



American Prosecutors
Research Institute

Victim Responses to Sexual Assault: Counterintuitive or Simply Adaptive?

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*Victim Responses
to Sexual Assault:*
Counterintuitive or Simply Adaptive?

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INTRODUCTION

Rape and other forms of sexual victimization are considered among the most severe and underreported crimes in the United States (Layman, Gidycz, & Lynn, 1996; Lee, Pomeroy, & Rheinboldt, 2005; Sable, Danis, Mavzy, & Gallagher, 2006). The occurrence of rape is a pervasive social problem with lasting effects for victims (Castello, Coomer, Stillwell, & Cate, 2006; Jimenez & Abreu, 2003; Lonsway & Fitzgerald, 1994; McMullin & White, 2006). Griffin (1971) distinguished rape as the “all-American crime,” positing “forcible rape is the most frequently committed violent crime in America...” (p. 27). Unfortunately, there is statistical evidence to suggest that most rapes in the United States go unpunished (Sinclair & Bourne, 1998). According to the National Violence Against Women Survey, 17.6 percent of adult women experienced a completed or attempted rape during a lifetime (Tjaden & Thoennes, 2000). As victims often do not report sexual assaults, there is no accurate method to identify the number of rapes or other sexual offenses occurring each year (McGregor, 2005). Among the first to examine victim behavior following an assault, Burt (1980) contends that the underreporting of these crimes is not surprising given that victims are often re-victimized when they are forced to endure the investigation of allegations and subsequent prosecution of the perpetrator. Societal attitudes toward sexual violence and victims of sexual assault may also influence not only reporting of such crimes but may have an impact on victims’ psychological states after the sexual assaults (Lee et al., 2005; Withey, 2007).

Despite legal reform, educational efforts, and the increased public attention sexual violence has garnered in the last three decades, little is known regarding the initial and possible lasting effects rape and other forms of sexual violence can have on a woman’s psychological adjustment to the experience (Sable et al., 2006; Wyatt, Notgrass, & Newcomb, 1990). There is research to suggest that the effects of sexual violence differ from other violent crimes in terms of psychological impact on a victim and societal reactions to the event (Frese, Moya, & Megias, 2004; Meyer & Taylor, 1986; Starzynski, Ullman, Filipas, & Townsend, 2005). Sexual victimization, “unlike other crimes, involves not only victimization but also attitudes toward sex-role behavior and sexuality. Therefore, ... attitudes

toward traditional sex roles might influence ... perceptions and attitudes about the crime of rape” (Olsen-Fulero & Fulero, 1997, p. 407). The victim’s personal characteristics coupled with multiple external factors make it virtually impossible to predict how an individual might react following a sexual assault. As such, this monograph will explore different psychological (e.g., depression, anger, or anxiety) and behavioral responses (e.g., not fighting back during a rape, continuing to date an assailant, or not reporting the sexual assault until months later) to sexual violence and why these responses appear to be “counterintuitive” to the general public. The term “counterintuitive” is used to explain how a juror may perceive a victim’s behavior and not the behavior itself. For local and state prosecutors involved in sexual assault cases, it is important to remember that labeling these certain victim behaviors for members of a jury as “counterintuitive” reinforces the notion that there is an appropriate or “normal” way to behave after a sexual assault and that anything outside the realm of a pre-supposed reaction is somehow inappropriate or abnormal.

COPING WITH SEXUAL VICTIMIZATION

Sexual assault victims frequently experience negative and often long-term psychological and physical consequences following the event (Castello et al., 2006; Kaltman, Krupnick, Stockton, Hooper, & Green, 2005; White Kress, Trippany, & Nolan, 2003; Littleton & Radecki Breitkopf, 2006; Meyer & Taylor, 1986; Sturza & Campbell, 2005). McGregor (2005) contends that women often try to cope with sexual assault without assistance out of fear that the criminal justice system will not believe the victim or blame the victim for the assault (i.e., she was responsible for what happened and therefore could have controlled it). In the last three decades, an emphasis on legal reform has helped to reduce psychological and system barriers that traditionally discouraged victims of sexual assault from reporting (Sable et al., 2006). Public education focusing on rape awareness assisted victims by highlighting the perpetrator's behavior and not the behavior of the victim. The movement in supporting victims of sexual victimization was also strengthened by legal reform to extend the definitions of rape and sexual assault. In most states, sexual victimization laws are now gender and relationship neutral (Sable et al., 2006). Despite changes in public attitudes and legal reform, victims still face obstacles in coming forward to report crimes of sexual victimization. Gaines (1997) notes, it is easier to augment or change laws than it is to change prejudices. Studies exploring the dynamics surrounding sexual assault victims suggest that "something unique about how society perceives sexual assault may lead people to make negative responses to women disclosing these experiences" (Starzynski et al., 2005, p. 418). The intensity of psychological trauma for a victim may vary according to how society reacts to the victim (Lee et al., 2005). As a result, victims often strive to cope with the experience of sexual victimization without legal, medical, or mental health support (Wyatt, et al., 1990).

Although many victims report distinctive psychological post-rape responses such as heightened fear, avoidance, re-experiencing the traumatic event, and anxious arousal, not all victims will have these specific post-rape reactions. Of those that do experience these reactions the frequency and duration may vary considerably from victim to victim (Foa & Riggs, 1995;

Frazier, 1990; Valentiner, Foa, Riggs, Gershuny, 1996; Wyatt, et al., 1990). However, White Kress and colleagues (2003) argue that it is important to identify and assess the severity of reactions to sexual victimization as this process can ultimately assist in determining an appropriate intervention path toward recovery for victims. As a result, Levin (2004) compiled a list of common physical and emotional responses to trauma. These physical and emotional reactions include:

Physical Reactions

- Aches and pains like head, back, and/or stomach aches
- Sudden sweating and/or heart palpitations (fluttering)
- Changes in sleep patterns, appetite, interest in sex
- Constipation or diarrhea
- Easily startled by noises or unexpected touch
- More susceptible to colds or illnesses
- Increased use in alcohol or other drugs and/or overeating

Emotional Reactions

- Shock and/or disbelief
- Fear and/or anxiety
- Grief, disorientation, denial
- Hyper-alertness or vigilance
- Irritability, restlessness, outbursts of anger or rage
- Emotional mood swings (e.g., crying then laughing)
- Worrying or ruminating (i.e., intrusive thoughts of the trauma)
- Nightmares
- Flashbacks (i.e., feeling as if the trauma is currently happening)
- Feelings of helplessness, panic, feeling out of control
- Increased need to control everyday experiences
- Minimizing the experience
- Attempts to avoid anything associated with the trauma
- Tendency to isolate oneself
- Feelings of detachment
- Concern with burdening others with problems
- Emotional numbing or restricted range of feelings

- Difficulty trusting and/or feelings of betrayal
- Difficulty concentrating or remembering
- Feelings of self-blame and/or guilt
- Shame
- Diminished interest in everyday activities or depression
- Unpleasant past memories resurfacing
- Loss of a sense of order or fairness in the world; expectation of doom and fear of the future

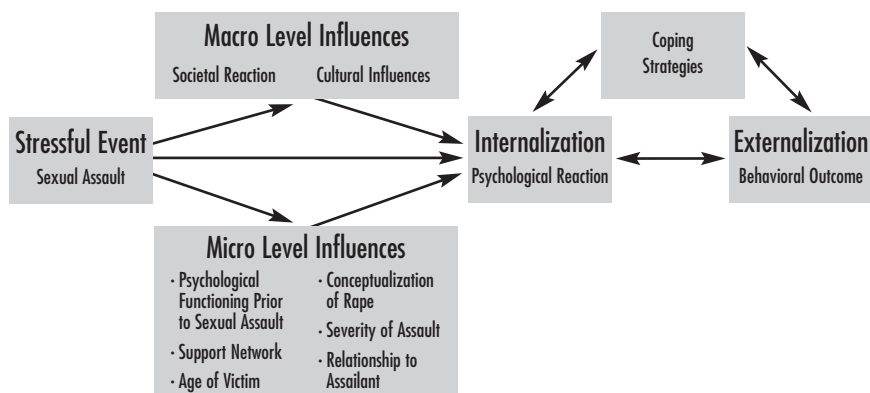
Although it is important to identify common reactions to a traumatic event, “there is tremendous variability in the extent to which women are affected” (Frazier, 2000, p. 204). Different psychological responses manifest different behavioral patterns or coping strategies for each survivor of sexual assault. In addition, external factors such as victim social support network, severity of the assault, or a victim’s relationship to the assailant may also have an impact on a victim’s psychological functioning after a sexual assault (Littleton & Radecki Breitkopf, 2006; Wyatt, et al., 1990). A complex combination of individual characteristics and external factors influence how a woman will react to sexual victimization.

EXPLAINING VARIABILITY IN VICTIM RESPONSES

Littleton and colleagues (2006) report that sexual assault victims engage in “fairly extensive coping efforts in managing the assault” (p. 770). Yet, there is a paucity of research that explores what factors curtail or intensify the most traumatic aspects of sexual victimization (Koss & Burkhardt, 1989). Given the number of potential influences on a victim’s response following a sexual assault, no comprehensive model of coping among sexual assault victims exists (Littleton & Radecki Breitkopf, 2006). Frazier and Burnett (1994) surmise that the most common coping strategies for victims are difficult to assess because researchers define and measure “coping” differently across studies.

Factors such as past life experiences, developmental level, spiritual beliefs, social support systems, content and intensity of the event and genetic predisposition may all influence a victim’s reaction to sexual assault (James & Gilliland, 2001; Regehr, Cadell, & Jansen, 1999 as cited in White Kress et al., 2003). In addition, Starzynski and colleagues (2005) found that “women who felt their lives were in danger often developed more severe psychological symptomology like post-traumatic stress disorder...” (p. 429). Figure 1 below represents the multiple factors that can effect how a sexual assault survivor may react or cope with the victimization.

Figure 1: Internal and External Factors that Impact Coping Strategies of Sexual Assault Survivors



Macro Level Influences on Coping

Once the sexual assault has occurred, multiple micro and macro level factors influence the victim's psychological reactions (e.g., depression, anxiety, and/or anger) and thus impact the victim's coping strategy. Research conducted in the sociology of emotions offers a unique perspective on why some women cope with sexual victimization in seemingly adaptive ways while others do not. Macro level influences on a sexual assault victim denote factors outside the individual that include such things as societal or cultural reactions to sexual victimization. It may be difficult to imagine that societal reactions to a sexual assault victim may have an impact on how well that particular survivor will adjust psychologically following the rape (Castello et al., 2006; Lee et al, 2005; Ullman & Filipas, 2001). According to Turner and Stets (2005), authors of the book entitled *Sociology of Emotions*, one psycho-social approach to emotions and subsequent behavior is based on the idea that cultural norms and social interactions guide human behavior. In other words, individuals react to situations and other individuals based on cultural ideas and normative expectation of what is anticipated in a particular instance. For example, behavior at a funeral tends to be more sorrowful than at a wedding. With this example, behavior is dictated by what is socially or culturally accepted or appropriate for the particular situation. Turner and Stets conclude, "when emotions reveal conformity [all individuals reacting in the same manner], action is given moral character, which, in turn, reinforces the structure not only of the local situation, but also of society as a whole" (p. 48, brackets added). Individuals learn how to behave through social interactions with family members and other individuals in society. When individual behavior does not match culturally determined ideas of how one is supposed to act, individuals are often not looked upon favorably and even shunned. This is often the case with sexual assault survivors. Victims are often caught between societal expectations regarding the attack and personal feelings in an attempt to cope with the experience.

In general, society expects victims to display certain behaviors following the attack (e.g., report the attack, stop dating the assailant). Local and state prosecutors know far too well that victim behavior does not always

“make sense” or conform to these expectations. In describing this phenomenon, Gentile Long (n.d.) explains, “certain behaviors are counterintuitive to the type of behavior the public would expect from a ‘real victim’ and, without explanation, [these behaviors] are easily transformed into reasons to doubt the victim’s account of the assault” (p. 2, brackets added). In other words, when societal expectations regarding the attack are not met, the victim’s behavior is often re-examined to fit within another scenario that makes more sense. For example, there is research to suggest that women, for various reasons, often delay in reporting sexual victimization. This victim behavior is frequently misconstrued and interpreted as the victim is not being truthful and is lying about the attack.

To change feelings regarding an event in which an individual must fit within normative expectations, individuals often engage in emotion management. To alter feelings, Thoits (1985, 1990 as cited in Turner & Stets, 2005) insists that individuals often manipulate inner experiences in order to feel differently regarding an event. In attempting to alter one’s emotions, Thoits hypothesized that:

individuals often seek to manage their emotions. The emotion management that ensues, or what she alternatively labels as coping, is an attempt to bring one’s subjective emotional experience into line with normative requirements of the situation...To feel the way one *should* feel in a situation, people can manipulate the situation behaviorally or cognitively. In behavioral manipulation, one directly changes an undesired emotional state either through approach strategies (take direct action or confront the situation) or avoidance strategies (leave the situation, use drugs or alcohol)...Cognitive manipulation involves responding mentally in the situation by changing the *meaning* of the situation to better coincide with how one should feel (reinterpret the situation, psychologically withdraw).... (p. 52 & 53)

As there is nothing normative about being sexually victimized, there cannot be a “normal” reaction to such a traumatic event. Victims are caught between societal expectations and personal feelings in an attempt to cope with the experience. Victims typically try to normalize the situation because it is outside the realm of “normal” understanding. White Kress

and colleagues (2003) describe what some victims endure following a sexual assault when trying to ascribe meaning to the event.

The person is unable to effectively answer questions regarding how and why the event happened and what meaning and implications the event has for a person's life. This disequilibrium causes the person to experience a sense of crisis that lasts as long as the person needs to organize and develop a coherent meaning system in relation to the assault. (p. 125)

It is during this time of disequilibrium that a victim's reactions may not make sense to most individuals. In attempting to understand victim reactions, research conducted by Burgess and Holmstrom (1974), Petter and Whitehill (1998) suggest that victims of sexual assault may progress through two distinct phases, each phase varies in degree of severity based on the individual victim: "Phase 1, representing the *acute phase* and initial reactions to the traumatic event, and Phase 2 [or the] *reorganization phase*, involving the psychological adjustment, integration, and ultimate recovery from the traumatic event" (as cited in White Kress et al., 2003, p.125, brackets added). In attempting to adjust or find meaning in the traumatic event, victim behavior may vary considerably from person to person. In addition, responses may also be varied when compared across different racial and ethnic minority groups.

Micro Level Influences on Coping

Micro level influences on a victim's coping strategies represent factors internal to the individual. For example, adjusting to a sexual assault may be affected by a victim's level of mental health functioning or perception of self prior to the assault. Gamper (2004) explains that overt behavior results from individual attitudes or beliefs held about one's self. Specifically, "it is generally accepted that an individual's self-perception [assessment of the self] often provides the catalyst from which overt behavior ensues" (p.133, brackets added). Additionally, there is research to suggest that victims who experienced prior mental health problems (Frazier, 2003) and prior victimization such as child physical and/or sexual abuse (Nishith, Mechanic, & Resick, 2000) experienced more severe

post-rape responses. In fact, Kaltman et al., (2005) concluded that victims who experienced a sexual assault during adolescence or a re-victimization were at greatest risk for developing psychopathology, poor social adjustment, and engaging in risky sexual behaviors.

Attribution of blame for the sexual assault is also an internal mechanism many victims contemplate after the assault. Starzynski and colleagues (2005) state, “women respond in a variety of ways to sexual assault experiences including how they attribute blame for the assault and how they cope with its aftermath” (p. 418 & 419). It is not uncommon for victims to blame themselves for the assault and not the perpetrator. Janoff-Bulman (1979), asserts that self-blaming strategies should be separated into two distinct categories, *behavioral* and *characterological self-blame*. She contends that *behavioral self-blame* can result when a victim assigns personal responsibility for her sexual victimization to her own modifiable behaviors (e.g., not being more cautious while walking at night, excessive drinking). In *characterological self-blame*, the victim focuses on personal character flaws as the reason for her assault (e.g., I am too gullible or I should have known better). Janoff-Bulman believed that behavioral self-blame was associated with more adaptive post-rape coping strategies than victim coping based on characterological self-blame. However, Meyer and Taylor (1986) challenged this notion and found evidence to suggest that no form of self-blame led to adaptive responses to sexual victimization. In fact, “behavioral self-blame was associated with sexual dissatisfaction and symptoms of depression, whereas characterological self-blame was associated with high levels of fear and symptoms of depression” (p. 1232). Frazier (2000) also argues that all types of attribution (i.e., self-blame, as well as external-blame focusing on why the assault occurred) are associated with higher levels of problematic behaviors. Additionally, Frese and colleagues (2004) postulate that trauma-related guilt was associated with post-traumatic stress disorder, depression, negative self-esteem, feelings of shame, social anxiety, and suicidal ideation.

An additional micro level factor that may influence victim coping strategies is a supportive social network. Unfortunately, “negative social reactions to initial disclosure may discourage subsequent disclosures and further traumatize the survivor” (Starzynski et al., 2005, p. 418). Although

social support network may also be a macro level influence, social network in this example represents the effects of interpersonal relationships (e.g., family or friends) and how these relationships can assist in the disclosure of the sexual assault in terms of helping the victim come to terms with the magnitude of what has occurred. Wyatt and colleagues (1990) posit that supportive care from families and/or friends may “facilitate the victim’s understanding of her sexual assault. If victims do not disclose their assault to anyone, support systems are prevented from helping survivors deal with the trauma” (p. 156). These researchers also determined that age of the victim might also contribute to difficulty in coping with the sexual assault. In this study there was evidence to suggest that women aged 27–36 whose victimization was recent were most at-risk for pervasive effects regarding post-rape adjustment. Specifically, women in this age group engaged in self-blame that perpetuated non-disclosure. Unfortunately, this pattern of non-disclosure could make it difficult for women who do not seek formal or professional assistance to cope with sexual assault and rely exclusively on family and friends.

A victim’s acknowledgement of the sexual assault may also be a micro level factor that influences coping. Specifically, how a victim defines the sexual assault experience can be critical in coping and recovering (Littleton et al., 2006; Littleton & Radecki Breitkopf, 2006). For example, many victims of acquaintance or date rape do not conceptualize or acknowledge the assault as “rape” and therefore do not report the crime to the police (Layman, Gidycz, & Lynn, 1996; McGregor, 2005; Warshaw, 1988, 1994). Koss (1985) examined this phenomenon to assess what factors differentiate acknowledged rape victims from unacknowledged rape victims. In this study, Koss defined an *unacknowledged rape* victim as “a woman who experienced sexual assault that would legally qualify as rape but who does not conceptualize herself as a rape victim” (p. 195). A majority of unacknowledged rape victims were acquainted with and had previous sexual contact with the assailant. Unacknowledged rape victims often do not label the sexual assault as “rape” but use much more benign labels (e.g., just a miscommunication) to describe the experience (Littleton et al., 2006). It is therefore understandable why a woman who defines her experience as rape would consider the event a more serious stressor than would a victim that did not (Littleton et al., 2006).

Similar to Koss (1985), Layman et al., (1996) concluded that acknowledged rape victims were more likely to classify their assaults as being more forceful in that these victims resisted more and made refusal of sexual advances clear to the perpetrator. Acknowledged rape victims were also more likely to press charges against the assailant and had higher levels of post-traumatic stress disorder and stress related to the rape. Moreover, Layman and colleagues concluded that a majority of rape victims maintained a relationship with their attacker and some continued to have sex with the perpetrator after the event. In fact, a large percentage of unacknowledged rape victims continued to have sex with the perpetrator, which supports the notion that not defining the sexual assault as rape may lead to future victimization (Layman et al., 1996). Research conducted by McMullin and White (2006) also concluded that women who experienced less physical injury as a result of the rape were less likely to acknowledge the experience as rape. They also found that women were more likely to label the event as rape when they reported not drinking prior to the experience. The idea of unacknowledged versus acknowledged rape victims could help to explain why some victims engage in seemingly counterintuitive behaviors and others do not. For example, for most individuals, it would not make sense to continue in a relationship with the perpetrator. For unacknowledged rape victims, this behavior seems reasonable because the victim does not conceptualize the sexual offense as such. Unfortunately, there is limited empirical data that compares coping strategies of unacknowledged and acknowledged rape victims (Littleton et al., 2006).

Internalization/Externalization: Psychological/Behavioral Reactions and the Effects on Coping

Internalizing all aspects of the sexual assault in context with multiple micro and macro level influences on the victim ultimately impacts a victim's coping following the assault. Psychological reactions to sexual victimization can be long-term, resulting in what many refer to as post-traumatic stress disorder. However, it is important to note that not all victims of sexual assault will reach the criteria to be clinically diagnosed as suffering from post-traumatic stress disorder and susceptibility may be contingent on the multiple factors already discussed (White Kress et al.,

2003). Internalization of the sexual assault, including how the victim interprets the experience, leads to different psychological symptoms (i.e., depression, anxiety, denial, or no reaction) which then manifests into different behaviors (i.e., promiscuity, excessive drinking, seeking professional assistance, working with other victims) for each survivor of sexual assault. Starzynski and colleagues (2005) contend that the combination of micro and macro level influences along with post-assault responses (psychological and behavioral) may each predict the kinds of support resources women seek in order to cope with the experience.

Coping Strategies after Sexual Victimization

Most individuals engage in coping strategies as a result of a stressful event. According to Holahan and Moos (1990), coping strategies seem to have greater significance for individuals in situations of high stress. Meyer and Taylor (1986) define coping behaviors as psychological and behavioral activities that a survivor may employ to “master, reduce, or recover from characteristic symptoms of emotional distress that may develop after rape” (p.1226). Moreover, Frazier and Burnett (1994) define coping as “constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p. 141 as cited in Frazier & Burnett, 1994). Psychological and behavioral reactions that lead to a victim’s coping strategy are not mutually exclusive but part of a fluid dynamic that interacts and changes depending on the demand of the situation. Different stressful situations require different coping strategies for successful resolution (Valentiner, et al., 1996). This is especially important to note as victim reactions are often scrutinized because of the variability in behaviors. For example, a victim might appear very attentive and cognizant at one point in time and then appear apprehensive or preoccupied at another, leading some observers to question the credibility of the victim. Additionally, Valentiner and colleagues (1996) examined responses to sexual victimization to determine what factors influence the process of coping. These authors contend that, “coping behaviors affect mental health outcomes [and] distress often increases coping efforts” (p. 458, brackets added). However their research could not determine the direction of causality between coping and psychological

adjustment. Based on their study, the relationship between psychological adjustment and coping appears to be cyclical in nature. Specifically, psychological adjustment to the sexual assault impacts a victim's coping strategy and conversely the coping strategy has an impact on a victim's psychological functioning.

Burgess and Holmstrom (1979) were among the first to examine coping behaviors among rape victims. They argued that women who consciously use coping strategies recovered more quickly from sexual victimization than victims who did not actively engage in coping strategies. Burgess and Holmstrom arranged coping behaviors into discrete categories that include:

Explanation (identifying a reason why the rape occurred), *minimization* (telling oneself that the rape was not really so terrifying), *suppression* (making a conscious effort to avoid thinking about the rape), *action* (keeping busy changing jobs, or moving), and *stress reduction* (using specific techniques such as meditation). Maladaptive coping patterns included decreased activity (not going out of the house), withdrawal from people, and substance abuse. (p. 1226, as cited in Meyer & Taylor, 1986)

Although there are multiple coping strategies (e.g., numbing, arousal, and intrusion) highlighted in the research literature, Littleton and Radecki Breitkopf (2006) conclude that there are two primary strategies individuals engage in when faced with a stressful experience: approach and avoidance coping. These researchers describe the two distinct coping strategies as follows:

Approach coping is chosen when the individual appraises the stressor as one for which she has sufficient coping resources and involves active strategies that are either focused on the problem at hand or the emotional reaction to the stressor. In contrast, when an individual appraises a stressor as one for which she does not have sufficient coping resources, she is likely to employ *avoidance strategies*, such as denying that the stressor exists, avoiding thinking about the stressor, and fantasizing. Extensive reliance on avoidance strategies has several negative effects. (p. 106, italicize added)

The results of their study add to the growing discussion regarding victim coping strategies. For example, they found evidence to suggest that victims who blame themselves for the rape are more vulnerable to maladaptive avoidance coping. Self-blaming cognitions appear more difficult to resolve, thus leading victims to rely on suppression or other avoidance strategies. In addition, victims experiencing less severe forms of physical force during the assault used more avoidance coping than those victims that did not experience any force at all. These researchers concluded that even mild forms of physical violence overwhelmed victims' coping resources and led victims to engage in more avoidance strategies. Based on the literature in victim coping strategies, it would appear as if the type of coping strategy employed by a victim following an assault may influence recovery and overall mental health functioning (Frazier & Burnett, 1994).

RAPE MYTH ACCEPTANCE

The idea of rape myths and how this concept impacts victims of sexual victimization could have been discussed under “Macro Level Influences” on victim coping. However, due to the enormity of this concept and potential detrimental effects for victims, this topic warrants a separate chapter for discussion. It has been postulated that a societal belief in rape myths perpetuates sexual victimization against women (Bohner, Jarvis, Eyssel, & Siebler, 2005). Rape myths were first suggested by Burt (1980) as “prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists” (p. 217). Some rape myths Burt identified included “only bad girls get raped,” “women ask for it,” and “rapists are sex-starved, insane, or both” (p. 217). In addition, Burt conceptualized rape myth acceptance as the amount of stereotypic ideas individuals possess regarding rape such as women often falsely accuse men of rape, rape is not harmful, women want or enjoy rape, or women cause or deserve rape by inappropriate or risky behavior (Burt, 1980 as cited in Frese et al., 2004). The common myth that only “certain women” are raped is unfounded and suggests that a particular kind of woman is “safe” and excluded from sexual victimization (Boesch, Sales, & Koss, 1998). Koss (1985) also explored rape myths and examined situational factors that appear to differentiate women who experience various levels of victimization. These factors include, “the relationship of the victim and offender,” “...violence of the assault,” “the resistance of the victim,” “emotional response of the victim,” and “sexual history of the victim” (p. 201). Specifically, Ben-David and Schneider (2005) highlight several of the more common rape myths that are summarized in the following table.

Rape Myth	Reality
Rape is primarily sexually motivated	Rape combines elements of power, anger, and sexuality
Rapists are primarily strangers	Most perpetrators are known to the victim
The victim did something to cause the rape	No behavior warrants a victim being raped; under no circumstance should a victim be blamed for her victimization
Victims experience less psychological trauma when raped by an acquaintance	There are no differences in victim psychological symptoms between acquaintance and stranger rape

According to Lonsway and Fitzgerald (1994), although Burt's definition of rape myths is descriptive, it lacks sufficient clarity for research purposes. A clear more comprehensive definition needed to be developed and used consistently in order to create a measurement tool to assess the validity of this concept. As a result, Lonsway and Fitzgerald defined rape myths as "attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women" (p. 134). Although rape myths have no factual basis in reality, many individuals in society still apply these antiquated fictitious ideas to victims of sexual victimization (Ben-David & Schneider, 2005; Lonsway & Fitzgerald, 1994; Sinclair & Bourne, 1998; Peterson & Muehlenhard, 2004; Withey, 2007).

Women alleging rape are typically looked upon with some degree of skepticism based on rape myths (Boeschen et al., 1998). In general, those "individuals subscribing to rape myth tend to believe that aggressors are not responsible for their actions and/or the victims are to blame for their predicament" (Sawyer, Thompson, & Chicorelli, 2002, p. 20). A preponderance of research suggests that men are more accepting of rape myths than are women (Lonsway & Fitzgerald, 1994). In fact, examining rape myth acceptance among intercollegiate student athletes, Sawyer and colleagues (2002) found that male athletes were significantly more likely than females to demonstrate a greater acceptance of rape myths. In their research, respondents, especially male athletes, reported that 50 percent of rapes were invented by women or that women often lied about being sexually victimized.

There is research to suggest that some women can also be susceptible to rape myth acceptance. Peterson and Muehlenhard (2004) conducted a study to investigate the role of rape myth acceptance in unacknowledged rapes. Participants in the study were mostly women who had reported on a questionnaire an experience that met the legal definition of rape. Interestingly, respondents "who believed that women who are sexually teasing deserve to be raped and who view their own behavior as sexually teasing were less likely than other participants to label their experiences as rape." In addition, "participants who believed that it is not really rape if a woman does not fight back and who did not fight back [during their

own experiences] were less likely than other participants to label their experiences as rape” (p. 140, brackets added). From the qualitative data collected, participants were reluctant to label their experiences as rape because “he thought I wanted to [have sex] by the way I was acting.” Another participant wrote, “I didn’t fight with him” (p. 140). Peterson and Muehlenhard also found that the type of sex women experienced related to rape acknowledgement. For example,

several participants explicitly rejected the label [of] rape because there was no penile penetration...one participant that reported nonconsensual penetration with a finger wrote “Rape is too strong because it wasn’t actually intercourse, but it definitely was penetration.” Another wrote “I wouldn’t say that I was raped because he only used his finger.” It is interesting that some participants did not count penile penetration as sex because of the brevity...one participant wrote “he didn’t force me to totally have sex. He inserted his penis into me once or twice but nothing else.” ...[Another] wrote “I don’t think it was rape because [the penetration] was such a short period of time and he finally did stop.” (p. 140 & 141, first and second brackets added)

Challenging rape myths is critical for both victims and society in general. Burkhart and Fromuth (1996) assert that unchallenged rape myths perpetuate feelings of guilt, shame and self-blaming tendencies for victims. Existing rape myths contribute to the meaning victims attach to their sexual victimization. Adamant refusal to accept these myths may help victims to assign their own meaning to the experience instead of society’s stereotypical ideas regarding rape.

It is important for local and state prosecutors to have some knowledge regarding the concept of rape myth acceptance as these myths can be shared by jurors and other professionals in the prosecution process (Withey, 2007). In exploring juror judgment in rape cases, Olsen-Fulero and Fulero (1997) contend:

... the juror in a rape trial is faced with the dilemma of determining the relative responsibility and veracity of the victim and the defendant. Because the facts of the case would rarely make such

judgments obvious, jurors must draw inferential conclusions about personal characteristics, events, and intentions. (p. 402)

Jury members are obviously a sample of a larger population and thus likely to reflect some stereotypical beliefs and attitudes regarding rape (Andrais, 1992). LaFree (1989) found that stereotypical myths regarding rape were correlated with a verdict more reliably than any objective evidence presented. Unfortunately, when a rape does not meet the stereotypical scenario or definition (i.e., deranged stranger, sudden violent attack at night, wielding a weapon, and penile/vaginal penetration), these rapes are often looked upon with more skepticism (Andrias, 1992; LaFree, 1989). Rape myth acceptance within juries is pervasive and appears to contribute to persistently low conviction rates (Sinclair & Bourne, 1998). Vidmar and Schuller (1989) suggest that there may be a number of areas where expert testimony could help jurors decipher information regarding victims of sexual victimization. For example, the average juror may have inadequate knowledge that predisposes him or her to be skeptical of complainant testimony in a trial involving a consent defense. Additionally, jurors may need further education regarding social and psychological contexts in which acquaintance rape may occur.

CONCLUSION

Sexual victimization is a pervasive social problem with devastating effects for victims and society in general. Although there have been great strides in the movement toward assisting victims of sexual assault, victims still face multiple barriers when coming forward to report victimization. Not only must the victim endure the actual sexual offense, unlike other crimes, victims are often re-victimized and are forced to endure societal reactions that often place blame for the crime on the victim. Sadly, a victim's psychological functioning following the assault may be intensified by societal reactions to her disclosure of rape. No individual can predict how a victim will respond to sexual victimization as multiple internal and external factors influence the victim's response. Although many victims report distinctive psychological post-rape responses these specific post-rape reactions vary in frequency and duration from victim to victim. Internalization of the sexual assault including how the victim interprets the experience leads to different psychological symptoms such as depression, anxiety, denial, or no reaction which then manifests into different behaviors for each survivor of sexual assault. It is important to repeat that the term "counterintuitive" refers to a juror's perception of a victim's behavior, not the behavior itself. Labeling a victim's response as "counterintuitive" strengthens the myth that all victims should react in the same manner or that there is a "normal" or "intuitive" way to react to sexual victimization. A victim's reaction may appear counterintuitive to the average person but her reaction is based on that particular victim's experiences. Although some coping strategies are more adaptive than others, all responses are justified in the mind of that particular victim. Research suggests that societal belief in rape myths perpetuates female sexual victimization. As a result, it is imperative for state and local prosecutors to be aware of rape myths and how juries may be influenced by these myths. A systemic approach to improving knowledge and altering attitudes regarding sexual offenses is needed. Specifically, education needs to focus on a woman's right to consent regardless of her behavior and the overall eradication of stereotypical beliefs regarding sexual victimization, victims, and perpetrators.

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