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ETHNICITY AND RAPE IMPACT:

THE RESPONSES OF WOMEN FROM DIFFERENT ETHNIC BACKGROUNDS TO RAPE AND TO RAPE CRISIS TREATMENT SERVICES IN HAWAII

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Introduction and Background to the Problem

The primary objective of this research is to investigate the crisis and longer-term effects of sexual assault on women from different ethnic backgrounds in Hawaii.

Rape Trauma

Long a subject shrouded in taboos, stigmas, and myths, the critical subject of how sexual assault affects the victim has become the subject of recent empirical research. Several investigators (Burgess and Holmstrom, 1974; Fox and Scherl, 1972; Bard and Ellison, 1974) have approached the problem of assessing the impact of rape on the victim by describing the responses frequently seen in rape victims and by outlining the implications of the data for crisis intervention and clinical treatment. For example, Burgess and Holmstrom (1974) interviewed rape victims admitted to a hospital in Boston and concluded that there is a two phase *rape trauma syndrome*. During the acute stage, which lasts for a few hours or days, the victims may experience many emotions, but the primary response is that of fear --the fear of being severely injured or killed. Their research describes a second stage of trauma in which the victim enters a long-term reorganization phase, often characterized by fear, anxiety, sleeping difficulties, sexual problems, and changes in life style. The reorganization phase may continue for weeks or months, depending on such fact s as the woman's personality, the availability of support systems, and the response by significant others to the victim. Thus, the Burgess and Holmstrom research (1974) documents clearly that rape has traumatic and often enduring effects on the victim.

A somewhat different methodological approach is illustrated by the Queen's Bench Foundation Rape Victimization Study (1975). Since many rape studies draw their samples from hospital admittances or police records which may bias their results in the direction of women who are willing to contact the police or who seek medical attention, here women from the San Francisco community were asked to volunteer for the study. The findings generated in this study also reflect the significant impact of sexual assault on women. The victims reported that their strongest emotion at the time of the rape was fear, while shortly after the assault they felt extremely helpless, anxious, angry, or depressed. This rape impact continued beyond the crisis period. Of the victims participating in the study, 67 percent felt that they had suffered long-term psychological effects as a result of the rape and 80 percent reported that the rape had affected their lives in a major way. This study also makes an important contribution to understanding rape victimization by examining the conditions in which rape impact varies among victims. For instance, victims who were raped by strangers experienced relatively high levels of rape impact and their subsequent concerns focused on personal safety. Rape impact was lower in situations where the rapist was known to the victim; subsequent concerns expressed by the women more often involved lowered self-esteem and problems relating to other individuals.

Ethnic and Organizational Effects

Current studies on rape victims indicate that rape impact can be severe and may extend over a considerable period of time. We propose that rape impact is not a unitary process and that more attention should be paid to the question of what conditions affect the degree and nature of rape impact over time. The studies previously cited suggest that the *rape itself* affects women, creating fear, anxiety, and a variety of other emotions. Moreover, the process of rape victimization is *not* limited to the assault but may occur many times after the rape--the difference is that while the rapist commits the first assault, members of the society and the network of rape-related organizations (hospitals, police, courts) may commit the subsequent victimizations (Bohmer and Blumberg, 1975).

Research has yet to be done which will yield systematic data on how women from different *ethnic groups* are affected by sexual assault and by the

treatment and criminal justice system. A case study (Wong, 1975) suggests that Asian-American women are more likely than Caucasian women to be treated with skepticism and harassment in the criminal justice system because of racist stereotypes picturing Asian women as bar girls and prostitutes. It has also been suggested that certain ethnic groups, such as Asian-Americans, typically rely on the family rather than on public agencies in times of need. However, the Asian family may not be supportive to a family member who has been sexually victimized because of the fear of social stigma associated with sexual assault. Thus, the Asian-American victim may be even more isolated than other sexual assault victims from social and emotional support (National Rape Center Conference on Issues Pertaining to Sexual Assault: Special Populations, 1977). The purpose of the present research is to develop and test research questions concerning the relationship between ethnicity and rape impact.

Central Concepts

The concept of *rape impact* is defined as the change in the victim's life following sexual victimization. Such life changes may be physiological (e.g., medical injuries, pregnancy), psychological (e.g., depression, phobias), or social (e.g., interpersonal problems, loss of job). Rape impact is conceptualized both as the direct consequence of rape (such as a resulting pregnancy) and the more indirect long-range consequences (such as the grand jury's failure to indict an assailant which results in the woman's feeling that she was not believed). Since rape impact varies in symptomology and in intensity, this research will examine two dimensions of rape impact. The *level* of rape impact refers to the degree to which the victim's life is affected by the victimization; the *type* of rape impact refers to the nature of the problems encountered by the victim.

Research Questions

The present research allows the comparison of women from distinct ethnic backgrounds in Hawaii--Caucasian, Asian, and Hawaiian--who were the victims of sexual assault. A number of significant questions can be pursued concerning ethnic variations, including the following:

1. Do women from different ethnicities experience different types of rape impact (concerns, emotions, and problems)?

2. Is the level of rape impact (the degree to which the rape affects the victim) different among women of diverse ethnicities?

3. Do victims from varying ethnic backgrounds request or receive differential treatment from medical and legal organizations?

Methodology

The Rape Treatment Center and the Victims

The data were collected by interviewing every adult woman admitted to the rape crisis treatment center in Honolulu, Hawaii, during a fourteen-month period. During this time 212 victims were treated at the center and about half of them returned for follow-up medical and counseling services.

The rape treatment center is housed in a hospital and offers comprehensive medical, social, and legal support services to victims of sexual assault. Emergency services are available twenty-four hours a day to women who have been assaulted within two days of contacting the center; nonemergency and follow-up services are provided during regular office hours at the hospital. While the available services include legal evidence collection as well as medical examinations for injury and prophylactic treatment for venereal disease and pregnancy, the victim is eligible for services whether or not she is reporting the assault to the police. All services are free and confidential. The victim is accompanied through the treatment process by a staff social worker during office hours or by a volunteer crisis worker during nonoffice hours. The social worker or crisis worker interviews the victim concerning the nature of the rape impact and assesses the level of emotional trauma.

The rape center provides an excellent site for studying the impact of sexual assault because it is the sole treatment center for sexual assault in the state and every known victim (whether referred by the police or other community agency) is treated there. Approximately two-thirds of the state's population is concentrated in the urban area and county where the center is located.

Measure of Rape Impact

The concept of rape impact refers to the change in the victim's life following victimization and has

two dimensions--the type of rape impact is the nature of the particular concerns the woman has and the level of rape impact is an assessment of how severely she has been affected by the assault.

Since we are concerned with longitudinal rape impact, a series of instruments is employed to gather information on the rape impact at different points in time. The woman is interviewed shortly after the assault at intake, about two weeks later, and then whenever she contacts the center during the year following the assault.

The type of rape impact is measured by asking the woman "How are you feeling now? Can you tell me about any concerns or worries you are having now?" The answers are coded in terms of the categories which have been found to subsume most responses (e.g., anger towards the assailant, fear for personal safety, anxiety about the judicial process, etc.).

The level of rape impact is measured by questions contained in the initial and follow-up interview schedules which ask the crisis worker or the social worker for an "assessment of the emotional impact of the assault on the victim." Criteria for assessing the level of rape impact include behavioral (e.g., does the victim cry or tremble throughout part of or most of the interview), emotional (e.g., is she expressing mild or intense fear or self-blame), and cognitive (e.g., can she make plans for dealing with the rape or is she relatively confused and disoriented). The degree or level of impact is measured by the responses which form a six-point scale, ranging from "no emotional impact" which is scored as one point to "extremely severe emotional impact" which is scored as six points. Then the scores for the victims are summed and averaged to produce a mean rape impact score. Thus, a high level of rape trauma is indicated by a high score, while a low score reflects a low level of rape impact experienced by the victim. Despite the use of standardized coding criteria and training for the crisis workers, the preliminary analysis of the data indicated that some raters tended to rate victims consistently higher than other raters to adjust for this variation, the raw rape impact scores were transformed into z-scores and adjusted to make the overall mean and range of scores similar for all workers. The adjusted rape impact measure is utilized for the data collected when the victim is admitted to the hospital since there are several crisis workers. Adjustment of the follow-up rape impact scores is not necessary because only the

staff social worker assesses the victim at the follow-up visits.

Individual and Social Characteristics of the Victim

The woman is asked to give her ethnic identification at her first visit to the center and is classified as Caucasian, Chinese, Filipina, Japanese, Korean, Black, Hawaiian or part-Hawaiian, mixed, or other ethnicity. The mixed category is for those victims whose parents have different ethnicities. Part-Hawaiians, however, are not coded as mixed but are grouped with Hawaiians because there are few pure Hawaiians and because mixed Hawaiians tend to identify with their Hawaiian heritage rather than their other ethnicity.

The victims treated at the center come from diverse ethnic backgrounds. This paper focuses on the three ethnic groups (N=182) who were most numerous in the patient population--Caucasian, Asian-American (Chinese, Japanese, and Korean), and Hawaiian or part-Hawaiian--so that the sample size would be sufficient to allow meaningful comparisons between ethnic groups.

Questions in the first interview also concern the woman's social class, marital status, number and age of children, and support systems, etc. Additional questions are asked in the follow-up interview about the woman's emotional state and stressful life changes prior to the sexual assault. The responses to these interview questions are coded into predetermined categories on the interview schedule; these categories reflect the most common responses which have been encountered in the research project.

Since the level and type of rape impact may reflect the nature of the assault and the assailant, the victim is asked questions about the assailant, such as the number of men involved in the assault and the relationship between the assailant(s) and the victim. The kind of force used in the assault and the degree of injuries sustained by the victim are measured by questions on the medical record completed by the examining physician.

The response data from these questions dealing with the social-psychological characteristics of the victim and the rape itself will be analyzed to determine if there is an association with the degree and type of rape impact at different points in time. For example, it may be that victims of various ethnic groups

are initially fearful about their personal safety, but later the Caucasian women may be more angry about the judicial process, while the Asian women may be more concerned about their relationships with family and friends.

Results

Type of Rape Impact

Rape is a frightening experience for the vast majority of women and so a relatively similar response to the sexual assault might be expected. When asked by the crisis workers to recall how they felt during the assault, 71 percent of the victims reported experiencing fear for their lives (and for others if their children were present). The high proportion of women experiencing fear validates the perspective that rape is an act of violence and aggression perpetrated against the victim. Table 1 indicates that 38 percent of the victims recalled feeling helpless during the assault, while 31 percent experienced anger toward the

TABLE 1. Type of Rape Impact During the Assault*

	Caucasian	Asian	Hawaiian	All Victims
Fear for Personal Safety	74% (105)	65% (13)	55% (11)	71% (129)
Helplessness	37% (52)	45% (9)	45% (9)	38% (70)
Anger toward Assailant	31% (44)	25% (5)	40% (8)	31% (57)
Disgust with Assailant	11% (16)	15% (3)	20% (4)	13% (23)
Self-blame	4% (5)	5% (1)	15% (3)	5% (9)
Totals	78% (142)	11% (20)	11% (20)	100% (182)

*The victims may report experiencing more than one emotion.

assailant. These three reactions were found among all victims irrespective of ethnicity, but there is also some variation among the ethnic groups in the frequency with which these emotions are reported. Hawaiian women, while expressing fear most often as a reaction to the rape, mention it in only 55 percent of the cases compared with 74 percent of the Caucasian women. Helplessness, however, is recalled more often by Asian and Hawaiian women (45 percent) than by Caucasian women (37 percent). Hawaiians also express much more anger (40 percent) and disgust (20 percent) with the assailant than the Asian and Caucasian women.

The victims were also interviewed about their emotional concerns when they were treated at the rape treatment center (typically within hours or a day after the assault). As shown in Table 2, the women continued to be frightened (41 percent) but also express a number of other concerns at intake especially about how their families will react and about the possible medical implications of the rape (e.g., injury, pregnancy, venereal disease).

Fear for personal safety continues to be the primary concern for most women at the initial interview but is expressed by more Asian (65 percent) and Hawaiian (50 percent) victims than Caucasians (37 percent). The Hawaiian and Asian women are also clearly more often worried about the reaction of their families and experience feelings of helplessness and shame. Hawaiian women report more concerns overall than do the other women at intake. Thus, these data indicate that the impact of a sexual asault is different for different ethnic groups even within hours of the assault. This finding is extremely important for the development of effective crisis intervention programs.

The victims were also interviewed at their follow-up visit, approximately two weeks after the assault (see Table 3). Even though some time has passed since the rape, fear for personal safety continues to be the most frequent concern (expressed by 30 percent of all the victims). Fear of pregnancy and venereal disease is reported by 29 percent of the women. Eighteen percent of the victims experience problems at work and 20 percent express difficulties relating to their families or friends.

While these concerns are important for all women, the priority differs among the three ethnic groups. The Hawaiian women are especially apt to have problems

TABLE 2. Type of Rape Impact at Initial Interview*

	Caucasian	Asian	Hawaiian	All Victims
Fear for Personal Safety	37% (52)	65% (13)	50% (10)	41% (75)
Anger toward Assailant	34% (48)	30% (6)	20% (4)	32% (58)
Concern about Medical Implications	32% (46)	20% (4)	45% (9)	32% (59)
Concern about Reaction of Family and Others	21% (30)	30% (6)	50% (10)	25% (46)
Helplessness	11% (15)	20% (4)	30% (6)	14% (25)
Shame, Embarrassment	6% (8)	15% (3)	40% (8)	10% (19)
Totals	78% (142)	11% (20)	11% (20)	100% (182)

*The victims may report experiencing more than one emotion.

at work (33 percent), fear for their personal safety (44 percent), and anger toward the police (22 percent). The Caucasian victims also share the concern about safety (29 percent) and their medical condition (26 percent), but at this point in time are having more interpersonal difficulties with significant others than are the non-Caucasian women (23 percent). The Asian women also are concerned about the medical implications of the rape (33 percent), and about their personal safety (25 percent), but do not express problems with work, relating to family, or anger toward the police. These data indicate both that the concerns of a rape victim change over time and that the impact of rape is different for women from different ethnic backgrounds.

Level of Rape Impact

The second basic question concerns whether women from different ethnic groups suffer more impact from the sexual assault; Table 4 shows the mean rape impact scores for all victims and for the victims from each

TABLE 3. Type of Rape Impact at Follow-up Interview*

	Caucasian	Asian	Hawaiian	All Victims
Fear for Personal Safety	29% (20)	25% (3)	44% (4)	30% (27)
Concern about Medical Implications	26% (18)	33% (4)	44% (4)	29% (26)
Family, Interpersonal, or Sexual Difficulties	23% (16)	8% (1)	11% (1)	20% (18)
Problems with Work	19% (13)	0% (0)	33% (3)	18% (16)
Anger toward Assailant	16% (11)	8% (1)	0% (0)	13% (12)
Anger toward Police	13% (9)	8% (1)	22% (2)	13% (12)
Totals	77% (70)	13% (12)	10% (9)	100% (91)

*The victims may report experiencing more than one emotion.

ethnic group. The higher the rape impact score, the higher the level of rape impact.

Very clear differences are seen in the level of rape trauma experienced by the women when admitted to the rape treatment center soon after the assault. Asian women ($X = 3.88$) and Hawaiian women ($X = 3.80$) are assessed by the social worker and crisis workers as more emotionally traumatized than the Caucasian women ($X = 3.10$) soon after the sexual victimization. Thus, while rape is traumatic for all its victims, the immediate effect is more pronounced in the non-Caucasian victims.

Do these differences among women in Hawaii continue or are they associated more with crisis rather than with long-range consequences? When the women return to the center about two weeks after the assault to receive follow-up medical attention, their level of rape trauma is assessed by the staff social worker. As shown in Table 4, the rape impact score has decreased from $X = 3.28$ to $X = 3.05$ indicating that the

TABLE 4. Level of Rape Impact

	Mean Scores			
	Caucasian	Asian	Hawaiian	All Victims
Rape Impact Score at Initial Interview*	3.10 (135)	3.88 (20)	3.80 (20)	3.28 (175)
Rape Impact Score at Follow-up Interview**	3.07 (68)	3.00 (10)	2.88 (8)	3.05 (86)
Decrease in Rape Impact Scores over Time***	-.03	-.88	-.92	-.23

*The larger the score, the higher the level of rape impact on the victim.

**The N decreases because about half of the victims do not return to the center for follow-up services

***The larger the score, the more the level of rape impact has decreased over time

emotional trauma typically lessens for victims over time. However, examination of this table for ethnic differences indicates that the level of rape impact has decreased most noticeably among the Asian and the Hawaiian victims whose impact scores have decreased by .88 and .92 compared with only .03 for the Caucasian victims. Thus, the non-Caucasian women, who were more traumatized than Caucasian women at crisis, have become similar or even somewhat lower in their level of emotional trauma at the follow-up interview.

These findings are extremely interesting because they suggest that there is an association between ethnicity and the response to sexual assaults, especially at crisis. Several variables which might affect this relationship (e.g., the number of assailants, the degree of injuries, the prior emotional status of the victim) were explored to further investigate this question but none of these variables had a systematically different effect on Caucasian vs. non-Caucasian women. Further exploration of this question is being conducted as part of the ongoing research on rape victims in Hawaii. However, the clear differences between the victims suggest that Asian and Hawaiian women are more

emotionally traumatized at crisis. Examination of Table 2 indicates that these women were especially concerned about the reaction of their families. Perhaps the provision of skilled crisis intervention services with the victim and her family plus the close-knit nature of many Asian and Hawaiian families in Hawaii contribute to the dramatic decrease in the emotional trauma of the non-Caucasian victims. These data reflect both the importance of ethnic variations within a community and the importance of having rape treatment services for women and their families to lessen the tragic impact of sexual assault.

Organizational Involvement

The last question to be investigated is whether the degree and type of organizational involvement with the center varies between the ethnic groups who reside in Hawaii. As shown in Table 5, 70 percent of the women provided crisis services at the rape center are Caucasian; 10 percent are Asian and Hawaiian respectively, and 10 percent are from various other ethnic groups. These statistics suggest that Caucasian women are overrepresented relative to their number in the general population, whereas Asian-American women are underrepresented. While these data may reflect that more Caucasians are sexually assaulted, it is also possible that Asian victims are less likely to utilize the rape center treatment services. The latter interpretation is consistent with the findings of studies on the utilization of mental health and social service organizations by ethnic groups in this community. Another factor which may affect the intake statistics is that the rape center was studied during its first year and a half of operation; the awareness of its services may not be widespread throughout the population or evenly distributed throughout the different ethnic groups residing in Hawaii.

About half (49 percent) of the victims return to the Center for follow-up medical and counseling services. As shown in Table 5, the proportion of women returning to the center from each ethnic group is similar to the proportion utilizing the initial services. These data suggest that there is not a differential utilization of follow-up services by women from different ethnicities.

Women can receive services at the center whether or not they report the assault to the police. However, when the population of the women admitted to the center is analyzed, most of the victims are reporting the

TABLE 5. Ethnicity of Women in the State and Utilization of Mental Health and Rape Treatment Services

	Females in Honolulu County*	Mental Health Service Admissions*	Rape Victims Treated at Center	
			Initial	Follow-Up
Caucasian	37%	43%	70%	68%
Asian	48%	8%**	10%	12%
Hawaiian	11%	14%	10%	9%
Other Ethnic Groups	4%	35%**	10%	11%
Totals	100%	100%	100%	100%

*Department of Health, Health Surveillance Program, Research and Statistics Office, State of Hawaii, 1976

**Koreans are included in the "Other Ethnic Groups" category in these mental health statistics but are in the "Asian" category throughout the rest of the paper

assault to the police (82 percent of the Asians, 73 percent of the Hawaiians, and 72 percent of the Caucasians). The high reporting rate of all women, regardless of ethnicity, may reflect the fact that a high proportion of the women using the center are referred there after reporting the assault to the police. The high reporting rate may also indicate that women are encouraged to report the assault when comprehensive services (legal evidence collection, information, and advocacy with the law enforcement system) are available to assist them. The high proportion of Asian women who are reporting and the underrepresentation of this group relative to the population suggest that Asian women tend only to come to the rape center when they have contacted the police to report the crime and are then referred to the center; thus non-reporting Asian women do not utilize the rape crisis treatment services.

It has been suggested that women from ethnic groups with relatively low power and status in the society may be less apt to report assaults to the police and so are

cut off from legal redress for rape and other forms of sexual assault. This reluctance may stem from a variety of sources such as fear of harassment from the police, hostility toward the establishment, skepticism that justice is available to all, etc. A low reporting rate of non-Caucasian women, especially Hawaiians, which might be expected from this line of reasoning, is not supported by the reporting rates of ethnic groups in Hawaii.

Services Provided to Rape Victims

Table 6 shows the services which the rape center provided the victims at intake within hours of the assault. The most utilized services are medical (64 percent), again reflecting the dual concerns of

TABLE 6. Services Received by Victims at Intake*

	Caucasian	Asian	Hawaiian	All Victims
Medical Examination	64% (91)	75% (15)	50% (10)	64% (116)
Victim Counseling	59% (84)	65% (13)	60% (12)	60% (109)
Information about the Legal System	43% (61)	30% (6)	45% (9)	42% (76)
Family Counseling	8% (11)	25% (5)	20% (4)	11% (20)
Totals	78% (142)	11% (20)	11% (20)	100% (182)

*The victims may receive more than one service.

rape victims for personal safety and medical implications. Victim counseling was provided to 60 percent of the women (crisis intervention is provided to all women). Asian women receive the highest percentage of medical and counseling services when compared to Caucasian and Hawaiian women--75 percent of the Asian women receive medical examinations, 65 percent receive victim counseling and 25 percent receive family counseling. The higher frequency of family counseling among Asian and Hawaiian women is consistent with the higher levels of concern about family reactions found among these ethnic

groups. Requests regarding information about the legal system is somewhat lower among Asian women (30 percent compared to 45 percent of the Hawaiian and 43 percent of the Caucasian women) at crisis.

Data collected on the services provided women returning to the center for follow-up treatment (shown in Table 7) indicate that the women are more apt to be dealing with socio-emotional needs than medical needs at follow-up (86 percent of the women returned for counseling, while 52 percent for medical examination and testing). The data on long-term services have not yet been analyzed but an increasing focus on the social-psychological rather than physical consequences stemming from the assault is expected to occur over time.

TABLE 7. Services Provided Victims at Follow-up*

	Caucasian	Asian	Hawaiian	All Victims
Victim and Family Counseling	87% (61)	83% (10)	78% (7)	86% (78)
Medical Examination	57% (40)	42% (5)	22% (2)	52% (47)
Information about the Legal System and Legal Advocacy	47% (33)	58% (7)	56% (5)	49% (45)
Referrals to Other Community Agencies	30% (21)	17% (2)	11% (1)	26% (24)
Totals	77% (70)	13% (12)	10% (9)	100% (91)

*The victims may receive more than one service.

The proportion of women from the different ethnic groups receiving counseling services at follow-up is similar. This finding is consistent with the data shown in Table 4 that the level of rape trauma, initially higher among non-Caucasian women, is actually similar for victims from different ethnic backgrounds at follow-up. The Caucasian women are somewhat more likely than the women from other groups to return for medical examinations (57 percent), and to be referred to other social service agencies in the community (30 percent). Again, these findings may reflect a greater

dependence and utilization of Caucasians of public helping agencies; the Asian and Hawaiian women may have available or rely more on familial and interpersonal networks.

Conclusion

More generally, the data from this research indicate that victims from diverse ethnic backgrounds suffer serious and long-lasting consequences from being sexually assaulted and that a rape crisis center is an important mechanism for easing the trauma experienced by these victims. Moreover, the results show that women from different ethnic groups vary in their problems and emotional trauma stemming from the rape and so in their treatment needs. Thus, it is critically important that rape crisis treatment centers (and other organizations as well) in multi-ethnic communities be sensitive to the differences among the populations served and offer a comprehensive array of services suited to the ethnic mix in their community.

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