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ERRATA

p 34 Noted on page 34

p 48 Last paragraph, 2nd line - the average response should read the average score for each question

p 48 Last paragraph, 3rd line - Question 4's modal answer should read Question 3's modal score.

p 49 Results presented in Table 6 are based on transformed scores as described on page facing p 34 (scoring of RMAS).

p 54 Average score of 87.17 with a mean of 90 should read average score of 87.17 with a median of 90.

**EXPLORATORY RESEARCH INTO
THE SELF BLAMING RESPONSE BY RAPE VICTIMS
AND THE FEMINIST EXPLANATION
OF THIS RESPONSE**

**A thesis presented in partial fulfilment of the
requirements for the degree of Master of Arts
in Psychology, Massey University.**

Ali Maginness

1990

ABSTRACT

Following sexual assault, many women express some guilt or responsibility for their rape. This has been described as self blaming by various researchers. Two types of self blaming have been identified - behavioural and characterological. Functional theories describe behavioural self blaming as having a positive adaptive role for the victim, while feminist theorists describe self blaming as a product of women's socialisation. They maintain that self blaming is not functional, but that it serves to maintain and perpetuate a rape culture. The objective of this study was firstly to explore the self blaming response through a victim analogue study, and secondly, to examine the relationship between self blaming and the feminist explanation of self blaming. The results from the victim analogue part of the study indicate that self blaming is not purely a response to the trauma of rape. The two types of self blaming were not readily identifiable but appeared to merge into one combined grouping. A conceptual explanation for this lack of differentiation suggests that the two types of self blaming may not be mutually exclusive to each other as previously described. The second part of the study found relationships existed between rape myth acceptance and rape definition, stereotypical beliefs and sexual vulnerability. Self blaming was also significantly related to rape myth acceptance, and this was viewed as further support for the feminist theory.

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CHAPTER ONE

INTRODUCTION

The history of rape informs us that rape is no new human behaviour. Although rape is not known within the animal kingdom, evidence exists that men have raped women for thousands of years (Brownmiller, 1975). The Babylonians wrote laws on rape, and the ancient Greeks accepted rape and slavery of enemy women as one of the spoils of war. In Hampshire archeologists have found a sixth century grave of a young girl believed to have been raped (Chadwick and Wells, cited in Toner, 1982), and bride capture existed in England until as late as the fifteenth century (Brownmiller, 1974).

Rape was so common in 18th/19th century England that it was believed to be an "unavoidable travail of female life" (Clark, 1987, p 31), and rape continues to be more of a custom today than what we would care to believe. A recent London survey found that one woman in six had been raped, one woman in five had survived attempted rape and nearly one woman in three had been sexually assaulted (Hall, 1985). Slightly higher figures have been found in America using interview schedules (Russell, 1984) and questionnaire surveys (Koss and Burkhardt, 1989).

The history of the impact of rape on womankind throughout time has not been so faithfully recorded or researched (Clark and Lewis, 1977; Burgess and Holmstrom, 1974). Historical accounts cite that Eleanor of Acquitaine in the twelfth century feared rape (Brownmiller, 1975), but there is a dearth of information before and after this recording. Clark (1987), a contemporary researcher investigating rape in 18th/19th century England, found women continued to fear rape about the time of the Industrial Revolution. Evidence indicates that during this period women expressed feelings of shame and humiliation after being raped, and that legal

confusion and ambivalence often denied them access to retribution. Social attitudes to women who had been raped, and the taboo nature of sexual matters contributed to rape being suffered as a private trauma. Clark (1987) describes the anguish of raped women in the 18th/19th century as being compounded by their sexual ignorance and their inability to find words to express their feelings.

Clark's archival research has revealed how women felt following rape in the 18th and 19th century, but once again there is minimal information until present times. Very little was noted in the rape literature on the feelings and reactions of rape victims until feminists began to research and write from the victims' perspective in the 1960-70's (Clark and Lewis, 1977). Susan Griffin was one of the first feminists to challenge the basic assumptions dominating attitudes to rape victims (1971, cited in Clark and Lewis, 1977), followed closely by several other victim oriented analyses of rape (Brownmiller, 1975; Medea and Thompson, 1974; Clark and Lewis, 1977). The impact of rape on individual women was recognised as having specific symptomatology by Burgess and Holmstrom (1974), and from their studies the Rape Trauma Syndrome was conceived.

The Rape Trauma Syndrome is now a well researched phenomenon, and recognises behavioural, psychological and somatic reactions of the rape victim as an acute stress reaction to an experience which can be perceived as life threatening (Burgess and Holmstrom, 1974). Two phases are involved in the process of resolution - an acute phase of disorganization and a longer term phase of reorganization. The acute phase includes the impact reaction (including both expressive and controlled emotional styles), somatic reactions (tension, gastrointestinal irritability, genitourinary disturbance) and emotional reactions (a range of feelings from fear, humiliation, anger and revenge to self blame). These symptoms may present in the first weeks following a rape. The long term process of coping and reorganization involves an increase in motor activity (such as changing

homes, locks, telephone numbers and searching for support), possible development of a phobia to one or more of the circumstances of the rape, and nightmares. This phase does not have a distinct time frame, but is dependent on various factors concerning the individual and her coping behaviour. These factors can include previous coping skills, pre-existing life stresses, how she was treated by others following the rape, her social support systems and the intensity and details of the rape (Pow, 1986).

Residual effects of the rape tend to be psychological. Stone, Barrington and Bevan (1983) found rape victims perceived the sexual connotations of rape as humiliating, degrading and invasive of their deepest sense of privacy. The victims of this study described the destructive and crippling results of rape as being the emotional and mental consequences, one woman commenting that "rape is an act which 'goes on in the mind'" (Stone et al, 1983, p103). Psychological problems frequently reported by rape victims include depression, anxiety, phobias, sexual dysfunction and somatic symptoms (Pow, 1986; Ellis, 1983; Matlin, 1987). Long term follow-up studies have found that 40% of rape victims continue to be troubled with sexual and social dysfunction, fear of being alone and depression 12 to 30 months post assault (Nadelson et al, 1982), and that 31-48% of raped women eventually seek psychotherapy (Koss, in press, cited in Koss and Burkhart, 1989).

Rape can have serious consequences for the victims, and these consequences can be both far reaching and debilitating affecting every aspect of a woman's life. Despite the title of the Rape Trauma Syndrome, responses to rape are not systematic and ordered. They are both individual and personal as the woman strives to resolve her experience and restore her feelings of bodily integrity. Following rape, the victim is sensitive to feelings of vulnerability, and often searches for a way to understand the rape experience. This can involve the process of attributing responsibility for the rape situation. During this process many women

tend to internalise and absorb responsibility for the rape onto themselves, a response called self blaming.

The response of self blaming will be examined in this study. The response itself, and it's relationship to the various concepts described in the feminist explanation of self blaming will be explored. The study itself involves a questionnaire looking at how women attribute responsibility for rape scenarios, and their attitudes/beliefs toward rape. Before examining the methods and results of the study, there will be further discussion on the response of self blaming and the problems associated with research in this area.

The thesis will initially discuss the concept of self blaming by rape victims, and this will take place in Chapter Two. This will involve a discussion on the self blaming response in terms of characteristics, incidence and theories explaining this response. The third chapter discusses the specific difficulties involved in researching rape, and/or the impact of rape. This also includes a brief discussion of the advantages and disadvantages of research methods in regard to rape research. Chapter Four identifies the objectives of the study, and discusses the rationale behind the method chosen. Following this the method is described in Chapter Five, and results are reported in Chapter Six. The final chapter discusses the study results in relation to what is already known about self blaming responses and the theories explaining this response. Suggestions for future research will be included and the implications of the present research will be discussed.