few offenders have been, “required to spend time in jail” (Parnas, 1973, qtd. in Bazawa and Bazawa, p. 64).

The Illinois Legislative Investigating Commission recommends a number of changes in their investigative report, *Child Molestation:*
The Criminal Justice System. For example, refer the child and/or her parents to counseling; create special units to handle child molestation cases so that the child will not have to tell her story numerous and/or needless times; challenge the concept of child molesters as ‘dirty old men’; promote awareness that offenders cut across all societal strata; and, institute public and police education programs regarding child molestation (pp. 169-170). Underscoring the need for increased education of professionals with respect to sexual abuse, Mayhall and Norgard state that:

The notion of the offenders being ‘dirty old men,’ ‘perverts,’ or ‘molesters’ is simply not the case (Elwell: 230 - qtd. in Mayhall and Norgard: 186). . . Seventy-six percent of the older persons who had sexual experiences with girls were known to their victims; 43% were actually family members (Finkelhor, p. 73, qtd. in Mayhall and Norgard, p. 186).

Concerning rape victims, Goldstein offers recommendations for medical personnel. For example, Goldstein states they should administer immediate treatment. Also, they should receive sensitivity training for dealing with sexual abuse victims. Further, they should provide privacy for the victim, and they should also provide the victim with information regarding follow-up care as well as information concerning psychological aid. Goldstein also advocates increased public education.
Concerning minors who have been sexual exploitation victims, Campagna and Poffenberger state that caseworkers, "are often unaware of the seriousness of the victim's trauma." They also state that, "members of the judiciary are sometimes unprepared to deal with charges involving child pornography, procuring, or sex rings." Campagna and Poffenberger conclude that, "The plight of victimized minors is not being properly addressed today" (p. 195). Strategies recommended by Campagna and Poffenberger to combat the sexual exploitation of minors include public awareness campaigns, education in the schools, and legislative review (a re-evaluation of existing laws and incorporation of a "uniformity of language" (p. 218). Campagna and Poffenberger also, "endorse the interdisciplinary task force approach," in collaborating and working toward a solution. They conclude by stating, "A society that can place a man on the moon can surely supply and coordinate the resources needed to end the sexual trafficking in children" (p. 226).

In summary, the literature and interviews with professionals reveal that the Criminal Justice System has made positive changes, yet there remain a number of areas in which further changes should be made to improve services to sexual assault victims.

2. Feminist Action
The women’s movement has been a primary catalyst in effecting positive change for females. Those who promote continued feminist action in behalf of female victims offer many areas in which the movement has effected positive change thus far.

For example, Bazawa and Bazawa state that feminist pressure on the Political and Criminal Justice Systems in behalf of female victims was the major contributor to discerning, “The cavalier attitude of male-dominated police agencies and prosecutor offices to such crimes,” (p. 69).

Also, Thompson states, “For all of the resistance it has generated, the women’s movement has provided a stimulus for some men to accept women as equal partners many areas of life” (p. 7). Schechter adds that many battered women remain trapped “practically and emotionally” today, but that, “prior to the women’s movement, their predicament was even more impossible” (p. 26). Barry gives the Women’s Movement credit for bringing the issues surrounding woman battering to the public’s attention (p. 143). And Doyle and Paludi assert that the women’s movement has made the public more aware, “of the seriousness and magnitude of domestic violence (which include incest and marital rape)” (p. 198).
In summary, positive results that have emerged from the feminist movement thus far include, but are not limited to, increased public awareness, changed and enforced laws, improved treatment of victims, and the establishment of battered women’s shelters. Nevertheless, many areas remain in need of alteration.

3. Education

The need to disseminate information through a variety of avenues is strongly urged in the literature. For example, Straus and Gelles, in their study of the change in family violence from 1975 to 1985, state that:

As in the case of research on smoking, our findings provide a basis for believing that when a national effort is made about some aspect of intrafamily violence, a national accomplishment can be achieved. Moreover, the findings also show that an intensified effort is needed (p. 475).

And in, "Reactions to Rape Victims: Effects of Rape Circumstances, Victim's Emotional Response, and Sex of Helper," Krulewitz reports that,

The results of the present study point to a need for community education as well as professional education and continued professional training in the area of rape victimization and counseling. Future work might more directly address attitudes and counseling goals of counselors in terms of the effects of rape circumstances, victim’s emotional response, and sex of counselor (Krulewitz, p. 653).
Lipovsky reports on, *The Sexual Trafficking in Children: An Investigation of the Child Sex Trade*, by Campagna and Poffenberger, and summarizes their recommendations:

Research; training of professionals; public education of parents and children; legislative review and action; improved methods for detection, reporting, and record keeping; and therapeutic intervention are needed on a wide scale to begin to curb the problem on local, national, and international levels (p. 451).

Regarding battered women educated through counseling who make positive choices after counseling/education, Ferraro and Johnson state that, “When previously rationalized violence is reinterpreted as dangerous, unjustified assault, battered women actively seek alternatives” (p. 115).

In summary, the education of victims, perpetrators, the public, the Criminal Justice System, the medical profession, and treatment providers, is stressed in the literature as one way to combat female victimization.

4. **Affirmative Action**

The literature reflects that one of the primary factors that works to keep females in exploitative and victimizing relationships and environments is economic dependency.
For example, Strauss and Kalmuss (1984) state that a female's economic dependence upon a man is the major predictor of severe female abuse and that economic disadvantage, as well as the increasing numbers of women who live in absolute deprivation, weakens the female's choices, options, and confidence.

Gil states that even with all of the recent strides and gains in women's rights over the last twenty years, the average female's salary has increased just $.01 (one cent) per hour in relation to a man's salary. Gil states that recent literature may reflect a greater increase, but when the current trend toward reduced benefits and hiring female workers on a part-time basis to avoid paying benefits altogether are factored into the calculations, the reality is an even lower overall increase than previously believed (Lecture, November 6, 1990).

In summation, the literature reflects that economic equality and independence will assist females in avoiding many exploitative and victimizing situations and relationships.

In summary of this section, there are many avenues by which positive change can be effected to help in the area of female victimization. These include, but are not limited to: reforms in the Criminal Justice System, changes within the helping professions,
continued feminist movement efforts, increased educational efforts, and increased affirmative action efforts.
CHAPTER III

FINDINGS

This research addresses the psychosocial consequences experienced by female sexual assault victims of male perpetrators. It next researches the determinants of post-victimization dysfunction. It further looks at proposed strategies for improving intrapersonal healing from, and effecting societal change in combatting, sexual violence.

In "Psychotherapists' Knowledge About and Attitudes Toward Sexual Assault Victim Clients," Dye and Roth state that, "We seem to have come a long way since the days when Freud (1896) hypothesized that women fantasize and invent episodes of sexual assault, since Deutsch (1944) discussed women's unconscious desires for rape, and since researchers published articles on children's 'incest impulses' "(e.g., Sloane and Karpinski, 1942 - qtd. in Dye and Roth, p. 210).

We now know that the sexual victimization of females is almost exclusively male perpetrator in nature (Campagna and Poffenberger, p. 182; Thompson, p. 6; Ritter, p. 48; Patton, pp. 226-7). We also
know that it is a societal problem of epidemic proportions (Lott, p. 203; Barry; Campagna and Poffenberger, p. 3; Doyle and Paludi, p.189). We now also see that sexual victimization of females is linked to the victim’s development of severe symptoms in adulthood (Ellenson; Kilgore; Rosenthal, qtd. in Ellenson, p. 595).

Sexual abuse adversely impacts the lives of 30% - 46% of the American female population who are its victims. This research has compiled a multitude of psychosocial consequences these victims might incur. For example, sociologically the victim’s social support network is often severely negatively impacted (Gidycz and Koss, 1989, pp. 139-149). The female victim also frequently enters into destructive situations and relationships, such as, drug abuse, promiscuity, pornography, prostitution and battering (Maram, 1990; Okun, p. 114; Russell, 1986, qtd. in Patton, pp. 129-130; Carter and Parker, p. 115; Henderson, 1990; Campagna and Poffenberger, qtd. in Lipovsky, pp. 450-451; Matthews, Raymaker and Speltz, qtd. in Patton, p. 152; Kasl, pg. 248).

The female sexual abuse victim is seen to also frequently be revictimized by “the system” and society at large (Dye and Roth, pp. 193-194, 206-209; Krulewitz, p. 652; Barry, p. 142). Victims are seen to often become a stigmatized group who live on the fringe of
society (Crocker, McGraw, Thompson, and Ingerman, p. 915; Koss and Burkhart, p. 32). Further, victims of sexual abuse are often viewed as responsible for their own victimization, and many suffer re-victimization by persons in the Criminal Justice System, the medical profession, and the counseling profession (Calhoun, Selby, Cann, and Keller, 1978; Calhoun, Selby, and Warring, 1976; Deitz et al., 1984; Feldman-Summers and Lindner, 1976; Field, 1978; Kanekar, Pinto and Mazumdar, 1985; Kanekar and Kolsawalla, 1980; Kanekar and Vaz, 1983, qtd. in Kleinke and Myer, p. 349).

The aggregate psychosomatic and psychological dysfunctions a female sexual assault victim incurs post-victimization is seen to range from sadness to suicide. Resummarized, these consequences include but are not limited to: alienation, increased self-isolation tendencies, eating disorders (such as anorexia nervosa, bulimia nervosa, and obesity), migraines, stress disorders such as rashes and bleeding, anger, anguish, anomie, anxiety, avoidance, Borderline Personality Disorder (BPD), crying, decreased self-esteem, degradation, deindividuation, denial, depression, despair, fear, fear of physical injury and death, feeling unsafe, grief, guilt, helplessness, hopelessness, horror, humiliation, hysteria, inability to trust, increased dependence, hallucinations, insecurity, Multiple
Personality Disorder (MPD), nightmares, numbness, passivity, pessimism, phobias, Post-Traumatic Stress Disorder (PTSD), rage, repression, sadness, self-blame, self-loathing, sexual dysfunctions, shame, shock, sleeping disorders, stigmatization, stress reactions, substance abuse, suicidal ideation, suicide, undermined sense of strength, and violated trust (please refer to Literature Review section for references concerning dysfunctions).

The five primary determinants of the degree of post-victimization dysfunctions incurred by victims of abuse are the degree of abuse (Ellenson, p. 596; Harvey), the duration of abuse (Ellenson, p. 596; Harvey), the emotion surrounding abuse (Krulewitz, p. 652; Harvey), the health of the victim (Koss and Burkhart, p. 29; Harvey), and the health of the victim's family and social support network (Koss and Burkhart, p. 29; Krulewitz, pp. 652-653; Harvey).

Next, areas in which efforts are being made to combat female sexual victimization on both a societal and intrapersonal level are known to include modifications to the Criminal Justice System, as well as within the medical profession. Also, the advantage of continued feminist proaction efforts are present. Next, the need for massive societal, community, and personal educational efforts is understood. Finally, the need for increased affirmative action
efforts to equalize the economic status and opportunities of females is demonstrated.

With respect to female sexual victimization, Roszak and Roszak (1970) appear to be correct when they state that, “the world is groaning beneath the terrors of his masculinity.” For indeed, the psychosocial consequences to female survivors of sexual victimization are demonstrated in this paper to be multitudinous, often severe, usually complex, and in many cases, fatal.
1 The high rate of reporting was attributed to Peters having asked several questions and having performed face-to-face interviews (Cutler and Nolen-Hoeksema, p. 425).

2 Paraphilia includes voyeurism, exhibitionism, and obscene telephone calls (Masters, Johnson and Kolodny, pp. 457-459).

3 Incest, according to Masters, Johnson, and Kolodny, "refers to sexual activity between a person and a close relative, such as a parent, a brother or sister, a grandparent, or an uncle or aunt" (p. 480). For purposes of this paper, incest is defined as sexual contact between family members or those living in a family-like relationship.

4 Rape includes stranger rape, date rape, marital rape, group/gang rape, ritualistic rape, and sadistic/violent rape. Rape is defined as ,"any sexual intimacy forced on one person by another. Rape differs from acceptable sexual relations in one, and only one, concrete way. One person is unwilling and is therefore forced" (Medea and Thompson, 1974, p. 12, qtd. in Goldstein, p. 6). Koss and Burkhart say rape is, "Directed, focused intentional harm involving the most intimate interpersonal act" (p. 31). And, according to
Brownmiller, "In the legal sense, rape is an act of sexual intercourse with a female . . . against her will and consent, whether her will is overcome by force, threat, fear or incapacity to exercise rational judgment" (p. 368, qtd. in Bradley, p. 1).

Pedophilia is, “Literally, ‘love of children’” (Masters, Johnson, and Kolodny , p. 453). “Pedophilia is a term used to describe a condition in which the child is the preferred sex object of the adult,” and, “Three characteristics of [this type of] sexual abuse are: (1) the acts are against children; (2) the acts are considered inappropriate by society; (3) the adults have a substantial advantage in authority, power, and sexual sophistication over their child partners” (Mayhall and Norgard, pp. 176, 177).

Prostitution includes voluntary prostitution, the multi-billion-dollar-industry of teenage prostitution of runaways, abduction and/or forced prostitution, female sexual slavery, and the sexual trafficking in children (Ritter; Barry; Campagna and Poffenberger).

Pornography includes voluntary adult pornography involving females, females under eighteen, often referred to as “kiddie porn,” is a medium by which, “the victim is reduced to an object or animal state, (to) satisfy both the pleasure and profit expectations of exploiters,” and although there are laws against it, child
pornography is a “multilevel, complex, and sophisticated phenomenon that often goes undetected” (Campagna and Poffenberger, pp. 133-139). Pornography is not analogous to erotica, in which “sexual behavior is instrumental to mutual pleasure”. According to Lott, “Steinem (1978) points out that erotica comes from the root word *eros*, that it pertains ‘to passionate love or sexual desire’ and is defined by the depiction of sexual love. It implies positive choice, acceptance, shared pleasure, communication, and, as Maureen Howard (1983) suggests, it may ‘reveals to us the wonders . . . of our sexuality’ and encourage ‘personal revelation’” (p. 190).

8 Sexual trafficking in children is the commercial sexual exploitation of children, generally committed by nonfamily members of the child (Campagna and Poffenberger - qtd. in Lipovsky, p. 450). It includes: child pornography, prostitution, sex rings, molestation (outside the family), the sex tourism industry, white slavery, bogus adoption schemes, nude dancing or modeling, apprenticeship or recruitment for prostitution, procuring, and indenturing (Campagna and Poffenberger, p. 5).

9 Battering is, “Any behavior that seeks to control a partner, reduce their rights, and disempower them” (Susan, p. 30).
“Whenever one person uses force to control, or hurt another person’s body, mind, or spirit . . . that’s battering (Women’s Transitional Living Center, 1990). Woman battering is more common among females sexually victimized in childhood (Russell, 1986, qtd. in Patton, pp. 129-130) and often includes marital rape (Finkelhor and Yllo).

10 With respect to female sexual slavery, according to Barry, “. . . street pimp strategies and goals do not differ significantly from those of international procurers. Female sexual slavery then refers to international traffic in women and forced street prostitution taken together” (p. 7).

11 Social support is the flow between people of emotional, instrumental or informational aid (House, 1981; Thoits, 1982; Wills, 1985, qtd. in Stets, p. 3). Without social support, psychological problems such as depression are more likely to occur (Hughes and Gove, 1981; Lin et al., 1986; Thoits, 1984; Vega et al., 1986, qtd. in Stets, p. 3). Social support acts as a buffer for stress, enabling people to better cope with their problems (Cohen and McKay, 1984; Cohen and Wills, 1985; Gore, 1981; House, 1981, qtd. in Stets (1991) paper presented at the Pacific Sociological Association, p. 3)
Social identity is, “that part of the individuals’ self-concept which derives from their knowledge of their membership in a social group (or groups) together with the value and emotional significance of that membership” (Tajfel, 1982, qtd. in Crocker, McGraw, Thompson, and Ingerman, p. 915).

A rape advocate is a person who serves as an intermediary for the victim; who is specially trained to provide information about medical and legal procedures and to bolster, support and provide assistance in decision-making (Katz, p. 54).

Depression is the most common psychological or psychopathological problem (Izard, p. 327). Differential emotions theory holds that depression is a pattern of fundamental emotions including the key emotion of distress and variable combinations of anger, disgust, contempt, fear, guilt, and shyness. It also recognizes the role of other affective factors such as decreased sexuality, increased fatigue, and loss of sense of physical well-being (Izard, p. 328).

Fear derives from a threat, as well as the potential harm, which may be physical or psychological. Intense fear is the most dangerous of all emotional conditions, and the experience of fear can
range from apprehension to terror. A severe fear-shame bind can produce paranoid schizophrenia (Izard, pp. 356, 382-384).

16 The prime cause of grief is loss; grief is likened to distress, sadness, depression and despair (Izard, p. 303).

17 Distress-anguish is a result of a continued excessive level of stimulation, such as pain, disappointment, failure (real or imagined) and loss. Feelings associated with anguish are sadness, downheartedness, and discouragement (Izard, p. 286-288).

18 Auditory hallucinations - the hearing of "intruder" sounds . . . of human activity (Ellenson, p. 590).

19 Visual hallucinations - the most frequently reported being that of quickly moving, furtive, shadowy shapes seen in peripheral vision (Ellenson, p. 590).

20 Tactile hallucinations - may range from being touched or fondled to being firmly grabbed or pushed (Ellenson, p. 590).

21 Kinesthetic hallucinations - sensations of movement. One of the most common is an impression of an earthquake or similar movement while lying in bed (bedquake) (Ellenson, p. 590).

22 Psychic hallucinations are quite common and consist of an evil or otherwise dangerous presence being in the home (sixth sense hallucinations) (Hinsie and Campbell (1976), qtd. in Ellenson, p. 590).
Shame and guilt often occur together but while shame typically involves the real or imaged sanctions of other people - guilt is mainly a function of internal sanctions, resulting from the violation of ethical, moral, or religious standards (Izard, p. 451). "Guilt is self-blame about a specific act that runs counter to one's value system" (Robertiello and Gagnier, p. 118).

Some causes of anger include, personal insult, frustration . . . being taken advantage of, and being compelled to do something against one's wishes (Izard, p. 330). Anger causes the person to feel great tension, second only to that in fear (Bartlett-Izard, qtd. in Izard, p. 331).

"Shame . . . is a feeling of total unworthiness" (Robertiello and Gagnier, p. 118); "the emotion of indignity, defeat, transgression, and alienation . . . (the person) feels naked, defeated, alienated, lacking in dignity and worth" (Tomkins, 1963, p. 185, qtd. in Izard, p. 390). The person feels a heightened degree of self-consciousness, self-awareness, or self-attention and may stammer and make awkward movements and strange grimaces (Izard, p. 389). Shame is the emotion of indignity, defeat, transgression, and alienation - an inner torment, a sickness of the soul (Tomkins, 1963, qtd. in Izard, p. 390). Shame "increases the permeability of the
boundaries of the self. A person is more vulnerable in a state of shame" and, "shame has a highly adverse impact upon a person's rational intellectual processes" (Lewis, 1971, qtd. in Izard, p. 401). "If a person frequently experiences shame, especially intense shame or humiliation, and is incapable of responding effectively or of using one of the more adaptive ego defense mechanisms (denial, self-affirmation), then the individual is likely to experience distress, inner-directed hostility, fear, and guilt -- the emotion components of depression" (Izard, 1972, qtd. in Izard, p. 404).
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