CHAPTER 1
Understanding Rape – Myths, Facts, and Realities

LEARNING OBJECTIVES:
♦ Discuss facts about rape and sexual assault in the United States and in Massachusetts.
♦ Give an overview of rape in history and recent efforts to prevent rape.
♦ Discuss the social dynamics and common views on sexual assault.
♦ Identify concerns that may cause survivors to be silent about an assault.
♦ Explain the consequences and costs of rape to society as well as to survivors.

Defining Rape

*Rape* is a crime of violence and control, using the sex act as a weapon. “Rape” also is a legal term that is defined in Massachusetts by three elements: penetration of any orifice by any object; force or the threat of force; perpetration against the will of the victim. *Sexual assault* is often more broadly defined as any sexual activity that is forced or coerced. (See Chapter 20: Legal Advocacy – Helping Sexual Assault and Domestic Violence Survivors through the Criminal Justice System.)

Rape and sexual assault are not sexually motivated acts. Rather, they stem from aggression, rage, and the determination to exercise power over someone else. According to the widely cited 1992 report, *Rape in America*, regardless of the extent of physical damage, most survivors of the crime feel they faced serious harm or death during the attack.¹

Anyone can be a victim or a perpetrator of sexual assault, regardless of age, gender, sexual orientation, gender presentation, appearance, location, education, profession, race, or socioeconomic background. However, the victims of rape are predominantly female and the offenders are almost always heterosexual males. The recent report, *Violence Against Women in the U.S.*, points out that rape, like other forms of violence in women’s lives,

. . . occurs in the context of everyday activities and is associated with women’s social and economic roles and circumstances. . . . The historically subordinate, less powerful status which women occupy in the family and in society makes their experience of violence different from that of men, more invisible to society, and more isolating.²

Rape has an impact on the outlook and daily life of American women. Fear of rape is something many women have in common. They take precautions such as locking doors, looking in the backseat of their car, driving themselves places instead of walking to attempt to avoid sexual assault. Parents explain to teenage daughters why it is unwise for them to go out at night, even though their brothers may do so. Men are raped in this culture as well. However, for the most part, they have not learned this fear as a part of their lives and give the possibility of rape much less thought. (See Chapter 13: Male Survivors of Sexual Assault.)
Historical Perspective on Sexual Assault of Women

Throughout history and around the world, rape has been used as a weapon to control women and to control other men. Rape of indigenous people has been used by European explorers and other conquerors, and later by settlers, as part of their campaigns to conquer and take over land. Men continue to use rape to demoralize and undermine their enemies. As a tool of political control, the violence and violation of rape is used to undermine the unity and moral strength of a people. And rape continues to be used as a tool of genocide, to weaken the racial identity and social cohesion of a people. Many of the political refugees who have come to the United States in the past 30 years have histories of political violence that include rape at the hands of police and military in their home countries, as well as at the hands of others during their long exile and exodus to the relative safety of their new homes here. They bring with them the unspoken and unrelieved trauma of their rape histories.

In American social history, rape has been used as a tool of racial and class oppression. Rape of African-born slaves by white slave owners and later by white men served to keep both black women and black men “in their place.” The American institution of slavery made it legal for white masters to rape their black women slaves. With the abolition of slavery and through the Civil Rights Movement, rape and the false accusations of rape were used by whites, along with other forms physical violence, including murder, as a tool to control and oppress black women and men.

For women, sexual assault was still a “silent” crime as recently as thirty years ago. Women kept silent about their experiences as survivors of rape and sexual assault. It was a deep, dark secret that few shared even with their families or friends.

In the 1960s, with the rise of the Women’s Liberation Movement, women began to identify common experiences. Among these was the experience of rape. For many, it was the first time they thought to attach the word “rape” to their experience. Survivors began to realize that rape was in fact a common experience shared by many women. Out of this discovery came action.

In 1971, the first rape crisis centers in the United States were established. Not long after, in 1973, the first rape crisis centers opened in Massachusetts. These were grassroots projects, staffed by volunteers. Based on their own experiences and their sense of self-empowerment, they designed new approaches, notably the “empowerment model,” to helping other women. The empowerment model recognizes the need to re-empower survivors of rape and sexual assault and help them design and follow through on their healing process. This model has stood in sharp contrast to traditional medical and mental health models, in which the provider is the expert, diagnosing and directing a course of treatment for the “patient.”

In 1975, the groundbreaking book Against Our Will, by Susan Brownmiller, helped to bring rape out into the open and out as a topic for discussion. Brownmiller helped redefine rape on a social level, as an act of violence and aggression. The responsibility for rape began to be placed where it belonged: on the shoulders of the perpetrator of the crime, not the victim of the crime.
At the same time, researchers began to identify the phenomenon of child abuse and violence in the home. Surveys conducted in the mid-to-late 1970s corroborated findings on child abuse and began to establish statistics on the prevalence and severity of sexual assault on women and girls. Incest and sexual abuse as part of intimate partner domestic violence pointed to the home and family as key sources of violence against women and children.

In 1982, federal legislation established block grants to states to help fund a systematic response to the crime of rape. This enabled the Massachusetts state legislature to begin allocating funds for Rape Crisis Centers in the Commonwealth. By 1987, sixteen centers were being funded by the Massachusetts Department of Public Health. An additional four opened between 1988 and 1997. Today, there are 21 rape crisis centers funded in part by the Department of Public Health and providing free services to rape crisis and sexual assault survivors.

During the 1980s, clinical studies and research began to focus on the issues of violence in the home, bringing legitimacy and public attention to the concepts of marital rape, intimate partner rape (including date rape), sexual violence against children, and the long-term health affects of witnessing and experiencing sexual and domestic violence. Women and girls are at greatest risk of rape not from some unknown stranger lurking in the bushes, but from the men in their lives, living in or invited into their homes. The prevalence of rape in relationships supports the research into rape as part of domestic violence in gay and lesbian relationships. In 1991, the Commonwealth of Massachusetts officially supported the concept of marital rape when the Legislature legally prohibited husbands from claiming exemptions from prosecution for rape. In 1993, marital rape became a crime in all 50 states if force or the threat of force is used.

The widespread devaluation and marginalization of women and children continues. It provides the justification for many to act out their rage and aggression in violence against women and children. It contributes to the myth that somehow, in some way, the victim was responsible for the abuse and deserved the hurt. Survivors of rape and sexual assault continue to be shamed and to feel ashamed. They are more often disempowered by the label “victim” than empowered by the identity of “survivor.” The myths about rape and sexual assault continue to be perpetuated. They are prevalent not only among members of the community at large, but also among the professionals to whom survivors often turn, professionals in the health care, mental health, education, law enforcement, and even judicial systems.

**Prevalence of Rape**

Rape is our most underreported violent crime. There are varying estimates, but the authors of *Rape in America* concluded that only about 16 percent of rape survivors report the attack to the police. The study found that the unwarranted shame associated with rape continues to be of major concern to survivors, noting, “It is clear that rape victims are extremely concerned about people finding out and finding reasons to blame them for the rape.”

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There are other reasons that survivors hesitate to report sexual assaults. They include, but are not limited to: retaliation by the rapist, obtrusive hospital or court procedures, not being believed, reactions of husbands or boyfriends, no purpose thought to be served by reporting, long drawn-out court proceedings, and insensitivity by law enforcement officials.

The issues cited as major concerns to female survivors in the aftermath of rape are: family finding out (indicated by 71 percent of survivors), others finding out (69 percent), people thinking the survivor was to blame (68 percent), media making the survivor’s name public (50 percent), becoming pregnant (34 percent), contracting a sexually transmitted disease other than HIV (19 percent), and contracting HIV (10 percent).4

The various concerns and fears explain why survivors hesitate to report sexual assaults to the authorities and, as a result, why it is so difficult to accurately assess the extent of the crime. Compounding the difficulties for children are the age and maturity of the victim, issues of shame and family relationships, fear and intimidation, and differences in what is legally considered “substantiated abuse” by authorities. Other factors that account for variances in rape statistics include differences in the way surveys are designed or worded and discrepancies in the definitions of rape and sexual assault.

Given the vast underreporting of sexual assault and rape, it is difficult for the research to accurately reflect the true occurrence and nature of this crime. Following is an overview of the current national statistics existing on rape and sexual assault.

- According to the Bureau of Justice Statistics, in 1999 there were 383,000 rapes or attempted rapes and sexual assaults in the U.S. committed against people 12 and older.5
- In contrast to Bureau of Justice Statistics, Rape in America estimated that 683,000 women are raped in this country every year. This means that the United States has the highest incidence of sexual assault of any industrialized nation in the world.6
- According to National Crime Victimization Survey data, from 1998 to 1999 the overall violent crime rate declined 10%. However, according to this same report, rapes increased 20% from 1998 to 1999.7
- Rates of rape and other sexual assault are about 7.5 times higher for women than for men.8
- Twenty-nine (29%) of all rapes occur when the victim is less than 11 years old and 32% of all rapes occur when the victim is between 11 and 17.9
- In the U.S., at least 20% of women and 5% to 10% of men were sexually abused as children.10
- Nationally, teenagers report the highest rates of exposure to rape and sexual assault. Data from police-recorded incidents of rape revealed that 44% of rape victims were less than 18 years old.11
- The National Committee to Prevent Child Abuse Survey found that in 1996 state protective agencies received 218,820 reports of child sexual assault in the United States.12
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- A 1998 survey found that **62%** of 9th-grade boys and **58%** of 9th-grade girls said that a man has a right to sexual intercourse against his date’s consent if they have dated for a long time.\(^\text{13}\)
- The Bureau of Justice Statistics reported that in 1992 there were **109,060** reports of rape to the police. Of those reports, there were only **21,655 (20%)** rape convictions. Given that only 16% of rape victims report the crime, less than **4%** of rapists are ever convicted of rape.\(^\text{14}\)
- The National Crime Victimization Survey found that black women had higher rape and sexual assault rates than white women; women with lower household income levels had higher rape and sexual assault rates than women with higher income levels.\(^\text{15}\)
- Among abused boys, **83%** are under the age of 12 and **26%** are under the age of six.\(^\text{16}\)
- Research has shown an association between sexual assault and a number of health problems, namely post-traumatic stress disorder, drug or alcohol abuse, suicide, and mental health problems.\(^\text{17}\)

**Sexual Assault Reported to Massachusetts Rape Crisis Centers**

The Massachusetts Department of Public Health (MDPH) compiles anonymous data collected by each of the State’s rape crisis centers, using a confidential, client-anonymous form that counselors complete for each survivor receiving telephone or face-to-face contact. This information allows MDPH to keep track of the incidence and patterns of sexual assaults reported to the rape crisis centers. For various reasons, forms cannot always be completed, which limits the quality and depth of information on reports of rapes to the centers. In November 1999, MDPH released a report which summarized ten years of data collected from 1988 through 1997. It needs to be understood that the following data reflect the demographics of survivors who contact centers, rather than reflecting trends in actual sexual assaults that occurred in the state.

- From 1988 through 1997, MDPH-funded rape crisis centers (RCCs) collected reports of **26,018** sexual assaults.\(^\text{18}\)
- According to MDPH, **88%** of sexual assault survivors knew the perpetrator.\(^\text{19}\)
- According to MDPH, there were **9,636** sexual assault hotline calls reported from rape crisis centers in fiscal year 1999.\(^\text{20}\)
- In Massachusetts in 1994, **11%** of survivors indicated they had a disability (mental impairment, mental retardation, visual impairment, or another disability).\(^\text{21}\)
- According to the 1997 Massachusetts Behavioral Risk Factor Surveillance System, **10%** of Massachusetts residents surveyed believe “it might be OK” to make a spouse have sex without his or her consent.\(^\text{22}\)
- According to MDPH, from 1990 to 1996 the percentage of survivors who reported sexual assaults to law enforcement or medical providers decreased. The percentage that told police declined from **47%** in 1990 to **44%** in 1996, and the percentage who told a physician or hospital dropped **46%** in 1990 to **37%** in 1996.\(^\text{23}\)
• Women substantially outnumbered men in the use of rape crisis services. During the 10-year period, the survivor was female in 94% of reports.24
• The proportion of survivors who identified as Hispanic or Latino rose from 5% of reports in 1988 to 11% in 1997.25
• The 1997 Massachusetts Youth Risk Behavioral Survey (MYRBS) found that 10% of all high school girls reported being hurt sexually by a date.26
• The same survey stated that 27% of students who had experienced sexual contact against their will had made a recent suicide attempt.27
• The same survey found that those adolescents identifying as gay, lesbian, or bisexual and who had ever had any same-sex sexual partner were more likely (56% vs. 18%) than other sexually experienced students to report having experienced sexual contact against their will.28
• According to the 1999 MYRBS Report, Massachusetts students reported that 16% of all high school girls and 6% of boys have had sexual contact against their will.29
• According to the 1999 MYRBS Report, girls age 13-19 reported more than twice as many sexual assaults as any other age group.30

Current Attitudes about Rape

Gender inequality and sex role stereotyping may contribute to violence against women in general, and rape in particular. At an early age, children learn gender roles through the culture with toys, games, books, and expectations at home and at school. Traditional gender roles and stereotypes may be reinforced through media and advertising. Stereotyping promotes the idea that men should be tough and in control, and women should be passive and subordinate. Rape culture appears in all forms of society: within families, the media, schooling, and relationships. To begin to change society’s views on rape, we need to dismantle the current belief systems that exist to this day.

From birth, children are channeled into their prospective gender roles. Baby boys are typically comforted less than baby girls if they cry. Child-rearing is difficult for even the most well-intended parents. Parents often complain that attempting to raise their children without these gender norms is a losing battle. Boys are often played with in a more aggressive, assertive, competitive way. Girls are often viewed as more delicate and sensitive. On the playground, when a boy is seen as sensitive, he’s called a “sissy,” “girl,” etc. The names that are typically associated with female are the worst type of criticism for a boy. Even now, when boys don’t play sports as well as other boys, they are either called “girls” or told they throw or hit like a girl. Anyone can see how boys and girls are treated differently. Girls are often warned not to hurt themselves whereas boys are often given much more freedom to play. If boys show too much compassion or sensitivity, they are often labeled “fags” or “pussies.” Children may seem to want to conform to these gender roles. Parents who are frustrated often say that it must be biological in nature. However, we often fail to take into account the strength the media, peer pressure, and other social influences play.
These gender roles are also used to foster and feed the homophobic society in which we live. Many of the names that are used to describe “feminine” men are also used to refer to someone who “acts like” they may be gay. The person may or may not be gay. Yet society attaches these labels in a negative, derogatory way. Similarly, women who act in an assertive way are often labeled with negative words for someone who is lesbian. These labels both reinforce sexism and also connect it with homophobia and heterosexism.

The media has played a significant role in keeping these gender roles. Think back to the movie “Gone with the Wind.” In the classic scene at the end of the movie, Scarlett O’Hara strongly rejects Rhett Butler’s sexual advances. In response, he becomes aggressive and takes her in his arms as he walks up the flight of stairs. The next morning Scarlett wakes up with what appears to be the look of a sexually satisfied woman. The message is that although women will resist sexual advances, they really want men to be aggressive, take control, and make their “no” a “yes.”

In the media, aggression, power, and control are glamorized and rewarded. Compassion, sensitivity, and cooperation are not. These human qualities have often been labeled as masculine and feminine. If you are man possessing too many of these “feminine” qualities you get labeled and looked down upon. Boys are not encouraged to be cooperative and sensitive, but rather receive positive reinforcement for being aggressive. When women are aggressive, they are often labeled “man-hating,” “bitch,” or “dyke.”

The shootings that occurred in Jonesboro and Littleton were both committed by white, middle-class boys. Most of the media attention has been focused on these incidents on “youth violence.” However, it was not girls who were doing the shooting. The media seemed to miss the mark when discussing these incidents. Because of the vast attention these shootings were given in the media and by the public in general, these were an opportunity to discuss male violence.

Gender relations are also kept through sexual norms. Women are reduced to what men want in our male-dominated, heterosexist, and homophobic society. Women must be available for sex. In the entertainment industry, most females are seen as the romantics, indicating that a sexual scene is about to take place. Women are seen nude much more often than men. Girls who are seen as non-promiscuous are “good girls.” The ones who are viewed as promiscuous are “bad girls.” Women of color are viewed in even more of a sexualized way in the entertainment industry. This is compounded with the racism that is also experienced.

Rape is a form of social control. As long as rape exists, women don’t have the same access as do men. For example, women don’t have the same freedom to go where they choose, speak up when they want, and to be free from violence. The fear of rape is effective at keeping women at this unequal place. Women are often hesitant about going certain places (for a walk at night, alone, going to a club, being around all men). Their minds are always aware of the possibility of being raped. Men don’t have that same level of fear. Additionally, many women, namely young girls, don’t necessarily believe they even have the right to live free from this fear. They don’t view living a life without this fear as even possible. It is well beyond their realm of thinking.
Counselors working with survivors need to be aware of this rape culture and how it creates conditions for rape to continue. This will help survivors see that rape is related back to society. Survivors will be able to feel more validated and less alone. For many survivors, this information can be empowering.

Consequences of Sexual Assault

Sexual assault takes a tremendous toll, in both societal and personal terms. The effects of rape on the physical, emotional, personal, and spiritual health of survivors are often profound. The economic and social ramifications of rape, with respect to its effects on work and family life and health care costs, also are considerable.

According to the authors of *Rape in America*, “Sexual assault is so commonplace and produces such serious physical and psychological trauma that it is imperative that rape be classified as a major public health issue in the United States.”31 Former Surgeon General of the United States Dr. C. Everett Koop has commented: “Violence is a major public health issue for all Americans. [It has] a clear and measurable impact on the physical and mental health of all our citizens. And every day, it also has a major impact upon our clinics, our hospital emergency rooms, and all of our health care facilities.”32

A few statistics suggest the economic cost to society:

- About 31 percent of rape survivors experience post-traumatic stress disorder, which dramatically increases the risk of major drug or alcohol abuse problems for survivors.33
- As many as three-fourths of the women in substance abuse treatment have a history of sexual abuse.34
- When childhood sexual abuse survivors become adults, they are twice as likely to be abused by their adult partners and four times more likely to develop depression.35
- Rape survivors experience a much higher rate of visits to physicians after than before the assault, due to a variety of chronic maladies.36
- About 16,000 women a year nationwide have abortions due to pregnancies that resulted from rape or incest.37
- The average rape or attempted rape costs $5,100 in tangible, out-of-pocket expenses. Medical and mental health care to victims represents the bulk of expenses. Adding to the impact a rape has on the victim’s quality of life, the average rape costs $87,000 annually.38

Efforts to Prevent Violence against Women

The early women’s movement in America included mid-19th-century campaigns organized around the attainment of the vote for women and the abolition of slavery. Massachusetts was the site of what is often considered to be the first national women’s rights convention in 1850 in Worcester.
Women attained full voting status nationally in August 1920. In struggling for the vote, they developed many of the strategies used almost a century later in the Civil Rights movement and in what is sometimes seen as the “second wave” of the women’s movement that began in the 1960s. To force change, some women violated the law through nonviolent civil disobedience; to change society’s attitudes, some women violated convention.

The women’s movement in America also was influenced by numerous intellectual writings and liberation campaigns here and abroad. In the late 1960s and early 1970s, feminists began forming “consciousness-raising” groups in an attempt to articulate their common experiences as women. From these groups, the issue of violence against women emerged as a public issue. The use of rape as a political device to suppress women was a thesis developed further by radical feminist authors. Barbara Mehrhof and Pamela Kearon urged in their influential 1971 article, “Rape: An Act of Terror,” that rape should be considered a political crime, a terrorist act that keeps women subordinate. They wrote that it is “an effective political device . . . not an arbitrary act of violence by one individual on another; it is a political act of oppression . . . exercised by members of a powerful class on a member of the powerless class.”

Modern rape crisis work began within the context of the women’s movement some two decades ago, as a grassroots volunteer effort. Women concerned about sexual violence against women began organizing in communities throughout the country. The first rape crisis centers began providing services in the early 1970s. By 1976, there were approximately 400 centers nationwide.

Groups of volunteers founded Massachusetts’s first rape crisis centers in 1973. When public funding for centers first became available in 1982, eight rape crisis centers were funded by the Massachusetts Department of Public Health (MDPH). In 1983, with the support of the Massachusetts Caucus of Women Legislators, the State legislature allocated funding for an additional seven centers. Concurrent with these efforts to increase services, MDPH worked with the Governor’s Statewide Anti-Crime Council and the Massachusetts Coalition of Rape Crisis Services (MCRCS) to improve cooperation and case coordination with law enforcement, medical, and criminal justice systems.

MCRCS, founded in 1984, concentrated on networking, changing laws, and advocating for increased awareness and funding. In 1995, the Massachusetts Coalition Against Sexual Assault (MCASA) was established as a sister organization, with a focus on statewide policy, training, multicultural programming, and program development.

Jane Doe Inc., the Massachusetts Coalition Against Sexual Assault and Domestic Violence, was formed in 1998 through the merger of the Massachusetts Coalition of Battered Women Service Groups and the Massachusetts Coalition Against Sexual Assault. Jane Doe Inc. brings together organizations and people committed to ending domestic violence and sexual assault. Jane Doe creates social change by addressing the root causes of this violence, and by promoting safety, justice, and healing for survivors. Jane Doe advocates for responsive public policy, promotes collaboration, raises public awareness, and supports its member
organizations to provide comprehensive prevention and intervention services. Jane Doe is guided by the voices of survivors.

Rape crisis centers seek to achieve their missions through a dual approach, combining individual counseling with prevention work aimed at social change. Rape prevention means addressing the root causes of sexual violence – sexism, power used as a weapon, and gender role rigidity. Sexual assault is a social and public health problem. Stopping rape means changing society to eliminate the root causes of all forms of violence. As counselors, friends, lovers, sisters, brothers, parents, daughters, sons, and first-responders, the responsibility exists – to listen, to care, to believe, and to stop the violence through education, support, and advocacy.

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1 Rape in America: A Report to the Nation (Arlington, VA, April 23, 1992).
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9 Rape in America, 1992.
11 U.S. Department of Justice, Bureau of Justice Statistics, Sex Offenses and Offenders, 1997.
13 Sexual Assault and Trauma Resource Center of Rhode Island, Adolescent Dating Attitudes, 1998 Survey Results.
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18 MA Department of Public Health (November 1999). “Sexual assault in Massachusetts: Findings from publicly-funded rape crisis centers and the behavioral risk factor surveillance system.”
19 Ibid.
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23 Ibid.
24 Ibid.
25 Ibid.
27 Ibid.
28 Ibid.
29 Massachusetts Department of Education, 1999 MA Youth Risk Behavior Survey Results.
30 Ibid.
31 Rape in America, 1992.
33 Rape in America, 1992.
39 Barbara Mehrhof and Pamela Kearon, “Rape: An Act of Terror,” in Notes from the Third Year (1971), p. 80; article also in Radical Feminism, pp. 228-233. For further analysis, see Susan Griffin, “Rape: The All American Crime” (1971) and other articles in Feminism and Philosophy.
40 Shattering the Myths: Sexual Assault in Massachusetts, 1985-1987, Massachusetts Department of Public Health (Boston, 1990).