# SEXUAL ASSAULT

## A Literature Analysis



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# ANALYSIS OF THE SEXUAL ASSAULT LITERATURE: AN OVERVIEW

Stanley L. Brodsky

What? Make sense of 1,500 articles and books? That goal itself hardly makes sense. However we have just finished reading these 1,500 documents anyway, and the only real counterweight to our well justified modesty is the argument, if not us, then who? Any comfort we feel, in the face of our own lack of knowledge, arises from the context of uncertainty, doubt, and ignorance about sexual assault in which we find ourselves. William Stafford described the process nicely in his poem titled Comfort:

> We think it is calm here
> Or the storm is the right size.

A bias must be noted. We are located in a university setting and we have especially valued scientific approaches and research in our analyses. The limitations of scientific studies in sexual assault are many. Mahoney (1976) asks, "Is not science then an unending succession of shared delusions, each embellished by its own perceptual bigotry?" (p. 169). The fallibility of the scientist is clear: "His research findings--the 'raw data of knowledge'--are often contaminated by personal biases and distortions. He is often a dogmatic creature--intolerant of contrary views, resistant to unsavory data, and more faithful to his theories than to anything else" (Mahoney, 1976, p. 169). Yet once the fallabilities and impairments are recognized, then

the scientific study of sexual assault becomes more meaningful than any other source of knowledge. Thus the present reviews represent in part a weighting and sorting, a pattern of not discussing little known and valueless research, and attempting to draw heavily on scientific studies of high quality. The objectives are to illuminate truths and myths, to clarify existing trends, and to point ahead for professional developments and citizen actions.

## VICTIMS AND SERVICE DELIVERY

The literature has shown a shift in attitudes toward victims in the last decade. Concerned feminists and other citizens have sought to develop greater empathy with the plight of the victim. The lack of appropriate services by justice agencies and medical facilities has been criticized and in part remediated. Within justice agencies and medical centers, paid counselors and specialists have been selected for sensitivity and concern for victims' needs.

Victim crisis centers apparently have had substantial impact on individual victims and the justice system, but they are just beginning to move toward documentation of service needs and effectiveness. As changes occur in justice agencies, in victim treatment, in medical personnel attitudes, they should be carefully observed and reported in ways that are replicable.

## OFFENDERS

Much of the literature on offenders comes directly from experience with psychological and social deviance of many sorts,

of whom sex offenders are simply one subclass. Treatment programs tend to be group therapy and behavior modification, with a developing trend toward cognitive programming. In the last few years, a "hard science" technology has emerged for assessing and treating sexual assailants. This technology includes careful study of antecedent conditions and addresses itself toward extent of arousal and targets of sexual arousal in these offenders. For example, penile volume measurement in differential reactions to sex targets have been carefully described and reported.

## RESEARCH DEFICITS AND NEEDS

Well over 90 percent of the reviewed research studies in the last 12 years showed substantial or pervasive flaws in research design, procedures, data analysis or interpretations. Some research presented data in the service of preformed opinions; conclusions seemed to be drawn well in advance of the studies and data. Three reasons may be discerned for the substantial deficits in sexual assault research. First, the behaviors with which the researchers are concerned are not readily accessible. Second, there are fundamental issues of protection of the rights of victims and offenders that compete with controlled research designs. Finally, much sexual assault research is conducted because of data availability rather than desirability of topic. This available-data utilization is illustrated by the many studies that report the times of day

or month in which sexual assaults in the community are highest and lowest.

In contrast, there is another genre of studies in which control is exerted at the expense of generalizability. This loss is particularly true for laboratory social-psychological studies of attribution of guilt and responsibility on the part of the rape victims. In many of these studies, the attribution process rather than the nature of sexual assault itself is the prime concern.

The characteristics of successful and meaningful research in sexual assault should be noted. The research of Burgess and Holmstrom (1974) represents just such a meaningful investigation. Such research is longitudinal in nature, draws on relatively large samples, is conducted in naturalistic settings, and avoids the problem of criterion contamination. Such research is time consuming and requires painstaking efforts to work within a service agency, to protect the confidentiality and well-being of the clients, and to combine humane concern with scientific objectivity. Nevertheless, it is just such extensive commitments of professional and personal resources and thoughtful problem definition that yields highly applicable results.

## CRIMINAL JUSTICE AGENCIES

The literature from criminal justice agencies is basically descriptive rather than critical or analytical in nature. These descriptions take the form of official action summaries and reports of programs, of new methods, and of agency policy changes.

There is an important role for such descriptions. They provide a base of information for changing agency operations in areas relating to sexual assault. There are severe limitations, as well, in an emphasis on descriptive reports. Such reports do not provide key information on program evaluation, results of comparative programs or policy efforts, and internal as well as external assessment of outcomes, all of which should be undertaken.

## CHALLENGING MYTHS

In the years from 1970 to 1977 observers have begun to challenge a variety of myths relating to rape and sexual assault. The areas investigated have been rates of reporting of sexual assaults, emerging patterns in treatment of offenders and the ability to benefit from treatment, and prevention of rape. The literature has addressed itself particularly to dispelling or disproving the following beliefs:

Rape can be prevented by any woman who seeks to avoid it.

Sex offenders are pervasively evil or psychopathological.

Women report sexual assault in order to manipulate or blackmail men.

The objections and challenges to these sexual assault myths are strident, based both on case examples and experience and factual knowledge.

## REDUNDANCY

The reader of many articles in the area of sexual assault discovers that the same thing is being said over and over again.

While such redundancy may be satisfactory and useful for local audiences, it surely is not useful for national audiences. An apparently fresh discovery to one professional or citizen often has been discussed in 20 other papers. The repetitiveness arises from a strong desire and felt mission on the part of many writers to achieve a de-mythologizing of sexual assault and to insure the widest possible readership for these attitudes and positions.

## FAMILIES

Incest represents the one offense in which the families of the offender and the victim are identical, and it is in the incest area that the largest amount of attention has been directed toward families. The source of the offense is rarely seen in the offender or victim alone but more typically within problems in the entire family and thus family therapy is a frequently recommended treatment. In other sex offenses there is little information available about families of both victims and offenders. For example, families of victims have been portrayed as punitive toward the victim. While undoubtedly true under many circumstances, there is insufficient knowledge to support this as a typical reaction. The families of offenders have been the subject of only four journal articles, two of which attribute partial responsibility for the sexual assault to the rapists' wives. The belief among observers in the importance of family variables is as great as is the absence of meaningful research.

## RECOMMENDATIONS FOR FUTURE RESEARCH

It is impossible to assess over a thousand articles, papers, and books written in the area of sexual assault without developing strong opinions. The recommendations here come out of that process of sorting and judging, as well as some pre-existing priorities of the reviewers. When we annotated the literature, we had an explicit objective of not indicating any critical assessment. Thus our accumulated (and, yes, pent-up) judgments and opinions have finally been allowed to surface.

These recommendations for further research are not based on ease of undertaking. Rather these recommendations are based on lacunae in knowledge that need to be filled.

1. Situational Determinants and Influences. The largest volume of articles address themselves to victim issues, to study of the offender, and to descriptions of societal concerns. More research is needed into the actual transactions between offenders and victims and the situational and environmental factors that antecede and prevent a sexual assault.

2. Rape Within Marriage. Of all types of sexual assaults, there is reason to believe that rape within marriage is among the least reported. There is legal protection offered to the assailant in this case, as well as even greater than usual reluctance of the victim to report the assault. These elements would appear to make the marital setting a safe haven for sexual assault. Such assaults in the context of sexuality and

aggression within the marriage are part of the broader area of inter-family violence, and deserves explicit attention, study, and intervention efforts.

3. Reporting of Sexual Assault. Victimization studies have indicated highly variable rates of sexual assault reporting, ranging from 30 percent to a much lower percentage. The difficulty in getting victims to report and the social factors that mitigate against reporting have been well explored in the literature. It is recommended that research be undertaken to experimentally vary different methods of promoting high rates of reporting. These methods might include greater access, encouragement, community education, and immediate consequences.

4. Prevention Methodologies. A variety of approaches have been proposed to prevent sexual assault. A research and development program should be undertaken to test comparative assumptions and outcomes of major models of rape prevention. This would include exploration of self-defense models, of educational models, or interpersonal manipulation models and others. Such deliberate and wide scale variation of models would allow possible victims to know the highest likelihood of success of prevention efforts in different situations.

5. Group Offenders. A substantial minority of sexual assaults are committed by several offenders on a single victim. Peer pressures, rites of transition, and situational influences on group rapes need to be studied. Similarly differential attention should be directed to victim problems when assaulted by more than one offender.

6. Rape in Institutions. The prison setting has been the predominant location for study of institutional rape. Rape in geriatric institutions, schools for the retarded, the public schools, mental hospitals, and other total institutional settings does exist and has been minimally studied and reported. Attention to these institutions will reveal repeated patterns across institutions with implications for prevention and for helping the victims.

7. Alcohol Use and Rape. The rate of severe alcohol usage among rapists is 40 to 50 percent according to a series of studies. While over a hundred studies have been conducted in the area of alcohol use and crime, sexual assault and alcoholic assailants has been minimally explored. In addition, if a potential victim is aware that the threatened assailant is highly intoxicated, there may well be specific strategies that should be chosen or attempted by the potential victim.

8. Models for Service Delivery. There are a variety of models for victim service delivery that have been tried. Some are crisis center models, others are free-standing pregnancy counseling-rape counseling centers, and still others are associated with public agencies, with police departments, with courts, or with women's centers. The staffing on these agencies varies as does the level and kinds of training. Alternate models need to be explicitly studied, intensity and kinds of training need to be evaluated, and technology transfer packages developed so that successful programs may readily be incorporated in other settings.

9. Applications. There is much useful information that is present but is not applied. A major priority should be to develop formal and informal working mechanisms to allow application of existing knowledge. This is particularly true in terms of phases of victims' responses to the assault. Both adult and child victims go through a series of stages interrupting their life development cycles. Such applications of knowledge particularly can implement positive support and intervention schemes.

10. The Male Victim. Male victims, both adult and children, are reluctant to report sexual assaults, for the same reasons women are so reluctant to report: feelings of humiliation, feelings of self-blame, fear of the subsequent legal process in which they will be engaged. Some literature does exist in regard to victims of pedophilia. However the topic of male victims needs to be defined and emphasized as a problem area.

11. Feedback Mechanisms. Much of what goes on with both offenders and victims is conducted in private. That is, the interviews of police, the preliminary pre-hearing or pretrial work of the courts and the activities in medical facilities are done privately, isolated from outside observation. Agency personnel therefore do not get systematic feedback on how well they do. The victims themselves do not have any comparative range of experience to be able to judge how well they are handled. Thus, formal feedback mechanisms including internal monitoring and assessment within such agencies need to be experimentally developed and implemented.

## CONCLUSION

These recommendations are not comprehensive. Rather they identify selective priorities and neglected knowledge areas. The following chapters offer more detailed and explicit analyses of problems relating to understanding the offender, to the victim, to legal issues, and to medical treatment. A last chapter describes sources of information about sexual assault that we have found useful.

As a final note, we are optimistic as a result of the developments in the sexual assault literature. For every anachronistic echo of 19th century provincialism toward assaults, there is a positive, humane, or inspiring report. A burgeoning number of enthusiastic and aware professionals and citizens have taken pen to hand to expand knowledge about sexual assault. We are encouraged.

# CHAPTER II.

# UNDERSTANDING AND TREATING SEXUAL OFFENDERS: THE STATE OF THE ART

# UNDERSTANDING AND TREATING SEXUAL OFFENDERS: THE STATE OF THE ART

Stanley L. Brodsky

## Typologies of Sexual Assailants

One frequent scientific and clinical procedure with rapists and other sexual assailants has been to search for communalities and causes. This search has discarded the belief in a single type of person as rapist. Pacht (1976) has asserted that it is a myth that all rapists have similar characteristics; they are not the ". . .oversexed, stupid, animalistic monsters portrayed in the literature" (Pacht, 1976, p. 91). What they are, however, is more difficult to ascertain than what they are not.

Dozens of typologies of rapists and other sexual aggressives have been developed. A key issue is to understand why so many typologies have been developed. The nature of settings in which the subjects are located and the kinds of individuals performing the typing give some clues. Psychiatric settings, forensic hospital units, prisons, special institutions, and court clinics all draw on somewhat different samples of offenders. What they start with is what they get. In the same sense, the particular theoretical perspectives and backgrounds of the clinicians or investigators strongly influence the search for types.

Equally compelling influences are the dimensions along which the individuals performing the typing choose to organize the assailants' behaviors. These organizing dimensions have included the pre-assault transactions between assailant and victim, the life patterns and the psychodynamics of the assailant, the violence level, and the target persons.

One typology based on assault transactions is that developed by Groth (1972). Attending especially to pedophiles, he utilized a five-point continuum starting with passive types. These passive individuals use enticement and seduction, and are easily dissuaded. The continuum then moves along points of passive-exploitive, exploitive, exploitive-aggressive, and aggressive types. The aggressive type at the upper end of the scale is characterized by sexual sadism and use of physical force.

The development of a continuum is conceptually important for it suggests common elements in assailants are present, differentiated mostly as a matter of degree. With sufficiently careful study, any assailant may be placed along the continuum. By contrast, others have developed discrete classes in their typologies. Thus in Bromberg and Coyle's (1974) five-place lifestyle typology, membership in each category is mutually exclusive from each other. Assailants are grouped into types of the immature rapist, the gang rapist, the adult rapist, the lonely rapist, and the despoiler reaction.

Discrete categorizations were also developed by offender psychodynamics in the studies of Cohen and his colleagues. Cohen, Garofalo, Boucher, and Seghorn (1971) described rapists within their sexual offender treatment program

as either aggressive, sexual or sadistic. The aggressive rapist was characterized by anger toward the victim and efforts to humiliate her. The sexual rapist, on the other hand, would pursue genital self-satisfaction and show no brutality, and little or no violence. The third type, the sadistic rapist, needed the violence of the act to become sexually aroused.

Two other organizing dimensions are by violence level and target. An example of violence level is present in the perspective of Roebuck (1967); in his categorization of all offenders, he described sexual assailants as readily divided into aggressive and non-aggressive types. An example of typing by target is present in Nedoma, Mellan, and Pondelickova's (1971) categories. They organize offenders into three groups by the age and sex of the victims. Their pedophiliac subjects fell into groups that assaulted boys, that assaulted girls under 12 years of age, and those who assaulted girls over 12.

The next needed task is to develop a typology of typologies. The possible range extends from the molecular to the molar and from the sociological to the intrapsychic (Pacht, 1976). The search for a taxonomy of sexual offenders is important. Potentially it would allow for a synthesis of great masses of information and clear and cogent direction for treatments and for further research. With dozens of typologies at hand, the need is not simply for more typologies. The need that exists is for a theoretical and empirical synthesis of existing types. Are there three or five or eight dimensions that cut across all typologies of offenders? Do offenders act in ways that fall along a single dimension or are the behaviors part of two or more orthogonal

dimensions? These questions do permit investigation and potential answers, and the factor-analytic and data grouping methodologies that have emerged from the study of psychopathology offer courses of action for beginning to answer these questions.

## Psychological Characterizations

In contrast to the typological approach to understanding sexual offenders, the characterizations approach seeks to describe the traits consistently present in such offenders. The typologist looks for differences; the characterizer looks for communalities that cut across many sexual offenders, and which distinguish them from other offenders or from control groups. Because there are many ways to slice the body of potential knowledge in psychological characterizations, the selection of target behavior realms always influences the resultant characterizations.

The work of Calvin Hall in dream analysis is well known and often cited. Thus it was not surprising that the work of Hall and a colleague used dreams as the major behavior realm for their psychological analyses. The personality of one child molester was studied through 1,368 of his dreams, as well as through test batteries (Bell & Hall, 1971). These results were used to discuss implications for the general psychodynamics of pedophiles.

The prior works of few other investigators are as apparent and accessible as those of Hall, but the principle remains the same. Investigators look at sexual offenders through the same methodological lenses as they look at other psychological phenomena. Thus Calmas (1965) attended to the fantasied

mother-son relationships of his rapist subjects, and Cowden and Morse (1970) studied MMPI and Sex Inventory results among sexual aggressives.

From the efforts to find communalities, there are some repeated themes. One among these is of a non-empathic, interpersonally deficient person. Thus, one pair of investigators concluded: ". . .what there is in common (among sexual offenders) is a serious defect in interpersonal relationships, an absence of mature, selfless concern for the victim of his obsession, an inability to love in a desexualized manner, a terrible sadness and sense of loneliness, a lack of sublimation, and a totally narcissistic, self-centered orientation" (Cohen & Boucher, 1972, p. 62).

Still another theme is that rapists and pedophiles suffer from a lack of assertiveness, aggression, and self-confidence. Their offenses are not seen as paradoxical with this impairment, but rather as arising out of the inability of the offender to achieve heterosexual as well as social objectives through conventional patterns. Fisher and Rivlin (1971) investigated 100 forcible rapists in a California correctional facility, and found several differences along these traits, using the Edwards Personality Preference Scale (EPPS). They reported:

> Rapists, compared with normal males, tend to be less aggressive, less independent and self-motivated, and less self-assured and dominant. They demonstrate a greater heterosexual need, a greater propensity to analyze introspectively their own and others' motives, to be more self-critical and to have a greater need to endure (Fisher & Rivlin, 1971, p. 183).

The Fisher and Rivlin study represents in part those investigations which compare sexual assailants to norms for non-confined adult males. While such a procedure will often yield large numbers of control subjects (4,031 in the EPPS norms), the lack of comparability of the subject groups presents an imposing difficulty. The effects of incarceration alone frequently elevate or change psychological states of being and thus test scores. Furthermore, many of these studies assess offenders at the time of entry into a prison or treatment unit, a time at which the offender is seeking to make particular impressions in response to the situational demands. Resolutions of this difficulty are to use relatively normal people within confinement settings as control subjects, to assess preconfinement assailants who are still in free world living, or to develop extensive assailant norms for within group comparisons.

Six studies of sexual offenders' personalities are summarized in Table 1. Each attempted to define major personality features of assailants. Rader (1977) and Thorne and Haupt (1966) compared rapists to other groups of adult males. The remaining four studies simply investigated characteristics of rapist groups. All reported some descriptive features of the rapists, ranging from castration feelings to MMPI-indicated psychopathology. One study reported that decompensatory rapists showed excessive violence and sadism; however, no definition of non-excessive violence and sadism was offered.

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Insert Table 1 about here

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These studies are presented for the purpose of illustrating the nature of findings and research on this topic. No clear or singular pattern of findings

Table 1

SELECTED STUDIES OF SEXUAL ASSAILANTS

| Author and Year | Subjects and Method | Findings |
|---|---|---|
| Hammer (1968) | 386 subjects with sexual deviations including rapists and pedophiles | Intense and frequent castration feelings and Oedipal involvement |
| Lopez (1970) | Compared characterological offenders (assault was consistent with life style) with decompensatory offenders (assault not consistent with life style) | Decompensatory offenders were healthier during a stressful film, they were less responsive on palmar sweat, and more accurate and intense in perception of human emotion |
| McCaldon (1967) | Psychiatric interviews of 30 rapists in prison | Half were sociopathic, half were "defensive." Latter subjects were hostile to women, inadequate, and showed "excessive violence and sadism." p. 54 |
| Marcus (1970) | Group diagnostic evaluation of 10 dangerous sex offenders | 14 factors were found associated with degree of dangerousness, including lack of concern for victim, absence of psychosis, and brutality sustained as child |
| Rader (1977) | 47 rapists compared to 36 exposers and 46 assaulters on MMPI | Rapists significantly higher than exposers on seven scales and than assaulters on three scales |
| Thorne and Haupt (1966) | Two large samples studies of attitudes toward sexuality among rapists and five other groups | Rapists were most similar to homicidal felons in both studies |

may be elicted. Indeed, even no complex pattern emerges through synthesis and integration of the materials. The studies in Table 1 accurately reflect the nature of these psychological studies--a mish-mash of isolated, sometimes contradictory investigations. No sustaining theoretical structure has been derived from such research, and few implications for treatment, prevention, or programmatic development may be drawn from this body of research and clinical reports.

## The Wives of Assailants

Only four reports have appeared concerning the wives of sexual offenders (Palm & Abrahamsen, 1954; Garrett & Wright, 1975; Hitchens, 1972; Nelson, 1974). In view of the many descriptions of the wives and families of prisoners in general, so few studies are noteworthy. The two studies that attended especially to wives' personalities will be discussed.

One investigation observed an "amazing similarity" in the Rorschach protocols of the wives of eight rapists. Palm and Abrahamsen (1954) reported that ". . .all records without exception reflected the image and the influence of a threatening and sexually aggressive father figure. This figure was symbolized by responses such as: 'monster walking toward me. . .'" (p. 168). The wives experienced a marked fear of men that was interpreted as a defense against their underlying desires to be raped or assaulted. The women were passive, submissive, and fearful, yet had intense latent hostility toward men. They both invited and rejected sexual aggression, in part motivating the rape.

All of the 11 wives of rapists studied by Garrett and Wright (1975) stated that the openness and understanding of their relationships had been

strengthened by their husbands' incarceration at the Atascadero State Hospital. "The women appeared to gain considerable satisfaction from the offenses of the husbands" (p. 151), and assumed personal and social dominance following the arrests.

These studies are only preliminary. The samples are small and the generalizability limited. Nevertheless, they raise the possibility that the wives and other family members of sexual aggressives may offer an important additional window into the motivational and phenomenological worlds of these offenders.

## Surgical and Chemical Treatment

Surgical treatment approaches consist of brain surgery and surgical castration of offenders; brain surgery will be considered first. While more than one target within the hypothalmus has been designated, the typical procedure is ablation of the ventromedial hypothalmic nucleus. Less than a dozen reports have appeared in the literature with these procedures, and the literature is characterized predominantly by clinical case reports of successful interventions, and for the most part with pedophilic clients (Roeder, 1966; Roeder & Muller, 1969). Thus Dieckmann and Hassler (1975) operated on six sexual deviates, consisting of three homosexual pedophiles, two rapists, and one other sexual delinquent. In follow-ups that ranged from seven months to four years, fair results were reported for one case and good results for the other five. With the three pedophiles, Dieckmann and Hassler indicated that "'Good' is defined as a complete loss of all homosexual activity. However the

pedophilic interests of the patients have not been completely extinguished" (p. 183).

While ethical issues have been considered only in a limited way in hypothalamic surgery papers, they have been considered more extensively and often in a costs-benefit manner regarding surgical castration. After reviewing relapse rates of less than three percent in three large European studies, Campbell (1967) urges surgical castration of sex offenders in the United States as an ". . .important but rarely used technique" (p. 40). The consent issue itself has been addressed by Brown and Courtis (1977):

> . . .it must be recognized that consensual therapeutic castration as an alternative to indeterminant incarceration is essentially a bargain; the convicted offender is offered freedom by society in consideration for the excision of his testes. It must be further recognized that all the bargaining power lies with society. . . Fairness demands that the castration alternative be offered only to those sex offenders properly identified as dangerous sexual psychopaths. (p. 161)

Castration advocates direct their attention to the issues of what clientele, under what circumstances, with what safeguards, and with what assurance of volunteerism. Thus Stürup (1972) asserts that castration is no more harmful to offenders than long imprisonment, and that the lessening in sexual drive promotes a feeling of relaxation.

Interest in surgical castration seems to be diminishing at the same time that interest in so-called chemical castration has been rising. Chemical castration refers to the administration of substances that reduce the level of circulatory testosterone. The primary antiandrogen used in the United States is medroxyprogesterone acetate, or Provera. The clinical reports on the use of this drug state that it works and that its effects are reversible; ". . .it is clear that it can provide effective, time-limited relief from unwanted sexual urges" (Barry & Ciccone, 1975, p. 184).

Several enthusiastic reports suggest that antiandrogens reduces the proneness of individuals toward child molestation and sexual assault through sex drive reduction. They also are seen as producing what is termed a sexual calm (Laschet & Laschet, 1975), and an opportunity to participate in additional therapy (Davies, 1974). Nevertheless, some disturbances may not be linked exclusively with sexual drive. Antiandrogens do not directly affect aggressive behaviors, for example, and aggressive deviations are androgen-independent (Laschet, 1973; Money, Wiedeking, Walker, & Gain, 1976).

If the literature reports do reflect the extent of such activities, there is little brain surgery, surgical castration, or antiandrogen therapy ongoing in the United States. The most active of the three seems to be antiandrogen therapy, and this is being conducted by perhaps a half-dozen to 10 investigators using an experimental drug as yet not approved by the Federal Drug Administration. Many of the surgery articles are discussion papers rather than research or case reports. It is probable that more time is spent debating the use of these procedures than implementing them. The serious and

protracted debate has especially considered informed and voluntary consent. Opponents have urged discontinuation and banning of all such procedures, for reasons of efficacy and availability or alternatives, as well as problems of consent (Klerman & Dworkin, 1975).

## The Psychodynamic Psychotherapies: Individual and Group Approaches

The psychodynamic therapies relate far more to their own theories and procedures than to the nature of sexual offenders. The techniques that have been used with psychiatric inpatients and outpatients over a considerable period of years have been applied to sexual offenders, and the results often are most meaningful for the understanding of the therapies. The techniques in individual therapy are implemented as with any clientele, and have been applied to the whole range of sex offenders: rapists, exhibitionists, voyeurs, pedophiles, and incestuous fathers. Hypnotherapy has been an approach often used. Its popularity may reflect the continuing impact on professional practice of the dramatic case histories of Robert Lindner, in The Fifty Minute Hour and other books. Indeed these Lindner writings and insights of a generation ago were responsible, along with the impact of Manfred Guttmacher and other therapists, for the establishment of special sex offender programs and institutions. In the belief that in-depth psychotherapies are necessary for serious sexual and physically aggressive deviates, Patuxent Institution in Maryland and other programs were established. Patuxent--a prison run by the mental

health professions--has been essentially discontinued from its original form. Still the faith in and reports of treatments like those of the early 1950s continue. Many continue to be as dramatic as they are unrevealing which is saying a great deal.

The descriptions of group pscyhotherapies with sex offenders contain one or more of the following elements: the goals of the therapy (e.g., to improve the offender's self-esteem), the methods utilized, case reports of individuals, outcomes for that case or set of cases, and the psychodynamics involved. In most studies and reports there are no outcome measures beyond the observed progress in the therapy sessions, and no control groups. As a typical illustration of this genre, a description of three times weekly group therapy sessions indicated that the method was analytic with concentration on the individual in the group (Borrillo, 1973). Similarly, Hall (1971) has described the ways in which marathon group sessions serve to promote new learning and reorientations among sex offenders.

The use of non-professionals as therapists offers promise. In one setting for mentally disordered sex offenders, male and female community volunteers in teams led an encounter group, and the offenders improved on personality tests and attendant rating scales (Barnett, 1971). Another study with formal outcome measures was conducted on exhibitionists sentenced to six months to a year of mandatory group psychotherapy (Mathis & Collins, 1970). The treatment had male and female cotherapists and used peer influences of other exhibitionists. None of the 32 persons who completed the treatment program

were rearrested, while two of the 13 program 'defectors' were rearrested. Twenty six of the completed treatment persons showed improvement in social or economic conditions. This low rearrest rate for both groups is one case of an oft observed pattern; sexual offenders seem not to recidivate for the most part after nonparticipation as well as participation in treatment programs.

Several treatment approaches are part of continuing agency commitments to work with sex offenders, and represent programs of cumulative efforts and knowledge. These programmatic approaches are frequently set in a mental hospital or prison and are staffed by mental health professionals with exclusive responsibilities to work with sex offenders. A first example is the Ft. Steilacoom, Washington, program. This program is based on social learning theory, includes behavioral treatment approaches, has a peer-oriented structure that seeks to give feedback on appropriateness or inappropriateness of the behaviors, and is described as being located in an atmosphere of trust and understanding (Hendricks, 1975).

By contrast, the program developed by Joseph Peters in Philadelphia in 1955, and continuing through the present, has offered outpatient psychiatric treatment for sex offenders. The offenders are seen in homogeneous psychotherapy groups (all rapists are in one group, all pedophiles in another group, and so on). The same program has also conducted a study of rape victims. The psychotherapy clients are primarily sex offenders on probation. One study of 24 treated pedophiles reported no rearrests; however, in the control group of 24 the only three rearrests were for nonsexual crimes. In a larger sample

from the Philadelphia program, there was a 97 percent success rate among 94 treated offenders (Peters & Roether, 1971).

The state of New Jersey operates an institutional program for sex offenders that seeks to uncover repressed traumas. Brancale, Vuocolo and Prendergast (1972) state, ". . .emotional release came to be seen as a necessary and the most essential prerequisite for successful treatment. . ." Emotional release was achieved through ". . .an intensive marathon therapy entitled Reeducation of Attitudes and Repressed Emotions (ROARE), utilizing professional videotaping procedures" (p. 158). ROARE utilizes physical contact, deep emotional catharsis, intense six- to seven-hour marathons, and equal status between staff and patients. High rates of success are reported (Brancale, 1965), but it is not clear what proportion of the New Jersey Sex Law confinees had been treated in ROARE. Programmatic efforts are in progress at the Bridgewater, Massachusetts Sex Offender Treatment Center (Cohen & Kozol, 1966), and the Indiana Norman M. Beatty Memorial Hospital program for criminal sexual psychopaths (Hill, 1966), among many others. These programmatic efforts are important, because they allow a time perspective on methods and outcomes. Rather than the program being incidental to other services, there is often a legislatively assigned directive to offer these services. The development of accountability for these treatments has been slow, with a few praiseworthy exceptions. Yet opportunities for careful assessment of therapy procedures and long term follow-ups are present here more clearly than in most settings. Well staffed, carefully conceptualized research and program evaluation components should be incorporated in these programs.

## Behavioral Treatments

A common principle to many behavioral treatments of sex offenders is control over the separate treatment elements and objectively specified dependent measures. The dependent measures with a rather wide consensus are penile transducer measurements of volume or circumference changes. This measure has wide applicability, although it has been noted that some subjects can voluntarily suppress erections and thus defeat the measure. One innovative modification for clinical experiments has been coupling audio feedback with standard penile transducers (Laws & Pawlowski, 1977). The penile measures are usually recorded on a polygraph or dynograph synchonized with the treatment stimuli.

Sexual arousal of the clients is initiated through three major vehicles: slides showing the sexual targets, audiotapes reporting the sexual transactions in the second person (e.g., "you are holding her shoulders to the floor"), and client directed imagery. One group of investigators has developed a series of vivid, two-minute audiotapes which allow control of the erotic cues and assessment of treatment success with differing targets of arousal (Abel, Blanchard, Barlow, & Mavissakalian, 1975).

Slides as stimuli have often been employed in aversive therapies, with some reports of success and client improvement (Evans, 1967). The term aversive therapy itself has come to mean a number of different things to persons who are both inside and outside treatment settings. For some persons,

it is apparent that an aversive procedure is one which is aversive to their own values and beliefs. For others, it refers to the pairing or following of the sexual stimuli with an unpleasant or noxious stimulus. The most accepted working definition, however, defines the aversive event as physically noxious. Thus the use of "aversive imagery" is atypical; in one study it was joined with an odiferous chemical to improve the adjustment of the pedophilic clients (Levin, Barry, Gambaro, Wolfinsohn, & Smith, 1977).

The use of imagery in psychology has a long, respected tradition reaching back in time to the 19th century research of Galton on imagery and intelligence. Imagery refers to the conjuring up in one's mind of a sensation or experience. Imagery has particular applications in covert sensitization, in which the sexual behaviors and the subsequent events are developed in imagery. Cautela and Wisocki (1971) have presented a powerful case for the use of covert sensitization with sex offenders, drawing on both case studies and research. They observe further that it is inexpensive, practical and lends itself to self-control treatment plans. Its use involves an analysis of the maladaptive sexual behaviors, a case history, and surveys of the fear structures and reinforcement structures for the clients. In a comparison of covert sensitization with aversive treatment through contingent shocks, it has been reported that covert sensitization was more effective with sexual deviates (Callahan & Leitenberg, 1973). These and other behavioral treatment methods are frequently used in combination. Abel, Blanchard and Becker (1976b), Marshall (1973), Serber and Wolpe (1972) and others attest to the desirability of such an integrated approach.

The work of Marshall fits into the category of a programmatic effort; that is, studies have been built on prior studies and have been continued over a period of several years. Marshall has combined aversive therapy with orgasmic reconditioning to appropriate fantasies with encouraging findings; 11 of 12 men with varying sexual deviations described a decrease in the attractiveness of their deviant fantasies. In still another report, Marshall and Barbaree (1977) drew on imagery techniques in a boredom-satiation scheme. He required the clients to masturbate for a full hour, past orgasm, while elaborating aloud on their deviant fantasies. Within four or five sessions, the attractiveness and arousing capabilities of these fantasies diminished and almost vanished.

One further specific technique should be mentioned: that of Aversive Behavior Rehearsal (Wickramasekera, 1976). Instead of the aversive consequences taking place in imagery, they take place in vivo. The exhibitionist client exposes himself by appointment to people who know of him. Twenty chronic exhibitionists who were so treated in one to four sessions had zero relapses for a period of up to seven years. This same technique has also been called shame-aversion treatment by others using it.

One solution to the large number of possible techniques for sexual offender treatment is to select and use the most promising methods. Such an approach calls for explicit definitions of treatment techniques. Abel, Blanchard, and Becker (1976a) have outlined an "integrated treatment program" which follows this approach. The first component is reducing deviant sexual arousal,

which may be pursued through electrical aversions, covert sensitization, and chemical and olfactory aversions. Covert sensitization is the technique typically employed by this team.

The next component is development of heterosexual arousal. Aversion therapy and relief, systematic desensitization, social retraining, classical conditioning, shaping, biofeedback, exposure to highly erotic heterosexual stimuli, fading, and masturbation conditioning are included in this genre. Exposure, fading, and masturbatory conditioning offer special likelihood of effectiveness. The last component is that of acquisition of heterosocial skills, heterosexual-social skills, and assertive behaviors.

In sum, behavioral therapies do not consist of a single procedure or perspective. Rather they are a collection of mixed interventions, many of which were highly clinical in years past and which have now been subjected to careful behavioral analysis and application. In comparison to individual and group therapies in general, it is apparent that behavioral applications are where the innovations and breakthroughs are. The development of new techniques, of outcome measures, and of quality clinical research makes this the most promising area of psychological treatment of sex offenders.

## A Model

The program developed by Abel and his colleagues merits particular attention for several reasons. First, there has been a steady stream of scholarly, relevant reports in treatment of sexual offenders (e.g., Abel,

Blanchard, Barlow, Mavissakalian, 1975; Abel, Barlow, Blanchard, & Guild, 1975; Abel, Lewis, & Clancy, 1970; Abel, Blanchard & Becker, 1976). Second, the program has been cumulative, with studies and approaches building logically upon prior studies and treatments. Third, there has been a consistent theoretical frame of reference in which the work is placed: in this case, behavioral methodologies and theories of applied behavioral analysis. Fourth, the criteria for outcome have been specified with care, often in terms of circumferential indices of penile arousal. Fifth, the research has been accompanied by training and technology transfer, so that other centers are drawing upon the personnel and procedures from the Abel laboratories.

This exemplary effort needs to be developed in several settings, some of which deal with other elements of sexual assault in addition to offender treatment. Such a program should synthesize direct service, training, program evaluation, research, and a theoretical perspective. Organized programs of this nature have considerable potential for making advances in services and knowledge, and represent a high priority in development of sexual assault study and prevention centers.

# CHAPTER III.

# LEGAL ISSUES AND SEXUAL ASSAULT

# LEGAL ISSUES AND SEXUAL ASSAULT

Lynn Zagora Bender

Analyses of court cases and of proposed and new legislation comprise the major portion of the subject matter of legal journals. As case law and legislation are both influenced by social and political pressures, it is not surprising to find that the legal literature related to sexual assault reflects the increased interest, controversy, and activism manifested in the area in recent years. Prior to about 1974 legal aspects of rape were most frequently discussed in the legal literature within discussions of sex offenses in general. More recently, numerous articles devoted to the offense of rape have occurred primarily in response to rape law reform movements in the various states.

As the focus of the articles changed, the perspective of many of the commentators also appears to have changed. Two articles signaling the new wave in the legal literature concerning rape laws in general were those of LeGrand (1973) and Wood (1973). With these articles, legal commentators began to examine the traditional social roles, attitudes, and assumptions about rape, the complainant, and the accused which underlie rape statutes and related case law. LeGrand (1973) asserts, "Rape laws are not designed, nor do they function, to protect a woman's interest in physical integrity. Indeed, rather than protecting women, the rape laws might actually be a disability for them, since they reinforce traditional attitudes about social and sexual roles" (p 919). Additionally, the effectiveness of the current laws in curbing the

offense and punishing the offender began to be evaluated (Slovenko, 1973; West, 1974). A greater concern for the involved persons appears to have occurred and shifted from a focus on the rights of the accused to the rights of the victim.

Assumptions in the Law Regarding Rape

Two long-standing assumptions underlying sexual assault laws are that many false accusations of rape are made by women and that jury sympathy is in the direction of the wronged female victim. These assumptions are reflected or accepted in much of the legal literature prior to 1973 (Curtis, 1966; Dworkin, 1966; "Corroborating charges of rape," 1967; "The corroboration rule. . .", 1970). Such assumptions, combined with the fact that there are generally no witnesses to the crime, led to the use of unusual measures to protect falsely accused persons from conviction. Such measures included cautionary instructions, corroboration requirements, and special rules of evidence allowing lenient use of evidence of the victim's character for chastity and sexual conduct history.

Some of the post 1973 literature attempts to directly refute the two previously held assumptions while other commentators appear merely to have accepted the earlier assumptions as inaccurate (Dodson, 1975; "If she consented once. . .", 1975; Johnson, 1975; Giles, 1976). In refuting the assumptions, commentators have made greater use of statistics and results of pertinent studies than did earlier writers. Data that have been utilized within the last few years include the incidence and reporting of sexual assaults (LeGrand,

1973; Harris, 1974; Mathiasen, 1974; Washburn, 1975; Weddington, 1976), and characteristics of victims and offenders and the relationship between victim and offender (LeGrand, 1973; Harris, 1976; "If she consented once. . .", 1975). The procedures and attitudes of various persons, including police, prosecutors, judges, and jurors, and their effect on the enforcement of rape statutes have been examined by some analysts. (LeGrand, 1973; Galton, 1975-1976; Washburn, 1975; "Complainant credibility. . .", 1973; Mathiasen, 1974; "If she consented once. . .", 1975, Wood, 1973). The overall treatment of this data is illustrated by this conclusion by LeGrand (1973):

> Available statistics indicate that rapes not only are heavily under-reported, but are also increasing very rapidly. Contrary to popular belief, rapes are generally planned, involve physical force, and are committed by normal young men who are often acquainted with their victims. There are few false rape complaints, and these are easily disposed of by the police. Apprehended rapists are rarely convicted of rape. Scientific investigation, although of great value, is seldom conducted or, if conducted, is seldom used by the police.
>
> On the other hand, there exists a great network of laws and attitudes based on the assumptions that false rape complaints are plentiful and that innocent men can easily be convicted of rape. As the facts show, both these assumptions are generally unfounded. An entire legal framework of myths and stereotyped preconceptions unrelated to reality has been constructed. This gulf between myth and reality necessitates reevaluation of rape laws. (p. 941)

## The Requirement of Corroboration

Individual aspects of laws relating to rape which have received particular attention are corroboration, the issues of consent, force, and resistance, and victim credibility and the use of evidence of the victim's moral character and sexual history. The corroboration rule was discussed rather frequently in the late 1960's and early 1970's. Much of the discussion focused on the strict New York rule which was undergoing changes at that time. Until 1972 corroborative evidence of the identity of the attacker was required in addition to evidence of penetration and lack of consent. Prior to 1973 legal commentators appear to have accepted the need for corroboration. Exceptions of this position included Hibey (1973), who stated that there was no rational basis for the inherent distrust of a woman's charge of sexual assault, Younger (1972) and Ludwig (1970). In recent years more legal commentators have begun to question the need for corroboration rules and there is a move away from such rules (Luginbill, 1975; Pitler, 1973; Goldstein, 1973; Gless, 1975).

## The Issues of Consent and Evidence of the Victim's Prior Sexual Conduct

A central element of rape statutes prior to the reform movement was consent (Snelling, 1975). At one time, in some jurisdictions, evidence of the utmost resistance by the victim was required to indicate nonconsent. The issue of consent was also one of the purposes for which evidence of the victim's prior sexual conduct was admitted to the court, as it was assumed that the fact that a woman had previously consented to intercourse was relevant to the

probability of consent to the act at issue. A major result of the reform movement has been a shift in the emphasis on the victim's conduct as an indication of consent/nonconsent to the conduct of the assailant as an indication of actual or implied force. This shift and justifications for it are reflected in the legal literature. Outstanding articles which discuss some of these issues are "If she consented once. . .", (1975), Mathiasen (1974), and Harris (1976).

The admissibility of evidence of the victim's prior sexual behavior has been one of the primary targets of the rape law reform effort. The admissibility of such evidence was formally claimed to be relevant in the determination of the issue of consent as well as in the determination of the credibility of the complaining witness. As legal commentators began to reexamine corroboration rules, they also began to question the admissibility of evidence relating to the victim's prior sexual behavior. It was suggested that the admissibility of such evidence violated the complaining witness's right to privacy, and moreover, that the actual relevance of such evidence to consent and/or credibility was questionable. A 1976 law review article states:

> With such courtroom inquiries into the complainant's past sexual misconduct, the defense attorney often manages to discredit all of the victim's testimony. Through the utilization of this line of questioning or by the production of extrinsic evidence concerning the complainant's prior unchastity, the defense presents a substantial obstruction--if not an unsurmountable barrier--to the prosecution's attempt to prove the guilt of the alleged rapist. ("If she consented. . .", 1976, p. 127)

(See also "Evidence--Admissibility. . .In a trial for rape. . .", 1974; Eisenbud, 1975; Johnson, 1975; Haines, 1975; Wesolowski, 1976; Giles, 1976.)

Cautionary Instructions

One significant change in the case law has been the elimination of the Lord Hale cautionary instructions in cases of rape. Until recent years judges in rape cases in some jurisdictions instructed the jury generally as follows:

> A charge such as that made against the defendant in this case is one which is easily made and, once made, difficult to defend against, even if the person accused is innocent.
>
> Therefore, the law requires that you examine the testimony of the female person named in the information with caution. (Dodson, 1975, p. 279)

These instructions were deemed necessary to protect men from false accusations of rape. However, the presiding judge in a California rape case departed from tradition by refusing to administer these cautionary instructions. The judge's actions were upheld by a higher court with the result that numerous jurisdictions eliminated the requirement of cautionary instructions in rape cases (Dodson, 1975; "Criminal law--Rape--Cautionary instructions in sex offense trial. . .", 1976; Eisenberg, 1976; Welch, 1976; "California bans cautionary instructions. . .", 1975).

Constitutional Issues Related to Rape Laws

Since 1974, numerous jurisdictions have revised their sexual assault

statutes or are currently considering such revisions to reflect the change in assumptions and the concerns indicated above and often to redefine the crime and provide for various degrees of the offense. These reformed statutes have yet to be submitted to judicial interpretation or tests of constitutionality. Many of the commentaries on the reforms in rape law discuss the elements of the laws which might be called into question constitutionally as the law is put to use (McDermott, 1975; Washburn, 1975; Schneider, 1976). It is felt by some that the limitation that some of the new statutes place on the cross-examination of the victim may interfere with the defendant's sixth amendment rights. However, the right to confront and cross-examine is not unlimited and McDermott (1975), Washburn (1975) and Sasko and Sesek (1975) take the position that the statutes can withstand constitutional attacks. Schneider (1976), however, suggests that those statutes which require that the defendant submit an affidavit and offer of proof as a prerequisite for an in camera hearing to determine the relevancy of evidence of the victim's prior sexual conduct may fail to meet the sixth amendment requirements. Two law review notes are devoted to the questions of the constitutionality of the statutes (Eisenbud, 1975; Sutherlin, 1976). Both indicate that the laws may be difficult to defend against a charge of unconstitutionality.

An issue related to the enforcement of rape laws is the constitutionality of the death penalty in cases of rape. Racial discrimination may well be reflected in the higher rates of Blacks receiving the death penalty for rape (Wolfgang & Riedel, 1973; 1975). A more fundamental issue is the possible

violation of the eighth amendment's prohibition against cruel and unusual punishment when the death penalty is used in rape cases in which the victim's life was not taken or endangered. The death penalty was found to be unconstitutional in such sexual assaults in the case of Ralph v. Warden which is the focus of many articles (e.g., Cohen, 1970; Butler, 1971; McDowell, 1971; Musman, 1971; "Recent decisions--Cruel and unusual punishment. . .", 1971).

In the past few years, the constitutionality of some sexual assault statutes, particularly those related to rape, has been questioned in light of the Equal Rights Amendment (Mott, 1976; Maloney, 1975; Crump, 1973; Brown, et al., 1971). Criticisms of a denial of equal rights have included the fact that only males can be classified as offenders and only females can be recognized as victims. While many states have subsequently rewritten their statutes to recognize rape of either a male or female victim by either a male or female assailant, courts in some states, such as Texas, have ruled that a rape statute that only punishes men does not violate the ERA (Collins, 1976).

## Sexual Psychopath Statutes

Sexual psychopath statutes, which provide for the commitment of "psychopathic" sexual offenders prior to or subsequent to conviction, were designed to protect society from those likely to commit sex crimes and to provide rehabilitation for such offenders. The offender is not viewed by the statutes as insane but as abnormal. Swanson (1960) and Roche (1966) provide overviews of these statutes.

The sexual psychopath statutes are criticized by the majority of writers on sociological and psychological grounds and on legal or constitutional grounds. The following assumptions underlying these statutes have been severely criticized: (1) that there is a group of persons who can be identified as sexual psychopaths (Chiss, 1966; Roche, 1966; Sadoff, 1966, 1967; Slovenko, 1973); (2) that sexual offenders have a high rate of recidivism and/or can be expected to progress to more serious offenses (Sutherland, 1950; Guttmacher, 1952; Chiss, 1966; Roche, 1966; Morse, 1968); (3) that there is an effective program or method of treatment that has been identified (Curran, 1952; Hacker, 1955; Bowman and Engle, 1965; Chiss, 1966; Roche, 1966; Slovenko, 1973); and (4) that adequate treatment facilities are available (Sutherland, 1950; Hacker, 1955; Tenney, 1962; Chiss, 1966; Roche, 1966).

The statutes themselves have been criticized for their use of ambiguous or confusing language, the lack of specification between dangerous and nondangerous offenders, and their general nature which suggests that they were hastily created as a response to public hysteria over a series of sex crimes (Curran, 1952; Roche, 1966; Chiss, 1966; Tenney, 1962). As a result of the dissatisfaction with the assumptions and form of the statutes, revision is frequently suggested (Roche, 1966; Foley, 1967; Swanson, 1960; Sadoff, 1966; Borman & Engle, 1965; Gould & Hurwitz, 1965; Burick, 1968) and, in some jurisdictions, repeal has been urged (Hacker, 1955; Rosen, 1970).

The constitutionality of the sexual psychopathy statutes is often questioned by legal commentators. Some of the various constitutional issues include due

process, the right to a jury trial, self-incrimination, double jeopardy, and cruel and unusual punishment (Mihm, 1954; Swanson, 1960; Bowman & Engle, 1965; Chiss, 1966; Burdick, 1968; Gould & Hurwitz, 1965; Rosen, 1970; Roche, 1966). However, analyses in the 1960's indicated that the courts, with few exceptions, had upheld the constitutionality of these statutes generally by maintaining that the proceedings involve less extensive due process protections than more typical sexual assault cases (Bowman & Engle, 1965; Gould & Hurwitz, 1965; Chiss, 1966; Roche, 1966).

Criticisms of laws related to sexual assault are not limited to sexual psychopathy statutes. Slovenko (1968, 1973) recommends the abolition of all sex offense statutes as prosecution under these laws results in harsh treatment of the victim by the criminal justice system and overly severe and, oftentimes, inappropriate treatment of the offender. Slovenko maintains that all sexual assaults could be more adequately adjudicated under other laws, such as assault with the intent to commit bodily harm, assault and battery, and such. This position is seconded by Grey (1975). To date, no jurisdiction has implemented this recommendation.

## Conclusions

Public opinion and attitudes can be reflected by and be a reflection of the law. The fact that the changes in rape laws which have occurred did not come easily suggests that the general public attitude at that time was more congruent with the assumptions manifested in the previous sexual assault laws.

The changes in the laws are evidence that a shift in attitude had begun to occur and certainly provide a framework in which a further shift in attitudes can be anticipated. A recent Harris Poll (Birmingham Post-Herald, Monday, October 24, 1977) suggests that current opinions concerning rape and its treatment by the courts are indeed in greater conformity with the rationales of the rape law reform effort. Almost two-thirds of the persons sampled rejected the idea that a woman may precipitate a rape and over half indicated that "the attitude of male judges who let off men charged with rape on the grounds that women spur the men on to rape them indicates those judges have a deep bias and prejudice against women."

Optimism must be tempered, however, by the recognition that attitudes are generally slow to change and that the injustices which have occurred in the criminal justice system's handling of sexual assault cases are at least as much a result of societal attiutdes as of the laws themselves. The laws can provide equitable treatment only to the extent that is allowed by the actions of jurors and those who enforce and interpret the laws. However, the fact that substantial changes have occurred in the laws by the efforts of private citizens and legislators should perhaps be viewed as reason for optimism regarding the equitable treatment of both victim and accused.

# CHAPTER IV.

# THE VICTIM OF SEXUAL ASSAULT:

# A CHANGING PERSPECTIVE

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# THE VICTIM OF SEXUAL ASSAULT:

# A CHANGING PERSPECTIVE

Susan H. Klemmack

It is difficult to separate a discussion of victims from the larger context of a discussion of sexual assault itself; any discussion of victims can only be carried out with an awareness of the cultural context of rape and the factors that contribute to a particular person in a particular situation being defined as a victim. Such definitions are part of the cultural response to sexual assault. The victim is treated by agencies and institutions which formally ascribe victim status to her. Their perspective is to view her progress through their service delivery systems, sometimes resulting in little attention to her personal experiences.

The present literature review focuses on the victim as an individual, noting the effects of the assault, her response, and subsequent treatment. The subtitle "A Changing Perspective" underlines the rapid changes in orientation to victims in recent years. Indeed, this literature did not really emerge as an independent content area until the 1970's, and currently only a small part of the total sexual assault literature is specifically concerned with victims. Rather than viewing victims exclusively as participants in the act, a perspective is emerging that views them as independently considered persons. This change parallels the shift from attending to the civil rights of the rapist

and the pathology of the victim, to the oppressiveness of the rapist and the suffering of the victim (Bart, 1975).

The early clinical publications on rape victims tended to be limited to case histories or presentation of techniques of medical examination. The medical and criminal justice foci were on evidence and "proof" of the allegation of rape. The effects of the actual sexual assault on adult female victims were minimally considered. Concommitantly, there was little discussion of treatment of other than physical symptoms. The few reports of effects of the rape were discussed in intrapsychic terms: e.g., Factor's (1954) description of the dreams of a victim. The current emphasis, in contrast, is on rape as trauma and external stress, on victims' responses as reactions to crisis (Burgess & Holmstrom, 1974), on grief reactions (Werner, 1972), and on maintenance of personal controls after a challenge to one's personhood (Metzger, 1976).

The early literature emphasized the stress to the victim, the physical trauma, and the suffering as a counter to the papers that questioned victims' passive or provocative roles in the assault. Among these early articles concerned with effects and treatment was Halleck's 1962 paper, discussing the physician's role in the treatment of victims. Halleck stressed that "sexual molestation invariably produces disruptions in psychological equilibrium" and that the "willingness of the physician to deal directly with these problems can lead to significant benefits to the patient." He later pointed out that the focus on the offender led to a "tragic neglect of the emotional needs of the

victim" (Halleck, 1965). One of the first outlines of a common victim reaction pattern appeared in Sutherland and Scherl's (1970) observations of 13 young victims. They reported that the first phase was an acute reaction, often including shock, dismay, disbelief, and volatile agitation. Phase two was outward adjustment through denial and suppression: "The woman announces all is well and says she needs no further help. . .anger and resentment are often subdued in the interest of a return to ordinary daily life" (Sutherland & Scherl, 1970, p. 507). The third phase is integration of a new view of herself and resolution of the feelings aroused by the rape.

Rape as justification for illegal abortion was an issue present in the early victim-oriented literature, and was even more prominent in legal writings on rape. It is no longer found today. This change reflects the readily available alternatives such as menstrual extraction and "morning-after" pills that have been developed, along with the access to legal abortions for most women.

In 1974 Burgess and Holmstrom began reporting the results of their observational studies of victims and single (or double) handedly accounted for much of the existing research literature. Beginning in 1972, they established a Victim Counseling Program in the Boston City Hospital Emergency Room and Pediatric Clinic. Burgess and Holmstrom (1974a) did not find shame and guilt as the primary victim reactions; rather, ". . .to the contrary, the primary feeling expressed was that of fear--fear of physical injury, mutilation, and death. . .their symptoms are an acute stress reaction to the threat of being killed (p. 39)."

Within two years many victim-focused articles had appeared, several phases of victim reaction were described, and discussions of counseling were more prevalent.

Special populations and situations were being explored. The special needs groups of victims such as prostitutes (Burgess & Lazare, 1976) and retarded women (Whitlach, Meade & Talbot, 1977) were discussed, along with needs arising from special rape situations, such as rape at work (C. Brodsky, 1976). The assault aftermath was no longer viewed as a universal "effect" of rape, but rather was seen along defined parameters, such as immediate versus long-term effects, effects on task performance (Burgess & Holmstrom, 1976a), and differential victim reaction (Peters, Meyer & Caroll, 1976).

The early literature of the 1970's emphasized the stress to victims, the physical trauma, and their suffering, as a counter to the papers that questioned victims' passive or provocative roles in the assault. Since then, the literature has begun to move to a comprehensive view of victims, in part because there is no longer the compelling need to communicate that victims are hurt psychologically as well as physically. Recent investigations focus on analyses of victim behaviors as they fit into perspectives common to all people and on the relationship between the victim and society. This group of articles contrasts sharply with earlier studies that focused on victim complicity.

Reports of the effects of sexual assault have been based more on discursive and observational information than on controlled research data.

Nevertheless information from self-reports of victims has yielded a consensual validation of post-assault emotional and behavioral reactions.

Victims report that their most immediate reactions at the time of the sexual assault were shock and disbelief, followed by fear of death or bodily harm. Some reported being physically or psychologically paralyzed and unable to respond to stop the rape (Burgess & Holmstrom, 1976b; Bauer & Stein, 1973). Such a reaction corresponds to a general discussion by Symonds (1976) of behaviors which are motivated by dire need for self-preservation by the victims yet have the appearance of cooperation. Immediately after the rape, the primary goal becomes escaping the situation and the assailant.

The post-rape responses most often reported by victims included fear for their lives, fear of retaliation, vague fears of harm, changes in physical patterns such as difficulties with eating or sleeping, nightmares, negative responses to male strangers, and negative responses to known males (Peters, 1976). Difficulties with sexuality in terms of frigidity and vaginismus, were also reported (Masters & Johnson, 1976; Stuntz, 1975). Stuntz reports that while most victims do not necessarily experience feelings of helplessness and denial, victims feel more helpless if they have been raped in their own home.

Other writers emphasize the feelings of isolation and loss of sense of self of victims (Metzger, 1976; Gager & Schurr, 1976). In the experiential reports of rape, such feelings came from the sense of being forcibly taken, used, and being completely depreciated, as a human being.

We have outlined earlier a typical victim reaction pattern of approximately three stages (Sutherland & Scherl, 1970; Burgess & Holmstrom, 1974c).

Although stages may be expressed differently, most victims experience all phases before achieving integration of the crisis into their lives. The initial, or acute phase that was described is accompanied by somatic symptoms and emotional disorganization. This is followed by a phase in which the victim has a sense of coping with the situation, but shows accompanying denial of the impact of rape. In the third phase, the victim may experience depression and anger, and finally, resolution and integration of the rape with other life experiences.

A number of factors can affect the seriousness of the victim's reaction to the assault: her pre-rape adjustment, age, lifestyle, the victim-offender relationship prior to the rape, the physical and emotional circumstances surrounding the attack, and the quality of the response of significant others immediately following the rape (Peters, 1974; Halleck, 1965). The response is also determined by the developmental tasks facing the persons at the age and stage at which they were raped. For the young person there are issues of separation and individuation. For the divorced and separated woman, issues of credibility become important, and for the older woman, rape can compound her fears of sexual inadequacy (Notman & Nadelson, 1976). Burgess and Holmstrom (1976a) refer to the disruption in school performance accompanying a rape for grade school children and adolescents. Adults experience disruption in housewifery, work roles and interpersonal relationships. The victim's lifestyle may--or may not--affect her reactions.

Burgess and Lazare (1976) point out that prostitutes also have a need for concern and responsive listening and have many of the same reactions of other rape victims, whether there is a violent sexual assault or simply a sexual victimization by their clients. The situation in which the rape occurs can be an important factor in post-rape adjustment, particularly if the attack occurs in a place perceived as safe. For example, Carroll Brodsky (1976) found that although the perception of work as a safe place is shattered when a woman is raped while at her job, the victim is likely to experience little self-blame and feelings of justification for being in that particular place at that particular time. This is in contrast to victims who were raped in other situations.

The clinical literature on the importance of reactions of the victim's family, husband, or boyfriend, particularly pointed out that negative reactions of significant others can substantially alter the victim's adjustment for the worse. However, there is little research on family reaction. Peters (1976) did find that among victims treated at Philadelphia General Hospital, 60 percent did not tell their mothers; 84 percent did not tell their fathers. Only half told female friends, and one-quarter told male friends.

There are relatively few articles on treatment. Some advice on counseling encourages emphasis on the crisis needs of the victim (Backer, 1975; Schultz, 1975; Zussman, 1971) while a few others describe strategies currently utilized in large scale treatment programs (Burgess & Holmstrom, 1974b; 1975c; Crum, 1974; Lanza, 1971; Fox & Scherl, 1972). Victims' immediate crisis needs

include medical intervention, police intervention, psychological intervention, and help with personal control. In follow-up contacts, victims request emotional support, someone to listen while they talk and express feelings, clarification of questions and advice on appropriate courses of action. The type of mental health service the patient needs in the integration phase depends on her level of functioning and how she experienced the earlier phases of rape.

Most rape counseling services utilize women counselors, and the discussions assume woman-to-woman transactions. In a different approach, Silverman (1977) deals with misconceptions and inadvertent responses of male counselors that may undermine well-meaning efforts. The special role of the male in counseling female victims of rape is discussed.

Counseling literature is often directed at particular groups: nurses (Appel, Baskin, & Smith, 1976; Williams & Williams, 1973), physicians (Murray, 1975; Halleck, 1962; Scrigner, 1968; Zussman, 1971), police (Stratton, 1975, 1976; Bard & Ellison, 1974); and crisis center workers (Resnick, Hill, & Dutcher, 1976). Although counseling can be done by anyone trained in helping techniques, sexual assault workers require specialized training in issues of sexuality surrounding the rape and the requirements for prosecution. Crisis teams have been set up within police departments, hospitals, and have been organized as community volunteer or professional agencies to provide support for victims. All of them stress that counselors should learn something about the stages of reaction to rape and learn appropriate counseling skills.

Systematic data gathering on the effects of rape is still at the stage of obtaining accurate descriptions of victims' responses to the trauma. Burgess and Holmstrom in Boston and Peters and his colleagues in Philadelphia have undertaken studies of relatively large numbers of victims. Other investigators from other centers (McCombie, et al., 1976; Stuntz, 1975; Notman & Nadelson, 1975; Whitlach, et al., 1977) have presented findings drawn from smaller samples of victims. Sutherland and Scherl (1970) and Fox and Scherl (1972) were among the first to publish systematic data on the sequelae of assault. Using a different methodology, Bart (1975b) attempted to assess nationwide information (in contrast to the single-community based data of other studies) on victim reactions. Most investigations have been carried out at rape crisis units located within hospital facilities; there is relatively little individual victim information originating from criminal justice agencies, in academic institutions (unless associated with hospitals), or from community-based rape crisis centers. The heavy loading toward hospitals may reflect the availability of victims as well as the orientation of the service personnel toward collecting and analyzing data.

There is a need for continued acquisition of descriptive information on the post-assault effects on victims' lives and lifestyle. One particular gap is investigation of long-term effects, a deficit reflecting the relative newness of rape victim research. Soon data on multi-year follow-up studies should become available, providing some important information for counseling and intervention strategies.

Particular areas of focus become apparent in discussions of proposed research on victims. Of special interest because of the lack of current information are the impact of rape on male victims, the impact on children and adolescents (with special reference to long-term effects), and the impact of and reactions of others important to the victim--parents, husbands, children, lovers, friends. Finally, the influences of the response of societal institutions needs to be systematically evaluated. For most of these topics, research would not begin in midair. Hypotheses can be formulated or research topics suggested that are derived directly from clinical experiences of those who work closely with victims, as well as from reports of victims themselves.

In our overall assessment of the literature on victims of sexual assault, we are encouraged. The human problems and feelings are increasingly recognized and then responded to in thoughtful ways. Research and service programs alike are demonstrating a deep empathy with victims, and the first steps have been taken in seeing through their eyes and with their help.

# CHAPTER V.

# CHILD VICTIMS

# CHILD VICTIMS

Susan H. Klemmack

The child as victim has been the object of discussion probably far longer than has the adult victim, dating back to Freud's hypotheses about the role of childhood sexual contact in the etiology of neuroses (Freud, 1959). In part such interest stems from the feeling of outrage that taboos have been violated and the wish to study such "pathological" behavior. Because of recognition of the special needs of children, discussion of child victims and their treatment requires special attention.

The literature on child sexual assault is fully as large as that on victims in general, and neither is large in relation to the amount written about other aspects of sexual assault. That pattern itself is a comment on lack of interest, or more likely discomfort, in dealing with victim issues. Partly because of this discomfort in considering issues of sexuality and violence when children are involved, all too often the focus is on the complicity of the child rather than on the trauma of the event and the irresponsibility of the offender. As Hilberman (1976) indicates ". . .the attitudes reflected (in the literature on children who are raped) are for the most part identical to those which prevail about all rape victims."

Many articles and books are devoted to providing information (e.g., Chaneles, 1967; Hilberman, 1976) and to countering myths with fact (e.g.,

Walters, 1975). Most investigators agree that the incidence of sexual abuse of children is severely underestimated (DeFrancis, 1969). The reasons for such underreporting range from questions about the credibility of the child's accusations to a tendency to discount the severity of effects on a child in a culture that is only beginning to recognize the rights of children (Walters, 1975). Studies of incidence of sexual assault indicate that the victims are predominately female, with an average age of 10-11 years, and the offender is virtually always male (accounts of female sexual abusers of children are extremely rare). The most common offenses are indecent exposure, fondling, and looking; coitus or digital insertion are more rare (Mohr, Turner, & Jerry, 1964; Gagnon & Simon, 1970; Gebhard, et al., 1965). In over two-thirds of the cases, the offender is known to the child; often a member of the household or an individual with whom the child has frequent contact (Peters, Meyer, & Carroll, 1976; DeFrancis, 1969). About one-fourth of all middle class children are likely to experience some form of sexual victimization in childhood, usually mild in form, while lower-class children are at high risk and are also likely to experience more severe forms of abuse (Gagnon, 1965; Landis, 1956).

A few studies have been based on systematic observation of children as victims. Two are part of larger studies of victims of all ages (Burgess & Holmstrom, 1974a, 1975b; Peters, Meyer, & Carroll, 1976) seen at hospital emergency rooms. They focus primarily on victim reactions, circumstances of the event, and the progress of cases through the health and criminal

justice systems. One study sponsored by the Children's Division of the American Humane Association (DeFrancis, 1969) is based on child sexual assault cases reported to a children's protective service. As such, the cases represent those deemed by outsiders as most in need of help. Even with this limitation, this study provides a large amount of information on the familial context of sexual abuse.

Most other investigations are case reports of one to 20 clinical cases. Their focus is most often on causative factors, particularly family structure or victim characteristics (Lustig, et al., 1966) or on psychological effects (Peters, 1976; Yorukoglu & Kemph, 1966). In most cases the samples may not be representative of all cases of child sexual assault, for a selection process occurs, as only those cases considered most "difficult" or "pathological" are funnelled to psychiatrists or psychologists. The cases processed quickly through health or social service systems are not under sufficient investigation to be written up as case reports.

One alternate methodology is used: the retrospective interviewing of nonselected adults in order to determine their exposure to child sexual assault and its possible effects on adult functioning (e.g., Gagnon, 1965). While such studies suffer from the usual problems of retrospective studies, they do provide information on incidence, particularly on the significant amount which is not reported to the police, and do provide some information on type of assault and psychological outcome.

Two concerns that have been prominent in writings over the last 40 to 50 years are still discussed (Gagnon, 1965). The first is the question of the

effects of sexual assault as a child on adult psychological functioning. Second, there is a concern with the child as a willing participant, if not the instigator, of sexual contacts. More recently, in conjunction with the increasing interest in victims evident in the 1970's has come a focus on the child herself--her immediate reaction to the trauma of the assault, the reaction of her family, and her treatment.

Psychological functioning. Any discussion of the effect of sexual assault on long-term functioning has to take into account the type of assault. Confusion results because there is no clear definition of what constitutes sexual assault, sexual abuse, or sexual misuse of children. Events ranging from simple fondling to outright rape are often discussed as if the same. For example, the contention that for most children sexual assault does not necessarily lead to overt, long-term psychological disturbance seems to be verified by retrospective self-reports of college students (Gagnon, 1965); however, the usefulness of such findings is decreased because of failure to differentiate by severity of assault--exposure to an exhibitionist is grouped with coitus or attempted coitus. There is some evidence that coerced sexual activity, particularly if it takes place over a period of time, may contribute to adult psychological difficulties (Gagnon, 1976). Attempts are being made to clarify types of assault on the basis of the nature of the offense and the motivation underlying it. Groth and Burgess (1977) distinguish between sex pressure (through enticement or entrapment) and sexual assault (which may be exploitative or sadistic).

Reports of various investigations suggest that exposure to an exhibitionistic act or a single episode of genital fondling is not likely to be associated with later psychological disturbance, but the outcome when aggressive coercion is involved or where pressure to participate is present over an extended period may be more problematic (Landis, 1956; Gagnon, 1965; Burgess, Holmstrom, & McCausland, 1977). Many factors may affect the occurrence of possible negative effects, but with the exception of the evidence of the effect of coercion presented above, the information is at the level of developing hypotheses. Suggested factors include level of violence, type and depth of the child's relationship to the offender, reaction of the family, society, and significant others, the child's pre-rape personality, age at the time of the rape, and the child's capacity to deal with anxiety (Schultz, 1975; Peters, 1974; Lewis & Sarrel, 1969).

The statement is made, in varying forms, that the reaction by others to the child's report of the experience is more upsetting to the child than the experience itself (Walters, 1975; Mohr, 1968; Capraro, 1967; Gagnon & Simon, 1970), although there is rarely any supporting evidence presented. Case examples are provided by Peters (1976) and Burgess and Holmstrom (1974). Landis (1956) reported that slightly over five percent of the girls who told their parents of the event (less than half of the girls acknowledging on assault) reported that "when they told their parents, they were more frightened by the reaction of the parents than by the experiences themselves." It is also important to note that there is "no reason to conclude, as have so

many writers in the field, that children are more damaged by the reaction of those around them to the crime than they are to the event itself. These reactions are, after all, secondary to the offense; without the initial crime there would be no reaction, negative or positive" (Gager & Schurr, 1976).

Victim participation. A significant proportion of the child literature is devoted to the issue of victim precipitation/participation, with writers seeking to point out how the child becomes involved in her or his own assault. Burgess and Holmstrom (1975b) observe that "In the limited number of research articles on the subject of the psychological components of the reactions of child victims to sexual offenses, the issues of victim participation and the child's personality structure are stressed." Virkkunen (1975), for example, discussed patterns in victim-precipitated pedophilia offenses. Burton (1966), in addition to viewing being a victim of sexual assault as "abberant sexual acting out," sees participation as a result of a "strong need for affection, caused by real or imagined rejection by the parents." Mohr (1968) asserts that "in looking at cases of molestation, it is quite clear that most children could have avoided the experience if they had wanted to."

DeFrancis (1969) explored this issue of consent, citing findings from the American Humane Association study that only one-third of the children victims could be considered to have played a participant role, and only then if participation is view as acquiesing to the activity. He notes that this "participation" came about when 60 percent of the children were coerced through force or threat of bodily harm, 15 percent were enticed by a tangible

lure, and 25 percent were subjected to the subtle enticement of a preexisting relationship with the offender, which was used to gain passive compliance. Such data suggest that the majority of children are not even passive participants in the act.

Peters (1976) reports that "adults introduce sex in response to what may simply be affection-seeking behavior on the part of the child. . . . Many of the children we have treated have said that they permitted the adult, usually a family member or acquaintance, to engage in the sexual activity because the adult promised favors, and they felt that the adult would not hurt them." Burgess and Holmstrom (1975b) note the pressure on the child: "In reviewing our data on child and adolescent victims, we have tried to avoid traditional ways of viewing the problem and instead to describe from the victim's point of view, the dynamics involved between offender and victim regarding the issues of inability to consent, adaptive behavior, secrecy, and disclosure of the secret."

Other authors even more vigorously reject the child-precipitation view. Gager and Schurr (1976) state that idea of the seductive child "shifts the focus (and blame) from the adult male offender to the female victim." Rush (1974) points out how the entire participation/precipitation concept is a rework of a victim-blame perspective: "Isn't it strange how victims are held responsible for offense against them."

The family and the assault. The role of the family in contributing to the assault is unclear. It is apparent that family members are often the assailants (Peters, Meyer, & Carroll, 1976; Kaufman, Peck, & Taguiri, 1954).

Additionally, the parents may contribute to the occurrence of the offense by failing to provide proper protection for the child. According to DeFrancis (1969), parents or parent substitutes were involved in 72 percent of the American Humane Association cases, either by perpetration of the assault itself (25 percent of the cases) or by failing to provide proper supervision and support.

Families also react to the sexual offense. Parents often experience an acute emotional reaction to the assault of a child. According to Burgess and Holmstrom (1974a), they need to blame someone (the assailant, the child, or themselves), for allowing the assault to happen. Some parents are concerned about the need to deal with the issue of sexuality with their child. Others express guilt: "Many parents, and particularly mothers, prefer to conceal the fact that their child was a victim of a sexual assault for fear that they themselves may be considered responsible, through neglect, for what happened to the child," (Reifen, 1966). Some are unable to provide the needed emotional support for the child in crisis and may need aid from others.

Incest. Any discussion of the family and sexual assault must make some comment on incest. It is clear that much sexual assault occurs within the family circle. Such assault is presumed to be doubly damaging because the close relationship between the victim and assailant make resolution more difficult.

There is an extensive literature on incest, relatively little of which focuses extensively on the victim. The psychologically oriented literature looks primarily at the family constellation and at the victim as one member of

a triangle of father-offender, mother, and daughter-victim, and many authors point out the functions of incest in preserving family stability, or conversely, destroying that relationship (Walters, 1975; Lustig, et al., 1966; Berry, 1975; Tormes, 1968; Browning & Boatman, 1977). There is an abundance of case studies, but few systematic investigations of incestuous families. The cases reported tend to reflect considerable pathology, but there is no indication that they are representative of the typical incest family.

There are great problems working with the families in which children have been abused; spouses are reluctant to press charges, and treatment is difficult (DeFrancis, 1969; Tormes, 1968). However, some good results with comprehensive, court-run treatment programs have been reported (Giarretto, 1976).

Treatment of the child victim. From the hospital-victim studies (Burgess & Holmstrom, 1974a; Peters, Meyer, & Carroll, 1976) have come descriptions of the reactions of children and their families. In contrast to the retrospective reports of adults, many of these children, perhaps because the trauma was sufficient to warrent a trip to the hospital, viewed the experience as negative. The majority experienced mild or moderate to severe somatic symptoms and disruption of behavior which tended to decrease in severity over time. Burgess and Holmstrom (1974) outline an additional silent reaction to assault. Most reactions of children are similar to those experienced by adults, with differences consistent with the ways in which children respond to stress.

One group of articles directed at nurses and physicians is aimed at improving handling of the child victim in medical settings (Brant & Tisza, 1977;

Breen, Greenwald, & Gregori, 1972; Capraro, 1967). The emphasis is on immediate conscientious, and sympathetic medical care for the child coupled with support of the parents. A few other articles and book chapters are directed at counseling, with attention given to the emotional needs of the victim and her family (Walters, 1975; Hilberman, 1976). Burgess and Holmstrom (1974a, 1975b) discuss dealing with the child and the parents--what to say and what to expect from the child in the hospital and at home. They present ways to encourage dialogue and to help the victim and the family cope with the event.

The family may also need counseling about decisions regarding prosecution. Although there is an awareness of the special problems of child victims in court, there have been few reported attempts to change the system. Victim advocates are being used in some locales (Burgess & Laszlo, 1975; Center for Women Policy Studies, 1975), and various techniques can be used to prepare the child for her appearance (Schultz, 1975). The Israeli system uses youth interrogators who may appear in court on the child's behalf (see Reifen, 1969). Rather there has been much concern for the protection of the child (see Libai, 1969, for a review), that has been tempered by a legitimate concern for the rights of the defendant.

In contrast with the large number of articles describing the offense, the amount written on the victim's role and personality, and the concern with adult functioning, relatively little has been written about the child victim who has undergone an assault trauma. With the exception of the work of a half dozen

individuals and centers, few organized programs have addressed immediate post-assault needs. This constitutes the largest gap in the child victim literature. There is the need to know how the victim reacts, what her or his family does, how the events during and immediately after the assault affect adjustment during the following weeks and months, and finally, what are the most effective means of helping her or him deal with the trauma.

# CHAPTER VI.

# VICTIM SERVICES

# VICTIM SERVICES

Susan H. Klemmack

Paralleling the development of interest in the issue of rape fostered by the women's movement has been the concern for the special needs of sexual assault victims and the establishment of victim service programs. The changes began in response to criticism of the lack of appropriate services provided by law enforcement agencies, medical facilities, and other groups which deal with victims (e.g., Hayman, et al., 1967).

Treatment and control programs have developed as part of this growing awareness of issues surrounding the victimization of women. Changes in sexual assault legislation and in interpretations of existing laws have occurred, and there have been notable responses from many medical facilities, criminal justice agencies, community victim services, and education and prevention programs.

The natural channels through which most victims of violent crime seek help are hospitals and law enforcement agencies (Center for Women Policy Studies, 1975). Unfortunately, as Hilberman pointed out "most citizens trust neither one of these institutions to deal with rape" (Hilberman, 1976). There are few personnel selected and trained to work with rape victims as well as the powerful fears of victims relating to the decisions to report and prosecute. Consequently, in addition to public pressure to improve existing services,

there has been a push to implement community-based services provided by women for women.

These program developments began with concerned workers sharing information and support. While women's action groups focused public interest, often small groups of people associated with more formal organizations, particularly hospitals, implemented programs (Hayman et al., 1967; Burgess and Holmstrom, 1973; McCombie, et al., 1976). Emergency room personnel, particularly nurses, became aware of the need to change services and provide support for victims. Medical centers already had the facilities and much of the staff, as well as a tradition involving service to victims. All that was lacking was training and directions for change.

At the same time rape crisis centers were formed by groups of women who saw the need for crisis support for victims. This served as an alternative to treatment by institutions that held a victim-blame perspective. The final development in this victim service delivery process has been that of paid helpers employed by criminal justice agencies and medical centers. They include counselors working in police departments and emergency rooms, assistant district attorneys with special responsibility for rape cases, and lay advocates working in prosecutors' offices.

The literature on services provided victims can be grouped for examination on the basis of type of provider--hospital, police, prosecutor's office, or crisis center, as each is somewhat different in focus.

Hospital services. Much of the professional literature is written by (and directed to) hospital personnel. In addition to the literature described

elsewhere, there is an ever increasing number of articles dealing with counseling needs of victims (Burgess & Holmstrom, 1974b) and with particular treatments (Hilberman, 1976; Center for Women Policy Studies, 1975).

Articles in the literature on specialized rape treatment programs within hospitals emphasize these points:

-- A trained victim-support person is provided; this is either a nurse, a mental health professional, or a volunteer, who is incorporated into the emergency team.
-- There is a focus on training team members to be aware of the emotional trauma resulting from rape and to provide support for the victim. The most common approach is a general educational program for all personnel, including receptionists and physicians, coming in contact with victims.
-- There is an attempt to provide immediate services and privacy for the victim.
-- Hospitals should develop structured protocols for medical management.
-- Many programs provide for crisis intervention counseling; however, for the most part, counseling methods and procedures are not carefully outlined.

Such treatment programs tend to be complex and difficult to administer (e.g., McCombie, et al., 1976). The Center for Women Policy Studies report (1975) points out that most hospital programs represent primarily surface changes, adding support personnel to an already existing team, rather than

any in-depth attitudinal and procedural changes. Services tend to be provided in larger hospitals with relatively large staffs. There is little literature on changes instituted in smaller hospitals serving smaller cities or rural areas.

As treatment programs are expanded, follow-up services have been provided as part of hospital programs or by utilizing a referral process. The philosophy of hospital-based treatment for rape victims is that the hospital takes responsibility for insuring comprehensive care for every victim by organizing the diverse resources necessary to provide that care (Abarbanel, 1976).

Police and Courts. Although the previously frequent police attitude of indifference to rape is beginning to change, there are still great problems with police and criminal justice system reactions toward victims of sexual assault. "Raped women are subjected to an institutionalized sexism that begins with their treatment by the police, continues through a male-dominated criminal justice system influenced by pseudoscientific notions of victim precipitation, and ends with the systematic acquittal of many de facto guilty rapists" (Robin, 1977). The additional trauma experienced by victims who choose to prosecute is also documented (Burgess & Holmstrom, 1974a, 1975a). Police departments suffer from lack of personnel identified and trained to work with sexual assault victims. Thus Hilberman (1976) concludes: "Although there has been recent attention focused on the importance of law enforcement sensitivity to the victim's mental state and the management of victims in crisis, this is not the prevailing concern of most law enforcement agencies. Victim treatment may be impersonal and unsupportive if not frankly disbelieving and hostile."

Much is written on the need for police and courts to provide sympathetic services responsive to rape victims; however, with the exception of two thoughtful articles (Bard & Ellison, 1976; International Association of Chiefs of Police, 1975), few constructive suggestions for teaching supportive behaviors to police officers have appeared. The changes in law enforcement agencies generally have been those of an increased awareness of the suffering of the victim, and (in reaction to the pressures of women's organizations) becoming more responsive to her needs (Robin, 1977). One trend, seen in the last few years, is the increased interest expressed by law enforcement agencies in rape information (Chappell, 1976). Still, law enforcement agencies do not usually provide extensive or programmatic victim support services.

Services are occasionally provided by prosecutor's offices in which advocacy and support are extended throughout the adjudication process (Center for Women Policy Studies, 1975; Burgess & Laszlo, 1976). Such programs have been found to be effective, not only in helping victims, but in increasing prosecution and conviction rates (Haas, 1976).

Several recurring recommendations for improving the victim's interaction with the criminal justice system have been made by many writers (e.g., Blumberg & Bohmer, 1975; Center for Women Policy Studies, 1975; Chappell, 1976). These include:

-- Changing attitudes of personnel within the system, particularly in the direction of increasing acceptance of victims' perspectives
-- Increased use of women as police officers, investigators, and advocates
-- Improved procedures for informing the victim of the progress of her case
-- Eliminating the need for repeated questioning about the details of the assault
-- Changes in laws, particularly regarding issues of consent and credibility of the complainant
-- Acceptance of the changing status of victims and women (not only by police, prosecutors and judges, but also with the general public).

Rape crisis centers. In addition to services provided by traditional caregivers, this relatively new type of organization provides services especially for victims of sexual assault. Rape crisis centers often developed from the concerns of feminist groups, on the principle that a community sense of women helping women provides the best support for victims. This philosophy, although tempered over time, still is the cornerstone of the crisis center movement.

While some community rape crisis centers are routinely called by the police or by hospitals, most operate without close contact with the medical or criminal justice systems, frequently by choice. Some rape crisis centers are staffed entirely by volunteers, while others have professional staff. Almost

all share a similar origin, however, in their development in response to expressions of concern from women. In some cases it was pressure from nurses to develop better emergency room services (Hilberman, 1976; McCombie, et al., 1976), while in other cases, groups of women, most often already with ties to the women's movement, decided to develop community-based services (Schmidt, 1973; Connell & Wilson, 1974).

The earliest centers developed almost simultaneously in 1971 and 1972 in geographically diverse cities (Center for Women Policy Studies, 1975; Largen, 1976). Their success coincided with the growing national awareness of rape as an issue and led to the development of centers by women in other cities and smaller towns. There was little literature available at the time on victim's reactions or on helping victims, and information was distributed through an informal network of mimeographed newsletters, workshops, and visits to other centers. Much of this tradition is continuing, with the result that there are only a few articles in the professional literature on crisis center development. Most of these are fairly recent descriptions of the work of specific centers (Brady, et al., 1976; Walsh, 1976; "University of Texas students counsel rape victims," 1976; Price, 1975; Rape Crisis Center, Boston, Massachusetts, 1975).

The goals of most centers include: 1) to provide supportive services to victims in the forms of hotlines, counseling, anonymous reporting, and advocacy; 2) to reform institutions which deal with victims (improved court procedures and changes in emergency room handling of victims are common reform goals); 3) to provide education and information on sexual assault; and

4) to reform the law (Center for Women Policy Studies, 1975). The degree to which each of these goals is met varies among centers. Because of their organizational structure, the limits on available volunteer help, personal preferences of staff, and realistic limits in local situations, groups focus on selective, specific issues and objectives.

Several issues have become important as centers develop and become more sophisticated in their delivery of service. Until recently, selection of counselors was handled informally, in that most members were acquainted through work on other women's concerns. Most centers operated on the principle that no woman wishing to help other women should be refused the opportunity to become a counselor. Now, however, counselors themselves are becoming objects of study (Center for Women Policy Studies, 1975; Best & Kilpatrick, 1977), and in some centers counselor selection policies are being established. A second issue is the use of males as counselors. There had been the feeling that men should not be allowed to directly counsel victims, either because of the belief that victims would be upset having to face a male soon after the attack, or because of the orientation of some centers that the anti-rape movement is a women's self-help effort. Thus, while males had been active in support positions (Center for Women Policy Studies, 1975; Silverman, 1977), now there is interest in their participation as counselors.

As rape crisis centers have developed, training has become more formalized. Some centers, such as the ones in Ann Arbor, Michigan, and Washington, D.C., have long made training manuals available to new groups

(Connell & Wilson, 1974; Hilberman, 1976; Csida & Csida, 1974). New manuals developed for use with many such helping groups are being made available through the more formal channels of journals and commercial publications (e.g., Resnick, Hill, & Dutcher, 1976).

Questions are being raised about the patterns of client utilization of services of rape crisis centers, whether institutional (such as hospital-based) or community based. Community centers tend to serve fewer victims than hospitals and those who do seek help are likely to be middle class and white. It is possible that there is a lack of awareness of these centers; furthermore, certain groups of women may view their services as inappropriate for their needs, seeing the centers as too radical, for example. Community based groups may appeal more to women who perceive hospital or police services as unresponsive (Robin, 1977). On the other hand, large hospital programs tend to have an overrepresentation of minority women, particularly Black or Spanish-surnamed women, and women from lower income groups (Peters, et al., 1976).

Specialized services for child victims are not often reported in the literature. With the exception of interviewing techniques and some aspects of the medical examination, child victims are treated in the same programs as adults. Many authors have urged, however, that special care be taken when children are involved (Burgess & Holmstrom, 1974b; Capraro, 1967; Breen, Greenwald, & Gregori, 1972).

Programs are evolving both from small groups of women sharing a common ideology, and from more formal groups, often with ties to existing

community institutions. Women's crisis centers, pressured by the need to provide personnel and funding to meet increased demand for services, are becoming more structured (Center for Women Policy Studies, 1975). In other places, groups of paid crisis workers, often trained in mental health services, are being employed (Blacker, 1975). Some centers are beginning to work closely with other community agencies, such as hospitals, police, and prosecutors (Bryant & Cirel, 1977; Hardgrove, 1976), pursuing the aims summarized by Bard (1976):

> The multiple needs of the victim point to the necessity for an integrated and collaborative approach by all segments of the helping system. . . . The victim must be assured that at whatever point she opts to enter the system--emergency room, police, private physician, mental health agency, or women's group--she will receive sympathetic support and needed services. Fragmentation of the helping network can only impede optimum service delivery. Integration and humanization can serve the cause of the victim, criminal justice, and society as a whole. (Bard, 1976)

Institutionally based and professionally staffed programs are not necessarily preferred alternatives or replacements for volunteer community groups. Each type of program provides services to different victims, as well as providing different types of services. In addition to appealing to groups of women who may distrust the medical or criminal justice agencies, community rape crisis centers are able to provide consciousness-raising challenges to

status quo organizations that might not be feasible for a crisis group operating closely with within the organization under fire. On the other hand, quasi-professional groups working within the system may more easily bring about procedural change.

A special area of concern is how the victim perceives her treatment at the hands of societal institutions that are identified as providers of victim services. The studies carried out by service groups tend to show victims satisfied with crisis services (e.g., Solomon, 1974). Reports covering general victim responses to treatment by medical groups, and justice agencies are less positive, with the court system receiving the most criticism (Dutcher, 1974; Bart, 1975; Price, 1975; Copeland, 1976).

The literature on societal response through victim services does not necessarily reflect the impact of specific service groups, but rather the proclivities of certain groups of professionals to write of their observations and ideas. The workings of hospital rape crisis centers are well documented, probably reflecting the academic and professional orientations of these workers, the perceived need for dissemination of information, and the availability of records from which to gather data. The lack of community rape center literature probably reflects the orientation of center workers as doers rather than writers. Their writings appear much more in local mimeographed documents than in national publications. In addition, there may be organizational preferences for protecting the privacy of victims, and hence strong feelings against keeping records. As a result that data on which to base descriptions of center work are not available.

There is now a compelling need for more complete descriptions of treatment programs and for assessment of the outcomes of treatment. We know little about the evaluation of services: the training courses, the programs, and the methods of counseling which are most effective. As in other areas in sexual assault, the literature on service delivery to victims has included much data gathered through casual observation rather than controlled research. The information has been collected from discussions of self-reports from small numbers of sexual assault victims. Systematic studies of victims as consumers of services have to be undertaken, as companions to studies of the service providers. Victim crisis centers appear to have had great impact on individual victims and on societal reactions to rape, but have barely been able to document their own success. The changes that occur in justice agencies, in community centers, in medical programs, and in victim responses should be carefully observed and reported in ways that are replicable and broadly applicable.

# CHAPTER VII.

# SEXUAL ASSAULT IN INSTITUTIONS

# CONTINUED

# 1 OF 2

# SEXUAL ASSAULT IN INSTITUTIONS

Linda J. Skinner

Most professionals in the field are aware of the existence of sexual assault in institutions such as correctional facilities, mental institutions, general hospitals, and schools. However, a review of the literature would lead to the conclusion that sexual assault within institutions is restricted almost entirely to correctional institutions, with the majority of institutional assaults occurring in male institutions.

Since the late 1960's and primarily the early 1970's, sexual conduct, both consensual and nonconsensual, has been the focus of numerous articles. However, the level of knowledge about sexual assaults in institutions is currently at about the same level that knowledge about rape in general was in the late 1960's. People are just now beginning to pay attention to sexual assaults in institutions. However, as noted, most of this attention is directed at assaults in male correctional facilities.

Some parallels exist between sexual assaults in institutions and such assaults in general. For example, their actual incidence in juvenile and adult correctional facilities is unknown. Yet the reported rate is believed by some to be a great underestimate. Carroll (1974) reported that the number of documented sexual assaults occurring during a one-year period at a maximum security prison was four. However, inmates at the institution indicated that the actual number of sexual assaults was closer to 50.

From June, 1966, through July, 1968, 96 sexual assaults in the Philadelphia prison system and sheriff's vans were reported to prison authorities (Davis, 1968). Of these, only 64 were mentioned in prison records. In contrast, it was estimated by investigators studying the assaults that about 2,000 sexual assaults had occurred during that period.

The discrepancy between the reported and the actual number of sexual assaults within prisons parallels the discrepancy in reporting of noninstitutional cases and is explained by many of the same reasons. That is, sexual assault victims within correctional institutions choose not to report out of fear of retaliation, disgrace, and a belief that institution officials are helpless or choose not to correct the condition (Carroll, 1974; Davis, 1968; Scacco, 1975). For example, of the 64 sexual assaults that were mentioned in the Philadelphia prison records, only 40 resulted in disciplinary actions and only 26 were reported to the police for prosecution (Davis, 1968).

As was true of the initial research on sexual assault victims in general, one of the early directions of study of institutional sexual assault is on victim characteristics, where efforts have been directed at identifying personal characteristics shared by such victims. It has been reported that the prison victims generally look young for their age, are less athletic, less physically coordinated, more physically attractive, and less prisonized than other inmates (Davis, 1973; Kirkham, 1971). Additionally, prison sexual assault victims usually have no prior history of homosexual behavior (Kirkham, 1971) and the majority are white (Bartollas, Miller, & Dinitz, 1974; Scacco, 1975).

Sexual assault is currently perceived as more an aggressive than sexual act. A similar position has been forwarded with regard to sexual assaults in prisons. It is asserted that the institutional culture fosters the expression of aggressive behavior and ethnic hostility and that this expression is often in the form of crucial sexual interaction and is a form of punishment and debasement (Bartollas, Miller, & Dinitz, 1974; Sagarin & MacNamara, 1975; Scacco, 1975). The observation that the majority of sexual assaults noted in official records and reported by inmates involve Black aggressors and white victims is presented as evidence for this position (Carroll, 1974; Scacco, 1975).

While the short and long term effects of sexual assault on victims in general has received increasing attention, almost no research has investigated the residual effects of sexual victimization on prison inmates. In the only such study available in the published literature, Sagarin (1976) interviewed four male victims and five aggressors. The post-prison sexual behavior of the aggressors was reported to be heterosexual, but marked by some increased violence and a greater tendency toward brutality. The post-prison sexual behavior of the victims was reported to be homosexual. The generalizability of these findings is very limited, considering the manner in which the subjects were solicited. However, the results do underscore the need to investigate the effects of sexual victimization in correctional institutions.

Some of the difficulties that plague research on sexual assault in general also handicap investigations of sexual assaults in institutions. Problems with inadequate sampling procedures are compounded by a general inability for researchers to gain easy access to prison populations.

Until the last few years, the reaction of the criminal justice system and of society at large to sexual assaults in correctional facilities has been one of inaction at best. In fact, Carroll (1974) suggests that prison reforms have fostered rather than eliminated sexual assaults. However, since the early 1970's sexual assaults in correctional institutions have come to the attention of the courts. Danziger (1971) suggests that the decision of the Supreme Court in Holt v. Sarver that confinement under inhumane conditions is cruel and unusual punishment may lead to the recognition of conditions and practices in correctional facilities that foster sexual assaults as cruel and unusual punishment.

The occurrence of sexual assaults in prisons has been the basis of two other decisions which may have far-reaching consequences. Both a Michigan Court of Appeals in the case of People v. Harmon and a California Court of Appeals in the case People v. Lovercamp, ruled that imminent sexual assault can be a defense to the crime of escape from prison (Berger, 1975; Gardner, 1975; Gilman, 1976; The People v. Marsha Lovercamp, 1974; Zeichner, 1975). In both of these cases, inmates escaped from correctional facilities following repeated threats of sexual assault. Subsequent cases based on such a right to escape have not been found in the literature, nor have Courts of Appeals in other states been presented with similar cases.

As noted earlier, sexual assaults in institutions other than prisons or juvenile facilities are rarely discussed. Two articles consider sexual assault or accusations of sexual assault in a general hospital (Cohen, 1964)

and in a psychiatric hospital (Deucher, Maxmen, & Karasu, 1975). Both focus on the importance of a predetermined plan involving legal, administrative, medical, and nursing personnel for dealing with accusations. The failure of having such a plan is described by Deucher, et al. (1975). Neither article expresses much concern for the victim or for the prevention of such assaults.

Careful attention to sexual assault in institutions is relatively rare and the research is sparse. Despite the difficulty of getting institutions to cooperate, there is a need to gather information including incidence rates, effects on the victim and the institution, and effective procedures for preventing and dealing with such incidents.

# CHAPTER VIII.

# MEDICAL ISSUES WITH RAPE VICTIMS

# MEDICAL ISSUES WITH RAPE VICTIMS

Linda J. Skinner

## MEDICAL-LEGAL EVIDENCE

Prior to the early 1970's, most of the medical literature discussing sexual assault focused primarily on the collection and analysis of medico-legal evidence, especially that addressing the issue of penetration (Holmstrom & Burgess, 1976). This section will discuss the issues of evidence. As a starting point, it should be noted that the best evidence of penetration in a sexual assault case is the presence of semen in the orifice penetrated and the identification of spermatozoa is considered the best proof of the presence of semen (Fisher, 1949).

There has been continuing discussion about the maximum morphological survival period of spermatozoa. Davies and Wilson (1974) reported that spermatozoa are usually found up to three days after intercourse and sometimes up to six days afterward. Eungprabhanth (1974) found that the maximum morphological survival time of sperm in the vagina was six days post coitus. In vaginal fluids maintained under nonsterile conditions, motile sperm have been identified up to 24 hours and nonmotile sperm have been identified after 179 days (Rupp, 1969). In a rape-murder case of a woman found in the mountains of Utah, nonmotile sperm were identified 16 days after coitus.

While the identification of spermatozoa may be the best proof of penetration, it is frequently impossible to identify the presence of spermatozoa, particularly in light of the increased number of vasectomies performed yearly

(Enos, Beyer, & Mann, 1971) and the evidence that from 34 percent to 40 percent of sexual offenders suffered some type of sexual dysfunction at the time of the assault (Groth & Burgess, 1977). These authors reported that the medical records of 92 adult rape victims indicated the presence of sperm in only 35 percent of the cases.

The identification of other constituents of seminal fluids has been investigated as evidence of sexual activity, with the most common constituent studied being acid phosphatase. The acid phosphatase test has been identified as a useful adjunct in examining material suspected of being ejaculate (Fisher, 1949; Walther, 1971) and evidence of the presence of semen identified by the acid phosphatase test was accepted by the Massachusetts Supreme Court over 30 years ago (Fisher, 1949).

The literature reflects some debate as to the utility of the acid phosphatase test. One side of the controversy points out that tests for acid phosphatase allow the detection of aspermic seminal plasma and the separation of semen from other body fluids (Riisfeldt, 1946; Adams & Wraxall, 1974). Additionally, it is stated that the acid phosphatase test is useful in the location and identification of seminal stains (Kaye, 1949; Kind, 1965; Sivaram, 1970; Walker, 1950). Riisfeldt (1946) asserts that the acid phosphatase reaction is more reliable than tests for spermatozoa and presents four cases of disagreement between the demonstration of spermatozoa and the phosphatase reaction to support his position.

On the other side of the debate, Godwin and Seitz (1970) concluded that the acid phosphatase reaction is not as accurate as a test for spermatozoa.

Additionally, Willott (1972) found L. tartrate inhibitable acid phosphatase on vaginal swabs from females who had not had intercourse for at least one month and concluded that a positive acid phosphatase reaction should not be used as a means of identifying semen in the absence of other evidence. However, no evidence has been published to date negating the importance of the acid phosphatase test as, at least, an adjunct test for obtaining evidence of recent sexual activity and, therefore, a useful tool in the medical examination of sexual assault victims.

There are two types of medico-legal evidence in sexual assault cases that have received very limited attention in the literature. Dental evidence may be provided either by a sadistic rapist biting his victim or a victim biting the assailant in self-defense. Levine (1977) describes the role of the forensic odontologist in the investigation of some crimes, including sexual assault.

The second area of evidence that has been ignored is indications of recent sexual activity on the part of the suspect. Given (1976) describes a technique for the collection and examination of penile washings for the presence of vaginal cells. A simplification of Merkel's technique using the lugol stain allows the identification of vaginal cells by their glycerin content (Thomas & Van Hecke, 1963). These areas of research merit much more investigation.

To insure better quality in the collection of medico-legal evidence, some hospitals have developed rape evidence kits. The use of such kits helps to insure that all the necessary tests are conducted, the collection procedures are uniform, and that the chain of evidence is protected. The experience of

the city of Houston suggests that the use of such kits results in more successful prosecution and, thereby, eases the experience of the victim.

## EXAMINATION AND TREATMENT

Since the early 1970's, an abundant proportion of the literature has focused on the medical examination and treatment of sexual assault victims. The recommended steps involved in the examination and treatment include a general physical examination, a gynecological examination, treatment of any physical injuries, preventive treatment for venereal disease and, less frequently, preventive treatment for pregnancy.

There is some disagreement as to the nature of injuries suffered by sexual assault victims. Some feminist authors describe very serious injuries occurring (Gager & Schurr, 1976). Additionally, Groth and Burgess (1977) reported that medical data revealed that 63 percent of 92 rape victims had at least one sign of trauma on some part of their body while 43 percent of the victims had one or more signs of gynecological trauma.

In contrast, Hayman, Lewis, Stewart, and Grant (1967) reported that of 322 sexual assault victims, 14 suffered severe trauma requiring emergency treatment and of these, four also required hospitalization. In another study, Lanza (1971) found that of the 1,451 victims seen by the Washington, D.C. Police Department Sex Crimes Section, only eight had major physical injuries. A review of many other articles indicates that injuries suffered by sexual assault victims are generally minor in nature (Ringrose, 1969; Knobel &

Marescotti, 1973; Massey, Garcia & Emich, 1971; Hayman, Lanza, Fuentes & Algor, 1972; Giacinti & Tjaden, 1973; Voight, 1972).

With regard to the prevention of pregnancy in sexual assault cases, there is an ongoing disagreement in the literature about postcoital contraceptive therapy. The administration of diethylstilbestrol (DES) is widely recommended for the prevention of pregnancy in sexual assault cases (American College of Obstetricians and Gynecologists, 1973; Kuchera, 1971). However, Massey, Garcia and Emich (1971) reported a high incidence of gastrointestinal side effects, as well as four pregnancies, established in the treated cycle subsequent to postcoital contraceptive therapy with DES. Discussing the medical dangers associated with the morning-after pill, including the latent development of cancer, rapid growth of existing cancer, and the production of DES daughters who have abnormal vaginal cellular growth that may be precancerous, Weiss (1975) strongly opposes the use of DES and considers menstrual extraction and vacuum aspiration to be safer alternatives.

One set of guidelines for the administration of DES is offered by Massey, et al. (1971). The Boston Rape Crisis Center (1975) stresses the importance of informing the woman of the possible side effects of DES and allowing her to reach her own decision, a position also assumed by the California Medical Association (1975).

Much of the literature published since the early 1970's reflects an increased interest in and concern for the victim's physical well-being. For

example, numerous articles recommend general medical management procedures, including follow-up suggestions, to be implemented in cases of sexual assault (Seltzer, 1977; Roth, 1972; Williams & Williams, 1975; Hayman, 1970; Rosenfeld & Garcia, 1976; "Victims of rape," 1975), while other articles specify the management procedures followed at specific hospitals, such as the John F. Kennedy Memorial Hospital in Philadelphia (deMasi, 1974), Philadelphia General Hospital ("Rape is an ugly word," 1971), Parkland Memorial Hospital in Dallas (McCubbin & Scott, 1973), Beth Israel Hospital in Boston (Bassuk, Savitz, McCombie & Pell, 1975), the University of Chicago Hospitals ("How they help rape victims at the University of Chicago," 1973; Crum, 1974), and the Bornalillo County Medical Center in Albuquerque, New Mexico (Kaufman, Hilaski, DiVasto, VanderMeer & Eppler, 1975).

## ASSESSMENT OF TREATMENT SERVICES

In the last few years, there has been an increased interest in evaluating the treatment of sexual assault victims at hospitals. The quality of emergency room care of sexual assault victims appears to range from very poor to excellent. For example, some hospitals refuse to admit rape victims as patients unless the victim has reported the assault to the police (LeBourdais, 1976).

> Most police officers have difficulty finding a hospital that will treat rape victims. Hospitals have exhibited both reluctance to provide medical treatment that may involve later court testimony and disparaging attitudes toward rape victims. (Center for Women Policy Studies, 1975, p. 12)

Hanss (1975) reports a lack of uniformity in the collection of medico-legal information and poor follow-up care for rape victims in three major hospitals in Maricopa County, Arizona.

A more extensive survey of the care of rape victims in hospitals throughout the country indicate that all but two of the hospitals surveyed provided some services to rape victims (Geis, Chappell, & Cohen, 1975). While the quality of the treatment was frequently questionable, as evidenced by the fact that most of the hospitals failed to provide prophylactic drug treatment for venereal disease, the responses of the hospitals indicated an increasing national awareness of the problem of rape and a growing concern for improving services to rape victims.

On the basis of 19 site visits and telephone surveys with an additional 20 medical facilities, the Center for Women Policy Studies (1975) produced a handbook discussing the following findings on the treatment of rape victims by medical facilities: (1) where victims receive medical treatment; (2) preexamination procedures; (3) the medical examination; (4) follow-up treatment; (5) training; and (6) coordination with other institutions affecting the victim.

Much of the criticism directed at the response of medical facilities focused on the attending physician.

> In more than one community doctors have been called the 'weakest link' in the team of hospital personnel attending the rape victim because of a lack of sensitivity displayed. Doctors have been accused of not caring to develop skills in the treatment of rape victims because such skills are not necessarily transferable to a lucrative private practice. And, they have been accused of having limited training: being medical technicians who perform the technical procedures but have little or no training in the emotional care and support of victims. (Center for Women Policy Studies, 1975, p. 34)

The literature suggests that the most sensitive treatment of sexual assault victims is generally available at hospitals and medical centers that have established special treatment units for such victims. These units provide comprehensive care, including counseling and follow-up services by organizing diverse resources necessary to provide the care and to make victims aware of nonprofessional support groups. The importance of follow-up services cannot be overlooked. The Center for Women Policy Studies (195) reported that many hospital programs failed to offer follow-up care. Yet, such services may be critical in helping the sexual assault victim readjust.

Two studies demonstrate the success of such programs. Solomon (1974) reported favorable results in her study of sexual assault victims treated at

the Rape Treatment Center at Jackson Memorial Hospital. Of these victims, 92 percent reported that their treatment by the rape center physician was satisfactory or better. During the initial interview at the hospital and three months later, 124 rape victims were asked what their reactions were to the services rendered by the hospital staff at Boston City Hospital (Burgess & Holmstrom, 1975c). Approximately 25 percent of the victims had a positive immediate reaction, while approximately 54 percent had a neutral reaction and 21 percent had a negative reaction. With regard to long-term reactions, 27 percent were positive, 46 percent were neutral, and 12 percent were negative.

Follow-up studies such as these are imperative in order to mold victim services to meet victim needs. The study by Solomon (1974) already noted obtained information about specific components of the program at Jackson Memorial Hospital. Such an evaluation approach offers the opportunity to develop responsive victim service programs.

It has been suggested that if professionals, including medical personnel, were more accountable to sexual assault victims, victims' reactions to them would be more positive. Such accountability can take the form of explaining medical procedures to the victims. "Few hospitals are diligent in informing the victim of the necessity for and possible effects of medical procedures" (Center for Women Policy Studies, 1975, p. 25).

## TRAINING

A second procedure for improving the reaction of medical personnel to sexual assault victims has been through special training programs. "Most

hospital rape programs pride themselves on their training sessions for personnel who deal with rape victims" (Center for Women Policy Studies, 1975, p. 46). Such training programs generally consist of information sharing sessions and "sensitivity" training. During the information sharing sessions, medical personnel may be informed of the medico-legal procedures that should be performed, the importance of maintaining the chain of evidence, and possibly the reaction of victims to rape.

Participation in such training programs is generally voluntary. The results of the survey conducted by the Center for Women Policy Studies (1975) indicate that:

> Training doctors has been more difficult than training other personnel because the doctors feel they have merely a technician's role to perform--providing the medical examination. They also complain that they lack time to participate in such programs. (p. 49)

A suggested solution to this problem is to begin such training while the physician is in medical school. However, to date, medical schools have not generally followed this recommendation.

## PERSONNEL ROLES AND ATTITUDES

The Center for Women Policy Studies (1975) reported that in many of the hospital programs surveyed, emergency room nurses have assumed lead

positions. However, the role of the nurse in dealing with sexual assault victims has received only scant attention in the literature. Appell, Baskin and Smith (1976) stress the importance of the first half hour of interaction between medical personnel and sexual assault victims and suggest that a supportive stance by the nurse is imperative. They recommended the use of Transactional Analysis by the nurse to improve the handling of a rape victim and return her to a pre-crisis state. Gill (1975) also discusses the role of the nurse in handling the rape victim and suggests that one of the responsibilities of the nurse is to provide warm and empathic understanding for sexual assault victims.

The Sex Section of the Washington, D.C. Metropolitan Police Department works with a nurse specialist who coordinates the services of the Sex Section with medical and community facilities. Within a one-year period, 47 percent of sexual assault victims had at least one contact with the nurse. The role of the nurse should receive more attention and emphasis in the literature. As an integral member of the medical team and as the member who maintains the most prolonged contact with the rape victim, her role should not be slighted.

Physicians are in an excellent position to provide emotional support to sexual assault victims and, if necessary, to counsel family members as well. The counseling responsibility of the general practitioner (Murray, 1975) and other physicians (Halleck, 1962; Scrignar, 1968, Zussman, 1971) is receiving increasing attention in the literature. In order to successfully counsel sexual assault victims, medical personnel must first examine their own attitudes

toward sexual assault victims and come to grips with their own feelings. In a discussion of the negative and judgmental attitudes that many Canadian medical personnel have towards rape victims, LeBourdais (1976) offers the following physician statements:

> Says a male Toronto gynecologist, 'There is one type of woman I would have a hard time believing was raped. A woman between 16 and 25, on the pill, and no longer a virgin.' (p. 12)
>
> Ottawa counselors report instances where physicians have told patients 'there is no such thing as rape' during or prior to examination. (p. 12)

It has been suggested that sexist stereotypes, seldom challenged by women of equal status, underlie the negative attitudes many physicians have toward rape victims (Bruce, 1975). Unfortunately, the Center for Women Policy Studies (1975) observed that few hospital rape programs have attempted to change the attitudes of physicians.

Research on the attitudes toward rape victims held by physicians indicate that the attitudes are more positive than suggested by current literature based on anecdotal information from rape victims. King, Rotter, Calhoun and Shelby (1975) compared attitudes toward sexual assault held by 19 physicians and 21 volunteer counselors at the Rape Center at Grady Memorial Hospital. While the physicians had more positive attitudes about rape victims than anticipated, there were significant differences in the attitudes of physicians as compared to those of volunteer counselors, with physicians having the

more negative attitudes. For example, the physicians assumed that women made more false accusations of rape than did the counselors and judged personality traits of some victims as causing the rape. Additionally, the physicians identified seductive behavior by the victim as precipitating the rape more often than did the counselors. The physicians also viewed rape as a sexual crime more than did the counselors.

McGuire and Stern (1976) conducted a survey of physicians' attitudes toward sexual assault and compared their knowledge level and attitudes with those of college students. Both the physicians and the students correctly answered about 60 percent of the factual questions and it was found that physicians and male students shared similar attidues toward sexual assault. In contrast, female students had a tendency to overestimate the incidence of rape, the physical effects resulting from rape, and the duration of the psychological effects.

## CONCLUSIONS

The medical literature on sexual assault is beginning to reflect some of the changes that have been evidenced in other fields. However, these changes are slow and arduous. With the exception of the collection and analysis of medico-legal evidence, there has been limited research on medical aspects of sexual assault. Much of the research is based on anecdotal reports and reviews of medical records. Thus, the findings in part may be a function of the population studied, the location of the study, or even researcher bias.

It is hoped that some methodologically improved research may be forthcoming. One area that has received little attention is the effect on the victim of her experience with the medical system. Ways to improve this interaction have been identified and represent a high priority for future program and concept developments.

# CHAPTER IX

# STRATEGIES FOR INFORMATION RETRIEVAL IN SEXUAL ASSAULT

# STRATEGIES FOR INFORMATION RETRIEVAL IN SEXUAL ASSAULT

Alexia M.K. Polyson

The social costs of sexual assault are high. Whether these costs are in terms of the offender's general threat to society, the physical and emotional trauma suffered by victims of assault, or the efforts of the criminal justice system and lawmakers to adjudicate and legislate the crimes of sexual assault, workable and pragmatic solutions to the problems of sexual assaults do not seem to be clearly in focus. There is a continual need for applied research and information in the field of sexual assault. This information is present in a great variety of documents, sources and centers, since the study of sexual assault is multidisciplinary and scattered. Researchers should have at their disposal all of the different information sources available, and the purpose of this chapter is to acquaint readers with such information resources and tools. It is not our purpose to provide research ideas, nor is it a search of specific content. Rather a broad base of materials has been compiled to present a search strategy; it is the responsibility of the researchers to judge the relevance and the accessibility of these resources.

Readers should start with a knowledge of the basic tools for library research. Some of the information presented will be common knowledge to persons in a particular field or profession; some of it will not. The lawyer

may not be as familiar with the Index Medicus data base searches (MEDLARS) as a research physician, nor can we expect this same physician to be acquainted with the contents of the Civil Rights Courts Digest.

The scholarly tasks of identifying and reviewing a body of literature can be tedious and unproductive work, especially if one has no clear-cut place to begin. The annotated bibliography prepared by the present author can provide readers with a fine starting point. The abstracts provide a rapid method of reviewing the literature; they describe the contents, indicating to the users whether they might wish to peruse the articles. The bibliographic entrees also acquaint readers with the names and addresses of the primary scholars in the field. Readers are encouraged to contact those persons if they need assistance or a further exchange of ideas.

The strategies for information retrieval are categorized into four groups: (1) published and unpublished bibliographic sources; (2) computerized searches; (3) periodicals, indexes and statistical sources; and (4) institutional resources.

## I. BIBLIOGRAPHIES

The first broad class of reference sources is the bibliography. The bibliography assists readers in discovering the identity of works which may be of interest to their research. A bibliography will identify, describe or classify references in a particular field, as well as to direct users to the authors.

Most post-1965 articles have been abstracted in the present bibliography. There are, however, several pre-1965, foreign, popular, and tangential

works, and newspaper articles, that were not included and are referenced in other bibliographies. A synopsis of the major bibliographies will be provided, followed by a listing of smaller, less complete ones.

Citations in the literature on the subject of forcible rape are provided in "Forcible Rape: A Bibliography" by Duncan Chappell, Gilbert Geis, and Faith Fogarty published in 1974 in the Journal of Criminal Law and Criminology (p. 248-263). The sources are divided into seven categories: sociology, victim, offender, law, medical and medico-legal, police investigation, and rape in noncommon law jurisdictions. There are 321 references. Cross references, an author index, and an addendum are also included.

Hubert Feild and Nona J. Barnett edited "Forcible Rape: An Updated Bibliography," published in the March 1977 Journal of Criminal Law and Criminology, extends in time the Chappell, Geis, and Fogarty bibliography from January, 1974 through the end of 1976. The references follow the Chappell, et al., seven major categories.

The Journal and Supplement Abstract Service (JSAS) of the American Psychological Association has published Sexual Assault Bibliography: 1920-1975 by Hannah I. Evans and Nicole B. Sperakas. It contains approximately 1,500 references in the area of sexual assault. Adult rape is the major focus but child victimization and incest are also included. References have been taken from medical and legal periodicals as well as from the popular media and traditional psychological literature. The document is 59 pages in length and is available as Document MS1368 from JSAS, American Psychological Association, 1200 17th Street, N.W., Washington, D.C. 20036.

The Rape Bibliography: A Collection of Abstracts is a 96-page compilation prepared by the St. Louis Feminist Research Project. The work has four major subdivisions representing the legal, medical, psychological and sociological aspects of rape. It also contains a "popular press" section and a pamphlet section. All post-1970 scholarly books and articles are abstracted. All pre-1970 works are included in a bibliographic listing. To order, write: St. Louis Feminist Research Project, 4431 McPherson, St. Louis, MO 63108.

Toward A Prevention of Rape: A Partially Annotated Bibliography was compiled in 1975 by Marcia Walker and the staff of the Rape Research Group of The University of Alabama, Department of Psychology. There are over 300 annotations categorized into eight subdivisions: general, the victim, the child victim, the assailant, legal aspects, sociological aspects, popular, and rape crisis center publications. Books, scholarly works, and "popular press" articles are included. There is also a bibliographic listing of references not included in the annotated sections. This bibliography is available by writing to the Rape Research Group, Department of Psychology, The University of Alabama, University, AL 35486.

The Santa Monica Hospital in Santa Monica, California compiled a bibliography related to training medical personnel who treat sexual assault patients. Edited by Gail Abarbanel, this Rape Treatment Center Bibliography revolves around the medical and psychological care of the victim. For more information write to the Santa Monica Hospital Rape Treatment Center, Santa Monica, CA.

A 41-page bibliography is available from the Center for Women Policy Studies located at 2000 P Street, N.W., Suite 508, Washington, DC 20036. This agency generates information on all aspects of women and has published several research reports.

The New York Police Department (NYPD) Sex Crimes Analysis Unit issued a bibliography compiled by Katherine Ellison on psychological, sociological, and legal aspects of rape. For more information write to NYPD Sex Crimes Analysis Unit, New York Police Department, New York, New York.

Bibliography on Rape is available from the Washington, DC Rape Crisis Center. It cites books, reports, and pamphlets in the following areas: medical, defenses against rape, legal, psychological, other social sciences, and general. Write: Washington, DC Rape Crisis Center, P.O. Box 21005, Washington, DC 20009 for more information.

In 1974 Carolyn J. Hursch of the Center for the Study of Violence, Denver, Colorado assembled a sexual assault bibliography of 172 references divided into two sections: general and child molestation.

A small but published and easily accessible bibliography entitled "Rape Bibliography" has been compiled by Joan Mathews. It can be found in Noreen Connell and Cassandra Wilson's Rape: The First Sourcebook for Women. This bibliography contains 62 citations. Commentary is included which differentiates those books and articles sympathetic to the victim and those which reflect "official" victim-blame attitudes.

In 1974 A. R. Munroe compiled an 86-page bibliography entitled Research in Sexual Deviation and Sexual Offenses: A Bibliography. It is available from the Canadian Criminology and Corrections Association, 85 Parkdale, Ottawa, Ontario, Canada.

The National Library of Medicine, 8600 Wisconsin Avenue, Bethesda, MD 20014 searches its own extensive holdings in the field of medicine and compiles bibliographies on topics of interest that are free to the public. Three bibliographies which focus on sexual literature are: Rape, 64 citations published from January 1970 through July 1973, No. 73-24; Child Abuse, 303 citations published from January 1970 through July 1973, No. 73-28; and Child Abuse, 478 citations published August 1973 through December 1975, No. 73-29. These bibliographies should be requested from the Library's Literature Search Program--reference section.

This listing is not all-inclusive but provides a means of introducing the reader to some available sources. Additionally, the National Organization for Women (NOW) has compiled a bibliography, now in a revised edition. Several state chapters such as Massachusetts and Michigan have compiled their own bibliographic references as has the Washington, DC Rape Crisis Center, the Rape Crisis Center of Cambridge, Mass., and Michigan Women's Task Force on Rape. Many of these bibliographies contain materials which are not distributed or advertised widely since most were compiled for in-house use. For further assistance in obtaining this type of bibliography, it will be necessary to contact these state chapters of NOW or individual rape crisis

centers. It is possible to obtain a listing of NOW state chapter headquarters from the national headquarters in Washington, DC.

## II. COMPUTERIZED SEARCHES

The second broad class of reference sources is the indexing service which provides a computerized printout of requested materials from a data bank. The printout usually is in bibliographic format and contains article abstracts.

Indexing and abstracting sources collect and maintain records of research but not the research itself. Computer searches are easily accessible but are usually costly. Individuals doing unfunded research may find that the cost of computer aided research may outweigh the benefits. On the other hand, computer searches save many hours of human time by rapidly searching a whole body of literature and selecting those items specifically requested. For those with limited access to computer aided research, a list of major indexes to periodicals will be provided in the third section to introduce the reader to hand searches.

The National Institute of Mental Health (NIMH) has a continually updated data base on sexual assault in the following categories: child/adolescents; institutions; legislation and court actions; minorities; offender; and victim. It is part of a larger system known as the National Clearinghouse for Mental Health Information. NIMH also has two other data bases, one on alcohol and the other on drug abuse, known respectively as the National Clearinghouse

for Alcohol and Alcohol Abuse Information and the National Clearinghouse for Drug Abuse Information. These data bases may also generate materials on sexual assault. For more information on the availability of such searches contact NIMH, Room 11A-29, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857.

The Law Enforcement Assistance Administration (LEAA) has a branch agency, National Criminal Justice References Service (NCJRS), which provides useful information on law enforcement and criminal justice. NCJRS offers a variety of references and information services. At the hub of NCJRS is their data base, which is a computerized collection of bibliographic citations and abstract. Included in this collection are reports generated from LEAA grants and other research projects, as well as newly published papers, books, and articles. There are over 20,000 items in the data base. NCJRS honors individual written, telephoned or in-person inquiries. The data base is searched for the requested information sources. Document citations and abstracts from the data base, together with single copies of relevant NCJRS available documents, are then furnished to the requester. For more information concerning the NCJRS computer search contact NCJRS, 950 L'Enfant Plaza, S.W., Washington, DC 20024.

Another source of criminal justice, corrections and law enforcement literature is the Criminal Justice Reference Library located at 215 Townes Hall, 2500 Red River, Austin, Texas 78705. Individual searches are available from a large data base that adds approximately 2,000 items per year, 20 percent

of which are journals; 60 percent are government reports and the remaining 12 percent are monographs.

The Smithsonian Science Information Exchange (SSIE) maintains a central data base of information about research in all fields of life and physical sciences. The active file consists of projects initiated or completed during the past two government fiscal years. The basic record in the SSIE system is the Notice of Research Project (NRP). The NRP contains essential information about each project, including the name of the supporting organization and its project number, the performing organization's name and address, the name and department or specialty of the principal and co-investigators, the period covered by the NRP and the level of funding, and, in most cases, a 200-word description of the work to be performed. The SSIE Science Newsletter offers research information packages which are predesigned searches of the data base on topics of high current interest. For further information and to receive a complimentary brochure describing SSIE's services, write to Smithsonian Science Information Exchange, Inc., Room 300, 1730 M Street, N.W., Washington, DC 20036.

In 1964 the Index Medicus, which abstracts medical literature, was computerized by the Medical Literature Analysis and Retrieval System (MEDLARS) of the National Library of Medicine, 8600 Wisconsin Avenue, Bethesda, MD 20014. Individual searches can be conducted through the use of descriptors from a controlled thesaurus. MEDLARS files are available at several major university libraries and computer centers. Costs for individual searches are established

by the organizations providing the service. For information on facilities capable of providing a MEDLARS search, contact the National Library of Medicine.

Another medical literature search is provided by Excerpta Medica. It has indexed articles relevant to human medicine in such fields as general medicine, medical specialties, pharmacy, pharmacology, and basic biological sciences. Custom searches are available through the use of descriptors and key words from a controlled thesaurus. Any requests for searches in the United States should be directed to 3i Company, 2101 Walnut Street, Philadelphia, PA 19103.

For education related materials the Educational Resources Information Center (ERIC) has two available data bases: Research in Education (RIE); and Current Index to Journals in Education (CIJE). Individual searches are conducted through the use of keywords from a controlled thesaurus. ERIC retrieval systems are available at several universities and libraries throughout the country. To be referred to several search programs operating an ERIC data base, contact the ERIC Processing and Reference Facility, 4833 Rugby Avenue, Suite 303, Bethesda, MD 20014. ERIC not only offers references with corresponding abstracts but usually has on microfilm the source document, which may be ordered through ERIC's Educational Document Reproduction Service.

Computer searches are available from Sociology Abstracts which files and abstracts works in the field of sociology. Eighty percent of the materials abstracted are journal articles and the other 20 percent are papers presented

at conferences. Individual searches are available using descriptors from a controlled thesaurus. Several universities and libraries also have Sociological Abstracts on file. The main data are, however, located in the Computer Center, University of Georgia, Athens, GA 30201.

Psychological Abstracts is one of the better known indexes for psychological and other behavioral sciences literature. Its files include all abstracts from the inception of the abstracting service in 1927 to date. Nonevaluative summaries of world literature in psychology and related disciplines are available through custom searches using descriptors and keywords from a controlled thesaurus. Abstracts are classified according to the traditional divisions of psychology. Individual use of computerized Psychological Abstracts is accessible by mail. The requester fills out a Psychological Abstracts Search And Retrieval (PASAR) request form available from Psychological Abstracts, American Psychological Association, 1200 17th Street, N.W., Washington, DC 20036. Expect to pay approximately $50.00 for such a search.

The Family Study Center of the University of Minnesota has a data base of over 20,000 articles covering the period from 1900 to the present on the literature of sociology, psychology, psychiatry, social work, and home economics as they relate to marriage and family behavior. The name of this data base is Inventory of Published Research in Marriage and Family Behavior. Information on the cost and accessibility of this source is available by writing the Family Study Center, 1014 Social Science Building, University of Minnesota, Minneapolis, MN 55455.

Unclassified information resulting from government sponsored research in science and technology is reported in Government Reports Announcements, a newsletter published by the National Technical Information Service (NTIS). The NTIS has available research reports and monographs. For information on their holdings, write NTIS, 5285 Port Royal Road, Springfield, VA 22151.

One final computer search is free and is available at the Library of Congress, Science and Technology Division. Known as the Library of Congress Computerized Catalog (LCCC) this is a bibliographic file of approximately 600,000 references selected for the Library of Congress MARC data base. The files also include references to the Main Reading Room and Science Reading Room collections of journals, handbooks, and encyclopedias. The files can be searched using several reference points: author, title, subject, Library of Congress classification, and Library of Congress card numbers. A typical bibliographic reference lists: author's name, monograph title, reprint, LC and library classification numbers, descriptive annotations, general subject heading, and LC card number. The search can be done by the requester at the terminals located in the Science and Technology Building of the Library of Congress. Instructions for use are displayed.

## III. INDEXES, PERIODICALS, AND STATISTICAL INFORMATION

As previously discussed, computer searches may be inaccessible due to the cost of an individual search. It may also be that time constraints upon the researchers do not allow for such intensive searching--usually the time

elapsed before the printout is in the hands of the requester may be anywhere from two to four weeks.

At the same time, several of the bibliographies referenced in section one may not be easily accessible. Further, research in the field continues at a rapid pace; therefore, bibliographies quickly become outdated. For these reasons the next best sources of information are individual periodicals that consistently publish a considerable amount of basic and applied research in the field as well as indexes which provide most recent bibliographic listings of publications. There are a number of disadvantages to using indexes to locate references: (1) they will not be helpful in introducing the reader to elusive materials beyond normally referenced, published materials; (2) the amount of material perused is usually much greater than the actual number of relevant works located; (3) for the most part, abstracts are not provided to enable researchers to accurately decide those materials which would not fall within the parameters of their research; and (4) since there are no controlled thesauri, the readers must use their own knowledge, which may be limited, to determine appropriate key words and descriptors, thus possibly missing a body of literature.

For the sake of brevity a simple listing of indexes will be set forth, without descriptive information. These indexes should be available at most university and college libraries, and large public libraries. Those with an asterisk by their title may be more helpful than others.

The ABS Guide to Recent Publications in the Social and Behavioral Sciences

Abstracts on Criminology and Penology*

Bibliographic Index

Canadian Periodical Index

Crime and Delinquency Abstracts*

Criminology Index*

Cumulative Book Index

Current Contents

Current List of Medical Literature

Dissertations Abstracts International*

Editorial Research Reports

Education Index

Guide to the Literature in Psychiatry

Health Service Reports

Index Medicus*

The Index of Psychoanalytic Writings

Index to American Doctoral Dissertations

Index to Canadian Legal Periodical Literature

Index to Foreign Legal Periodicals

Index to Legal Periodicals

Index to Periodical Articles Related to Law

Index to Theses and Dissertations

Modern Law and Society

Popular Periodical Index*

Poverty and Human Resources Abstracts

Readers' Guide to Periodical Literature*

Psychological Abstracts*

Reader's Guide to the Social Sciences

Social Sciences and Humanities Index

Social Sciences Citation Index

Social Sciences Index

Sociological Abstracts*

Women Studies Abstracts

Those who are interested in information on court decisions relating to rape should consult the Sex Problems Court Digest. This digest is published by the Juridical Digests Institute, 1860 Broadway, New York, NY 10023 and summarizes the reported and published State and Federal Court opinions from civil and criminal court proceedings related to sex problems. This service is available to government, professional, civic, religious, and educational agencies and organizations and professional persons by subscription.

Other digests which may deal with specific cases involving sex problems and are also published by the Juridical Digests Institutes are the Civil Rights Court Digest and the Mental Health Court Digest. Other journals and newsletters presenting specific cases and the adjudication of the law are the Crime Control Digest, Women's Rights Law Reporter, Criminal Law Reporter, and SexuaLaw Reporter.

Many researchers are interested in statistical breakdowns of data. For a national view of the crime of forcible rape the Uniform Crime Reports for the United States and Its Possessions, published annually by the Federal Bureau of Investigation, presents statistics for seven selected offenses reported to police, or coming directly to their attention. The other six offenses are: homicide, robbery, assaults, breaking and entering, larceny, and automobile theft. The National Uniform Crime Reporting Program is paralleled on the state level and statistical data are published by the states' office of the attorney general.

## IV. INSTITUTIONAL RESOURCES

Institutional resources, public or private are those places which generate, process, or evaluate research information. Most libraries are useful institutional sources beyond their normal function of collecting and cataloging information in that they can identify and suggest significant information sources to an inquiring organization or individual.

This section has been prepared to facilitate the search for significant information sources in the field. Those sources which deal directly with sexual assault or have collected a considerable amount of information on the subject will be briefly described. A directory of institutional resources that may be able to provide the reader with valuable information in the form of monograph or research reports will follow. These latter agencies do not have sexual assault as their primary concern, but have at one time or another been involved in researching an area of sexual assault.

The National Center for the Prevention and Control of Rape, 10C-03 Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857 was established in 1974 and has been given the responsibility to develop, implement, and evaluate promising models of mental health and related services for rape victims, their families, and offenders. The Center encourages research and funds projects on legal, social, or medical aspects of rape. For those interested in specific areas of basic and applied research and demonstration projects, abstracts of the research grants awarded by the Center are available. The Center's aim is to develop a clearinghouse for public information and training materials directed at preventing and treating problems associated with rape. In addition to the computer searches described in Section II, the Center has several materials including a flier, bibliographies, resource guides for materials on sexual assault, and a selected listing of films on rape available upon request.

The Institute for Sex Research was formed as a non-profit corporation in 1947 by Dr. Alfred Kinsey. It is the only large organization devoted to basic research in human sexual behavior. Its uniqueness allows it to be in the position to learn of and accumulate materials of scientific, historic, and aesthetic value relating to human sexuality. The Institute has an information service which processes requests for information and provides the following types of services by mail: requests to visit the collection, bibliographic searches, copying of requested materials, referrals to individuals engaged in similar research, assistance in locating materials, gathering of specific information, and other related services.

The Institute's Information Service has available a number of subject bibliographies (over 300), prepared in response to frequent requests. These bibliographies are compiled from the Institute Research Collections. Topics include: incest, pedophilia, rape, sex offenders--selected holdings; sex offender therapy; rape victimology, and child victims. A complete list of the Institute's bibliographies are available. The Institute's library holds approximately 34,000 volumes, adding about 500 books and 1,500 reprints of articles to its behavioral science collection each year. It also subscribes to about 60 journals, primarily in the fields of Psychiatry, Psychology and Sociology. For further information or services, contact: Information Services, Institute for Sex Research, 416 Morrison Hall, Indiana University, Bloomington, Indiana 47401.

The Center for Rape Concern is the final institutional resource that will be described. Presently located at 112 South 16th Street, Eleventh Floor, Philadelphia, PA 19102, it was established in 1970 at Philadelphia General Hospital. The Center focuses on the victims of sex crimes and their care. Several studies have been conducted by this agency. The Philadelphia Assault Victim Study (1976) investigates the social and psychological effects of sexual assault upon females. Differential victim reactions were correlated with pre-rape personality, circumstances surrounding the rape, and support mechanisms experienced from significant others, including community reaction and rehabilitative services. Research at the Center is ongoing, and several in-house reports and monographs are available for purchase from the Center.

# DIRECTORY OF INSTITUTIONAL RESOURCES

1. American Association of Sex Educators and Counselors (AASECT)
   5010 Wisconsin Avenue, Suite 304
   Washington, DC 20016

2. Battelle Human Affairs Research Centers
   4000 N.E. 41st Street
   P.O. Box 5395
   Seattle, WA 98105

3. Bureau of Social Science Research, Inc.
   1990 M Street, N.W., Suite 200
   Washington, DC 20036

4. Children's Division of the American Humane Association
   P.O. Box 1266
   Denver, CO 80201

5. Department of Health
   714-744 P Street
   Sacramento, CA 95814

6. Department of Health and Social Services
   Division of Corrections
   1 West Wilson Street
   P.O. Box 669
   Madison, WI 53701

7. Department of Social and Health Services
   Western State Hospital
   Fort Steilacoom, WA 98494

8. International Association of Chiefs of Police
   Center for Law Enforcement Research Information
   11 First Field Road
   Gaithersburg, MD 20760

9. National Clearinghouse of Child Neglect and Abuse
   P.O. Box 1266
   Denver, CO 80201

10. National Council on Crime and Delinquency Research Center
    609 2nd Street, Suite D
    Davis, CA 95616

11. National Police Foundation--Washington, DC
    1909 K Street, N.W., Suite 400
    Washington, DC 20026

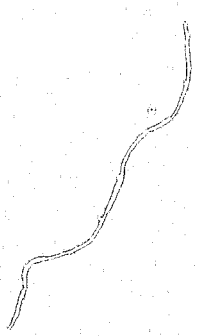
12. Queen's Bench Foundation
    244 California Street, Suite 210
    San Francisco, CA 94111

13. Sex Information and Education Council of the United States (SIECUS)
    137-155 North Franklin Street
    Hempstead, NY 11550

## CONCLUSION

The array of information retrieval resources in sexual assault is widespread, growing, and sometimes bewildering. Our advice to the searcher is to be specific. General or diffuse tasks waste time and money. Start with the published bibliographies; go to the next steps only if the bibliographies are inadequate. Remember that there is a limited pool of original articles. Thus more searching after a certain point inevitably leads to a diminishing returns effect, in which fewer and fewer "undiscovered" articles appear. And finally, ask for help. The librarians and bibliographers are wonderfully generous with their time and sage advice.

# REFERENCES



REFERENCES

Abarbanel, Gail. Rape: What your hospital can do to help. Hospital Forum--Journal of the Association of Western Hospitals, 1976, 19(3), 4, 5, 21.

Abel, Gene G., Barlow, David H., Blanchard, Edward B. and Guild, Donald. The components of rapists' sexual arousal. In Scientific Proceedings in Summary Form: 128th Annual Meeting of the American Psychiatric Association, Washington, D. C., 1975.

Abel, Gene G., Blanchard, Edward B., Barlow, David H. and Mavissakalian, Matig. Identifying specific erotic cues in sexual deviations by audiotaped descriptions. Journal of Applied Behavior Analysis, 1975, 8(3), 247-266.

Abel, Gene G., Blanchard, Edward B. and Becker, Judith V. An integrated treatment program for rapists. In Rada, Richard (Ed.) Clinical Aspects of the Rapists. New York: Grune and Stratton, Inc., 1976.

Abel, Gene G., Blanchard, Edward B. and Becker, Judith V. Psychological treatment of rapists. In Walker, Marcia J., and Brodsky, Stanley L. (Eds.) Sexual Assault: The Victim and the Rapist. Lexington, Mass.: Lexington Books, 1976, 99-115.

Abel, Gene G., Lewis, Donald J. and Clancy, John. Aversion therapy applied to taped sequences of deviant behavior in exhibitionism and other sexual deviations: A preliminary report. Journal of Behavior Therapy and Experimental Psychiatry, 1970, 1(1), 59-66.

Adams, Elizabeth, G. and Wraxall, Brian G. Phosphatases in body fluids: The differentiation of semen and vaginal secretions. Forensic Science, 1974, 3(1), 57-62.

American College of Obstetricians and Gynecologists. Suspected rape. Medico-Legal Bulletin, 1970, 209, 1-4.

Appell, Lawrence, Baskin, David and Smith, Josie. The first half-hour. Journal of Practical Nursing, 1976, 2(1), 16-18.

Backer, Dorothy. Advice on counseling a rape victim. Practical Psychology for Physicians, 1975, 2(1), 34-39.

Bard, Morton. The rape victim. Challenge to the helping systems. Victimology: An International Journal, 1976, 1(2), 263-271.

Bard, Morton and Ellison, Katherine. Crisis intervention and investigation of forcible rape. Police Chief, 1974, 41(5), 68-74.

Barnett, Ola J. The use of nonprofessionals in the rehabilitation of mentally disordered sex offenders. (Doctoral dissertation, University of California, Los Angeles, 1971). Dissertation Abstracts International, 1971, 1832-B. (University Microfilm No. 71-22, 998).

Barry, David J. and Ciccone, J. Richard. Use of Depo-Provera in the treatment of aggressive sexual offenders: Preliminary report of three cases. Bulletin of the American Academy of Psychiatry and Law, 1975, 3(3), 179-184.

Bart, Pauline B. Rape doesn't end with a kiss. Department of Psychiatry, The Abraham Lincoln School of Medicine, University of Illinois, Chicago, Ill., 1975.

Bart, Pauline B. Rape and the criminal justice system. Paper presented at the Society for the Study of Social Problems, San Francisco, 1975.

Bartollas, Clemens, Miller, Stuart J. and Dinitz, Simon. The "booty bandit:" A social role in a juvenile institution. Journal of Homosexuality, 1974, 1(2), 203-212.

Bassuk, Ellen, Savitz, Roberta, McCombie, Sharon and Pell, Susan. Organizing a rape crisis program in a general hospital. Journal of the American Medical Women's Association, 1975, 30(11), 486-490.

Bauer, Roger and Stein, Joan. Sex counseling on campus: Short-term treatment techniques. American Journal of Orthopsychiatry, 1973, 43(5), 824-839.

Bell, Allan P. and Hall, Calvin S. The Personality of a Child Molester. Chicago: Aldine Atherton, 1971.

Berger, Richard S. Criminal law: Escape from prison--defenses--duress--homosexual attacks. Akron Law Review, 1975, 8(2), 352-359.

Berry, Gail W. Incest: Some clinical variations on a classical theme. Journal of the American Academy of Psychoanalysis, 1975, 3(2), 151-161.

Best, Connie L. and Kilpatrick, Dean T. Psychological profiles of rape crisis counselors. Psychological Reports, 1977, 40, 1127-1134.

Blacker, Hope. Community health care aspects of rape. Proceedings of the 128th Annual Convention of the American Psychiatric Association, 1975.

Blumberg, Audrey and Bohmer, Carol. The rape victim and due process. Case and Comment, 1975, 80(6), 3-17.

Borriello, John F. Patients with acting-out character disorders. American Journal of Psychotherapy, 1973, 27(1), 4-14.

Bowman, Karl M. and Engle, Bernice. Sexual psychopath laws. In Slovenko, Ralph (Ed.) Sexual Behavior and the Law. Springfield, Ill.: Charles C. Thomas, 1965.

Brady, Lysandra, McDonald, Nancy, Plate, Michele and Toure, Ifetayo. Victimology interview: The Washington, D.C. Rape Crisis Center. Victimology: An Internation Journal, 1976, 1(3), 434-445.

Brancale, Ralph. The sex offender: Report on the New Jersey development. Interdisciplinary Problems in Criminology: Papers of the American Society of Criminology, 1964. Columbus: Ohio State University Press, 1965.

Brancale, Ralph, Vuocolo, Alfred and Prendergast, William E., Jr. The New Jersey program for sex offenders. International Psychiatry Clinics, 1972, 8(4), 145-164.

Brant, Renee S. T. and Tisza, Veronica B. The sexually misused child. American Journal of Orthopsychiatry, 1977, 47(1), 80-90.

Breen, James L., Greenwald, E. and Gregori, Caterina A. The molested young female: Evaluation and therapy of alleged rape. Pediatrics Clinics of North America, 1972, 19(3), 717-725.

Brodsky, Carroll M. Rape at work. In Walker, Marcia J. and Brodsky, Stanley L. (Eds.) Sexual Assault: The Victim and the Rapist. Lexington, Mass.: Lexington Books, 1976.

Bromberg, Walter and Coyle, Elizabeth. Rape: A compulsion to destroy. Medical Insight, 1974, 6(4), 20-25.

Brown, Barbara A., Emerson, Thomas I., Falk, Gail and Freedman, Ann E. The Equal Rights Amendment: A constitutional basis for equal rights for women. Yale Law Journal, 1971, 80(5), 871-985.

Brown, Robert S. and Courtis, Richard W. The castration alternative. Canadian Journal of Criminology and Corrections, 1977, 19(12), 157-169.

Browning, Diane H. and Boatman, Bonny. Incest: Children at risk. The American Journal of Psychiatry, 1977, 134(1), 69-72.

Bruce, Robert. The rape of Sheila Robinson. The Hospital Medical Staff, 1975, 4(9), 7-9.

Bryant, Gerald and Cirel, Paul. A Community Response to Rape, Polk County Rape/Sexual Assault Care Center. Washington, D. C.: Superintendent of Documents, U. S. Government Printing Office, 1977.

Burgess, Ann Wolbert and Holmstrom, Lynda Lytle. Accountability: A right of the rape victim. Journal of Psychiatric Nursing and Mental Health Services, 1975, 13(3), 11-16.

Burgess, Ann Wolbert and Holmstrom, Lynda Lytle. Coping behavior of the rape victim. American Journal of Psychiatry, 1976, 133(4), 413-417.

Burgess, Ann Wolbert and Holmstrom, Lynda Lytle. Crisis and counseling requests of rape victims. Nursing Research, 1974, 23(3), 196-202.

Burgess, Ann Wolbert and Holmstrom, Lynda Lytle. Rape: Its effect on task performance at varying stages in the life cycle. In Walker, Marcia J. and Brodsky, Stanley L. (Eds.) Sexual Assault: The Victim and the Rapist. Lexington, Mass.: Lexington Books, 1976.

Burgess, Ann Wolbert and Holmstrom, Lynda Lytle. Rape trauma syndrome. American Journal of Psychiatry, 1974, 131(9), 981-986.

Burgess, Ann Wolbert and Holmstrom, Lynda Lytle. The rape victim in the emergency ward. American Journal of Nursing, 1973, 73(10), 1741-1745.

Burgess, Ann Wolbert and Holmstrom, Lynda Lytle. Rape: Victims of Crisis. Bowie, Maryland: Robert J. Brady, 1974.

Burgess, Ann Wolbert and Holmstrom, Lynda Lytle. Sexual trauma of children and adolescents. Nursing Clinics of North America, 1975, 10(3), 551-563.

Burgess, Ann Wolbert, Holmstrom, Lynda Lytle and McCausland, Maureen P. Child sexual assault by family member: Decisions following disclosure. Victimology: An International Journal, 1977, 2(2).

Burgess, Ann Wolbert and Laszlo, Anna T. When the prosecutrix is a child: The victim consultant and cases of sexual assault. Paper presented at the International Advanced Study Institute on Victimology and the Needs of Contemporary Society, Bellagio, Italy, 1975.

Burgess, Ann Wolbert and Lazare, Aaron. The prostitute. In Burgess, Ann Wolbert and Lazare, Aaron (Eds.) Community Mental Health: Target Populations. Englewood Cliffs, N. J.: Prentice-Hall, 1976.

Burick, Lawrence L. Analysis of the Illinois Sexually Dangerous Persons Act. Journal of Criminal Law and Criminology, 1968, 59(2), 254-266.

Burton, Lindy. Vulnerable Children. New York: Schocken Books, 1968.

Butler, Donald P. Imposition of the death penalty for rape where the victim's life has been neither taken nor endangered constitutes cruel and unusual punishment under the eighth amendment. Houston Law Review, 1971, 8(4), 795-807.

California bans cautionary instruction of victim's testimony in sex trials. Criminal Law Reporter, 1975, 17(20), 2405-2407.

California Medical Association. Guidelines for the interview and examinations of alleged rape victims. Western Journal of Medicine, 1975, 123(5), 420-422.

Callahan, Edward J. and Leitenberg, Harold. Aversion therapy for sexual deviation: Contingent shock and covert sensitization. Journal of Abnormal Psychology, 1973, 81(1), 60-73.

Calmas, Wilfred E. Fantasies of the mother-son relationship of the rapist and the pedophile. (Doctoral Dissertation, Boston University, 1965). Dissertation Abstracts International, 1965, 2875/76-B. (University Microfilm No. 65-11, 211).

Campbell, Horace E. The violent sex offender: A consideration of emasculation in treatment. Rocky Mountain Medical Journal, 1967, 64, 40-43.

Capraro, Vincent J. Sexual assault of female children. Annals of the New York Academy of Sciences, 1967, 142, 817-819.

Carroll, Leo. Race and sexual assault in a maximum security prison. Paper presented at the Society for the Study of Social Problems meeting, Montreal, Canada, 1974.

Cautela, Joseph R. and Wisocki, Patricia A. Covert sensitization for the treatment of sexual deviations. The Psychological Record, 1971, 21, 37-48.

Center for Women Policy Studies. Rape and its victims: A report for citizens, health facilities, and criminal justice agencies. Washington, D.C.: Law Enforcement Assistance Administration, 1975.

Chaneles, Sol. Child victims of sexual offenses. Federal Probation, 1967, 31(2), 52-56.

Chappell, Duncan. Forcible rape and the criminal justice system: Surveying present practices and projecting future trends. Crime and Delinquency, 1976, 22(2), 125-136.

Chappell, Duncan. Forcible rape and the criminal justice system: Surveying present practices and projecting future trends. In Walker, Marcia J. and Brodsky, Stanley L. (Eds.) Sexual Assault: The Victim and the Rapist. Lexington, Mass.: Lexington Books, 1976.

Chiss, Gerald D. Illinois Sexually Dangerous Persons Act. University of Illinois Law Forum, 1966, 1966(2), 449-459.

Cohen, Murray L. and Boucher, Richard J. Misunderstandings about sex criminals. Sexual Behavior, 1972, 2(3), 57-62.

Cohen, Murray L., Garofalo, Ralph, Boucher, Richard and Seghorn, Theoharis. The psychology of rapists. Seminars in Psychiatry, 1971, 3(3), 307-327.

Cohen, Murray L. and Kozol, Harry L. Evaluation for parole at a sex offender treatment center. Federal Probation, 1966, 30(3), 50-55.

Cohen, Robert. Sexual molestations in hospitals. Clinical Pediatrics, 1964, 3(12), 689-691.

Cohen, Sharon G. Constitutional law: The eighth amendment's proscription of cruel and unusual punishment precludes imposition of the death sentence for rape when the victim's life is neither taken nor endangered. George Washington Law Review, 1971, 40(1), 161-172.

Collins, James W. Constitutional law--The Texas Equal Rights Amendment--A rape statute that only punishes men does not violate the Texas ERA. Texas Tech Law Review, 1976, 7(3), 724-731.

Complainant credibility in sexual offense cases: A survey of character testimony and psychiatric experts. Journal of Criminal Law and Criminology, 1973, 64(1), 67-75.

Connell, Noreen and Wilson, Cassandra. Rape: The First Sourcebook for Women. New York: New American Library, 1974.

Copeland, Lorraine. The Queen's Bench Foundation's project rape response. Victimology: An Internation Journal, 1976, 1(2), 331-337.

Corroborating charges of rape. Columbia Law Review, 1967, 67(6), 1137-1148.

The corroboration rule and crimes accompanying a rape. University of Pennsylvania Law Review, 1970, 118(3), 458-472.

Cowden, James E. and Morse, Edwin L. The relationship of defensiveness to responses on the sex inventory. Journal of Clinical Psychology, 1970, 26(4), 505-509.

Criminal law--Rape--Cautionary instruction in sex offense trial relating prosecutrix's credibility to the nature of the crime charged is no longer mandatory--Discretionary use is disapproved. Fordham Urban Law Journal, 1976, 4(2), 419-430.

Crum, Roger S. Counseling rape victims. Journal of Pastoral Care, 1974, 28(2), 102-111.

Crump, Susan. Comment--An overview of the Equal Rights Amendment in Texas. Houston Law Review, 1973, 11(1), 136-167.

Csida, June B. and Csida, Joseph. Rape--How to Avoid It and What to do About it if You Can't. Chatsworth, Cal.: Books for Better Living, 1974.

Curran, William J. Commitment of the sex offender in Massachusetts. Massachusetts Law Quarterly, 1952, 37(1), 58-63.

Custis, Douglass L. Sex laws in Ohio: A need for revision. University of Cincinnati Law Review, 1966, 35(2), 211-241.

Danziger, Peter L. Sexual assaults and forced homosexual relationships in prison: Cruel and unusual punishment. Albany Law Review, 1971, 36(2), 428-438.

Davies, Anne and Wilson, Elizabeth. The persistence of seminal constituents in the human vagina. Forensic Science, 1974, 3(1), 45-55.

Davies, T. S. Cyproterone acetate for male hypersexuality. Journal of International Medical Residents, 1974, 2(2), 159-163.

Davis, Alan J. Sexual assaults in the Philadelphia prison system. In Gagnon, John H. and Simon, William (Eds.) The Sexual Scene. New Brunswick, N.J.: Transaction Books, 1973.

Davis, Alan J. Sexual assaults in the Philadelphia prison system and sheriff's vans. Trans-Action, 1968, 6(2), 8-16.

De Francis, Vincent. Protecting the child victim of sex crimes. Presented at an associate group meeting sponsored by the American Humane Association, Children's Division, at the 91st Annual Forum of the National Conference on Social Welfare, Atlantic City, New Jersey, 1965.

deMasi, Andrew D. Management of the rape victim. The Osteopathic Physician, 1974, 41(1), 97-100.

Deucher, Richard S., Maxmen, Jerrold S. and Karasu, Toksoz B. Rape accusations in psychiatric hospitals. Scientific Proceedings in Summary Form: 128th Annual Meeting of the American Psychiatric Association. Washington, D.C.: American Psychiatric Association, 1975.

Dieckmann, G. and Hassler, R. Unilateral hypothalamotomy in sexual delinquents: Report on six cases. Confinia Neurologica, 1975, 37, 177-186.

Dodson, Mildred B. People v. Rincon-Pineda: Rape trials depart the seventeenth century--Farewell to Lord Hale. The University of Tulsa Law Journal, 1975, 11(2), 279-290.

Dutcher, Linda W. Caregivers and the rape victim. Paper presented at American Psychological Association meeting. New Orleans, 1974.

Dworkin, Roger B. The resistance standard in rape legislation. Stanford Law Review, 1966, 18, 680-689.

Eisenberg, Robert L. Abolishing cautionary instructions in sex offense cases: People v. Rincon-Pineda. Criminal Law Bulletin, 1976, 12(1), 58-72.

Eisenbud, Frederick. Notes and comments: Limitations on the right to introduce evidence pertaining to prior sexual history of the complaining witness in cases of forcible rape: Reflection of reality or denial of due process? Hofstra Law Review, 1975, 3(2), 403-426.

Enos, William F., Beyer, James, C. and Mann, Geoffrey T. The medical examination of cases of rape. Journal of Forensic Sciences, 1972, 1(1), 50-56.

Eungprabhanth, Vithoon. Findings of the spermatozoa in the vagina related to elapsed time of coitus. Zeitschrift für Rechtsmedizin, 1974, 74(4), 301-304.

Evans, David R. An exploratory study into the treatment of exhibitionism by means of emotive imagery and aversive conditioning. Canadian Psychologist, 1967, 8(2), 162.

Evidence--Admissibility--In a trial for rape, prosecutrix may not be cross-examined as to specific acts of prior sexual conduct with men other than defendant, whether the purpose of such cross-examination is to establish her consent as an affirmative defense or to impeach her credibility as a witness. Georgia Law Review, 1974, 8(4), 973-983.

Factor, Morris. A woman's psychological reaction to attempted rape. Psychoanalytic Quarterly, 1954, 23, 243-244.

Fisher, Gary and Rivlin, Ephraim. Psychological needs of rapists. British Journal of Criminology, 1971, 11(2), 182-185.

Fisher, Russell S. Acid phosphatase tests as evidence of rape. New England Journal of Medicine, 1949, 240(18), 738-739.

Foley, William R. California's sexual psychopath--Criminal or patient? University of San Francisco Law Review, 1967, 1(2), 332-339.

Fox, Sandra Sutherland and Scherl, Donald J. Crisis intervention with victims of rape. Social Work, 1972, 17(1), 37-42.

Freud, Sigmund. Sexuality and the Etiology of the Neurosis, Vol 1. New York: Basic Books, 1959.

Gager, Nancy and Schurr, Cathleen. Sexual Assault: Confronting Rape in America. New York: Grossett and Dunlap, 1976.

Gagnon, John H. Female child victims of sex offenses. Social Problems, 1965, 13(2), 176-192.

Gagnon, John and Simon, William. Sexual encounters between adults and children. Sex Information and Education Council of the United States, Study Guide, 1970.

Gagnon, John and Simon, William. Sexual encounters between adults and children. Sexuality and Man. Edited by the S.I.E.C.U.S., New York: Scribner Sons, 1970, 83-98.

Galton, Eric R. Police processing of rape complaints: A case study. The American Journal of Criminal Law, 1975-76, 4(1), 15-30.

Gardner, Martin R. The defense of necessity and the right to escape from prison--A step towards incarceration free from sexual assault. Southern California Law Review, 1975, 49(1), 110-152.

Garrett, Thomas B. and Wright, Richard. Wives of rapists and incest offenders. Journal of Sex Research, 1975, 11(2), 149-157.

Gebhard, Paul H., Gagnon, John H., Pomeroy, Wardell B. and Christensen, Cornelia V. Sex Offenders: An Analysis of Types. New York: Harper and Row, 1965.

Geis, Gilbert, Chappell, Duncan and Cohen,Fay G. Hospital Care for Rape Victims: Results of a Nationwide Survey. Battelle Law and Justice Study Center. Battelle Human Affairs Research Centers, Seattle, Wa., 1975.

Giacinti, T. A. and Tjaden, C. The crime of rape in Denver. A preliminary report on the findings of 965 cases of reported rape in a two-year period. Unpublished paper, 1973.

Giarretto, Henry. The treatment of father-daughter incest: A psycho-social approach. Children Today, 1976, 5(4), 2-5.

Giles, Linda E. The admissibility of a rape-complainant's previous sexual conduct: The need for legislative reform. New England Law Review, 1976, 11(2), 497-507.

Gill, Sally. Victims of sexual assault. Imprint, 1975, 22(4), 24-26.

Gilman, David. Courts and corrections. Corrections Magazine, 1976, 2(5), 51-53.

Given, B. W. Sex-chromatin bodies in penile washings as an indicator of recent coitus. Journal of Forensic Sciences, 1976, 21(2), 381-386.

Gless, Alan G. Nebraska's corroboration rule. Nebraska Law Review, 1975, 54(1), 93-110.

Godwin, Ira D. and Seitz, Georg K. Vaginal acid phosphatase. Medical Annals of the District of Columbia, 1970, 39, 147-148.

Goldstein, Allan B. Corroboration in rape cases in New York--A half step forward. Albany Law Review, 1973, 37(2), 306-328.

Gould, Donald and Hurwitz, Irving. Out of tune with the times: The Massachusetts SDP Statute. Boston University Law Review, 1965, 45(3), 391-415.

Grey, Antony. Sexual law reform society working party report. Criminal Law Review (London), 1975, 1975, 323-354.

Groth, A. Nicholas. A differential classification of pedophiles determined by the nature of their object-relations. (Doctoral dissertation, Boston University, 1972). Dissertation Abstracts International, 1972, 1792-B. (University Microfilm No. 72-25, 281).

Groth, A. Nicholas and Burgess, Ann Wolbert. Motivational intent in child sexual assault. Criminal Justice and Behavior, in press.

Groth, A. Nicholas and Burgess, Ann Wolbert. Rape: A sexual deviation. American Journal of Orthopsychiatry, 1977, 47(3), 400-406.

Guttmacher, Manfred and Weinhofen, Henry. Sex offenders. In Guttmacher, Manfred and Weinhofen, Henry. Psychiatry and the Law. New York: Norton Press, 1952.

Haas, Harl. Rape: New perspectives and new approaches. The Prosecutor, 1976, 11(5), 357-359.

Hacker, Frederick J. and Frym, Marcel. The sexual psychopath act in practice: A critical discussion. California Law Review, 1955, 43(5), 766-780.

Haines, E. L. The character of the rape victim. Chitty's Law Journal, 1975, 23(2), 57-59.

Hall, David C. Group psychotherapy marathons in the treatment of habitual sexual offenders. Unpublished manuscript, Department of Social and Health Services, Western State Hospital, Fort Steilacoom, Washington, 1971.

Halleck, Seymour L. Emotional effects of victimization. In Slovenko, Ralph (Ed.) Sexual Behavior and the Law. Springfield, Ill.: Charles C. Thomas, 1965.

Halleck, Seymour L. The physician's role in the management of victims of sex offenders. Journal of the American Medical Association, 1962, 180(4), 273-278.

Hanss, Joseph W. Another look at the care of rape victims. Arizona Medicine, 1975, 32(8), 634-635.

Hardgrove, Grace. An interagency service network to meet needs of rape victims. Social Casework, 1976, 57(4), 245-253.

Harris, Lucy Reed. Towards a consent standard in the law of rape. The University of Chicago Law Review, 1976, 43(3), 613-645.

Hayman, Charles R. Editorial: Sexual assaults on women and girls. Annals of Internal Medicine, 1970, 72(2), 277-278.

Hayman, Charles R., Lanza, Charlene, Fuentes, Roberto and Algor, Kathe. Rape in the District of Columbia. American Journal of Obstetrics and Gynecology, 1972, 113, 91-97.

Hayman, Charles R., Lewis, Frances R., Stewart, William F. and Grant, Murray. A public health program for sexually assaulted females. Public Health Reports, 1967, 82(6), 497-504.

Hendricks, Larry. Some effective change inducing mechanisms in operation in the specialized treatment programs for the sex offender. Unpublished manuscript, Department of Social and Health Services, Western State Hospital, Fort Steilacoom, Washington, 1975.

Hibey, R. A. The trial of a rape case: An advocate's analysis of corroboration, consent, and character. American Criminal Law Review, 1973, 11(2), 309-334.

Hilberman, Elaine. The Rape Victim. New York: Basic Books, Inc., 1976.

Hill, Theodore A. Project summary: Improving a program for criminal sexual psychopaths. Unpublished manuscript, Dr. Norman M. Beatty Memorial Hospital, Westville, Indiana, 1966.

Hitchens, Emily Wurster. Denial: An identified theme in marital relationships of sex offenders. Perspectives in Psychiatric Care, 1972, 10(4), 152-159.

Holmstrom, Lynda Lytle and Burgess, Ann Wolbert. Rape: The victim and the criminal justice system. International Journal of Criminology and Penology, 1975, 3(2), 101-110.

Holmstrom, Lynda Lytle and Burgess, Ann Wolbert. Rape victimology: Past, present, and future research. In Flynn, Edith E. and Conrad, John (Eds.) The New and Old Criminology. New York: Praeger, forthcoming.

How they help rape victims at the University of Chicago. Resident and Staff Physician, 1973, 31-32.

If she consented once, she consented again--A legal fallacy in forcible rape cases. Valparaiso University Law Review, 1975, 10(1), 127-167.

International Association of Chiefs of Police. Interviewing the Child Sex Victim. Training Key No. 224. Gaithersburg, Md: Professional Standards Division of the I.A.C.P., Inc., 1975.

Johnson, Edwinna Gayle. Evidence--Rape trials--Victim's prior sexual history. Baylor Law Review, 1975, 27(2), 362-369.

Kaufman, Arthur, Hilaski, Sherry, DiVasto, Peter, VanderMeer, Josephine and Eppler, Barbara. Total health needs of the rape victim. Journal of Family Practice, 1975, 2(3), 225-229.

Kaufman, Irving, Peck, Alice L. and Tagiuri, Consuelo K. The family constellation and overt incestuous relations between father and daughter. American Journal of Orthopsychiatry, 1954, 24(2), 266-279.

Kaye, Sidney. Acid phosphatase test for identification of seminal stains. Journal of Laboratory ahd Clinical Medicine, 1949, 34(6), 728-732.

Kind, S. S. The acid phosphatase test. Methods of Forensic Science, 1965, 3, 267-288.

King, H. Elizabeth, Rotter, Martin, Calhoun, Lawrence G. and Selby, James W. Perceptions of the rape incident: Views from the rape crisis center. Paper presented at the Southeastern Psychological Association meeting, 1975.

Kirkham, George L. Homosexuality in prison. In Henslin, James M. (Ed.) Studies in the Sociology of Sex. New York: Appleton-Century-Crofts, 1971.

Klerman, Gerald and Dworkin, Gerald. Can convicts consent to castration? Hastings Center Report, 1975, 5(5), 17-19.

Knobel, J. and Marescotti, G. Correspondence: Injuries of the vagina. South African Medical Journal, 1973, 47(37), 1675.

Kuchera, Lucile K. Postcoital contraception with diethylstilbestrol. Journal of the American Medical Association, 1971, 218, 562-563.

Landis, Judson T. Experience of 500 children with adult sexual deviation. The Psychiatric Quarterly and Supplement, 1956, 30, 91-109.

Lanza, Charlene. Nursing support for the victim of sexual assault. Quarterly Review, Official Organ of the District of Columbia Nurses' Association, 1971, 39(2), 9-10.

Largen, Mary Ann. History of women's movement in changing attitudes, law, and treatment toward rape victims. In Walker, Marcia J. and Brodsky, Stanley L. (Eds.), Sexual Assault: The Victim and the Rapist. Lexington, Mass.: Lexington Books, 1976.

Laschet, Ursula. Antiandrogen in the treatment of sex offenders: Mode of action and therapeutic outcome. In Zubin, Joseph and Money, John (Eds.) Contemporary Sexual Behavior. Baltimore: Johns Hopkins, 1973.

Laschet, Ursula and Laschet, Leonhard. Antiandrogens in the treatment of sexual deviations of men. Journal of Steroid Biochemistry, 1975, 6(6), 821-826.

Laws, D. Richard and Pawlowski, A. V. A multi-purpose biofeedback device for penile plethysmography. Journal of Behavior Therapy and Experimental Psychiatry, 1973, 4(4), 339-341.

LeBourdais, E. Rape victims: The unpopular patients. Dimensions in Health Service, 1976, 53(3), 12-14.

LeGrand, Camille E. Rape and rape laws: Sexism in society and law. California Law Review, 1973, 61(3), 919-941.

Levin, Saul M., Barry, Stanley M., Gambaro, Salvatore, Wolfinsohn, Lawrence and Smith, Alan. Variations of covert sensitization in the treatment of pedophilic behavior. Journal of Consulting and Clinical Psychology, in press.

Levine, Lowell J. Bite mark evidence. The Dental Clinics of North America, 1977, 21(1), 145-158.

Lewis, Melvin and Sarrel, Philip, M. Some psychological aspects of seduction, incest, and rape in childhood. Journal of American Academy of Child Psychiatry, 1969, 8, 606-619.

Libai, D. Protection of the child victim of a sexual offense in the criminal justice system. Wayne Law Review, 1969, 15, 977-1032.

Ludwig, Frederick J. The case for repeal of the sex corroboration requirement in New York. Brooklyn Law Review, 1970, 36(3), 378-386.

Luginbill, David. Repeal of the corroboration requirement: Will it tip the scales of justice? Drake Law Review, 1975, 24(3), 669-682.

Lustig, Noel, Dresser, John W., Spellman, Seth W. and Murray, Thomas B. Incest. Archives of General Psychiatry, 1966, 14(1), 31-40.

Mahoney, Michael J. Scientist as Subject: The Psychological Imperative. Cambridge, Mass.: Ballinger, 1976.

Maloney, Sharon. Rape in Illinois: A denial of equal protection. John Marshall Journal of Practice and Procedure, 1975, 8(3), 457-496.

Marshall, W. L. The modification of sexual fantasies: A continued treatment approach to the reduction of deviant sexual behavior. Behaviour Research and Therapy, 1973, 11(4), 557-564.

Marshall, W. L. and Barbaree, H. E. The reduction of deviant arousal in sexual aggressors. Unpublished manuscript, Regional Psychiatric Centre, Kingston Penitentiary, Kingston, Ontario, Canada, 1977.

Massey, Joe B., Garcia, Celso-Ramon and Emich, John. Management of sexually assaulted victims. Obstetrics and Gynecology, 1971, 38(1), 29-36.

Masters, William H. and Johnson, Virginia E. The aftermath of rape. Redbook, 1976, 147, 74, 161.

Mathiasen, Sally Ellis. The rape victim: A victim of society and the law. Willamette Law Journal, 1974, 11(1), 36-55.

Mathis, James L. and Collins, Mabelle. Progressive phases in group therapy of exhibitionists. International Journal of Group Psychotherapy, 1970, 20(2), 163-169.

McCombie, Sharon L., Bassuk, Ellen, Savitz, Roberta and Pell, Susan. Development of a rape crisis program in a general hospital. American Journal of Psychiatry, 1976, 133(6), 418-421.

McCubbin, Jack H. and Scott, Daniel E. Management of alleged sexual assault. Texas Medicine, 1973, 69(9), 59-64.

McDermott, Thomas E., III. California rape evidence reform: An analysis of Senate Bill 1678. Hastings Law Journal, 1975, 26(6), 1551-1573.

McDowell, Joseph F. Case comments: Constitutional law--Cruel and unusual punishment--Ralph v. Warden, No. 13,757 (4th Circuit, December 11, 1970). Suffolk University Law Review, 1971, 5, 504-512.

McGuire, Linda S. and Stern, Michael. Survey of incidence of and physicians' attitudes toward sexual assault. Public Health Reports, 1976, 91(2), 103-109.

Metzger, Deena. It is always the woman who is raped. American Journal of Psychiatry, 1976, 133(4), 405-408.

Mihm, Ferd P. A re-examination of the validity of our sex psychopath statutes in the light of recent appeal cases and experience. Journal of Criminal Law, Criminology and Police Science, 1954, 44(6), 716-736.

Mohr, Johann W. A child has been molested. Medical Aspects of Human Sexuality, 1968, 2(11), 43-50.

Mohr, Johann W., Turner, R. E. and Jerry, Marian B. Pedophilia and Exhibitionism. Toronto: University of Toronto Press, 1964.

Money, John, Wiedeking, Claus, Walker, Paul A. and Gain, Dean. Combined antiandrogenic and counseling program for treatment of 46XY and 47XYY sex offenders. In Sachar, Edward J. (Ed.) Hormones, Behavior, and Psychopathology. New York: Raven Press, 1976.

Morse, H. N. The aberrational man--A tour de force of legal psychiatry. I. Psychiatric conditions and resultant responsibility. A. Criminal mental incompetency. Journal of Forensic Science, 1968, 13(1), 1-32.

Mott, Norman A., III. Analysis of Mississippi's criminal law under the equal rights amendment. Mississippi Law Journal, 1976, 47(2), 279-301.

Murray, Linda. Rape: How GPs can help the victim. British Journal of Sexual Medicine, 1975, 2(5), 7-8, 11.

Musman, Jeffrey L. Constitutional law--Death penalty as cruel and unusual punishment for rape. William and Mary Law Review, 1971, 12(3), 682-687.

Nedoma, K., Mellan, J. and Pondelickova, J. Sexual behavior and its development in pedophilic men. Archives of Sexual Behavior, 1971, 1(3), 267-271.

Nelsen, R. Owen. A study of the role of sex offenders' marriages in the commission of their sex offenses. (Doctoral dissertation, University of Minnesota, 1973). Dissertation Abstracts International, 1973, 5687-B. (University Microfilm No. 74-10, 555).

Notman, Malkah T. and Nadelson, Carol C. The rape victim: Psychodynamic considerations. American Journal of Psychiatry, 1976, 133(4), 408-413.

Pacht, Asher R. The rapist in treatment: Professional myths and psychological realities. In Walker, Marcia J. and Brodsky, Stanley L. (Eds.) Sexual Assault: The Victim and the Rapist. Lexington, Mass.: Lexington Books, 1976.

Palm, Rose and Abrahmsen, David. A Rorschach study of the wives of sex offenders. Journal of Nervous and Mental Disease, 1954, 119(2), 167-172.

The People v. Marsha Lovercamp. California Reporter, 1974, 118, 823-833.

Peters, Joseph J. Children who are victims of sexual assault and the psychology of offenders. American Journal of Psychotherapy, 1976, 30(3), 398-421.

Peters, Joseph J. The psychological aftereffects of rape. Contemporary OB/GYN, 1976, 7(1), 105-108.

Peters, Joseph J. The psychological effects of childhood rape. Paper presented at the American Psychiatric Association meeting, Honolulu, Hawaii, 1973.

Peters, Joseph J., Meyer, Linda C. and Carroll, Nancy E. The Philadelphia assault victim study. Unpublished manuscript, Center for Rape Concern, Philadelphia, Pa., 1976.

Peters, Joseph J. and Roether, Hermann A. Success and failure of sex offenders. Paper presented at the American Association for the Advancement of Science meeting, Philadelphia, 1971.

Pitler, R. M. Existentialism and corroboration of sex crimes in New York: A new attempt to limit "if someone didn't see it, it didn't happen". Syracuse Law Review, 1973, 24(1), 1-37.

Price, Vern. Rape victims--The invisible patients. Canadian Nurse, 1975, 71(4), 29-34.

Rader, Charles M. MMPI profile types of exposers, rapists, and assaulters in a court services population. Journal of Consulting and Clinical Psychology, 1977, 45(1), 61-69.

Rape Crisis Center, Boston, Massachusetts. Rape: Medical and legal information. In Pasternack, Stephen A. (Ed.) Violence and Victims. New York: Spectrum Publications, 1975.

Rape is an ugly word. Emergency Medicine, 1971, 3, 26.

Recent decisions: Cruel and unusual punishment--Constitutionality of the death penalty for rape where victim's life is neither taken nor endangered--Ralph v. Warden. University of Richmond Law Review, 1971, 5(2), 392-400.

Reifen, David. Sex offenses and the protection of children. Canadian Journal of Corrections, 1966, 8(2), 120-132.

Reifen, David. Sex offenses and the protection of children. In Juvenile Court in A Changing Society: Young Offenders in Israel. Philadelphia: University of Pennsylvania Press, 1973.

Resnick, Jaquelyn Liss, Hill, Clara E. and Dutcher, Linda M. Rape crisis center training manual. Selected Documents in Psychology, 1976, 6, 47.

Riisfeldt, Ove. Acid phosphatases employed as a new method of demonstrating seminal spots in forensic medicine. Acta Pathologica et Microbiologica Scandinavica, (Supplement), 1946, 1-80.

Ringrose, C. A. Douglas. Medical assessment of the sexually assaulted female. Medical Trial Technique Quarterly, 1969 15, 245-247.

Robin, Gerald D. Forcible rape: Institutionalized sexism in the criminal justice system. Crime and Delinquency, 1977, 23(2), 136-153.

Roche, Michael B. Plight of the sexual psychopath: A legislative blunder and judicial acquiescence. Notre Dame Lawyer, 1966, 41(4), 527-556.

Roebuck, Julian B. Criminal Typology. Springfield, Ill.: Charles C. Thomas, 1967.

Roeder, F. D. Stereotaxic lesions of the tuber cinereum in sexual deviation. Confinia Neurologica, 1966, 27, 162-163.

Roeder, F. D. and Muller, D. Stereotaxic treatment of pedophilic homosexuality. Psychiatry Digest, 1969, 30(10), 53.

Roeder, F. D. and Muller, D. Stereotaxic treatment of pedophilic homosexuality. German Medical Monthly, 1969, 14(6), 265-271.

Rosen, Mary Westfall. The sexual psychopath in the District of Columbia. Howard Law Journal, 1970, 16(1), 166-177.

Rosenfeld, David L. and Garcia, Celso-Ramon. Brief guide to office counseling: Injuries incurred during rape. Medical Aspects of Human Sexuality, 1976, 10(3), 77-78.

Roth, Edwin I. Emergency treatment of raped children. Medical Aspects of Human Sexuality, 1972, 6(8), 85, 89, 91.

Rupp, Joseph C. Sperm survival and prostatic acid phosphatase activity in victims of sexual assault. Journal of Forensic Sciences, 1969, 14(2), 177-183.

Rush, Florence. The sexual abuse of children: A feminist point of view. The Radical Therapist, 1971, 2, 4.

Sadoff, Robert L. Psychiatric views of the sexual psychopath laws. Corrective Psychiatry and Journal of Social Therapy, 1966, 12(4), 301-314.

Sadoff, Robert L. Sexually deviated offenders. Temple Law Quarterly, 1967, 40(3-4), 305-315.

Sagarin, Edward. Prison homosexuality and its effect on post-prison sexual behavior. Psychiatry, 1976, 39(3), 245-257.

Sagarin, Edward and MacNamara, Donal E. J. The homosexual as a crime victim. International Journal of Criminology and Penology (London), 1975, 3(1), 13-25.

Sasko, Helene and Sesek, Deborah. Rape reform legislation: Is it the solution? Cleveland State Law Review, 1975, 24(3), 463-503.

Scacco, Anthony M., Jr. Rape in Prison. Springfield, Illinois: Charles C. Thomas, 1975.

Schmidt, Peggy. How to make trouble: Rape crisis centers. Ms., 1973, 2(3), 14-18.

Schneider, Elizabeth. Notes: Sexual assault law reform in Colorado--An analysis of house bill 1042. Denver Law Journal, 1976, 53(2), 349-386.

Schultz, LeRoy G. The child as a sex victim: Socio-legal perspectives. In Drapkin, Israel and Viano, Emilio (Eds.) Victimology: A New Focus, Volume IV: Violence and Its Victims. Lexington, Mass: Lexington Books, 1975, 177-189.

Scrignar, C. B. Sex and the under-age girl. Medical Aspects of Human Sexuality, 1968, 2(12), 34, 35-39.

Seltzer, Vicki. Medical management of the rape victim. Journal of the American Medical Women's Association, 1977, 32(4), 141-144.

Serber, Michael and Wolpe, Joseph. Treatment of the sex offender: Behavior therapy techniques. International Psychiatry Clinics, 1972, 8(4), 53-68.

Silverman, Daniel. First do no more harm: Female rape victims and the male counselor. American Journal of Orthopsychiatry, 1977, 47(1), 91-96.

Sivaram, S. A modified azo-dye for identification of seminal stains. Journal of Forensic Sciences, 1970, 15(1), 120-123.

Slovenko, Ralph. Enforcement of the laws on sex crimes. Medical Aspects of Human Sexuality, 1968, 2(2), 41-44.

Slovenko, Ralph. Sexual-psychopath legislation. In Slovenko, Ralph. Psychiatry and the Law. Boston: Little, Brown and Co., 1973.

Snelling, H. A. What is nonconsent (in rape)? In Schultz, LeRoy G. (Ed.) Rape Victimology. Springfield, Ill.: Charles C. Thomas, 1975.

Solomon, Muriel. After the rape: A report based on responses from victims of sexual assault. Unpublished manuscript, Rape Treatment Center, Jackson Memorial Hospital, Miami, Florida, 1974.

Stratton, John. Law enforcement's participation in crisis counseling for rape victims. Police Chief, 1976, 43(3), 46-49.

Stratton, John. Rape and the victim: A new role for law enforcement. FBI Law Enforcement Bulletin, 1975, 44(11), 3-6.

Stuntz, Elizabeth. Women's reactions to rape. Smith College Studies in Social Work, 1975, 46(1), 35-36.

Stürup, Georg K. Castration: The total treatment. International Psychiatry Clinics, 1972, 8(4), 175-196.

Sutherland, Edwin H. The sexual psychopath laws. Journal of Criminal Law and Criminology, 1950, 40(5), 543-554.

Sutherland, Sandra and Scherl, Donald J. Patterns of response among victims of rape. American Journal of Orthopsychiatry, 1970, 40(3), 503-511.

Sutherlin, Jerrilee. Indiana's rape shield law: Conflict with the confrontation clause? Indiana Law Review, 1976, 9(2), 418-440.

Swanson, Alan H. Sexual psychopath statutes: Summary and analysis. Journal of Criminal Law, Criminology and Police Science, 1960, 51(2), 215-236.

Symonds, Martin. The rape victim: Psychological patterns of response. American Journal of Psychoanalysis, 1976, 36(1), 27-34.

Tenney, Charles W., Jr. Sex, sanity and stupidity in Massachusetts. Boston University Law Review, 1962, 42(1), 1-31.

Thomas, F. and Van Hecke, W. The demonstration of recent sexual intercourse in the male by the Lugol Method. Medicine, Science and the Law (London), 1963, 3(3), 169-171.

Thorne, Frederick C. and Haupt, Thomas D. The objective measurement of sex attitudes and behavior in adult males. Journal of Clinical Psychology, 1966, 22, 395-403.

Tormes, Yvonne M. Child victims of incest. Unpublished manuscript, Children's Division of the American Humane Association, Denver, Colorado, 1968.

University of Texas students counsel rape victims. Synergist, 1976, 4(3), 39.

Victims of rape. British Medical Journal (London), 1975, 5951, 171-172.

Virkkunen, Matti. Victim-precipitated pedophilia offenses. British Journal of Criminology, 1975, 15(2), 175-180.

Voigt, Jorgen. Sexual offenses in Copenhagen: A medico-legal study. Forensic Science, 1972, 1(1), 67-76.

Walker, Joseph T. A new test for seminal stains. New England Journal of Medicine, 1950, 242, 110-111.

Walsh, James C. Suffolk County counsels victims of rape and family violence. Victimology: An International Journal, 1976, 1(4), 590-591.

Walters, David R. Physical and Sexual Abuse of Children: Causes and Treatment. Bloomington, Ind.: Indiana University Press, 1975.

Walther, Gotfried. Acid phosphatase: Its significance in the determination of human seminal traces. Journal of Forensic Medicine, 1971, 18(1), 15-17.

Washburn, R. Bruce. Rape law: The need for reform. New Mexico Law Review, 1975, 5(2), 279-309.

Weddington, Sarah. Rape law in Texas: H. B. 284 and the road to reform. American Journal of Criminal Law, 1976, 4(1), 1-14.

Weiss, Kay. What the Rape Victim Should Know About the "Morning-After" Pill. Stanford, Ca.: Advocates for Medical Information, 1975.

Welch, Deborah. Criminal procedure: Instruction to jury that rape is easy to charge and difficult to disprove is no longer to be given. Texas Tech Law Review, 1976, 7(3), 732-737.

Werner, Arnold. Rape: Interruption of the therapeutic process by external stress. Psychotherapy: Theory, Research and Practice, 1972, 9(4), 349-351.

Wesolowski, James J. Indicia of consent? A proposal for change to the common law rule admitting evidence of a rape victim's character for chastity. Loyola University of Chicago Law Journal, 1976, 7(1), 118-140.

West, Donald J. Thoughts on sex law reform. In Hood, Roger, (Ed.) Crime, Criminology, and Public Policy. New York: The Free Press, 1974.

Whitlach, Corinne, Meade, Carole and Talbot, Irene. Counseling victims of rape. In Bryant, Gerald and Cirel, Paul (Eds.) A Community Response to Rape, Police County Rape/Sexual Assault Care Center. Washington, D. C.: Superintendant of Documents, U. S. Government Printing Office, 1977.

Wickramasekera, Ian. Aversive behavior rehearsal for sexual exhibitionism. Behaviour Therapy, 1976, 7(2), 167-176.

Williams, Cindy Cook and Williams, Reg Arthur. Rape: A plea for help in the hospital emergency room. Nursing Forum, 1973, 12(4), 388-401.

Willott, G. M. The role of the forensic biologist in cases of sexual assault. Journal of the Forensic Science Society, 1975, 15(4), 269-276.

Wolfgang, Marvin E. and Riedel, Marc. Race, judicial discretion, and the death penalty. Annals of the American Academy of Political and Social Science, 1973, 407, 119-133.

Wolfgang, Marvin E. and Riedel, Marc. Rape, race, and the death penalty in Georgia. American Journal of Orthopsychiatry, 1975, 45(4), 658-668.

Wood, Pamela Lakes. The victim in a forcible rape case: A feminist view. American Criminal Law Review, 1973, 2(2), 335-354.

Yorukoglu, Atalay and Kemph, John P. Children not severely damaged by incest with parent. Journal of the American Academy of Child Psychiatry, 1966, 5(1), 111-124.

Younger, A. The rape corroboration requirement: Repeal not reform. Yale Law Journal, 1972, 81(7), 1365-1391.

Zeichner, Irving B. Escape. Law and Order, 1975, 23(6), 72-73.

Zussman, Shirley. Treatment of the victim of rape: Psychological and legal aspects: The woman's point of view. In Wilson, R. A. and Craver, B. N. (Eds.) Clinical Uses of the Female Sex Hormones and Early Diagnosis and Treatment of Mammary Cancer. Amsterdam: Excerpta Medica, 1971.

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