Adolescent Rape and Sexual Assault: The Invisible Epidemic -
Recognize and Respond Effectively

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Disclosure Statement
The following personal financial relationships with commercial interests relevant to this presentation existed in the past 12 months:

No relationships to disclose
Presentation Overview

- Define sexual assault – incidence/prevalence
- Child sexual abuse dynamics
- Myths and Facts
- Psychophysiology of trauma
- Alcohol and Sex- A dangerous mix
- Rape Trauma Syndrome -Common reactions of victims
- Medical and legal issues – mandated reporting for rape
- Helping skills – counseling with rape victims

Rape and Sexual Assault

- **What is sexual assault?**
  Sexual assault is any sexual activity that is against another person's will including: rape (attempted rape), sodomy/aggravated sodomy, child molestation, fondling, sexual harassment, indecent exposure, peeping toms, sexual battery.
- **What is Rape?**
  Rape is an act of violence in which sex is used as a weapon. Rape occurs when a person engages in sexual intercourse (oral, vaginal, anal) by forcible compulsion or with someone who is incapable of consent.
Rape Statistics

• Study interviewing 8000 women and 8000 men finds 1 in 6 women had experienced an attempted or completed rape:
  – At the time they were raped
    • 22% were under the age of twelve
    • 54% were under the age of eighteen
    • 83% were under the age of twenty-five
• In the same study 1 in 33 men had experienced sexual assault


Rape Statistics

• In the Rape in America Study, 60% of the women reported being raped were under the age of 18:
  29.3% were less than 11 yrs old
  32.3% were between 11-17 yrs old
  22.2% were between 18-24 yrs old
  7.1% were between 25-29 yrs old
  6.1% were older than 29 years of age
  3.0% age not available
Rape in America: A Report to the Nation, National Victim Center, 1992
Rape Statistics

- Youths 12 – 17 are two to three times more likely to be sexually assaulted than adults.

*National Crime Victimization Survey, 2000*

Dynamics of Child Sexual Abuse

- Engagement Phase
- Sexual Interaction Phase
- Secrecy Phase
- Disclosure Phase – Direct and Indirect (accidental, disguised, disclosed with strings)
- Suppression Phase
Rape and Sexual Assault

• Many children and adolescents are not aware that acts committed against them constitute rape or sexual assault.
• Warsaw –’I never called it Rape’
• Provide psycho-education for students about sexual violence

Myths and Facts

• Myth: Rapist are motivated by sexual lust and desire

• Fact: Rapists seek to control and overpower their victims and use sex as a weapon to do so. The seek to degrade and humiliate their victim.
Myths and Facts

• Myth: Rapists are “crazy” men

• Fact: Most sexual offenders are not mentally ill and lead ‘normal’ lives. Women also commit sexual offenses.

Myths and Facts

• Myth: Most rapes occur between strangers

• Fact: 82% of victims were raped by someone they knew, and 18% were raped by a stranger

*National Crime Victimization Survey, Bureau of Justice Statistics 1995*
Myths and Facts

- Myth: Some people ‘ask for it’ by the way they dress or behave

- Fact: No one deserves or wants to be raped. All persons have the right to their own judgment about what to wear, when to go out, and with whom to socialize.

Myth and facts

- Myth: Girls and women ‘cry rape’ and there is a much higher false reporting rate for sexual assault compared to other violent crimes.

- Fact: According to FBI, only 8% of rapes are classified as ‘unfounded’. Unfounded and false reports are not the same thing.
Myths and Facts

• Myth: If a boy experiences sexual arousal or orgasm from abuse, this means he was a willing participant or enjoyed it.

• Fact: In reality, males can respond physically to stimulation (get an erection) even in traumatic or painful sexual situations.

Myths and Facts

• Myth: ‘The Vampire Syndrome’: Boys who are sexually abused will go on to become rapists.

• Fact: While it is true most perpetrators have histories of sexual abuse, it is NOT true that most victims go on to become perpetrators.
Myths and Facts

- **Myth:** If a victim does not fight back it is not considered rape
- **Fact:** State laws recognize rape even when a victim does not fight back.

Fright 101
Rothschild 2000

- **Limbic system** – regulates survival behaviors and emotional expression
  - Tasks – eating, sexual reproduction, and the instinctive defenses of fight and flight
  - Memory processing
• ANS – Autonomic Nervous System
  – Regulates smooth muscles and other viscera such as the heart and circulatory system, kidneys, lungs, intestines, bladder, bowels, pupils.
• Two branches
  – SNS – Sympathetic branch
  – PNS – Parasympathetic branch

• Appraisal of risk
  – Amygdala, hippocampus and frontal cortex
• Hypothalamus
  – Corticotropin Releasing Factor (CRF)
Fright 101
Rothschild 2000

- Pituitary Gland
  - Adrenocorticotropic hormone (ACTH)

- Adrenal Glands
  - Adrenaline, Cortisol

Hypothalamic-pituitary-adrenal axis (HPA axis)

- Rachel Yehuda (Yehuda et al., 1990) – Pioneered the discovery that with people who have PTSD the adrenal glands do not release enough cortisol to halt the alarm reaction
- While low cortisol levels are documented in PTSD, their cause is still in question
Fright 101
Rothschild 2000

• HPA – cont..
• Fight or Flight or Freeze – Automatic survival actions
• Limbic system can simultaneously activate the PNS, causing a state of freezing called ‘tonic immobility’ – like a mouse going dead when caught by a cat, or stiff, like a deer caught in the headlights (Gallup &Maser, 1977)

Fright 101
Rothschild 2000

• Freeze cont…
• May increase chance of survival
• Implication for victims of violence
  – Limbic system responses are instantaneous instinctive responses to a threat
  – They are not carefully chosen by conscious calculation and rational thought
Myths and Facts

• Myth: If the victim or perpetrator is under the influence of drugs or alcohol it is not considered rape.

• Fact: It is illegal to have sexual intercourse with someone who is intoxicated and/or passed out. Consent is the issue. Being drunk is not a legal defense for committing a crime.

Alcohol and Sex

• Alcohol and sex: A dangerous mix
  – Drinking alcohol makes it harder to think clearly and read social cues of danger
  – Alcohol is typically used as an excuse in our society
  – Dangerous stereotypes
  – Reduces ability to defend self effectively
  – Alcohol is #1 date rape drug used
Rape Trauma Syndrome

- Rape Trauma Syndrome – 1974 Burgess/Holmstrom
  - Acute phase – expressed style or controlled style
  - Re-organizational Phase – attempts to ‘get on with life’, victim may minimize assault or appear detached from it, do not push survivor out of this phase
  - Recurrence Phase – often brought about by a trigger, may start having nightmares again, flashbacks, preoccupation with the event of the assault. Victims often seek help in this phase
  - Self blame is very common

Common reaction of rape victims

- Victims of sexual assault are:
  - 3 times more likely to suffer from depression.
  - 6 times more likely to suffer from post-traumatic stress disorder.
  - 13 times more likely to abuse alcohol.
  - 26 times more likely to abuse drugs.
  - 4 times more likely to contemplate suicide.

World Health Organization 2002
Common reaction of rape victims

- **Fear** – rapist returning, being alone, being killed, going to work, friends and family finding out, ‘going crazy’, pregnancy, STI’s/HIV….body not normal anymore
- **Responses** – Empathize with feeling, discuss security issues, talk about ‘loss of control’ feelings in temporary terms, assess support system

Common reaction of rape victims

- **Guilt** – I should/shouldn’t have done…worn…drank, it’s my fault, feeling dirty, depression (internalized anger), loving the rapist, not reporting to police…
- **Responses** – Rape is an act of violence and it is never the victims fault, validate survival skills, educate about rape myths, highlight fact perp is responsible for assault…don’t wrestle self blame away immediately following the victimization
Common reaction of rape victims

• **Anger** – Often internalized and not externalized at first, may be displaced, or directed at rapist ‘I want to kill him’, may attempt to confront rapist, driven to report assault

• Responses – validate and affirm right to be angry, educate about myths, help direct anger for assault onto rapist, help channel anger into action

General Counseling Guidelines

• The most important thing you can do is listen in ways that validate his/her feelings and let them know they are understood and cared for, don’t insist victim talk about details but let them know you are there for them if they want to discuss details of the assault.

• Key message – It’s not your fault, you are not alone, and help is available
General Counseling Guidelines

• Intensity of victims reactions depends on a lot of things…
  – How much violence she/he has experienced and is used to
  – How emotionally stable she/he was prior to assault
  – How much love and support she/he has from friends/family
  – How much she/he blames herself/himself
  – How others who know have reacted

General Counseling Guidelines

• Normalize reactions to assault and validate coping skills
• Educate about Rape Trauma Syndrome
• Don’t give advice, victim needs to take control of their life again and she is the one who must live with the consequences of her decisions
Secondary Victims

- Loved ones of survivors can exhibit many of the same symptoms as victims immediately following the assault.
- Help loved ones avoid the victim blaming ‘Why’ questions that are commonly asked.
- Assess for homicidal ideation.
- Educate about rape trauma syndrome.
- Link to resources in your community.

Legal Issues

- Rape is most underreported crime in U.S. with approx 16% of rapes being reported. *Rape in America* -1992
- Stranger rapes more commonly reported than acquaintance rapes.
- Rape is considered crime against the state and the victim will be called as a witness to the crime.
- Crime can be prosecuted in Criminal and Civil Courts.
Mandatory Reporters Include:

As mandated child abuse reporters it’s important you inform child you will need to report victimization.

• Social workers
• Teachers and other school personnel
• Physicians and other health-care workers
• Mental health professionals
• Childcare providers
• Medical examiners or coroners
• Law enforcement officers

Legal Issues

• Learn the age of consent in your state
• Contact your local child abuse agency and learn proper reporting policies in your area – such as interfamilial reporting vs. reporting third party assaults.
• Contact your local rape crisis center or contact RAINN – Rape Abuse Incest National Network 1-800-656-HOPE to become informed on rape victim advocacy and legal advocacy available in your area.
Medical Issues

• SANE- Sexual Assault Nurse Examiner - 72-hours following assault in Emergency Department
  – Important to address issues of injury both internal and external, STD/HIV prophylaxis, Plan B pregnancy prevention and to link with Rape Crisis support

Medical Issues

• Victims do not have to have insurance or pay for rape kits and do not have to commit to pressing charges at the time evidence is collected.
• Works to eliminate the he said/she said concerns victims have in coming forward
• CODIS –Combined DNA index system
Helping Skills

• Ask Open-Ended questions
  – How did you feel when he said that? (Open)
  – Were your frightened when he said that? (Closed)
• Use encouraging phrases
  – Um-hmmm, I see
• Paraphrasing
  – Victim – "I don’t know about my boyfriend. Sometimes he is really nice and understanding about the assault but the next minute he is a real jerk."
  – Sounds like he’s pretty inconsistent – Successful paraphrase
  – Sometimes he is a real jerk and you don’t understand this – Unsuccessful paraphrase – too general misses positive side

Helping Skills

• Reflecting feelings
  – Victim “After the assault my parents won’t let me go out to parties with friends and they always demand detailed descriptions of everything I do and who I did it with.”
  – Sounds like you are feeling really frustrated and angry and you feel like your parents don’t trust you anymore
• Probing
  – “When do you get these frightened feelings?”
Helping Skills

• Ownership – gets victim to own feelings instead of speaking abstractly
  – “Do YOU think that girls ask to be raped?”
  – “How do YOU feel about that?”

• Pointing out contradictions
  – You said your boyfriend is very supportive, but now you are telling me he told you it’s your fault because you didn’t fight back, help me understand this?

Helping Skills

• Silence – shows empathy and caring and puts responsibility on the victim
• Non-verbal behavior – when done well can show support and care for victim
• Touch – often not advised and if done must be sensitive and not to meet needs of counselor
• Self Disclosure – has potential to facilitate rapport but also has potential to complicate relationship…generally not advised
Helping Skills

• If you are a caring person you are qualified to help and support child and adolescent victims of sexual violence
• Know the laws in your state and become aware of community resources available for victims

I believe you, it’s not your fault, help is available.

Questions???

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