



From Masochists to Traumatized Victims: Psychiatry, Law, and the Feminist Anti-Rape Movement of the 1970s

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From Masochists to Traumatized Victims: Psychiatry, Law, and the Feminist Anti-Rape
Movement of the 1970s

A dissertation presented

by

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Abstract

This dissertation is a study of how the women's anti-rape movement of the 1970s transformed psychiatrists' and other experts' understandings of the psychology of rape victims. I start by using writing by psychiatrists, criminologists, and jurists to understand how gender inflected the way that psychiatrists understood rape in the mid-20th century, and trace how this knowledge was invoked by the legal system and other experts until the late 1960s. I then turn to the women's movement and how feminists developed a new consciousness about rape, and pushed back against psychiatric and legal expertise. I draw on interviews, feminist literature, and the records of rape crisis centers and other movement groups to track how radical feminists politicized the question of sexual violence, prompting a cultural redefinition of rape and creating a national network of rape crisis centers. These developments laid the groundwork for new models for understanding the psychological impact of rape, most notably Rape Trauma Syndrome. I end by looking at the impact that these developments had on the field of psychiatry by the end of the decade, including the significance of the inclusion of Rape Trauma Syndrome as a precursor to Post-Traumatic Stress Disorder.

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The Problem

In 1975, Berkeley sociologist Diana Russell published a book called *The Politics of Rape*, an interview-based, sociological study conducted through interviews with rape victims. In a chapter called “Psychiatrists, Husbands, and Others,” Russell included the story of a woman whom she called Mrs. White. A 38-year-old mother of four, White was married to an Air Force officer and was living in a small town in the Midwest. One night in the mid-1960s, she was driving home from the officer's club, where she had been playing bridge, when her car broke down. A man who initially appeared to want to help— and went so far as to drive her to a gas station to buy a can of gas— took her to a secluded location and raped her at knifepoint. When the man released her, she was able to drive away but got lost in unfamiliar surroundings. Finally she saw headlights in her rearview.

I was afraid it was the man coming to get me again, or maybe it was somebody else. I was hurt and so beaten, and I leaned on the horn with all my might and started screaming at the top of my lungs. I couldn't stop. I was hysterical. Just this awful scream.

And of all things, it was the police. I don't know what they were doing patrolling out there where I was, but I was so thankful. I thought, help at last! And I told them what had just taken place, and to please take me to the hospital, and that I was seriously wounded in a number of ways. They drove me to the hospital, to the emergency entrance, and I rode along with them sitting up and talking coherently. They were skeptical.

When asked how she knew that they were skeptical, she replied,

Their cross-questioning. They repeatedly asked, "What were you doing on the highway? Why were you out at eleven-thirty? Why would you let him in the car? Don't you know better than that? You look like a mature grown woman who should certainly know the facts of life. What were you doing out alone?"¹

Even though she was Caucasian, displayed obvious injuries as the result of physical struggle, was sober, had no drugs in her system, and had been raped by a man of lower socio-economic

¹ Russell, Diana E. H. *The Politics of Rape: The Victim's Perspective*. New York: Stein and Day, 1975.

status (making it less likely that they had interacted socially), the people White encountered as she sought help were roundly skeptical. Blood samples were taken at the hospital to test for narcotics and alcohol. Because she was the wife of an Air Force officer, the Office of Special Investigations (the law enforcement division of the Air Force) questioned her for several days. Ultimately she spent three days in intensive care at the hospital, during which she was questioned about what had happened.

It wasn't only law enforcement that was skeptical. "The first staff member who saw me was a psychiatrist," she recalled. "His first words were, 'Haven't you been rushing towards this very thing all your life?'" implying that she had attracted the rape. White recounted her shock at his statement: "He knew nothing about me, nothing!... He had just heard of the case. I was dumbfounded." Even with verification of her extensive injuries, "the psychiatrist said, 'You know, things don't just *happen*. You *make* them happen.'"

The views of the psychiatrist were not anomalous, but rather reflected commonly held psychiatric wisdom about rape in the 1960s: namely that women, being naturally masochistic, could attract or provoke sexual attack, possibly unconsciously, including from strangers. Theories about why this was the case varied, but the belief in women's masochism was pervasive in the mid-20th century among psychoanalytically-trained psychiatrists. Many of these theorists believed that a woman's innate masochism indicated that she was well-adjusted to her sex role in a patriarchal society; given the choices available to women, a willingness to self-sacrifice and enjoyment of humiliation and suffering meant that a woman was "well-adjusted" to her lot in life.² In the 1940s, the theory of feminine masochism was expanded by a female psychoanalyst, Helene Deutsch, who asserted that women had fantasies of being overpowered for sex. While she

² Helene Deutsch and Karen Horney, among others.

believed that women still had ego-protective mechanisms in place to keep a violent attack from happening, by the 1960s this qualification had receded, and psychiatrists began to assert that women's innate, unconscious masochism meant that they attracted rape, including attacks by strangers, whether they consciously knew this or not.

Ultimately, Mrs. White chose not to press charges, as many women did (and still do). For women of color, such pressures were compounded by experiences of police racism. For example, Russell also interviewed a 17-year-old black woman who had been raped by two white men, who "was too upset to describe the rapes except to say that immediately after being raped the feelings she experienced most acutely were embarrassment and shame." When asked whether she had reported what had happened, the woman responded, "No. I couldn't go to a white police station and tell the white pigs to look for some white men that raped me. A rape might seem like a trite experience in contrast to all the other injustices... Black women have been raped for a long time, but still I am very bitter about it."³

In the fraught and rapidly shifting cultural landscape of mid-20th century America, understandings of what we today call sexual violence changed in multiple ways. In the legal realm, early 20th century rape laws were paternalistic, aimed at protecting the virtue of women who were deemed to deserve chivalric protection. As sexual mores changed and women claimed more sexual freedom, confusion arose as to the role of the law in protecting them. A series of developments beginning in the 1930s led to a broad liberalization of sex laws in the 1950s—meaning that acts like adultery, non-coital sexual activity, and so on, were decriminalized. At the

³ Russell added, "Many black women have a very political perspective on white rapists, which adds to the trauma and makes it much harder for the victims to talk about their experiences."

same time, penalties for rape were relaxed. This happened concurrently with the rise of psychoanalytic psychiatry in the United States, and with it the emergence of ideas about women's innate masochism, which worked to cast doubt on the testimony of rape victims. Even when these ideas weren't imported explicitly into legal thinking, they were pervasive and had the effect of making rape even more difficult to prosecute than it previously had been.

Between the 1930s and the 1960s, a constellation of beliefs about sexual violence were codified into psychiatric and legal thinking, at the heart of which was a deep, abiding skepticism about victim testimony. Among them: that women were naturally masochistic, and relatedly, that they brought rape upon themselves; that rape was an extreme but normal manifestation of a human sexuality that was theorized to be naturally aggressive/passive along gendered lines; and that a healthy woman could resist an attacker if she fought hard enough (and if she didn't, this was taken as evidence that perhaps she wasn't so unwilling after all). Implicit in these legal and psychiatric writings was also the idea that women could only be appropriately sexual within certain bounds, and that straying outside of these bounds meant that they were less entitled to recourse and protection under the law. Things were different and in many ways more difficult for African American women, who had lived for much of American history outside of the protection of the law—if not explicitly because they were not covered by it as slaves, then because they were far more vulnerable than white women to being the targets of unpunished sexual violence at the hands of white men.

In the early 1970s, feminist activists began to draw attention to the dire situation faced by women who had been targeted for rape. Women reported being turned away by police, or worse, being subjected to prurient or hostile questioning about the attacks or their sexual histories. Rape

victims would endure long waits at hospitals for doctors who might be reluctant to examine them because of the possibility that they would have to testify in court. Because securing convictions was notoriously difficult, district attorneys were often reluctant to bring rape cases to trial, except in instances which fit the narrative of a “credible” rape. In short, victims faced a conglomeration of laws, psychoanalytic and criminological theories, and social codes, all of which cast doubt on the truthfulness of rape accusations.

In the early 1970s, anti-rape activists and newly-created rape crisis centers sought to mitigate the difficulties that women faced at the three main sites that they encountered when they sought help or reported men who raped them: in hospitals, when dealing with the police, and in courtrooms. As they did this, another shift occurred: these women became the new experts on the problem. As they worked with rape victims, put out newsletters, educated people in their communities, and spoke to the media, the psychological impact of rape on women became more widely understood. Rape crisis center activists also began training police, hospital staff, prosecutors and even mental health workers — an extraordinary development, since rape crisis counselors were lay activists, volunteers, and paraprofessionals who quickly became authorities on the impact of rape.

This dissertation historically documents these developments, which occurred at the intersection of psychiatry, sexual violence jurisprudence, and feminist activism in 20th century America. I use interviews, memoirs, and archival records to recover the work done by Second Wave feminists to provoke deep political, cultural, and legal change on the issue of sexual violence. Recovering work done by people on the margins to transform legal and psychiatric understandings of rape, this dissertation contributes to feminist scholarship on the history of sexual violence in the United States, work begun by feminist scholars like Susan Brownmiller,

Angela Davis, Susan Griffiths, bell hooks, Diana Russell, and continued today by writers like Danielle McGuire, Estelle Freedman, Catharine Jacquet, and Dawn Rae Flood.

Bound up closely in this history are questions of how citizenship, gender, and race inflect the way that sexual violence both occurs and is understood. Sexual violence largely happens across power lines, to people who are vulnerable. The effects of this violence are not only determined by what happens during the incident itself, but by what happens afterward. Who can access help? Whose suffering is readable and recognizable? Whose suffering matters? How does expertise—psychiatric, legal, and otherwise—contribute to how people understand this kind of violence, and even to their ability to understand it as violence? And how do these understandings contribute to the conditions that increase or mitigate vulnerability? Women's experiences ranged drastically, but in the mid 20th century, there was a trend toward disbelieving and disempowering women in a broad sense, supported by psychiatry and law. This made them more vulnerable to rape, and less able to access help or recourse in the aftermath. This vulnerability was augmented by beliefs that diminished the credibility of victims and overwrote their suffering with other narratives.

Feminist science studies scholars, including Helen Longino, Sandra Harding and Donna Haraway, have explored the implications of bringing diverse perspectives and practitioners into science. Beginning with the process of sitting down together and “rapping,” as the act of speaking from one’s own experience was called, radical feminists engaging in consciousness-raising quickly developed a new form of knowledge about sexual violence. Consciousness-raising inspired the first study of rape victims that considered them in their broader context and which was neutral on the question of victims’ complicity in the rape. Critiques came largely from outside of the field of psychiatry, first from feminists who used their own experiences to create a

base of knowledge about the problem of rape, and then from non-psychiatrists who studied the problem but were able to influence the field of psychiatry—most notably, by creating research on rape that was incorporated into the PTSD diagnosis in 1980.

In her 2007 book, *Epistemic Injustice: Power and the Ethics of Knowing*, philosopher Miranda Fricker produced a framework for analyzing the ethical wrongs done to individuals in their capacities as knowers.⁴ The first, testimonial injustice, refers to the discounting of a person's testimony by virtue of who they are, or due to their social location, such as their race, gender, or age. A second kind of epistemic injustice, hermeneutical injustice, refers to the paucity of shared resources for marginalized people to both understand and articulate their experiences. Fricker developed her definition of hermeneutical injustice using the example of workplace harassment, using a source that I also draw on, Susan Brownmiller's memoir of the radical feminist movement, *In Our Time*. Brownmiller describes how feminists had to develop new vocabulary to articulate sexual harassment in the workplace as a problem. Even though many women endured unwanted sexual attention from bosses and co-workers, it was easily dismissed as harmless flirtation. By giving sexual harassment a name, and by publicizing the harm it caused, feminists developed new hermeneutical resources to communicate about the problem. This redressed the epistemic injustice that existed when women, without a socially affirmed vocabulary, were unable to fully articulate the harms of their own experience to others, and even understand them themselves.

⁴ Fricker, Miranda. *Epistemic Injustice: Power and the Ethics of Knowing*. Oxford ; New York: Oxford University Press, 2007.

Before the articulation of Rape Trauma Syndrome in 1974, psychiatric literature concerned with the psychological aftermath of rape was sparse. Where it did exist, it was largely concerned with the woman's guilt or unconscious complicity in bringing rape about.⁵ These conditions created a severe form of hermeneutical injustice: active reinterpretation of women's experiences, in psychological terms, decidedly to her disadvantage— that is, something akin to gaslighting. In her 2014 article "Turning up the Lights on Gaslighting," Kate Abramson defines gaslighting a "a form of emotional manipulation in which the gaslighter tries (consciously or not) to induce in someone the sense that her reactions, perceptions, memories, and/or beliefs are not just mistaken, but utterly without grounds— paradigmatically, so unfounded as to qualify as crazy."⁶ This form of hermeneutical injustice, used to discredit women in the courtroom, was particularly pernicious because it perpetuated violence by removing disincentives to it, amplifying existing social and legal injustices.

Fricker defines hermeneutical injustice as a form of epistemic injustice "...wherein someone has a significant area of their social experience obscured from understanding owing to prejudicial flaws in shared resources for social interpretation." That is to say, there don't exist the interpretive resources for someone to fully articulate their experiences and to transmit that understanding to someone else. Before sexual harassment had a name, even violent or pervasive harassment could be, and often was, dismissed as harmless flirtation or a personal matter for which the workplace bore no responsibility. Fricker further elaborates on what she calls situated hermeneutical inequality, or "the prejudicial flaws in shared interpretive resources prevent the

⁵ See, for instance, Factor, M. "A Woman's Psychological Reaction to Attempted Rape." *Psychoanal Q.* 23 (1954): 243–44.

⁶ Abramson, Kate. "Turning up the Lights on Gaslighting." *Philosophical Perspectives* 28, no. 1 (December 1, 2014): 1–30. doi:10.1111/phpe.12046.

subject from making sense of an experience in which it is strongly in her interests to render intelligible." In the case of sexual violence in the mid-20th century, "real" rape was believed to happen rarely, if at all. The victim was seen as a malicious "prosecutrix," a false accuser, or someone whose psychology predisposed her to either lie or send out mixed messages that provoked sexual attack. The kind of scientized victim blaming that occurred in the 1960s served to obscure power relations and deeply discount the harmful effects of violence on vulnerable people.

This is a story of change, ultimately incomplete. Feminist responses to rape included advocating for important changes to law, proposing innovative redefinitions of the problem and reversing laws passed in the previous 15-20 years which had made prosecuting rape more difficult. Although this dissertation largely focuses on the 1970s movement against sexual violence, this was not the first anti-rape movement in the United States. African American women had been organizing on the issue since the 19th century. In the late 19th and early 20th century, rape was legible insofar as it was a violation of women's sexual purity, and the rape of black women was unreadable as such because they were presumed to have none. Enslaved black women were subject to sexual exploitation by white slaveowners, and until emancipation, rape of black women by black men was simply unrecognized under the law. After emancipation, black women were still presumed to be sexually available, but they were able to begin resisting since statutes in many states eliminated the provision that only the rape of white women was to be recognized under the law. Still, prosecutions were difficult to secure. Part of the problem, which the black clubwomen's movement sought to address in the late 19th century, was the presumption of immorality in black women (which had been part of the justification for excluding them from the white clubwomen's movement). These black female activists did

important work in changing the definition of rape, which in that period was still being referred to as “the Negro crime.”⁷ The close association between ideas that contributed to the vulnerability of black women to sexual attack and the presumption of rapaciousness in black men, two sides of the same coin, faded in the era during which the Civil Rights movement took place. One of the enduring tensions of the anti-rape movement of the 1970s, which persists to this day, was that in configuring the problem of rape as mostly one of gender, other factors that made women vulnerable, including race, were less legible and thus not consistently addressed in responses or reforms.

In Part 1 of this dissertation, I examine how the situation that I compare to gaslighting came to be. In Chapters 1 and 2, I introduce the challenge facing anti-rape feminists in the early 1970s. As laws punishing various sex acts were struck from the books beginning in the 1950s, the deepening influence of theories of women’s masochism in psychiatry and legal theory conspired to create a climate where the testimony of rape victims was taken with increasing skepticism.

In Part 2, I turn to the influence of feminist interventions against rape, including their work first pushing back against scientific expertise and then influencing its production. In Chapter 3, I describe the rise of the radical feminist movement, and the subsequent rise of the anti-rape movement in the 1970s. In Chapter 4, I document the development of rape crisis centers. These centers became authorities on the problem of rape and eventually exerted significant influence on police, hospitals, and prosecutors’ offices. Out of the feminist and rape crisis movements

⁷ For an excellent discussion of this, see chapters 4, 5, and 6 in Freedman, Estelle B. *Redefining Rape: Sexual Violence in the Era of Suffrage and Segregation*. Cambridge, Massachusetts: Harvard University Press, 2013.

emerged “Rape Trauma Syndrome,” the subject of Chapter 5, the first clinical diagnosis that accounted for the symptoms of rape victims. The researchers who conducted the study that led to the development of Rape Trauma Syndrome also created counseling protocols which definitively turned away from previous approaches grounded in the theory of masochism that focused on women’s psychology and its role in attracting rape.

The final part looks at the impact that these developments had both on the wider culture and on the creation of new scientific knowledge about rape. In Chapter 6, I look at changes in the wider cultural understanding of rape victimology that resulted from this feminist activism, including media narratives, mainstream books, important court cases, and laws. In Chapter 7, I examine the impact that these changes had on the profession of psychiatry by the late 1970s, including a development that would be highly consequential in the years to come: the inclusion of rape as a precursor to the new diagnosis of Post-Traumatic Stress Disorder.

The problem of the language available to us around sexual violence is a difficult one. So often the focus is put solely, and unfairly, on the victim of rape: her motives, her behavior, and her psychology, as opposed to the motives, behavior, and psychology of the perpetrator. Sentence constructions like "was raped," "the rape," or the unfathomable "her rape" render the perpetrator invisible, and shunt responsibility for what happened onto the victim. In some ways, this is sadly apt; once an act of violence is committed against a person, it becomes her problem, since it is largely she who has to deal with the aftermath: injury and the risk of disease and pregnancy, to say nothing of the difficulties that still come with reporting and trying to seek justice in the courts or the psychological aftermath of sexual assault.

In her insightful history *Rape in Chicago*, Dawn Rae Flood chooses to use the phrase "sexual attack" to describe the violence she analyzes: "I use the phrase ‘sexual attack’ rather than

‘sexual assault’ when referring to sexual violence more generally as the latter is a legal category that did not appear in Illinois law until 1984. The word ‘assault’ also downplays brutality: as the testimonies analyzed here often reveal high levels of violence, ‘sexual attack’ seemed a more appropriate choice."

Similarly, the words victim and survivor have largely become interchangeable, but both carry certain meanings and squeeze others out. To use the term survivor in a dissertation about the 1970s would be anachronistic. I use the term victim not only because it is the word my historical actors use, but also because there is still a lack of good vocabulary. The phrase "rape victim" also erases the perpetrator, albeit to a lesser degree than “rape survivor”— because the word victim at least implies that someone did the victimizing. The euphemistic way that much of our vocabulary treats the problem *is* a problem. By disrupting this language, including with intentionally awkward syntax, I aim to remind the reader that our discourse about sexual violence is still steeped in language that obscures the violent gender norms that contribute to its occurrence, and that with rape there is always a perpetrator who makes a risk calculation and exercises agency. For related reasons, when possible, I attempt to use direct quotations from victims, and choose not to describe incidents of sexual violence in detail, even when these details are present in my sources. My aim is to emphasize the context in which violence occurs, rather than the minutiae of the violent incidents themselves.

At its heart, this dissertation is an attempt to pry up the corner of the complex of beliefs about sexual violence that casts such violence as inevitable, part of human nature, or worse, part of the natural order of things. By showing how things have changed, even if incompletely, I aim to demonstrate that they can change. If they have already changed, then they can change again.

Part I: “You Can't Thread a Moving Needle”

In 1961, police found a white 16-year-old girl in the woods in PG County, Maryland. They had been alerted to search for her by her boyfriend (also white), who claimed that she had been taken into the woods by three young black men who had found the couple parked in a car by a lake. Police found the girl wearing only a blouse, and when questioned, she stated that yes, she had been raped. A search for the perpetrators ensued; when arrested, they claimed that while they had had intercourse with the girl, she had offered herself to them willingly. Additionally, they claimed that she told them that she'd been with over a dozen men that week, and that three more wouldn't make a difference, but if she was found out she would have to claim rape because she was on probation. The girl maintained that she had acquiesced out of fear, but that she had not put up physical or verbal resistance.

The two most famous defendants in the case, brothers James and John Giles, were tried and swiftly condemned to death by an all-white jury. Growing awareness of routine racial injustice in rape trials in Southern states brought attention and support to their case, and the brothers contacted the NAACP for help in appealing the verdict. As the case made the rounds through lower appeals courts, the Giles' breakthrough finally came when their defense argued that material and potentially exculpatory evidence about the girl's mental state had been improperly suppressed. The evidence included that the girl had been at a party one month after the incident, but before the case went to trial, where she had sex with two men. The next day, she overdosed on pills in a suicide attempt and was committed to a psychiatric ward, where she was diagnosed with “psychopathic personality.” The Giles' lawyer, Joseph Forer, claimed that evidence of the girl's troubled mental state and “sex history suggestive of nymphomania” had been withheld by the state, and that the Giles brothers had been denied a fair trial because of it.

The Giles' sentence was commuted to life in prison, and in 1967 the case was argued before the Maryland Supreme Court. The Supreme Court recommended in a 5-4 decision that the case be remanded to the Maryland court of appeals. Their accuser, married and pregnant by that time and living out of state, refused to show up for the trial, saying that she'd already been through the process five times. Her ex-boyfriend was also nowhere to be found. With no witnesses for the state, the Giles brothers were cleared of all charges.

While nymphomania was not the primary reason that the Maryland Supreme Court handed down its decision, the term figured prominently in Forer's defense strategy. During one of the appeals, Forer stated that "by definition, rape being intercourse against the will of the woman, it is virtually impossible to rape a nymphomaniac." The presiding judge replied that this did not mean that nymphomaniacs were fair game for rapists. Forer agreed that while nymphomaniacs, like prostitutes, were not fair game for rapists, the evidence was enough to cast doubt on the girl's credibility as a witness.¹

Giles v. Maryland was a vexing case that defied easy interpretation. The four judges who issued the minority opinion all believed that justice had been done, but the five who dissented in the majority opinion disagreed on why exactly it hadn't. The case was remanded back to the Maryland Appeals Court because the Giles' defense had successfully made the case that the accuser's sexual history "suggestive of nymphomania" was exculpatory evidence that had been unfairly withheld from the defense. Ultimately, the defense was successful because it was able to leverage skepticism about the victim's credibility— a common strategy, to be sure, and one

¹ Smith, Arthur Robert, and James V. Giles. *An American Rape: A True Account of the Giles-Johnson Case*. Washington: New Republic Book Co, 1975, pp. 231-33; Jacquet, Catherine O. "The Giles-Johnson Case and the Changing Politics of Sexual Violence in the 1960s United States." *Journal of Women's History* 25, no. 3 (2013): pp. 188-211; and Groneman, Carol. *Nymphomania: A History*. W. W. Norton & Company, 2001.

which increasingly drew on psychiatric expertise in the middle decades of the 20th century. The case played out against a backdrop of significant social change in the US; as the Civil Rights movement was gaining force, the routine, racialized injustice of rape trials in the American South came into sharp focus. By the 1960s, the so-called southern rape myth had yielded to the trope of the lying white woman, which was dramatized in Harper Lee's Pulitzer Prize-winning 1960 book *To Kill a Mockingbird*. The book was adapted into a highly successful film in 1962 and thrust the narrative of false accusation by white women into the public consciousness.

The two chapters in this section tell the story of how beliefs that produced skepticism of victim testimony were integrated into medical and legal thinking about sexual violence in the decades immediately prior to the 1960s. Not only did ideas that blurred the boundary between sex and rape affect how men and women related to one another, they also made prosecuting rape extraordinarily difficult. These chapters examine how legal scholars, psychiatrists, and experts in the emerging field of victimology theorized victims of sexual violence in the first half of the twentieth century, in the context of a number of important legal and cultural developments that significantly altered the landscape of the criminal justice system during that same period.

Chapter 1

Psychiatry, Civil Rights, and the Relaxation of Sex Crime Laws

Beginning in the 1950s, a push to relax laws that had criminalized practices like premarital sex, non-coital sexual activity, miscegenation, and other acts gained ground, spurred by two developments. First, a set of laws had been passed in a number of US states with the objective of identifying and removing deviant sex offenders from the streets. However, the basis for these laws was questionable, since they did not distinguish between dangerous offenders and those whose sexual practices were less harmful. The Kinsey studies, which found that people practiced a much wider range of sexual acts than had previously been believed, provided a scientific basis to strike down these laws. This broad relaxation of sex crime laws had another effect: women were more vulnerable as the chivalric notions of female protection that had previously guided rape laws no longer applied. Rape was conflated with sex and not understood to be traumatic in this period. The relaxation of sex crime laws coincided with other developments, including the Civil Rights movement and the movement to protect the rights of defendants. These changes this meant that black men were less likely to be unjustly accused of the rape of white women, but that rapists were far less likely to be held accountable for their actions.

Sex Panic: The Psychopathy Laws

Legal thinking about sexual violence in the early-to-mid 20th century had focused on the sexual psychopathy paradigm. Between the 1930s and the mid-1960s, a number of states passed laws that empowered police to arrest dangerous, pathological offenders—sexual psychopaths, or “constitutional psychopathic inferiors” as they were also called. The goal was to remand them to the care of psychiatrists in the hopes of either rehabilitating them or preventing future crimes by

removing them from the streets.¹ Many states adopted psychopathy laws in the wake of brutal, highly publicized sexual murders, a number of which involved children, during two big waves of sex crime panic which took place between 1937 and 1940, and (after a shift in focus during WWII where less attention was given to these issues in the media) between 1949 and 1955. Public awareness of violent sexual crimes increased as the issue was picked up and sensationalized in the news, particularly after WWII, leading to calls in the media for lynching, sterilization, or life imprisonment without parole for offenders. Local communities held meetings to determine how to respond to the problem.² Laws that enabled police to target and preemptively detain sexual psychopaths were quickly passed, often driven by widespread demand that something be done to put a stop to the apparent epidemic of violent, sexually-motivated crimes.³

By the 1930s, “psychopath” had gone from being a general term that indicated a person who exhibited social or moral deviance or abnormality that was not classifiable as insanity, to a term that signified abnormal sexual impulses, particularly those that were unusually strong, abnormal, or violent.⁴ In earlier uses of the word, psychopaths were either male or female, and had often showed a pattern of substance abuse, unstable work histories, recidivism, and in the case of females, sexual immorality. By the 1930s the term "sexual psychopath" largely indicated

¹ Lave, Tamara Rice. “Only Yesterday: The Rise and Fall of Twentieth Century Sexual Psychopath Laws.” *La. L. Rev.* 69 (2008): p. 549. Calls started with Mayor Fiorello LaGuardia in New York City in 1935; Michigan passed the first law; psychopathy laws passed in varying form in 26 states until 1967.

² *Ibid.*, p. 549.

³ Statistics from this period are notoriously unreliable. FBI Uniform Crime Report did report an increase, but it’s possible that this was in part because more police precincts opted in to report statistics. See Lave.

⁴ Freedman, Estelle B. *Feminism, Sexuality, and Politics: Essays by Estelle B. Freedman* (Gender & American Culture). Chapel Hill: University of North Carolina Press, 2006, p. 125.

male sexual deviants who were assumed to be “constitutionally impaired,” lacking control over their sexual impulses.⁵

By this period, texts by a number of European sexologists, including Richard Von Krafft-Ebing, had been translated into English and brought to America. The underlying logic in some (but not all) these works was that sexual activity that strayed from heterosexual, monogamous, procreative sex was somehow pathological—particularly for Krafft-Ebing, for whom the sex instinct existed purely for reproductive purposes: "With opportunity for the natural satisfaction of the sexual instinct," he wrote in the introduction to *Psychopathia Sexualis*, “every expression of it that does not correspond with the purpose of nature—i.e., propagation,—must be regarded as perverse.”⁶ Psychopathy laws relied on a generalized definition of deviance and made little distinction between various behaviors, intentions, and circumstances. Thus, men engaging in consensual homosexual activity with other men, fetishists, voyeurs, and other so-called nuisance offenders were classified together with sadistic, violent rapists and murderers. This resulted in serious consequences for people who committed less violent crimes but who were detained under the broadly-written laws. Many of those arrested were relatively minor, non-violent offenders, rather than rapists, child molesters, or those who committed sexualized murders.⁷

Under the prevailing nosology, relatively minor offenders were still categorized and treated as sexual psychopaths who had the potential to commit worse crimes in the future. The logic

⁵ Freedman, Estelle B. “‘Uncontrolled Desires’: The Response to the Sexual Psychopath, 1920-1960.” *The Journal of American History* 74, no. 1 (1987): 83–106.

⁶ Krafft-Ebing, Richard. *Psychopathia Sexualis*. Translated by Charles Gilbert Chaddock. F.A. Davis Company, 1894.

⁷ Freedman, *Feminism, Sexuality, and Politics: Essays. Gender & American Culture*, p. 125. Because of the looseness of the definition, they up being used to target others, including homosexual men engaging in consensual sex. Over the years, this ultimately highlighted their harmlessness relative to more violent offenders.

underlying the laws reflected assumptions incorporated into 19th century sexual science: that anything other than married, heterosexual, procreative sex was deviant, and that a minor offense was a gateway to committing dangerous and violent future crimes. It should be noted that the sexual psychopath label was applied mainly to white men. Black men in this period were still much more likely to be convicted for rape and sent to prison or given the death penalty than put into mental institutions— meaning that their actions were read as violence, whereas those of white men were framed as mental illness.⁸

A new faith in the power of psychiatrists to protect the public was a powerful driver of the laws, despite the fact that their ability to treat or reform these offenders had never been proven. In a widely cited 1948 *Saturday Evening Post* article called “What Can We Do About Sex Crimes?” journalist David Wittels wrote, “Fifty psychiatrists, backed by sensible laws, could do more to halt crime waves in a city like Chicago than 5000 extra policemen could.”⁹ This article, which appeared in a weekly general interest magazine that enjoyed wide readership in American middle-class homes until the 1950s, painted a particular picture of the problem—one in which “psychopathic personalities” or “constitutional psychopathic inferiors” were in actuality “moral cripple[s]” who could “easily be detected early in life by any psychiatrist.” Wittels continued,

No one knows or can even closely estimate how many such creatures there are, but at least tens of thousands of them are loose in this country today. They can tell the difference between right and wrong, but it makes no difference to them. They are not necessarily sex maniacs; they merely cannot control the dark impulses which are latent in all of us. But such creatures, neither sane nor insane, are responsible for most sex crimes. Until the laws are changed and some method is devised for the rigid control of constitutional psychopathic inferiors, dreadful sex killings will continue to be frequent.

⁸ Ibid., p. 132.

⁹ Lave, “Only Yesterday: The Rise and Fall of Twentieth Century Sexual Psychopath Laws,” p. 569, quoting David Wittels, “What Can We Do About Sex Crimes?” *Saturday Evening Post* 1948.

Alarmist rhetoric didn't only come from journalists.¹⁰ In 1947, *American Magazine* published a cover feature called "How Safe is Your Daughter?" by none other than FBI Director J. Edgar Hoover. Hoover argued that identifying and imprisoning "sex maniacs" and "sex fiends" was the key to protecting innocent women and children, based on the idea that "With few exceptions, long before a sex fiend reaches his eventual crime of violence there is ample evidence of his tendencies." Some of his suggestions were practical, like his insistence that realistic sex education would arm children with knowledge that would make them less vulnerable. He argued that authorities should be given increased powers to arrest and incarcerate, rather than placing "the advantage of this one individual over the protection of society"—a disregard for individual rights that would come under fire in the decades to follow. He argued that all sex criminals should be subjected to specialized psychiatric treatment. Tellingly, he gave no specifics on what this treatment looked like or about its effectiveness. Instead, like Wittels, he placed unquestioned trust in medical authority. "The release of a 17-year-old boy in New England over the objections of his own mother and father poses the serious question of whether parole and probation should be forever barred to persons convicted of sex offenses," he wrote, "until the members of a board of competent medical authorities are willing to certify that the wrongdoer has been under successful medical observation and treatment."

Following a panic that gripped Sioux City, Iowa in the wake of two child murders in 1954 and 1955, a sexual psychopathy law coasted through the state's legislature. In an effort to demonstrate to the public that they were taking action, police arrested 20 men in a sting operation on a gay bar and detained them in a mental hospital. Classified along with violent child

¹⁰ Hoover, J. Edgar. "How Safe Is Your Daughter?" *American Magazine* 144, no. 1 (1947): 32–33.

molesters and murderers under the sexual psychopathy designation, the men were held— for years in some cases— until they were able to appeal for their release, even though authorities made no claim that they were connected to the crimes. Neither murder was ever solved.¹¹

Between 1949 and 1959, psychopathy laws were passed in 25 states, as well as the District of Columbia.¹²

The goal of removing potentially dangerous people from the larger population was, of course, never realized, and the psychopathy laws soon came under fire as critics voiced misgivings about the laws, which had largely been passed with the help of media panic and public hysteria.¹³ Not only were accused psychopaths denied due process, in some states the laws allowed for potentially dangerous offenders to be arrested preemptively— meaning before they had actually committed a serious crime.¹⁴ Contemporary critics, including psychiatrists, criminologists, and legal theorists, correctly pointed out that consensus did not yet exist for how to treat or rehabilitate sexual psychopaths and called for further scientific study of sexual offenders, as well as a requirement that offenders actually be convicted of a crime before being institutionalized.¹⁵ Additionally, while acceptable to psychiatrists and useful in clinical settings, the designation was too vague to be used for legal purposes, and the broadness with which the

¹¹ Miller, Neil. *Sex-Crime Panic: A Journey to the Paranoid Heart of the 1950s*. 1st edition. Los Angeles: Alyson Books, 2009.

¹² Alabama, 1956; California, 1953; Colorado, 1957; DC, 1951; Illinois, 1958; Indiana, 1959; Iowa, 1958; Kansas, 1959; Massachusetts, 1958; Michigan, 1954; Minnesota, 1957; Missouri, 1949; Nebraska, 1957; New Hampshire, 1955; New Jersey, 1951; Ohio, 1958; Oregon, 1957; Pennsylvania, 1958; South Dakota, 1952; Tennessee, 1959; Utah, 1953; Vermont, 1958; Virginia, 1950; Washington, 1957; Wisconsin, 1958; Wyoming, 1956.

¹³ Freedman, *Feminism, Sexuality, and Politics : Essays. Gender & American Culture*, pp. 129-130.

¹⁴ *Ibid.*, pp. 133-134.

¹⁵ Lunbeck, Elizabeth. *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America*. Princeton, N.J: Princeton University Press, 1994, p. 60.

laws were written was becoming increasingly problematic. Even though screening and preventative efforts were, in theory, part of the plan, the standard array of psychiatric treatments available in that period, which ranged from insulin and electric shock therapy to lobotomy, all proved ineffective. By the 1950s, it was plain to many commentators that the laws had failed to live up to their promises.¹⁶ In addition, the psychiatric theories upon which the laws were based were falling out of favor, and the problems associated with codifying evolving psychiatric theory into law were increasingly apparent.

The Liberalization of Sex Crime Laws

Kinsey and the New Science of Sex

Alfred Kinsey's *Sexual Behavior in the Human Male*, based on detailed case history interviews that Kinsey and his team conducted with 5,300 men, caused uproar when it was released in 1948, even as it became a runaway bestseller. The press quickly picked up on the revelations, which included, for many, scandalous statistics on premarital sex, marital infidelity, homosexual activity, as well as non-coital sexual activity. "Half of Husbands Found Unfaithful" blasted the *New York Herald Tribune*. "Survey Finds 50% of Men In U.S. Guilty of Sex Crimes: Sex Offenses Held Common" said the *Washington Post*, while the *New Journal and Guide* trumpeted: "Half of Males Cited As Sex Offenders: Jails Would Be Overcrowded If Whites

¹⁶ Lave, "Only Yesterday: The Rise and Fall of Twentieth Century Sexual Psychopath Laws," pp. 579–89. The laws were ultimately challenged on a number of levels— 1) on the question of whether sex offenders could control themselves; 2) criticism of how the laws were implemented and what the definition of psychopathy was; 3) that under it, law enforcement was committing deviants but not truly dangerous people; 4) the use of the laws only in weak cases; 5) waning faith in psychiatry's ability to predict future dangerousness; 6) the lack of treatment options and 7) legal criticism that all that was being accomplished was the warehousing of misfits. The laws were completely eliminated by the 1970s.

Were Dealt With By Law.”¹⁷ By August of 1948 it was already in its eighth printing, and eventually published in 11 languages. The English edition alone was selling in eighty countries.

The publication *Sexual Behavior in the Human Male* prompted a decisive challenge to the scientific basis on which the psychopathy laws were predicated and armed critics with authoritative arguments for getting rid of them. *Sexual Behavior of the Human Male* influenced not only individual psychiatrists and jurists, but also two important bodies in law and psychiatry: the Group for the Advancement of Psychiatry (GAP), created in the aftermath of WWII to increase the influence of psychiatry in law and society, and the American Law Institute (ALI), which in 1962 created the first version of the Model Penal Code, a set of template laws to aid with standardizing legislation around the United States. Because of the influence of *Sexual Behavior in the Human Male* on these two groups, the book's impact was magnified and extended deeply into psychiatry and law. The release of the Kinsey study coincided with growing criticism of the psychopathy laws from psychiatrists and legal writers, as well as a trend toward the testimony of victims of sexual assault with greater and greater skepticism, supported by ideas about women's psychology. (Kinsey did not directly address the issue of sexual violence or sexual offenders in either the male or female volumes, but his Institute for Sex Research released a study on sexual offenders in 1965, after his death.)¹⁸

Kinsey's methods and his limited— albeit large— sample was criticized for being too white, too middle-class, too college-educated, and perhaps even too criminal to be truly representative of the male sexual experience in America. Even so, the book was roundly praised

¹⁷ “Half of Husbands Found Unfaithful.” *New York Herald Tribune* (1926-1962). November 19, 1947; “Half of Males Cited As Sex Offenders: Jails Would Be Overcrowded If Whites Were Dealt With By Law.” *New Journal and Guide* (1916-2003). November 29, 1947; and “Survey Finds 50% of Men In U.S. Guilty of Sex Crimes: Sex Offenses Held Common.” *The Washington Post* (1923-1954). November 19, 1947.

¹⁸ Institute for Sex Research. *Sex Offenders; an Analysis of Types*. [1st ed.]. New York, Harper & Row, 1965.

by legal and medical commentators who welcomed the new empirically gathered, scientific data about sex. Kinsey's studies were stripped of the moralistic and eugenic overtones that had frequently pervaded the work of other sexologists, and he ushered in a new era in the scientific study of sex by focusing closely on his subjects' behavior. An August 1948 article from *LIFE* magazine reported on the stir his findings caused: "Kinsey estimates that if all the sex laws were rigidly enforced, and if all the sex-lawbreakers were apprehended, practically all (95%) American males would have served prison terms; likewise, in the periodic 'sex clean-up' drives, if the dragnet caught all the legally erring fish in a community, most of the men would be behind bars."¹⁹ Kinsey's claim that 95% of men would be considered criminals under present-day sex crime laws was an exaggeration— it presumed uniformity of sex crime laws across the then 48 states in the US, which was not the case. Even so, it prompted an outpouring of writing by jurists and psychiatrists that spurred broad reconsideration of sex crime laws and the punishments associated with them.

Sexual Behavior in the Human Male was a catalyst for the decriminalization of many sexual acts and lessened punishments for others, moving the US from a period in which the state actively promoted a program of public morality to a new era in which sexual activity between consenting, heterosexual adults was generally treated as private. Most states still had statutes that punished sodomy, miscegenation, adultery, and non-coital sexual activity, all of which the Kinsey studies revealed to be extremely common. Under the psychopathy laws that stood in many states, many of these acts would have earned someone caught engaging in them the designation of sexual psychopath. Kinsey's work played a significant role in shaping public

¹⁹ Wickware, Francis Sill. "Report on Kinsey: Indiana Expert on the Private Lives of Gall Wasps and American Men Has Stirred Up the Greatest Biological Commotion in the U.S. Since Darwin." *LIFE*, August 2, 1948.

opinion and social policy, and by extension, the trajectory of legal policy about sex.²⁰ The newly-available scientific data on sexual behavior coincided with and helped set several important developments into motion, galvanizing a movement that was already underway by jurists and criminologists to do away with psychopathy laws, and to relax sex crime laws more generally.

The Kinsey data was quickly picked up by psychiatrists, criminologists, and sociologists who opposed the psychopathy laws. One prominent critic was Edwin Sutherland, an influential sociologist and criminologist and an expert on sexual psychopathology.²¹ In a 1950 article in *The Journal of Law and Criminology*, he outlined his objections to the sexual psychopathy laws, starting with questioning the assumptions that went into their implementation. Sutherland asked if there was in fact an epidemic of sexual violence; if so-called sexual psychopaths were behind these crimes; whether they indeed had no control over their impulses and were identifiable and curable by psychiatrists; and whether they should be preemptively arrested.²² Sutherland disagreed with the notion that psychopaths were insane and lacked the power to control their sexual impulses to the point of being dangerous to others, a core assumption that had gone into

²⁰ Allyn, David. "Private Acts/Public Policy: Alfred Kinsey, the American Law Institute and the Privatization of American Sexual Morality." *Journal of American Studies* 30, no. 3 (December 1, 1996): pp. 405–28. There is surprisingly little scholarship on this, but there is a lively body of criticism of Kinsey's studies from religious activists who cite him as a turning point in American morality.

²¹ The annual award of The American Society of Criminology is given in his name; Sutherland is famous for the differential association theory of criminality.

²² Sutherland, Edwin H. "The Sexual Psychopath Laws." *Journal of Criminal Law and Criminology* 40, no. 5 (1950): pp. 543-554.

making the laws.²³ Like other critics, he argued that the classification was too vague to be applied to real cases in courts of law.²⁴

In a related trend, Sutherland expressed skepticism about the testimony of victims. He observed that many women did not report rape “due to the shame of publicity,” or that “charges were often made without justification by some females for purposes of blackmail and by others, who have engaged voluntarily in intercourse but have been discovered, in order to protect their reputations.” Other cases involved little more than “passive resistance,” and statutory rape was often a “legal technicality with the female in fact a prostitute and taking the initiative in the intercourse.”²⁵ As the psychopathy laws began to fall out of favor, the approaches that replaced them were often psychoanalytic, laden with skepticism about victim testimony, and focused more on the psychology of the victim than that of the perpetrator.

In this period, the issue of “token” or “passive resistance” also began appearing in expert writings, further blurring the boundaries between demonstrations of “normal” male sexual assertiveness and rape accomplished by force or coercion. Even though women were now presumed to desire sex, they were expected to put up some show of resistance before giving in. Because of this, rape was not treated seriously unless it was accompanied by violent struggle, there existed a great social distance between the victim and the perpetrator, or the victim was of “unassailable” character and targeted by a stranger.

²³ Ibid., p. 549.

²⁴ Ibid., p. 552.

²⁵ Ibid., p. 545.

The Kinsey study on males greatly influenced a major psychiatric professional body, the Group for the Advancement of Psychiatry (GAP). Formed in the aftermath of WWII, the GAP was created to influence the American Psychiatric Association (APA), and to bring the insights of psychiatry to bear on social, medical, legal, and interpersonal questions. The goal of this body of liberal (and self-styled) “Young Turk” psychiatrists was to pry the APA away from its antiquated ways as an association of alienists and asylum superintendents, and turn it into a dynamic body that could influence the public by bringing the insights of the field to bear on contemporary problems.²⁶

The GAP formed following a day of meetings at the 1946 APA convention. William Menninger, who had served as the Director of the Psychiatry Consultants Division in the Surgeon General’s Office during WWII, was the de facto leader of a faction of psychiatrists who were determined to reform the APA.²⁷ One of its first actions was to advance its own candidates for APA leadership during the convention. The fledgling organization quickly settled on a committee structure. Once GAP members began to lead the APA, the GAP made recommendations to the APA, writing authoritative position papers on social, legal, and political issues. GAP members worked with outside experts and consultants to produce papers on topics ranging from drug use, desegregation, and nuclear energy to homosexuality and sex crimes.

²⁶ Deutsch, Albert. “The Story of GAP.” New York: Group for the Advancement of Psychiatry, 1959. According to psychiatrist and historiographer Albert Deutsch, “Many of its members had been appalled to find how weak was the voice and how vacillating the action of their loosely organized group during the ‘national defense’ and ensuing wartime emergencies. Despite a succession of distinguished officers, the APA was unable to assume professional leadership because of constitutional, procedural, and traditional obstacles. Responsibility thus devolved upon a relatively few far-sighted, persistent, and courageous psychiatrists, along with non-psychiatric agencies and individuals, to press for more adequate mental health standards and services on both the military and civilian fronts.”

²⁷ Ibid. “...frustrated in their desires to practice or promote first-rate medicine in our out of the armed forces, and deeply frustrated by their professional society’s failure in leadership, were bent on doing what they could toward remodeling the APA into a more flexible, active agency that would assume a dynamic role.”

Thus, the previously plodding organization transformed into an influential body that became an authoritative voice in the years after WWII.²⁸

In 1950, the newly-formed GAP Committee on Forensic Psychiatry (which later became the Committee on Psychiatry and the Law) published its first report, “Psychiatrically Deviated Sex Offenders.” Deeply influenced by Alfred Kinsey’s findings (Kinsey himself had consulted on it), the report recommended the removal of many consensual sexual acts from the criminal code. The report started with the proposition that many people who committed illegal sex acts were not psychiatrically deviated, and it observed that the psychopath designation was not useful because “the term has no dynamic significance” — a reference to the fact that neo-Freudian psychoanalytic approaches were beginning to eclipse older ones. Additionally, the authors pointed out that because psychiatric terms were in a state of flux, technical professional terms should not be used in creating legislation. The authors of the report also took the position that many adults committed acts that were illegal with other adults, but that private sexual activity shouldn’t be criminalized: “The committee recognizes that a large number of adults mutually and privately carry out illegal sexual practices with other persons of adult status. These are not considered as coming within the purview of the Committee’s legislative recommendations.”

The²⁹ report was extremely liberal in its outlook, essentially recommending that all private sexual activity between consenting adults be decriminalized. The three categories of sexual behavior that the report did recommend penalizing were: repetitive compulsive acts which were carried out “to the point of community intolerance;” “forced relations” which could be either

²⁸ Ibid. Thus, “The largely voiceless and powerless association that existed when GAP was founded has been transformed into an effective agency that speaks with authority for its 10,000 members, thanks largely to GAP instigation.”

²⁹ Group for the Advancement of Psychiatry, and Committee on Forensic Psychiatry. *Psychiatrically Deviated Sex Offenders*. New York: The Group, 1968.

homosexual or heterosexual; and acts between adults and those not old enough to consent. Even though not all of these recommendations were implemented, the report marked the beginning of the broad move to liberalize sex crime laws in this period. Unfortunately, also in this period, the meaning of what constituted forced sexual relations was increasingly being contested.

“Because Ladies Lie”: Morris Ploscowe and the Model Penal Code

The other professional body that the Kinsey study deeply influenced was the American Law Institute, which in 1962 produced a set of model statutes that were intended to help update and standardize penal codes around the United States. By the 1950s, criminal codes varied greatly by state. The ALI, an independent, non-governmental body of judges, lawyers, and professors of law, had issued statements that served as rationales for courts when interpreting certain areas of law and undertook the creation of model statutes that states could use to update their penal codes. A key contributor to the Model Penal Code’s section on rape was New York City magistrate Morris Ploscowe, who wrote prolifically on legal issues to do with sex and family law.³⁰ He was later famous— indeed, infamous among New York feminists— for insisting that a corroboration requirement was necessary in cases of rape, “because ladies lie.”³¹

In his 1951 *Sex and the Law*, Ploscowe considered a number of sex-related problems. He cited the Kinsey reports as justification for the relaxation of crime sex laws, echoing its findings that many normal men engaged in adulterous or premarital sex, sought out prostitutes, or had

³⁰ Ploscowe held many positions over his career, including Executive Director of the American Bar Association from 1950-1951, Deputy Commissioner in New York, chief clerk of the Court of Special Sessions, and adjunct professor at the NYU Law School.

³¹ Freeman, William M. “Ex-Magistrate Ploscowe Dies; Criminal-Law Expert Was 71.” *New York Times*. September 22, 1975.

homosexual experiences.³² Like other theorists, Ploscowe advocated for relaxed standards in cases of sexual violence. Ploscowe did not speculate about female psychology, although later authors who cited him did. Protective of the rights of defendants, he lambasted the broadness with which the psychopathy laws had been written, stating “The basic task of the sex-psychopath laws is to differentiate dangerous sex offenders from minor criminals who commit sex crimes and who should be handled by the ordinary procedures of the criminal law, either because they are not mentally abnormal or because they are not inherently dangerous to the community. The sex-psychopath laws fail miserably in this vital task.”³³ Kinsey had commented little on rape and sexual violence in *Sexual Behavior in the Human Male*, but this didn’t prevent Ploscowe, and others, from using Kinsey’s data to justify making rape more difficult to prosecute—in effect, to be less punitive with respect to rape (as well as in cases of incest and child molestation).

In the sixth chapter of *Sex and the Law*, Ploscowe compared the seriousness of violent stranger rape to that of murder. “However,” he continued, “the law has considerably diluted the term ‘rape.’ The offense of rape includes many situations far less serious in character and far less likely to do damage to the individual or to the community.”³⁴ The problem with classifying these less violent attacks with what he deemed “serious” rape was that many normal men were unfairly

³² Ploscowe, Morris. *Sex and the Law*. 1st ed. New York: Prentice-Hall, 1951. Ploscowe on the Kinsey report: “The findings of the book by Kinsey, Pomeroy, and Martin, henceforth referred to as the Kinsey Report, would seem to require a drastic re-examination of our statutes relating to sexual offenses. Much of what the law denounces as crime and subjects to serious penalties appears to be relatively normal behavior in the human male. Fornication is widely condemned by our statutes, yet it is almost universally practiced before marriage by our male population. Adultery also invokes widespread legal condemnation, yet 30 to 45 per cent of the men studied by Kinsey and his assistants admitted extra-marital intercourse. The law goes into hysterics at the crime of sodomy, and some of the most serious penalties are reserved for this offense. Nevertheless 59 per cent of persons studied admitted oral-genital contacts (fellatio), 37 per cent of those interviewed admitted other types of homosexual experience, and 17 per cent of the farm boys admitted sexual contact with animals (bestiality). Prostitution is universally condemned by law, yet 70 per cent of the men interviewed had sexual contacts with prostitutes at some time in their lives....”

³³ *Ibid.*, p. 227.

³⁴ *Ibid.*, p. 165.

imprisoned for lacking “ethical or moral principles or a sense of social responsibility,” were “immature men who believe that sexual conquest is a sign of masculinity or virility,” or were “emotionally disturbed men who are seeking an outlet for frustrations in sexual activity.”³⁵ He further observed, “They may be men who are simply following the pattern of racial or cultural behavior with which they are familiar. But they are not potential killers, potential threats to the moral integrity and honor of all women”—³⁶ the latter, of course, being enough to merit imprisonment. Arguing that the law unfairly treated these men as rapists, sentencing them to life in prison for “a single regrettable lapse in sexual behavior which has occasioned no basic damage to the individual or to the community,” Ploscowe joined other legal writers in the view that classifying these “lesser” instances as rape resulted in the unnecessary punishment of many men whom he considered basically innocent.³⁷ The assertion that these acts caused “no basic damage” indicates that Ploscowe believed they did not cause psychological harm to the victim, even if they involved coercion or force.

Like other jurists, psychiatrists, and criminologists who wrote before and during this period, Ploscowe was skeptical that rape was even possible. The widespread belief that “rape cannot not be perpetrated by one man alone on an adult woman of good health and vigor” led to the assumption that most rape accusations were false, since by this logic a woman resisting to her full ability should be able to fight off a rape attempt.³⁸ Ploscowe also objected to the “penetration, however slight” rule. “There is great danger of unjustifiable convictions in rape

³⁵ Ibid., p. 166.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid., p. 170.

cases when the rule of law that only sufficient resistance need to be played by the female to negate the idea that she consented to sexual intercourse is combined with the concept that only the slightest penetration of the woman's person is necessary to make out a case of rape," he wrote. "For a man may be convicted of so-called forcible rape where there has been only token resistance by the woman to the sexual intercourse."³⁹ In advocating a return to a standard of "resistance to the utmost," he argued that "The rule requiring resistance to the uttermost more nearly corresponds with popular notions of what is involved in rape and hence is far more realistic than the more chivalric rules concerning the amount of resistance demanded from the female in our present law."⁴⁰ By this, he meant that in the course of normal sexual relations, a degree of resistance was expected from women. A woman who truly did not want to engage in sex would have to resist harder than normal, and that the "penetration, however slight" rule could result in false conviction, because, to his mind, struggle beyond this point was necessary to prove rape.

Ploscowe advocated for a standard of "resistance to the utmost" to avoid wrongful imprisonment because:

Many so-called "forcible-rape" cases, however, are of an entirely different character. In such cases the complaining witness is no stranger to the defendant, but is someone who has been friendly with him. She may have been out with him and gone drinking and dancing with him. She may even have gone on what is popularly known as a necking party with the man. At some point in the *tête-à-tête*, the man insists on having sexual intercourse, which the woman refuses. When the man attempts to impose his will a little too forcibly on her, a charge of rape may be made.⁴¹

³⁹ Ibid., p. 173.

⁴⁰ Ibid., p. 191.

⁴¹ Ibid., p. 170.

He continued, emphasizing that the degree to which a woman resisted was an important determinant in whether she had actually consented:

Crucial in a case of this type of “rape” is the question of the amount of resistance to the sexual intercourse. For the sexual intercourse can only be deemed rape if it was against the will of the woman, which fact is manifested by the struggle that she puts up against the penetration of her person. Mere coyness or feigned opposition, mere resistance indulged in to increase the sexual ardor of the male cannot convert the sexual intercourse to rape.⁴²

Other commenters who weighed in on the question of resistance took into account the question of implied threats, or violence against children, but Ploscowe did not address this in *Sex and the Law*.

Ploscowe was similarly conservative on the issue of rape and intoxication, except in cases in which a woman had clearly been drugged. “By getting drunk she took a chance that she would be tampered with sexually. When a woman drinks with a man to the point of intoxication, she practically invites him to take advantage of her person. She should not be permitted to yell when she is sober, ‘I was raped!’”⁴³ He concluded the chapter by arguing for a corroboration requirement, stating, “If men are not to be imprisoned on false and fantastic charges of rape, there is no alternative but the adoption of a requirement that the complainant’s testimony in a rape case must be corroborated before there can be a conviction. It is true that this requirement will permit many guilty men to escape penalties where such corroboration cannot be had. *But it has traditionally been one of the glories of Anglo-American law that it is better that guilty men escape than innocent men suffer.*”⁴⁴ [Emphasis added.] With this statement he echoed other legal theorists who believed that law would do better to protect men from false accusation as much as

⁴² Ibid., p. 170.

⁴³ Ibid., p. 175 and 192.

⁴⁴ Ibid., p. 194.

possible, even if this meant that guilty men walked free.⁴⁵ Ploscowe also echoed other theorists in downplaying the seriousness of rape, as well as the view that anything but extremely violent or stranger rape was either sex somehow gone wrong or the result of a woman's risky behavior, for which she should bear the consequences.

Morris Ploscowe died as the women's movement against rape was getting underway, including a push to strike down the stringent corroboration requirements in his home state of New York (the implementation of which was likely influenced by him). The NY law required corroboration on three points: force and lack of consent, the occurrence of penetration (though only partial penetration, not full penetration as Ploscowe advocated), and the identity of the rapist.⁴⁶ Ploscowe's obituary stated that, "In 1972, discussing legislation on rape, he observed that the victim's word was sufficient for a prosecutor to make out a prima facie [accepted as correct until proved otherwise] case, enough to take to a jury, on assault, robbery, fraud and other crimes, but it was not enough for the crime of rape, because, he said, 'ladies lie.' New York's law on rape had required major corroboration of the purported victim's testimony, and the 1972 revision required somewhat less."⁴⁷

Morris Ploscowe was one of the legal scholars on the advisory committee that helped the American Law Institute develop its Model Penal Code when it was first published in 1962. Ploscowe's influence is evident in the first draft of the MPC's recommendations on sex-related

⁴⁵ Which they did, particularly as the laws became more lenient and protective of the rights of defendants in this period.

⁴⁶ Oelsner, Lesley. "Because Ladies Lie': Law of Rape." *New York Times*. May 14, 1972.

⁴⁷ Freeman, William M. "Ex-Magistrate Ploscowe Dies; Criminal-Law Expert Was 71." *New York Times*. September 22, 1975.

crimes (particularly with the “voluntary social companion” language). The 1962 version reflected the push toward the liberalization of sex laws that occurred after the release of the Kinsey reports and was progressive for its time. The MPC section on rape read,

§ 213.1. Rape and Related Offenses. (1) Rape. A male who has sexual intercourse with a female not his wife is guilty of rape if: (a) he compels her to submit by force or by threat of imminent death, serious bodily injury, extreme pain or kidnaping, to be inflicted on anyone; or (b) he has substantially impaired her power to appraise or control her conduct by administering or employing without her knowledge drugs, intoxicants or other means for the purpose of preventing resistance; or (c) the female is unconscious; or (d) the female is less than 10 years old. Rape is a felony of the second degree unless (i) in the course thereof the actor inflicts serious bodily injury upon anyone, or (ii) the victim was not a voluntary social companion of the actor upon the occasion of the crime and had not previously permitted him sexual liberties, in which cases the offense is a felony of the first degree.⁴⁸

The MPC preserved the marital rape exemption that had existed in the common law definition of rape (which was not fully eliminated in the United States until 1993), and recommended making the rape of a voluntary social companion or someone with whom a woman had a previous sexual interaction a lesser crime. The MPC was, however, extremely progressive in its recognition of oral and anal penetration within its definition of “sexual intercourse.”⁴⁹ It also recognized the threat of implied force.

Since its release in 1961, a total of 34 states have enacted new codes, all of which were influenced to some degree by the MPC.⁵⁰ As of this writing, the MPC code is being revised for

⁴⁸ American Law Institute. Model Penal Code: Official Draft and Explanatory Notes : *Complete Text of Model Penal Code as Adopted at the 1962 Annual Meeting of the American Law Institute at Washington, D.C., May 24, 1962*. Philadelphia, Pa: The Institute, 1985.

⁴⁹ Although interestingly, “deviant sexual intercourse” was defined as either act between persons who were not husband and wife.

⁵⁰ Robinson, Paul H., and Markus D. Dubber. “The American Model Penal Code: A Brief Overview.” *The New Criminal Law Review* 10 (2007): p. 319. California, which on 08/30/2016 passed a law closing a loophole in which penetration of an unconscious person had not been considered rape, is *not* one of those states — something which came to light in the Brock Turner rape case.

the first time since 1962 because it “is now outdated and no longer a reliable guide for legislatures and courts.”⁵¹

Civil Rights, Defendants’ Rights, and the Southern Rape Complex

Forming the final part of the legal landscape that women faced in the late 1960s were two related trends that picked up pace in the 1950s and 1960s: first, the Civil Rights movement and the scrutiny that this movement placed on false rape accusations made against African American men, and secondly, the movement to protect defendants’ rights under the auspices of the Warren Supreme Court. Both developments made it increasingly difficult to prosecute rape.

When Earl Warren replaced Fred M. Vinson as Chief Justice in the Supreme Court in 1953, the liberal majority court greatly expanded civil rights, civil liberties, judicial power, and federal power. Under Warren’s leadership, the Supreme Court focused on applying broad ethical principles, rather than making narrow interpretations of the law. Warren implemented a new era in “rights of belonging,” promoting a new and inclusive vision for citizenship in the US. A number of groundbreaking cases were tried during the Warren years, including *Brown v. Board of Education* (desegregation), *Loving v. Virginia* (miscegenation), and *Griswold v. Connecticut* (contraception), among others. Warren also expanded due process and upheld the rights of defendants. Indigent defendants were given the right to publicly funded counsel following *Gideon v. Wainwright*, and reading a person in police custody their rights (Miranda rights) became required procedure (*Miranda v. Arizona*). Warren’s insistence that police had to abide by the rules or the accused would go free aimed to address police abuse and corruption, such as

⁵¹ The American Law Institute. “Current Projects: Model Penal Code: Sexual Assault and Related Offenses.” American Law Institute. Accessed May 4, 2017. <https://www.ali.org/projects/show/sexual-assault-and-related-offenses/>.

searches without warrant and coercive confessions. Rates of violent crime, including for rape and homicide, increased in the years that followed.

These developments happened as the US Civil Rights Movement was gathering force. The anti-rape movement did not begin in the 1970s, nor was it instigated mainly by white, middle-class feminists. Rather, the movement had been politicized in the context of Civil Rights activism well before the Second Wave feminist movement.⁵² Civil Rights activists had long been focused on the issue of interracial rape, as for much of the history of the United States white men were able to assault black women with almost no consequences. Slaveowners could violate their female slaves with no fear of repercussion; after Emancipation, white men were generally safe from prosecution when they targeted black women for rape. The vulnerability of black women had been an important issue in Civil Rights activism since the 19th century. In *At the Dark End of the Street*, historian Danielle McGuire uncovers the important, and largely unrecognized, work done by African American women in the Civil Rights movement, many of whom organized around the problem of unchecked sexual abuse of black women as a tool of white supremacy. Rosa Parks had been an anti-rape activist who had investigated cases of white-on-black rape in Alabama in the decades prior to the Montgomery Bus Boycott, but this history disappeared from view when Parks became the symbol of the Bus Boycott. Elsewhere, advances made by black activists were always accompanied by violent – often sexual – attacks on black communities, calculated to intimidate. Central to the Civil Rights struggle, then, was resistance to the abuses

⁵² See Flood, Dawn Rae. *Rape in Chicago: Race, Myth, and the Courts*. 1st Edition edition. Urbana: University of Illinois Press, 2012; McGuire, Danielle L. *At the Dark End of the Street: Black Women, Rape, and Resistance: A New History of the Civil Rights Movement, from Rosa Parks to the Rise of Black Power*. 1st ed. New York: Alfred A. Knopf, 2010.

that white men were able to perpetuate against black women. Black women were also relatively unprotected from attacks by men of their own race, since so much of the public discourse focused on black-on-white rape. Historian Estelle Freedman's *Redefining Rape: Sexual Violence in the Era of Suffrage and Segregation* examines how African American women fought back against white male sexual privilege, and how the anti-slavery, suffrage, and Civil Rights movements impacted the rights of different groups around the issue of sexual assault.

In contrast, black men were incarcerated and given the death penalty in much higher numbers than white men for attacks against white women. In the mid-20th century, rape was a capital crime in 18 states. These were mostly Southern and border states, and even contemporary commentators suggested that these rape laws were intended to target African American men.⁵³ Between the 1950s and 1960s, the problem of racial injustice in rape trials moved from the background to the center of civil rights activism. High-profile incidents like the Emmett Till murder and the conviction of the Scottsboro Boys highlighted the racism that was deeply embedded in the justice system in Southern states. A disproportionate number of black men were punished for rape in comparison to white men, and they often received harsher sentences: out of the 455 men executed for rape in the US between 1930 and 1965, 405 –nearly 90%–were black.⁵⁴ The NAACP's Legal Defense Fund defended a number of convicted rapists who had been given the death penalty in high-profile cases from the 1930s to the 1960s— cases like those of the Scottsboro Boys in Alabama and the Groveland Four in Florida. The NAACP emphasized the fact that even when white men were convicted for rape, which happened relatively rarely, the

⁵³ Jacquet, Catherine O. "Responding to Rape: Contesting the Meanings of Sexual Violence in the United States, 1950-1980." University of Illinois at Chicago, 2012, p. 45.

⁵⁴ Ibid.

overwhelming majority of those executed were black. Not all of their efforts were successful, but these divisive, high-profile cases highlighted the problem of racial injustice in rape trials.

Changing public perceptions impacted how cases played out in courtrooms. Dawn Rae Flood's *Rape in Chicago* examines how, between the 1930s and the 1970s, rape myths and changes in public perception as a result of civil rights activism influenced rape trials—in terms of how both complainants and defendants had to resist or make use of them in legal spaces.⁵⁵ Legal strategies for fighting back against the harsher sentencing of African American men accused of rape leveraged the growing skepticism of victim testimony and embraced the idea that women were predisposed to lying or even fantasizing about having been raped.

Whereas these changes offered African American men a way to push back against the routine racial injustice to which they were subject, they came at the cost of women's credibility. The Giles brothers case, from the introduction to this section, illustrates how the lines were shifting in this period. In the next chapter, I trace how the psychiatric skepticism about women's testimony developed between the 1920s and the 1960s.

⁵⁵ Flood, Dawn Rae. *Rape in Chicago: Race, Myth, and the Courts*. 1st edition. Urbana: University of Illinois Press, 2012, p. 13.

Chapter 2

“Our Ordinary Sex Folkways”: Nymphomania, Masochism, and the Culpable Victim

Man submits to the force of nature; the woman submits to the man.
—Ruth Herschberger

In 1948, feminist American poet Ruth Hershberger wrote an essay called “The Myth of Rape” in a volume of essays called *Adam’s Rib*.¹ “In pointing out the respects in which rape is a myth,” she wrote, “we are not indifferent to the crime itself. Rather is the crime being actively and invisibly supported by a legend of considerable glamor: the legend of man’s natural sexual aggression toward women. Rape in this sense is a mirror-image of our ordinary sex folkways.” Hershberger then laid out the beliefs that she perceived to be at the heart of these “ordinary sex folkways”: a vision of sexuality that naturalized violence and aggression in men, and passivity and masochism in women. Presciently, she was picking up on a trend that was underway at the time, and which would increase in pace over the following two decades: the integration of particular beliefs about masochism, aggression, and violence into scientific and legal literature on sexuality and rape.

Writing in a period in which there were few prominent feminists, and shortly before the 1949 publication of Simone Beauvoir’s *The Second Sex*, Hershberger explored the source of this cultural belief in male aggressiveness and the accompanying belief in female passivity. She addressed the way that these ideas were increasingly being couched in psychological terms—namely, innate male hostility and impulse to destroy (the so-called “death instinct”). These beliefs, she argued, fueled a myth about rape as a naturalized expression of maleness and

¹ Hershberger, Ruth. *Adam’s Rib*. Pellegrini & Cudahy, 1948.

femaleness that had far-reaching implications, not least because it blurred the distinction between sex and rape.

“The rape rumor can offer him [the male] something further,” Herschberger continued. “It not only agrees entirely that sexual aggression is the natural state, but it rather suspects that the natural woman is unwilling.... For the rape myth conjures up an image of an unwilling stranger who, unlike the unwilling wife, instantly recognizes her assailant’s right of sexual aggression—and loves him for it.”² This myth of rape, she argued, was a particular fantasy that existed inside the minds of men: that rape victims were secretly willing, that their bodies betrayed their minds (or vice-versa), and that if force was applied correctly then a woman would yield, because secretly she wanted to.

As Ruth Herschberger was writing, these “ordinary sex folkways,” with their assumptions about male aggression and female masochism, were making their way into expert literature in psychiatry, criminal psychology, and criminology. Theories about women’s psychology had a particularly pernicious effect for women who had been the targets of rape. The interplay between the newly-emerging field of victimology and psychoanalytically-influenced psychiatry in the 1950s and 1960s reveals how the construct of women’s masochism evolved in subtle ways as it moved from theorist to theorist until, by the mid-1960s, it was almost a given that women secretly wanted to be rape—played enough of a role in attracting situations where rape would occur, that if it happened, women were to blame.

² The quote continues, “In the rape victim the unwilling woman magically becomes willing, her sensory nerves respond gratefully, stubborn reflexes react obediently, and the beautiful stranger willy-nilly enters into a state of sexual intimacy with her aggressor.”

Masochism had first been proposed in 1895 in Richard Von Krafft-Ebing's *Psychopathia Sexualis*. Disordered largely when it occurred in men because it represented a reversal of the natural order whereby men were inherently aggressive and women were naturally passive, masochism had since its inception been coded as a feminine trait by psychiatrists. Early theories about feminine masochism had focused on the adjustment of women to their disadvantaged sex-roles in society. Psychoanalyst Helene Deutsch connected feminine masochism to women's fantasies of being overpowered for sex, but stipulated that the protective influence of women's narcissism would ensure that they didn't truly put themselves in danger. However, this distinction was ignored by later theorists who used the existence of this ambivalence to cast doubt on the legitimacy of rape claims.

This chapter uses close readings of widely-cited texts to look at the evolution of two key ideas—masochism and victim culpability—to understand how they became intertwined and then co-evolved in the works of influential psychiatrists, and how this construct was then picked up and imported into other fields, including law and victimology. In this period, the related tropes of the oversexed, fantasizing woman and the vengeful, malicious “prosecutrix” were joined by that of the masochistic woman. The term masochism was not explicitly used by victimologists, but when victimological ideas (which had been developing at the same time) were imported into criminal psychiatry in the 1950s, they comfortably merged with ideas about women's masochism. By the late 1960s, it was widely accepted that women's innate masochism meant that they attracted rape, even if unconsciously.

Skepticism in the Courtroom: Wigmore on Evidence

Skepticism toward victim testimony in cases of sexual violence was hardly new, but it became increasingly couched in psychiatric terms over the course of the 20th century. Even before the post-WWII increase of psychiatric authority over American life, psychiatrists were steadily gaining influence as experts in the courtroom. The liberalization of sex crime laws that had followed the release of the Kinsey studies took place in an era when skepticism of victim testimony, fueled by increased reliance on psychiatric expertise, was already underway.

There was cultural precedent for the trope of the vindictive, spurned woman, for example, in the Biblical story of Joseph and Potiphar's wife. This skepticism, already embedded in English Common Law, was codified by English jurist Sir Matthew Hale in the 17th century when he famously wrote that rape accusations were "easily to be made and hard to be proved, and harder to be defended by the party accused, tho' never so innocent."³ Hale's injunction was routinely repeated in 20th century legal writing on rape, as well as in 20th century courtrooms, in the form of cautionary statements to the jury. Until the 1970s, judges in some states were required by law to instruct the jury on this point; for instance, in California, judges were required to say, "A charge such as that made against the defendant in this case is one which is easily made and, once made, difficult to defend against, even if the person accused is innocent. Therefore, the law requires that you examine the testimony of the female person named in the information with caution."

³ Hale, Matthew. *Historia Placitorum Coronae: The History of the Pleas of the Crown*. In the Savoy [London]: Printed by Eand RNutt, and R Gosling Assigns of Edward Sayer, Esq; for FGyles over-against Grays-Inn in Holborn, ; T Woodward at the Half-Moon between the two Temple-Gates in Fleet-Street, and CDavis in Pater-noster-Row, 1736.

The cautionary statement was only one element that worked against victims in courtroom settings. Below, I examine how the early 20th century psychiatric category of nymphomania was taken up in legal thinking, with consequences that endured for decades.

Nymphomania, like other 19th century psycho-sexual categories, underwent several shifts in meaning over its lifespan. As with other classifications, its legacy in the courtroom outlasted its clinical use. The term had originated in the early 18th century, and even though it had faded from the medical lexicon by the mid 20th century, it was still very much a part of the legal imaginary. The use of the concept in the courtroom contributed to the trend of increasing skepticism of the testimony of rape victims in the mid-20th century.⁴

In the 18th and 19th centuries, the term signified an excess of what was believed to be normal sexual desire in women— namely, little to none. 19th century physiology and sexology held strongly to the notion of complementarity: that human males and females were different but complementary, and these differences were embedded deeply in their psyches and biologies. Whereas men were ardent, women's sexual desires were much smaller, and an excess of sexual desire in women was pathological. Central to the concept of nymphomania was a lack of willpower or restraint in controlling sexual urges.⁵ Closely related to the nymphomaniac was the female hypersexual, or female sexual psychopath, who caught the attention of psychiatrists in the early 20th century (before the term “psychopath” came to signify dangerous males). In her 1987 article "A New Generation of Women," historian Elizabeth Lunbeck examines how psychiatrists intervened in questions of working-class sexual morality and constructed the figure of the

⁴ See Groneman, Carol. *Nymphomania: A History*. W. W. Norton & Company, 2001.

⁵ Ibid.

hypersexual, psychopathic woman. In the early 20th century, "psychopath" indicated someone who exhibited behavioral immorality rather than true insanity, shifting slightly to indicate a moral deviance resulting from an inability to curb unnaturally strong sexual impulses.⁶ Unsure what to do with the changing sexual mores they were witnessing among younger, working class women, psychiatrists and other professionals pathologized their sexually immoral behavior. (It is important to note that while white women were cast as pathological when they displayed abnormally high sexual desire, sexual immorality was treated as a given for black people. Black girls who engaged in sexual play with boys, then, were regarded as normal, given widely-held presumptions about the sexual proclivities of black people.)⁷

Nymphomania and sexual psychopathy were malleable categories that offered two possibilities for discrediting victims in court: first, via the argument that a woman or girl suffered from unnaturally high desire and therefore was essentially "unrapeable," and secondly by implying that she was so preoccupied with sexual imaginings that she could have fabricated having been raped. This script played out in court repeatedly in the 20th century, in no small part due to the work of an influential jurist named John Henry Wigmore.

In 1904, John Henry Wigmore, Dean of Northwestern University Law School, wrote an influential, multiple-volume work on evidentiary law entitled *Treatise on the Anglo-American System of Evidence in Trials at Common Law* (known as *Wigmore on Evidence*, or simply *Wigmore*). Read by generations of law students, the principles laid out in *Wigmore* predominated

⁶ Lunbeck, Elizabeth. "'A New Generation of Women': Progressive Psychiatrists and the Hypersexual Female." *Feminist Studies* 13, no. 3 (1987): pp. 513-543.

⁷ *Ibid.*, pp. 535-36.

in 20th century evidentiary law until the enactment of the Federal Rules of Evidence in 1975.

Wigmore on Evidence was quickly hailed as a pathbreaking work that harmonized the system of broken and often contradictory evidentiary rules.⁸ A determined modernizer, one of Wigmore's enduring contributions was encouraging the use of scientific expertise to inform jurisprudence, including its use in court. Unfortunately, Wigmore's view on rape was that men were in constant danger of false accusation, and that the majority of women's claims of having been raped were contrived, malicious, or imagined.

The first edition of *Wigmore on Evidence* was published in 1904, after Wigmore had become dean of Northwestern University School of Law. He was, in historian Carol Groneman's words, "an impassioned advocate of the innocent man harmed by the false claims of a woman driven by perverted sexual desire."⁹ Clearly appalled by the relaxation of female sexual morality he was seeing in the world around him, he wanted to avoid "the sinister possibilities of injustice that lurk in believing such a witness without careful psychiatric scrutiny." In a rather explicit example of how more sexual freedom translated into greater culpability for women when something went wrong, he wrote, "The modern realist movement having insisted on removing veil of romance that enveloped all womanhood since the days of chivalry, it is now allowable for judges to look at the facts," — meaning, frank, if not invasive, questions about a woman's past behavior and reputation were acceptable because women were no longer worthy of chivalric protection.

⁸ Porwancher, Andrew. *John Henry Wigmore and the Rules of Evidence: The Hidden Origins of Modern Law*. Studies in Constitutional Democracy. Columbia, Missouri: University of Missouri Press, 2016, p. 69.

⁹ Groneman, *Nymphomania: A History*, p. 98.

A supplement to the second edition, with extensive commentaries, was released in 1934. The 1934 supplement contained a number of new case studies with extracts of letters from psychiatrists Karl Menninger, W. F. Lorenz, and William Alanson White.¹⁰ Wigmore quoted their letters at length. When read in full, these comments were a response to the direct question of whether rape victims should be examined by psychiatrists. They had far-reaching impact and demonstrate how the justification for skepticism toward victim testimony evolved from source to source. A 1933 letter from Karl Menninger, a prominent psychiatrist who had founded the famed Menninger Clinic in Topeka, KS, stated that, “Every girl who enters a plausible but unproved story of rape should... have a psychiatric examination... fantasies of being raped are exceedingly common in women... it is so easy for some neurotic individuals to translate their fantasies into actual beliefs and memory falsifications that I think a safeguard should certainly be placed upon this type of criminal charge.”¹¹ Psychiatrist William White, Superintendent to St. Elizabeth’s Hospital in Washington, DC, wrote “Accusations of rape, unless there is perfectly clear evidence of an assault, are open to suspicion... There may be other components entering into the picture, such as a more or less childish desire for notoriety, and, in defective people, a more or less complete lack of appreciation of the significance of the accusation... without the slightest feeling

¹⁰ Karl Menninger started his career at the Boston Psychopathic Hospital, and in 1919 founded the Menninger Clinic in Topeka, KS. The clinic (later the Menninger Foundation) became an influential treatment center, as well as a training center and later a school of psychiatry. At the time, White the superintendent of St. Elizabeth’s Hospital in Washington, DC and served as president of the American Psycho pathological Society in 1922, the American Psychiatric Association from 1924-1925, and the American Psychoanalytical Society in 1928. Interested in forensic psychiatry, he worked to foster cooperation between the APA and the American Bar Association. Winfred Overholser (1958). "White, William Alanson." *Dictionary of American Biography*. Supplement Two. New York: Charles Scribner's Sons.

¹¹ The full quote reads: Every girl who enters a plausible but unproved story of rape should be required to have a psychiatric examination.... The reason I think that rape in particular belongs in this category is one well known to psychologists, namely, that fantasies of being raped are exceedingly common in women, indeed one may say they are probably universal.... Of course, the normal woman who has such a fantasy does not confuse it with reality, but it is so easy for some neurotic individuals to translate their fantasies into actual beliefs and memory falsifications that I think a safeguard should certainly be placed upon this type of criminal charge.

of responsibility for the fact that they may jeopardize the lives or liberty of such people.”¹²

Similarly, W. F. Lorenz, director of the psychiatric institute at the University of Wisconsin, wrote, “We, who have had extensive criminal experience among the mentally ill, know how frequently sexual assault is charged or claimed with nothing more substantial supporting this belief than an unrealized wish or unconscious, deeply-suppressed sex-longing or thwarting.... This is a well accepted mental mechanism.”¹³

Integrating these statements into his recommendations for how to treat evidence in rape trials, Wigmore began the section on rape with the following:

There is, however, at least one situation in which chastity may have a direct connection with veracity, viz. when a woman or young girl testifies as complainant against a man charged with a sexual [sic] crime,—rape, rape under age, seduction, assault. Modern psychiatrists have studied copiously the behavior of errant young girls and women coming before the courts in all sorts of cases. Their psychic complexes are multifarious, distorted partly by inherent defence, partly by diseased derangements or abnormal instincts, partly by bad social environment, partly by temporary physiological or emotional conditions. One form taken by these complexes is that of contriving false charges of sexual offenses by men. The unchaste (let us call it) mentality finds accidental but direct expression in the narration of imaginary sex-incidents of which the narrator is the heroine or victim. On the surface the narration is straightforward and convincing. The real victim, however, too often in such cases is the innocent man; for the respect and sympathy

¹² The full quote reads, “Accusations of rape, unless there is perfectly clear evidence of an assault, are open to suspicion.... The origins of such fantastic ideas are wishful and in response to the great natural urge which would force every individual along the path of his biological destiny, but they take various forms dependent upon the individual makeup of the person involved. There may be what appears to be a simple wish-fulfillment at the bottom of such accusation.... There may be other components entering into the picture, such as a more or less childish desire for notoriety, and, in defective people, a more or less complete lack of appreciation of the significance of the accusation and the consequences which might naturally be expected to flow therefrom, so that defective individuals will accuse people for the personal satisfaction of a passing notoriety, without the slightest feeling of responsibility for the fact that they may jeopardize the lives or liberty of such people...”

¹³ The full quote reads, “We, who have had extensive criminal experience among the mentally ill, know how frequently sexual assault is charged or claimed with nothing more substantial supporting this belief than an unrealized wish or unconscious, deeply-suppressed sex-longing or thwarting. A person need not be insane to have a craving that is intolerable or in conflict with reality, and a person need not be seriously disturbed mentally to find some satisfying substitute for a suppressed and self-denied wish, nor to have such appear as a reality in spite of oneself. This is a well accepted mental mechanism. I, therefore, believe that while psychiatric examination is desirable in all criminal cases, it is imperative in every case where sexual assault is charged. “

naturally felt by any tribunal for a wronged female helps to give easy credit to such a plausible tale.¹⁴

More simply, his guidelines stated that “No judge should ever let a sex-offence charge go to the jury unless the female complainant’s social history and mental makeup have been examined and testified to by a qualified physician.”¹⁵

Additionally, Wigmore recommended revisions to rules such that questions about chastity be permitted, that admissible “proof of mental derangement” be broadened to account for sexual immorality, that evidence about unchaste behavior be specifically admitted, that a girl’s juvenile records be made admissible, and that rules excluding “opinion to moral character” be dropped, since the opinions of psychiatrists, social workers, and probation officers were useful in determining the veracity of complainants. In short, Wigmore recommended that scrutiny of the complainant’s background be made vastly easier, if not required, in rape cases, including through changes to laws that had protected women from invasive questioning about their backgrounds.¹⁶ Although the purpose of this was to identify women who were prone to making false accusations because they were unstable or unchaste, it gave defense lawyers an easy way to discredit women by attacking their characters. This was especially true in a period where social and cultural uneasiness surrounded the new sexual freedom for women. While Wigmore’s directive to subject every female rape victim to mental examination was never put into universal practice (though courts did reserve the right to examine complaining witnesses), it does point to the development of two related trends that became especially evident after WWII: 1) the increased use of

¹⁴ Wigmore, John Henry. *Supplement, 1923-1933 to the Second Edition (1923) of A Treatise on the System of Evidence in Trials at Common Law*. Boston: Little, Brown, 1934, p. 379.

¹⁵ *Ibid.*, p. 380.

¹⁶ Anti-rape feminist activists would target these laws in the 1970s.

psychiatric expertise in legal settings, for the purpose of 2) close scrutiny of the motivations and psychology of women who said they had been sexually assaulted. Moreover, *Wigmore on Evidence* was deeply influential, since it was taught in law schools for the better part of the 20th century.

Wigmore's admonishment to be skeptical of victim testimony was picked up by the American Bar Association, in no small part because Wigmore himself was on the committee that developed the ABA's position on evidentiary law. The 1938 ABA annual report's guidelines on evidentiary law, which contained an important revision to these standards, cited *Wigmore on Evidence* directly. The ABA statement read:

Today it is unanimously held (and we say unanimously advisedly) by experienced psychiatrists that the complainant woman in a sex offense should always be examined by competent experts to ascertain whether she suffers from some mental or moral delusion or tendency, frequently found especially in young girls, causing distortion of the imagination in sex cases.¹⁷

The statement didn't reference the source for this unanimity of opinion, but referred readers to the 1933 supplement to *Wigmore* (quoted above).

Psychiatrists were also using the specter of the lying or deluded victim to argue for their importance in the courtroom. Winfred Overholser had worked with fellow psychiatrist Harry Stack Sullivan to formulate guidelines for screening military inductees during WWII, and he served as president of the American Psychiatric Association in 1948. Four years later, Overholser published *The Psychiatrist and the Law*, arguing that psychiatrists were necessary in the courtroom not only to determine the mental competency of perpetrators standing for trial, but also to assess the reliability of witness testimony, including that of rape victims.¹⁸ Wigmore's

¹⁷ *Annual Report of the American Bar Association* 63 (1938).

¹⁸ "Dr. Winfred Overholser Dies; Developed Psychiatric Centers: Director of St. Elizabeths in Washington Treated Ezra Pound, the Poet." *New York Times*. October 7, 1964 & Bérubé, Allan. *Coming out under Fire: The History of Gay Men and Women in World War Two*. New York: Free Press, 1990, pp. 9-11. Early article: Overholser, W. "Psychiatry and the Law." *Mental Hygiene* 38, no. 2 (1954): pp. 243-51.

guidelines were part of a broad 20th century trend toward treating victim testimony with suspicion, particularly in cases of sexual assault. This view, which would become more common, was soon to be bolstered by the psychoanalytic belief that there could be a disparity between what a woman thought that she wanted and what she unconsciously wished for.

Legal writers issued calls to put psychiatric examination of rape victims into practice as late as 1973; for example, in an article from the Northwestern University School of Law that appeared in the *Journal of Criminal Law and Criminology*, the authors asserted that corroboration laws were not sufficient to protect against false accusation, which they believed to be a widespread problem.¹⁹ Opening with a quote from Wigmore, the article began, “Courts and commentators have found that sexual offense accusations are oftentimes false and frequently are made by psychologically disturbed individuals.” Arguing that corroborative proof could be difficult to obtain, and that the admission of character testimony assumed that only the sexually licentious would bring false charges (overlooking the possibility of a “‘virtuous’ woman who consents to intercourse, regrets it the next day, and...accuses her seducer of rape”), the authors proposed the use of psychiatrists to assess the women who made accusations of rape, which would, ideally, introduce “well-reasoned scientific conclusions.”²⁰

The process suggested by Wigmore was limited in practice. However, a number of cases from the late 1920s exist in which psychiatrists were called on to assess the victim’s credibility.

¹⁹ Northwestern University School of Law. “Complainant Credibility in Sexual Offense Cases: A Survey of Character Testimony and Psychiatric Experts.” *The Journal of Criminal Law and Criminology* (1973-) 64, no. 1 (1973): pp. 67–75.

²⁰ *Ibid.*, p. 72.

One case of statutory rape, *People v. Cowles*, was appealed in the Michigan Supreme Court. The defense had argued that the court was being prejudicial by referring to the physicians who had examined the girl as “so-called experts.” The girl was 12 years old. The medical practitioners had “expressed opinions that she was a pathological falsifier, a nymphomaniac, and a sexual pervert.” In their appeal, the defense argued that “evidence offered to prove acts of the girl showing sexual perversion and lascivious conduct, inclusive of exposure of her person to school boys,” had been excluded but should have been admitted. The prosecuting attorney was skeptical, ridiculing the doctors in front of the court:

...if these two doctors were to put on a stunt like that in a vaudeville show, they would go over big. They would get a big laugh.... Now, gentlemen of the jury, we all pay taxes for universities, and they turn out things like that. I ask you, gentlemen, what chance a girl has to defend herself against such testimony? And I tell you that those two doctors are worse than the Indian medicine men or negro voodooos. How any professional man can so prostitute his profession and come in here and swear to such statements as that in a court of justice is beyond me.²¹

The judge had permitted the above line of argument, which the defense argued was prejudicial.

The appeal soberly contended that, "The term nymphomaniac is a standard one in medical parlance. If this girl was such, the weight to be given her testimony might or might not have been materially affected thereby... But invective, ridicule, injection of his disbelief, and innuendoes was not permissible argument, and was unfair to the experts and prejudicial to defendant." As a result of this appeal, the conviction was reversed and a new trial granted.²²

People v. Cowles was cited as precedent in a 1951 Michigan case that was also appealed to the Michigan Supreme Court, in which a bakery employee named Roger Bastian was accused of raping a 15-year-old coworker when he drove her home one night. Because she was only 15,

²¹ *People v. Cowles*, 224 N.W. 387 (Mich. 1929)

²² United States Vs Hiss, *Easterday v. State— People v Cowles*, from p. 75. Northwestern University School of Law. “Complainant Credibility in Sexual Offense Cases: A Survey of Character Testimony and Psychiatric Experts.” *The Journal of Criminal Law and Criminology* (1973-) 64, no. 1 (1973): pp. 67–75.

which made the crime statutory rape, Bastian's defense was predicated on proving no intercourse had taken place. The defense's strategy was to portray the girl as a nymphomaniac who had imagined the rape after Bastian spurned her advances. Bastian insisted not only that no intercourse had taken place, but that he was personally affronted by her advances.

Evidence relating to the victim's background and chastity had been excluded in the first trial, and Bastian was found guilty. He appealed, and *People v. Bastian* was brought before the Michigan Supreme Court.²³ The Michigan Supreme Court ruling determined that evidence relating to her previous sexual activity was admissible, and that the defense was entitled to bring in this evidence to assess her credibility. The defense did so to demonstrate that she was a nymphomaniac or a "sexual-psychopathic person." Citing the 1929 Michigan case mentioned above, *People v. Cowles*, Bastian's defense team successfully argued that the term nymphomaniac was "a standard one in medical parlance" (quoting the 1929 case verbatim, despite the fact that by the 1950s the term had largely fallen out of favor) and that the girl had imagined the assault because her mind was so affected by sexual contemplation that she perceived the imaginary as real.²⁴

Masochism and the Victim of Rape

As with other psychiatric categories, term masochism has undergone a number of changes in meaning since its appearance in Richard von Krafft-Ebing's 1886 *Psychopathia Sexualis*.²⁵

²³ *People v. Bastian*, (Supreme Court of Michigan 1951).

²⁴ Groneman, *Nymphomania: A History*.

²⁵ Krafft-Ebing, Richard. *Psychopathia Sexualis*. Translated by Charles Gilbert Chaddock. F.A. Davis Company, 1894.

One of the first psychiatrists to attempt to create a comprehensive classification of sexual abnormalcy, Krafft-Ebing had named the category after Leopold von Sacher-Masoch, whose novel *Venus in Furs* portrayed what Krafft-Ebing understood to be a pathological reversal of male and female roles that characterized the disorder.

The notion of masochism has been gendered since its inception, and although it represented pathology in males, it was, by definition, consistent with what was considered to be normal psychology in females. Krafft-Ebing explicitly associated it with women's biology: "In woman voluntary subjection to the opposite sex is a physiological phenomenon. Owing to her passive role in procreation and long-existent social conditions, ideas of subjection are, in woman, normally connected with the idea of sexual relations." He further argued that women regarded "masterful behavior" from men with "secret satisfaction," stating that, "Under the veneer of polite society the instinct of feminine servitude is everywhere discernible." After making cultural comparisons, including an anecdote from a Hungarian associate who swore that Hungarian peasant women "do not think they are loved by their husbands until they have received the first box on the ear as a sign of love," he concluded that physicians would be hard-pressed to find actual cases of female masochism, since custom and propriety prevented its expression: "[only] one case of masochism in a woman has been scientifically established; and this is accompanied by circumstances that obscure it."²⁶

Sigmund Freud also wrote about masochism, specifically the correspondence between the active-masculine and passive-feminine in his *Three Essays on the Theory of Sexuality*. He further elaborated the connections between sadism-virility and masochism-passivity in his *New Introductory Lectures on Psycho-Analysis*. He distinguished sexual masochism from natural

²⁶ Ibid., p. 137.

feminine masochism.²⁷ In the words of critical theorist Amber Musser, *sexual* masochism was "a practice that relies on the fantasy of submission in which male actors gain pleasure due to the adoption of the feminine role and the performance of submission." *Feminine* masochism, on the other hand, referred to enjoyment in the complex of pain, self-sacrifice, and passivity that constituted healthy sex-role adjustment in women. It was one of Freud's protégées, Helene Deutsch, who made the connection between feminine masochism and sexual masochism in women explicit, taking the logic further than either Krafft-Ebing or Freud.

For Deutsch, feminine masochism was healthy adjustment to and acceptance of woman's role in society: sexual passivity, the association of the pain of giving birth with motherly love, and the need for a woman to subsume her own passions and ambitions and instead derive fulfillment from her attachment to her male partner, or through her sons.²⁸ Instead of directing aggressive impulses and activity outward, as men did, women directed this energy inward.²⁹

²⁷ Musser, Amber Jamilla. *Sensational Flesh: Race, Power, and Masochism*. New York: New York University Press, 2014, pp. 7-8.

²⁸ Deutsch, Helene. *The Psychology of Women; a Psychoanalytic Interpretation*, by Helene Deutsch. Vol. I. New York, Grune, 1944, pp. 191-192.

²⁹ *Ibid.*, p. 277. "In one of her functions woman must have a certain amount of masochism if she is to be adjusted to reality. This is the reproductive function: from beginning to the end, even where it most serves the purpose of pleasure, it requires toleration of considerable pain. The real dangers inherent in woman's service to the species impel her to assimilate her feminine masochism and her human anxiety. This achievement seems to run counter to the individual striving for pleasure. In the functions of the genital apparatus, two contradictory interests, that of the individual who strives for pleasure and that of the species, involving pain, must be unified. They can become connected only if pain is endowed with the character of pleasure. Woman's entire psychologic preparation for the sexual and reproductive functions is connected with masochistic ideas. In these ideas, coitus is closely associated with the act of defloration, and defloration with rape and a painful penetration of the body. The sexual readiness, the psychologic pleasure-affirming preparation for the sexual act, draws its masochistic components from two sources one infantile, regressive, and dispositional, and the other real. For defloration is really painful and involves the destruction of a part of the body. The rape fantasy reveals itself as only an exaggeration of reality. Acceptance of pain associated with pleasure, or of pleasure associated with pain, may result in such a close connection between the two that the sexual pleasure becomes dependent on pain. Thus feminine sexuality acquires a masochistic character. Actually a certain amount of masochism as psychologic preparation for adjustment to the sexual functions is necessary in woman, but it is clear that the danger of "too much," and of pathologic distortion, arises from this situation."

Self-denial, sacrifice, and the sublimation of adolescent ambition into feeling gratified by the achievements of the significant males in her life were all signs of well-adjusted femininity. In their 1978 book *For Her Own Good*, Barbara Ehrenreich and Deirdre English put it as follows: "Woman's lot, from a masculinist point of view, consisted of menial labor and sexual humiliation. But as a masochist, these were precisely the things she liked and needed."³⁰

For Deutsch, unconscious rape fantasies were a normal part of young girls' fantasy lives:

The fantasy life of girls in puberty reveals an unmistakably masochistic content. Girlish fantasies relating to rape often remain unconscious but evince their content in dreams, sometimes in symptoms, and often accompany masturbating actions. In dreams the rape is symbolic: the terrifying male persecutor with knife in hand, the burglar who breaks in at the window, the thief who steals a particularly valuable object, are the most typical and frequently recurring figures in the dreams of young girls.³¹ They are connected with fear, not with pleasure, and thus differ from the boy's puberty dreams, the clearly sexual character of which is revealed by their effect, the nocturnal seminal emission.

Deutsch was convinced that false accusations of rape were routine. The following passage addressed both women's propensity to believe that imagined rapes had actually occurred, and her assertion that white women fantasized about rape by black men:

We learn often even without deeper analytic investigation that rape fantasies are variants of the seduction fantasies so familiar to us in the lying accounts of hysterical women patients. ...It is precisely rape fantasies that often have such irresistible verisimilitude that even the most experienced judges are misled in trials of innocent men accused of rape by hysterical women. My own experience of accounts by white women of rape by Negroes (who are often subjected to terrible penalties as a result of these accusations) has convinced me that many fantastic stories are produced by the masochistic yearnings of these women.³²

³⁰ Ehrenreich, Barbara, and Deirdre English. *For Her Own Good: Two Centuries of the Experts' Advice to Women*. Anchor Books ed. New York: Anchor Books, 2005, p. 299.

³¹ Deutsch, *The Psychology of Women; a Psychoanalytic Interpretation*, p. 255.

³² *Ibid.*, p. 256. (In ellipses: Both rape and seduction fantasies are deliberately passed on to other persons as true, and they have the typical pseudologic character we found in the more romantic and fantastic lies of puberty (p. 123). That is, they draw their appearance of truth from the fact that underlying them is a real but repressed experience.)

Key to Deutsch's analysis was the notion that women *actively resisted* these drives. Although the rape fantasy was an integral part of the female sexual imagination, the woman's conscious self-interest (narcissism) would protect her from realizing it in actuality: "She sublimates the erotic urge, thus indirectly bringing the masochistic component under narcissistic control and gratifying it without danger. She opposes the masturbatory rape fantasy with all the weapons against masturbation that she has at her disposal...."³³ Thus, what a woman desired unconsciously and what she consciously wanted were in conflict.

Deutsch's contemporary Karen Horney disagreed with Freud on many points — most notably on the issue of penis envy — but even she accepted women's masochism as fact, although she attributed it to socialization rather than biology.³⁴ Her characterization of the ideas of Helene Deutsch and fellow psychoanalyst Sandor Rado when Horney wrote *The Problem of Feminine Masochism* was thus:

The specific satisfaction sought and found in female sex life and motherhood are of a masochistic nature. The content of the early sexual wishes and phantasies concerning the father is the desire to be mutilated, that is, castrated by him. Menstruation has the secret connotation of a masochistic experience. What the woman secretly desires in intercourse is rape and violence, or in the mental sphere, humiliation. The process of childbirth gives her an unconscious masochistic satisfaction, as is also the case with the maternal relation to the child. Furthermore, as far as men indulge in masochistic phantasies or performances, these represent an expression of their desire to play the female role.³⁵

Horney was skeptical of the view that female masochism was biological in nature, calling this view speculative and unfounded. In her article, she took issue with how theorists, including Deutsch, generalized from limited clinical observation and stressed that anthropological data on

³³ Deutsch, *The Psychology of Women; a Psychoanalytic Interpretation*, p. 272.

³⁴ Horney, Karen. "The Problem of Feminine Masochism." *The Psychoanalytic Review* 100, no. 5 (September 24, 2013): pp. 675–94.

³⁵ *Ibid.*, p. 676.

women in different cultural conditions needed to be collected in order to make conclusive judgements about masochism. In addition, she observed that although women's passive role in intercourse— being penetrated— lent itself to being read as masochistic, it didn't follow that it necessarily *was* masochistic. Deutsch felt the need to answer back:

At this point I should like to defend my previous work against a misinterpretation. K. Horney contends that I regard feminine masochism as an "elemental power in feminine mental life" and that, according to my view, "what woman ultimately wants in intercourse is to be raped and violated; what she wants in mental life is to be humiliated." It is true that I consider masochism "an elemental power in feminine life," but in my previous studies and also in this one I have tried to show that one of woman's tasks is to govern this masochism, to steer it into the right paths, and thus to protect herself against those dangers that Horney thinks I consider woman's "normal" lot.

Even though Deutsch's schema included a protective mechanism, psychiatrists and criminologists would use this ambivalence in the coming decades to cast doubt on the legitimacy of rape complaints. Later theorists would simply ignore Deutsch's view that women's narcissism protected them from actually putting themselves in the path of danger. Indeed, all of the theorists whom I quote later in this chapter pointed to Deutsch when they argued that women unconsciously invited rape. For them, the existence of ambivalent desires in women was enough to make them culpable.

Deutsch's analysis, particularly her comments on rape, dovetailed with Yale professor John Dollard's observations on race in his 1937 *Caste and Class in a Southern Town*. Dollard worked Deutsch's theories into his argument that much of the aggression exhibited toward African American men by white men was due to the fact that they subconsciously picked up on the "considerable attraction between white women and Negro men." By projecting all blame onto the purported sexual aggressiveness of black men, the "complicity of the white woman is

avoided”³⁶ (in the thinking of white men). Dollard mentioned in a footnote that he had heard Helene Deutsch speak at a meeting of the Boston Psychoanalytic Society, where she alluded to the connection between masochistic “phantasies” of white women and their sexual attraction to African American men. She elaborated on this in a letter to Dollard, which he quoted:

The fact that the white men believe so readily the hysterical and masochistic fantasies and lies of the white women, who claim they have been assaulted and raped by Negroes, is related to the fact that they (the men) sense the unconscious wishes of the women, the psychic reality of these declarations, and react emotionally to them as if they were real. The social situation permits them to discharge this emotion upon the Negroes.³⁷

The proliferation of ideas about masochism and their embrace among theorists like Dollard, as well as psychiatrists, criminologists, and jurists, signaled a shift. Whereas nymphomania was pathology, masochism was normal and endemic to women’s psychology. This was particularly insidious, because by this logic all claims of rape could be regarded with skepticism.

Deutsch’s remarks about the connection between white women’s rape fantasies and false accusations against black men didn’t go unnoticed. Feminist journalist and author Susan Brownmiller took aim at Deutsch in her 1975 book, *Against Our Will: Men, Women, and Rape*, one of the first scholarly analyses of rape intended for a broad audience. In it, she called Deutsch a “traitor to her sex.” Brownmiller and her feminist contemporaries were well aware of the Southern rape complex, since many of the earliest feminist activists had been involved in Civil

³⁶ Dollard, John. *Caste and Class in a Southern Town*. New Haven: Published for the Institute of Human Relations by Yale University Press, 1937.

“One theory is that there actually is a considerable attraction between white women and Negro men, that the white men are unconsciously aware of this attraction but dare not call up the intolerable idea, and that, as a result, they are jealous lest their women should make sexual contacts with the virile (in their stereotype) Negro men; consciously the whole matter is charged off to the sexual aggressiveness of the Negro men and in this way the complicity of the white woman is avoided. If this theory could be accepted, it would throw much light on the conviction of Negro guilt which inevitably appears among white men whenever a rape charge is raised...

³⁷ Dollard, *Caste and Class in a Southern Town*, p. 169.

Rights work before joining the feminist movement. Brownmiller described how Deutsch's contributions were picked up and parroted in women's magazines when she was growing up:

I became aware of Deutsch's theory that masochism is an essential element of femininity, and a condition of erotic pleasure, when I was in my early teens. Her pronouncements were piously quoted in all the popular books and magazine articles of the day that purported to teach women how to "accept" their feminine role...³⁸

Essentially, argued Brownmiller, "Deutsch mistook *what sometimes is* for *what must be*": namely, that given the social conditions in Deutsch's time, women routinely had to endure the kind of pain and humiliation that no right-thinking person would, unless they were conveniently inoculated with a degree of enjoyment in it.

Victimology and the Emergence of the Culpable Victim

Victimology, or the scientific study of the relationship between criminals and victims, was an early 20th century offshoot of criminology, a discipline that had arisen in Europe in the late 19th century. Steeped in Progressive Era fears about degeneracy, criminology sought to identify the factors, social and hereditary, that led offenders to commit crimes. Victimology, on the other hand, focused on the interaction between the victim and the criminal, and sought to understand the relationship between the victim's behavior and the degree of culpability of the offender. Even though victimology analyzed crime broadly, many of the theories were developed around the question of rape and sexual violence and uncritically incorporated contemporary assumptions about women's culpability, taking for granted that victims provoked sexual attacks.

Two major theorists are credited with originating the field. Benjamin Mendelsohn, a lawyer by training, started developing his theories in Romania the late 1930s, although his work

³⁸ Brownmiller, Susan. *Against Our Will: Men, Women, and Rape*. New York: Simon and Schuster, 1975, p. 316.

didn't become known in the US until the 1960s. Hans Von Hentig was a German criminologist who turned to the study of the interactions between victims and perpetrators in the early 1940s, working and publishing in the United States after fleeing Germany in 1935. His was the most influential work on victimology in the English-speaking world until the 1960s, when Mendelsohn's work became known.

Both men focused on rape victims in their initial studies. Von Hentig went so far as to call the rape victim a “quasi particeps criminis”—literally a partner in crime—and cautioned against viewing victims uncritically.³⁹ In a 1940 article titled “Remarks on the Interaction of Perpetrator and Victim,” Von Hentig examined the phenomena of rape and the confidence game to shed light on how victims might be partially culpable for what happened to them and determine what factors made victims more vulnerable to being the targets of crime, including personal qualities like avarice and wantonness. “Confining ourselves to two representative sex-crimes, rape and incest, we see that the best experts emphasize again and again the element of seduction which emanates from many victims.... Leppmann relates a series of occurrences which cast light on the incredible depravity of many half-grown-up girls.”⁴⁰

Von Hentig's work heralded a shift in the field of criminology, moving the focus from the sociological, psychological, and biological attributes of the perpetrator to the study of the victim. In this view, crime was no longer a unilateral act, but rather one that was dynamic, situational, and interactive.⁴¹ In one sense, victimology enabled theorists to make distinctions—a murder in

³⁹ von Hentig, Hans, “Remarks on the Interaction of Perpetrator and Victim,” *Journal of Criminal Law and Criminology* (1931-1951) 31, no. 3 (September 1, 1940): p. 307.

⁴⁰ Ibid. Friedrich Leppmann was a German psychiatrist and neurologist, who regularly acted as an expert in court proceedings.

⁴¹ Fattah, Ezzat A. “Victimology: Past, Present and Future.” *Criminologie*, 2000, pp. 17–46.

cold blood was, for instance, different than a killing in a fight in which the dead individual had struck the first blow, or where a son fought back against a long-abusive father. However, when this kind of logic was applied to rape, the focus often fell on what the target of the attack had done to provoke it—which in some instances meant giving the attacker the impression that she was somehow sexually available, in Von Hentig’s interpretation, or simply “emanating seductiveness.”⁴²

Benjamin Mendelsohn was a Romanian barrister who developed his victimological theories around the same time as Von Hentig (or, if we take his word for it, slightly earlier). In the 1930s, Mendelsohn turned to studying the interactions between perpetrators and victims, as well as the factors that contributed to victimization, when he was barred from practicing law because he was Jewish.⁴³ In a 1963 article on the origins of victimology, Mendelsohn recalled how his work began as a study of the relationship between rapists and victims. One of his starting assumptions was the idea that women were, or should be, able to resist rape in circumstances when they were not outmatched in strength:

Extent to which the woman is able to resist rape. I pointed out the possibility of resistance on the part of the woman by the almost unexpugnable position she occupies on account of the topography of the sexual organs in the female body... They have the following features: a) They are not situated at the extremities of the body, exposed to attack; b) they are sheltered in the most hidden place of the external portion of the human body; c) they do not constitute a prominence but a cavity—that is to say, they are sheltered within the body; d) They are protected by two lower limbs that possess a great mobility, a great radius of action of defensive and offensive nature and a great power of resistance and are served by the most powerful muscles in the human system, sustaining and transporting the weight of the body.⁴⁴

⁴² von Hentig, “Remarks on the Interaction of Perpetrator and Victim,” p. 307.

⁴³ Sengstock, Mary C. “The Culpable Victim in Mendelsohn’s Typology.” April 1976.

⁴⁴ Benjamin Mendelsohn, “The Origin of the Doctrine of Victimology,” *Excerpta Criminologica* 3, no. 3 (1963): pp. 242–43.

In other words, because the vagina is located between two muscular limbs, it would be nearly impossible to violate a woman who truly did not wish to be penetrated.

Mendelsohn did allow for exceptions to this rule when there was a great difference in strength between perpetrator and victim, if the victim was unconscious, when there was the element of surprise, or in the presence of threats strong enough to break the victim's will to resist. He acknowledged that a victim's resistance could also be compromised by the presence of a power dynamic, the victim's own temperament, her social surroundings, or higher social standing of accused vis-à-vis the accuser. He urged that those deciding on rape cases also take into account the degree of exhaustion in the victim and appraise the power of the aggressor under the influence of his aggressive sexual instincts. He added, somewhat confusingly, that although a woman didn't have to fight like an athlete to defend her virginity, her degree of resistance had to be taken into account to determine whether it was a question of rape or simply simulated resistance. Thus, even when other factors were at play, the extent to which a woman was able to and did resist was a primary concern in determining how responsible she was for what happened.

In her study of the culpable victim in Mendelsohn's typology, sociologist Mary Sengstock observed that as a lawyer whose role was to defend criminals, it was in Mendelsohn's direct interest to "search for any available characteristic of the victim which might decrease his client's culpability." In doing so, Mendelsohn made a questionable move from "the defense attorney's extensive and laudatory effort on his client's behalf to a theoretical analysis of the role of the victim."⁴⁵ In anything other than statutory rape, the complicity of the woman was a major question in Mendelsohn's system. This left the door open to women being questioned about their

⁴⁵ Sengstock, "The Culpable Victim in Mendelsohn's Typology," p. 4

sexual histories, how they may have invited the perpetrator's attention, and precisely how much they resisted—thus placing and keeping attention squarely on the victim and deflecting it from the accused.⁴⁶

Victimology might have remained a siloed subfield of criminology had it not been for Henri Ellenberger. A prominent psychoanalytic psychiatrist, perhaps best known for his historical work *The Discovery of the Unconscious*, Ellenberger served as the head of the Menninger Clinic in Topeka, Kansas before becoming a professor of criminology at Montreal University's School of Criminology. Ellenberger published his major work on victim responsibility in 1954, in which he adapted Von Hentig's ideas and reframed them in psychoanalytic terms.

Ellenberger mentioned rape only once in the article, when talking about how the distinction between victim and criminal broke down under scrutiny: "In all crime the guilty criminal is ranged against the innocent victim. Judicial practice, it is true, permits a small number of exceptions: The man who kills in self-defense is declared innocent and is often acquitted in the event of serious provocation on the part of the victim. It is the same if the 'victim' of a 'rape' should be in reality a consenting party."⁴⁷ He included a section called "latent victims" in his categorization, corresponding to Von Hentig's "potential victim," but said nothing that alluded specifically to women or rape. However, he did talk about "born victims" who "attract criminals, not so much by external circumstances or fleeting event, but by reason of a permanent

⁴⁶ Ibid., p. 8.

⁴⁷ Ellenberger, Henri. "Psychological Relationships between the Criminal and His Victim." *Archives of Criminal Psychodynamics* 2 (1955): pp. 257–90.

unconscious predisposition to play the role of victim” that included “those with self-directed hostility (masochistic or self-punishing).” His notion of permanent unconscious predisposition to masochistic victimhood was picked up by other writers and directly applied to the cases of women who had been the targets of rape.

Psychoanalysis and Crime

Ideas from victimology developed at the same time as, and then merged with, ideas about women’s masochism in writing about rape that appeared in the 1950s and 1960s. Almost no literature existed before the late 1960s about the traumatic psychological impact of sexual violence on victims. Instead, writers interested in the psychology of sexual crime devoted their effort to understanding the psychodynamics of those who perpetrated these crimes, as well as the psychology of victims—but only insofar as it predisposed them to being victims.

GAP member Walter Bromberg was a prominent psychiatrist who had cut his teeth as head of the Court of General Sessions Psychiatric Clinic in New York City in the 1930s. He was later appointed senior psychiatrist at Bellevue Hospital and was a senior physician in the New York City Department of Hospitals. Bromberg wrote two editions of a book called *Crime and the Mind: A Psychiatric Analysis of Crime and Punishment*; the first published in 1948, followed by a revised edition in 1965. He began the book by outlining how the modern view of crime signaled a shift away from of degeneracy theory, which viewed crime an “atavistic throwback to primitive man.”⁴⁸ Bromberg’s views were heavily influenced by other psychoanalytic writers,

⁴⁸ Walter Bromberg, *Crime and the Mind; a Psychiatric Analysis of Crime and Punishment* (New York: Macmillan, 1965), p. 54.

something that is particularly evident in the chapter about murder, which he understood primarily to be a crime of aggression.

In a section entitled “Masochism in Crime,” Bromberg echoed the view that “In victims of sexual assault the presence of inductive, or ‘seductive,’ influences, unconsciously provoking the attack, can often be identified.” He added, “Among homosexuals, instances of beatings or savage anal intercourse have been encountered where the assault, although unsolicited on a conscious level, resulted in intense satisfaction on the part of the victim.”⁴⁹ Bromberg quoted Freud, noting that he had differentiated between the tendency to suffer humiliation, rejection, defeat (also known as “moral masochism”) from sexual pleasure derived from injury and humiliation. Bromberg quoted Hans Von Hentig on the latent or potential victim, who “may carry within his unconscious a strong tendency toward “injustice collecting” that emerges in his or her proneness to be attacked or injured.”⁵⁰

Bromberg also considered the inner psychological life of perpetrators. “Forceful rape may occur in a variety of situations, some of which have been outlined in earlier sections discussing sex and aggressive crime. In these cases, various psychopathic or neurotic situations are present in the male, varying from inferiority reactions, stimulation by alcohol and drugs, sadistic reactions among psychopaths, psychotic states (both functional and organic), rage reactions in frustrated men.” Key to Bromberg’s analysis was his belief that only deeply disturbed individuals committed rape.⁵¹ Also skeptical of the claims of rape victims, Bromberg was deeply concerned with women’s masochism, quoting Helene Deutsch’s statement that “normal feminine

⁴⁹ Ibid., p. 332.

⁵⁰ Ibid., p. 335. The concept of “injustice collecting” was also famously applied by psychoanalyst Edmund Bergler to homosexual men.

⁵¹ Ibid., p. 352.

masochism is ‘activity directed inwards... parallel to a man’s intensified activity directed outward.’”⁵²

Another theorist, Benjamin Karpman, was senior psychiatrist at St. Elizabeth’s Hospital in Washington, DC and later Head of Psychiatry at Howard University. He also wrote prolifically on criminal psychopathology and about sex crimes in particular. In 1954 he published an analysis of the psychological motivations behind sex crimes called *The Sexual Offender and His Offenses*. In it, he surveyed a number of writers from the 1930s to the 1950s who presented different, and often contradictory, viewpoints on the etiology of criminal sexual deviation. He offered his own insights on sexual pathology, but his work is also a useful overview of the major theoretical approaches to the issue in this period. While Karpman didn’t go into detail about masochism directly, the notion of female masochism was present in his thinking about the problem of rape.

Karpman defined sex offenders as adults who engaged in sexual activity “that falls outside the socially acceptable scope of normal sexuality.” He defined normal sexuality as “heterosexual relations voluntarily and privately practiced in a normal manner by responsible adults not too closely related who are married to each other or (possibly) are not married at all. All else is taboo.”⁵³ Sexual psychopaths were those who could not control their impulses toward the commission of sex crimes and offenses. He differentiated sexual psychopaths from those with psychopathic personalities, in which people were emotionally unstable or impulsive, lacked good judgment, or could not comprehend consequences of their acts such that they were irresponsible

⁵² Ibid., p. 335.

⁵³ Benjamin Karpman, *The Sexual Offender and His Offenses; Etiology, Pathology, Psychodynamics, and Treatment* (New York: Julian Press, 1954), p. 6.

for their conduct and a danger to others.⁵⁴ An aggressive sexual deviate was someone who had committed an aggressive, atypical, compulsive sexual act inconsistent with their level of maturity. A psychiatrically deviated offender was someone guilty of repetitive compulsive deviant sexual acts “carried out to the point of community intolerance.”⁵⁵ Karpman referred to rape as a “cultural paraphilia,” since

...it deeply violates our moral sensibilities and bears other evidence of being a profoundly abnormal type of behavior, since our entire culture is conditioning on winning, giving and holding the affection of the opposite sex, so that a normal individual is unable to respond properly except it be within the framework of affection. Therefore it must be a most abnormal reaction which causes one to force his passion on an unwilling partner who resents, fights and rejects the aggressor.... Above all, why should any normal man wish to secure sexual outlet through the use of force, when society provides more than fair opportunities for release of sexual tension through marriage, clandestine relations and prostitution?⁵⁶

Karpman rejected Bromberg’s idea that rape was a result of sadism, stating that the infliction of pain in connection with rape was purely incidental. He speculated instead that “rape may be related unconsciously to early incestuous desires and the fury aroused by the Oedipus complex. In other words, the victim may be a substitute for the criminal’s mother, who naturally would resist the attack by her son.”⁵⁷ In his view, aggressive psychopaths made violent sexual conquests in pursuit of emotional security as successful, dominant, masculine beings. Quoting Walter Bromberg at length, he reiterated Bromberg’s theory that a neurotic mechanism operated in rapists due to their feelings of inferiority and disinclination to accept social standards of masculinity, and that their ruthlessness toward women masked fears of sexual inadequacy.

⁵⁴ Ibid., p. 6-7.

⁵⁵ Ibid., p. 8.

⁵⁶ Ibid., p. 346-47.

⁵⁷ Ibid., p. 347.

Karpman also disagreed that an inferiority complex was the major factor at play; rather, he believed it to be secondary to other privations, denials, and objections. He further quoted Bromberg, citing sexual aggression as a disturbance in fusion of sexual impulse into emotional life, for which several things might be responsible: compensatory behavior for neurotic inhibition, schizoid withdrawal into fantasy life, or less commonly, intellectual dissociation due to insanity: “Aggressive sexual crime, on analysis, proves to have the meaning of a symbolic statement of the inferiority feelings of the criminal and an expression of hostility toward the objects of his lusts. These tendencies are integrated in the personality of the sexual psychopath as the result of long-standing emotional conflicts and stress.”⁵⁸

Karpman featured several definitions of rape from a number of authors. On one hand, rape was to “seize and against the wishes of the female and by means of physical force, to have sex relations with her in such a way that were this means not used the act would be considered normal. Rape committed with force and entirely against the woman’s conscious wishes is rare.”⁵⁹ Another definition was carnal knowledge of a woman against her will; unlawful carnal knowledge of a woman without her consent, either by force, fear, or fraud. He noted that this definition did not always mean that the man ejaculated or that the victim was deflowered.⁶⁰ Yet another definition highlighted the marital rape exemption—meaning rape of female, not the wife, without her consent. Another author emphasized the resistance requirement: “Where a woman is abducted by a number of men, or by a man with a weapon, elements of common law rape are present. Many ‘forcible’ rape cases are quite different. How much battle is to be expected from a

⁵⁸ Ibid., p. 347–48.

⁵⁹ Ibid., p. 12 quoting Foxe 1936.

⁶⁰ Ibid., p. 12; quoting C Allen 1940.

woman? Many experts believe rape cannot be perpetrated by one man alone on a woman of good health. Modern cases hold that rape is committed if there is penetration, however slight.”⁶¹ Quoting Morris Ploscowe, Karpman underscored the problem of proof, agreeing with Ploscowe that corroboration should be required, and that defining rape broadly meant that many relatively less dangerous men unjustly ended up in prison and were even subjected to the death penalty, even though they were “not dangerous, in the sense of being potential killers.”⁶² As with Ploscowe and other writers, there is little to no indication that he understood rape to be traumatic for the victim.

The concept of masochism evolved further during the 1960s, and the logic veered increasingly toward doubting the veracity of rape survivors. Ralph Slovenko was a psychoanalytically-trained lawyer who had taught at the Menninger Foundation before moving to Tulane University in New Orleans. Cyril Phillips was a psychiatrist and professor at Tulane University Medical School. They co-authored a 1963 article called “Psychosexuality and the Criminal Law,” in which they pointed to the Kinsey studies as justification for relaxing sex crime laws. Beginning with statistics that showed that premarital sex was far more common than was previously believed, they argued that free sexual expression could be a sign of healthy psychological development and therefore shouldn’t be criminalized. Similarly, they argued that homosexual behavior shouldn’t be penalized when it occurred between consenting adults in private. They briefly commented on incest, sex with juveniles, and miscegenation from a psychoanalytic perspective.

⁶¹ Ibid., p. 12.

⁶² Ibid., pp. 12-13.

Regarding rape, they agreed with the view that women were unconsciously masochistic, extending the concept by stating that, “Fear of rape in females may activate a ‘riddance mechanism’ whereby they allow themselves to be raped in actuality in order to deal with the ever-present fear that it may possibly happen. Quite often in cases of alleged sexual assault, we find the victim herself unconsciously tempting the offender.”⁶³ Interestingly, they cited no sources in this section, but rather made references to literature and film—Peer Gynt’s bride, Mark Twain’s autobiography, and the peculiar attraction of women to “men who will ill-treat them in a sexual relationship. Hence, the popularity among women of the particular stereotype played by actors George Raft and Humphrey Bogart.”⁶⁴

Ralph Slovenko went on to write a book in 1966 called *Sexual Behavior and the Law*, in which he advocated for the intervention of psychiatrists in the evaluation of witness reliability.⁶⁵ With respect to sexual violence, Slovenko felt that “the laws aggravate rather than resolve the problem of sexual behavior; furthermore the freedom of the individual is sometimes unnecessarily limited.”⁶⁶ Also a critic of the sexual psychopath legislation, Slovenko noted that the laws often punished nuisance offenders rather than dangerous sexual criminals.⁶⁷

These and similar writings suggest that mid-20th century psychiatrists, sociologists, criminologists, and victimologists medicalized a certain view of sexual violence—one that incorporated cultural assumptions and understandings about masculine aggression and feminine

⁶³ Slovenko, Ralph, and Cyril Phillips. “Psychosexuality and the Criminal Law.” *Vand. L. Rev.* 15 (1961): p. 807.

⁶⁴ *Ibid.*, p. 808.

⁶⁵ Slovenko, Ralph. *Sexual Behavior and the Law*. Springfield, Ill: Thomas, 1965.

⁶⁶ Slovenko and Phillips. “Psychosexuality and the Criminal Law,” p. 797.

⁶⁷ *Ibid.*, p. 826.

passivity, and then elaborated on them by adding the construct of masochism. The fact that these writers were working in a period when the broad push for the liberalization of sex crime laws served to downplay the seriousness and violence of rape created particular difficulty for women who had been raped by the late 1960s.

Rape was not the only sexual crime in which culpability was assigned to the victim. Bromberg, Karpman, Slovenko, and other theorists also wrote about child molestation. Echoing the words of a famous 1937 study by Laurretta Bender and Adam Blau, conducted at Bellevue Hospital, Karpman said, “Usually, the child victims had unusually attractive and charming personalities. They made every effort to attract attention from adults. Usually, there were other behavior difficulties, and lack of educability. Their hyperactivity and general restlessness were marked.... Children may not resist; they are often active, or initiate the role. Even where physical force is involved it does not account for the frequent repetition of the act; apparently it was fundamentally satisfactory.”⁶⁸ Similarly, Ralph Slovenko stated that, “The sometimes extreme seductiveness of a young female is a factor which has no place in the law, but it certainly affects motivation. Even at the age of four or five, this seductiveness may be so powerful as to overwhelm the adult into committing the offense. The affair is therefore not always the result of the adult’s aggression; often the young female is the initiator and seducer.”⁶⁹

⁶⁸ Karpman, *The Sexual Offender and His Offenses; Etiology, Pathology, Psychodynamics, and Treatment*, p. 67. With this statement, Karpman was referring to a 1937 study by physicians Loretta Bender and Abram Blau of 11 girls and 5 boys admitted to Bellevue Hospital in New York “following sexual relations with adults.” From the summary of the paper (p. 517): “The sexual relationship between the child and adult in these cases did not appear to depend solely on the adult. The child was either a passive or active partner in the sex relations with the adult, and in some instances seemed to be the initiator or seducer. Nearly all of the children had conspicuously charming and attractive personalities. It cannot be stated whether their attractiveness was the cause or effect of the experience, but it is certain that the sexual experience did not detract from their charm. Their emotional reactions were remarkably devoid of guilt, fear or anxiety regarding the sexual experience. There was evidence that the child derived some emotional satisfaction from the experience.” Bender, Laurretta, and Abram Blau. “The Reaction of Children to Sexual Relations with Adults.” *American Journal of Orthopsychiatry* 7, no. 4 (October 1937): 500–518.

⁶⁹ Slovenko and Phillips. “Psychosexuality and the Criminal Law,” p. 808.

For Bromberg, Von Hentig's categorization of the "latent" victim could be applied in this case:

"In the specific case of the sexual victim of the pedophile, it can be said without indicting the vast number of innocent victims of these offenders that the unconscious wish of the victim to be fondled and loved undoubtedly plays a role in these cases."⁷⁰

“Half Won Arguments in Parked Cars”: Psychiatry and Expert Literature

Rape consists of sexual intercourse with a woman without her consent. The crime covers factual situations ranging from brutal attack familiar to tabloid readers to half won arguments of couples in parked cars or intercourse with willing girls who lack the legal capacity to grant consent. The "facts" may be elusive, ambiguous, or fabricated. And the sexual nature of the crime is conducive to false accusation. Moreover, the word "rape," plus the aspect of a "wronged" girl on the witness stand, may lead to conviction of a defendant, "though never so innocent."-- "Forcible and Statutory Rape: An Exploration of the Operation and Objectives of the Consent Standard"

Legal writers routinely referenced psychoanalytic ideas – which by the mid-20th century were deeply concerned with unconscious processes – when writing about rape.⁷¹ One 1952 *Yale Law Journal* review article about the consent standard cited psychoanalytic authorities ranging from Freud, Otto Fenichel, Karen Horney, and others to argue that the standard was flawed.⁷² Concerned with the possibility of false accusations, the author wrote that even the resistance standard might not be enough to prove beyond a doubt that an accused rapist was guilty because of the danger presented by a woman's conscious-unconscious ambivalence about sex, which was by then believed to be endemic to female psychology.

⁷⁰ Walter Bromberg, *Crime and the Mind; a Psychiatric Analysis of Crime and Punishment* (New York: Macmillan, 1965), p. 316.

⁷¹ The wave of psychoanalysts who influenced the course of American psychiatry fled Nazi Europe, and downplayed some of Freud's more permissive and liberal ideas.

⁷² "Forcible and Statutory Rape: An Exploration of the Operation and Objectives of the Consent Standard." *The Yale Law Journal* 62, no. 1 (1952): pp. 55–83.

Evidence of a woman's behavior will not always portray accurately her attitude toward the sex act. And the actions of a woman whose attitude is ambivalent may leave signs of "resistance" to support a subsequent accusation. To learn the woman's attitude more precisely, enforcement officers should turn to psychiatric counsel and other scientific fact-finding aids. These procedures are more likely to uncover conscious or unconscious distortions in the woman's report than a prosecutor's intuitive judgement.

The article referenced the difficulty of establishing consent when a woman had in fact been ambivalent about the act, citing numerous psychiatrists and psychoanalysts as authorities on personality theory and female psychology.⁷³ The authors argued that in stereotyped sexual attacks, a woman's opposition would be more clear, and that "Therefore, for the consent standard to function without jeopardizing innocent males, the woman must have a clearly formulated, self-perceived attitude toward the act, reliably evidenced by her behavior at the scene, and accurately recalled." However, in the context of dating or other social relationships, the distinction was less clear.

...the behavior, controlled by personality forces other than those which determine the consciously perceived attitude, will contradict the woman's self-perceived disposition to the act. When her behavior looks like resistance although her attitude is one of consent, injustice may be done the man by the woman's subsequent accusation. Many women, for example, require as part of preliminary "love play" aggressive overtures by the man. Often erotic pleasure may be enhanced by, or even depend on, an accompanying physical struggle.⁷⁴

Because women were expected to show a degree of resistance even if they did consciously desire sex, the standard for resistance for proving that an encounter was non-consensual was thus high. The problem, of course, was determining whether the cessation of struggle was a result of giving in to futility or a change in attitude that indicated consent.

⁷³ Among the people he cites: Otto Fenchel, Sigmund and Anna Freud, Gordon Allport, Franz Alexander, Henry Murray, and many others. See notes in "Forcible and Statutory Rape: An Exploration of the Operation and Objectives of the Consent Standard." *The Yale Law Journal* 62, no. 1 (1952):pp. 55-83.

⁷⁴ "Forcible and Statutory Rape: An Exploration of the Operation and Objectives of the Consent Standard." *The Yale Law Journal* 62, no. 1 (1952):p. 66.

Other literature also drew on this body of psychiatric expertise. In 1965, the Institute for Sex Research (soon to be renamed the Kinsey Institute) published a study of sex offenders based on case histories of 1,500 men convicted for sex-related crimes.⁷⁵ (Obviously, since the study was of convicted offenders, it left out crimes that were unreported or unsuccessfully prosecuted.) Alfred Kinsey had passed away in 1956, and this study was a follow up to *Sexual Behavior in the Human Male* and *Sexual Behavior in the Human Female*, neither of which had studied criminal sexual behavior. For the purposes of the study, the ISR defined sex offenses as acts “committed for sexual gratification which is contrary to prevailing sexual mores and or legally punishable, and results in legal conviction.”⁷⁶ In their discussion of rape, the authors argued that the question of force was beclouded by potential for ambivalence if a woman was aroused but didn’t want to have sex, which resulted in the “delusion” that she yielded to force rather than persuasion. In their chapter on “Heterosexual Aggression” against adults, they stated:

Any reasonably experienced male has learned to disregard such minor protestations, and the naïve male who obeys his partner’s injunction to cease and desist is often puzzled when she seems inexplicably irritated by his compliance. Secondly, there is a certain masochistic streak in many women: they occasionally desire to be overpowered and treated a little roughly. It is, after all, very ego-satisfying for a female to feel she is so sexually attractive that the male cannot maintain social restraints and reverts to “caveman” tactics. Indeed some women complain that their partners are too gentle; “Why do you always ask me, why don’t you just take me sometimes?” Our literature, cartoons, and advertisements are ample testimony that a male is supposed to be physically forceful in his sexual behavior and that the female is supposed to respond favorably. Actually there is some sound biology behind this supposition....⁷⁷

⁷⁵ Institute for Sex Research. *Sex Offenders; an Analysis of Types*. [1st ed.]. New York, Harper & Row, 1965.

⁷⁶ *Ibid.*, pp. 8-9.

⁷⁷ *Ibid.*, p. 177.

By the time they were writing in 1965, the authors had an established body of expert psychiatric literature to draw on to support their assertions. They cited Slovenko and Phillips' article about rape and the riddance mechanism, as well as the writings of other experts, including Karpman and Bromberg. They identified female masochism as a defense and projection mechanism that enabled inhibited women to enjoy sex without guilt through being overpowered.⁷⁸ Some of the rapists they studied seemed to interpret a woman's yielding to threats as consent. They noted that many of the men they interviewed clung to the popular fantasy about a woman initially resisting, but ultimately giving in to force— precisely the phenomenon that Ruth Herschberger described in *Adam's Rib*.

Another study that combined ideas from victimology with the concept of feminine masochism appeared in 1971. Menachem Amir, a University of Pennsylvania criminologist who conducted a widely-cited study using crime statistics on rape in Philadelphia from the late 1950s, published a book called *Patterns in Forcible Rape* in 1971. Rightly hailed as extremely progressive for its time, the study challenged many of the racially-charged myths surrounding rape by spotlighting the phenomenon of intra-racial (white-on-white or black-on-black) rape, and offering a tempered version of existing rhetoric by suggesting that statues be changed to recognize “good faith resistance.”⁷⁹ However, in his final chapter, entitled “Victim-precipitated forcible rape,” Amir defined victim precipitation as follows:

Theoretically, victim precipitation of forcible rape means that in a particular situation the behavior of the victim is interpreted by the offender either as a direct invitation for sexual relations or as a sign that she will be available for sexual contact if he will persist in demanding it.... Victim behavior may consist of an act of commission (e.g., she agreed to drink or ride with a

⁷⁸ Ibid., pp. 177-78.

⁷⁹ Amir, Menachem. *Patterns in Forcible Rape*. Chicago: University of Chicago Press, 1971.

stranger), or omission (e.g., she failed to react strongly enough to sexual suggestions and overtures).

The term “victim precipitation” had originally been introduced by Marvin Wolfgang, another University of Pennsylvania criminologist and mentor to Amir. Wolfgang had conducted a well-received study of homicide patterns in Philadelphia using statistical data from 1941-1952; he used the term “victim-precipitation” to describe cases in which the homicide victim had instigated a physical altercation, either by attacking first or displaying a weapon. Wolfgang argued for a distinction of degree between victim-precipitated and other homicides; where one might be considered first or second degree murder, when violence was instigated by the victim the charge might be reduced to manslaughter. Amir adapted this idea in the case of rape as follows:

The term “victim precipitation” describes those rape situations in which the victim actually, or so it was deemed, agreed to the sexual relations but retracted before the actual act or did not react strongly enough when the suggestion was made by the offender(s). The term applies also to cases in risky or vulnerable situations, marred with sexuality, especially when the victim uses what could be interpreted as indecency in language and gestures, or constitute what could be taken as an invitation to sexual relations.

Like Wolfgang, and unlike other researchers, Amir drew on statistics gathered from police records rather than convicted offenders. Amir emulated Wolfgang’s study in other ways.

Wolfgang had published an article before the release of his book called “Victim-precipitated Criminal Homicide,” and called his book *Patterns in Criminal Homicide*.⁸⁰ Amir published an article called “Victim-precipitated Forcible Rape” in 1967, and *Patterns in Forcible Rape* in 1971.

⁸⁰ Wolfgang, Martin F. “Victim Precipitated Criminal Homicide.” *J. Crim. L. Criminology & Police Sci.* 48 (1957): p. 1 and Wolfgang, Marvin E. *Patterns in Criminal Homicide*. Philadelphia: University of Pennsylvania, 1958.

The scope of Amir's study was broader than that of the Institute for Sex Research study because he focused on cases in police logs, rather than only those that resulted in conviction. However, the cases that made it into the police records were limited to those that were "founded" given the contemporary police standards for what constituted a prosecutable offense. In designating some cases of rape as victim-precipitated, Amir was advocating for a changed legal view of such cases — because according to him, "the law is not equally interested, or perhaps not at all, in the offender's interpretation of victim behavior and intentions. The closest we have come to such interpretation is when the victim's personality is assessed for establishing previous chaste character or reputation." In essence, he argued that the law take the perpetrator's perceptions of the victim's sexual availability into account. However, the objective interpretation of victim behavior or perpetrator perception was much less straightforward in the case of rape than it was in the case of homicide, which Amir acknowledged.

In seeking to identify victim precipitated cases in police files, we have no objective measures with which to decide upon these cases, as are provided by legal interpretation of homicide. The police dossiers include evaluative statements by the witnesses and offenders which give the investigator a feeling that no objective proof exists for what was actually seductive and provocative behavior in the part of the victim. In some files examined, the police interrogator recorded his own evaluative opinion, but there was no consistency in recording such opinions and we had to rely on our own interpretation of the data found in the files.

Amir's study, pioneering in one sense because it gathered a large body of statistics that challenged prevailing racialized understandings of rape, still relied on existing expert literature to interpret his data. In Chapter 14, called "The Potential Victim and the Vulnerable Rape Situation," he wrote:

The underlying idea of the psychoanalytic school of thought is the tendency for victimization as a universal condition of every woman. It assumes the idea of "polymorphic perverse" characteristic of humans. Reflected in women is the tendency for passivity and masochism, and a universal desire to be violently possessed and aggressively handled by men. Some writers even claim that

there is a universal wish among women to be raped or at least to be forcefully seduced by strangers.

Entering the role of a victim may alleviate anxiety and mollify the feelings of guilt which the forbidden wishes evoke, and it will allow a taste of the “sweetness of stolen waters.” Sometimes the very fear of rape may activate a “riddance rape,” whereby those who suffer from such fear may get rid of anxiety by doing the very thing that is feared, or the victim may yield to being raped in order “to get it over with.” Whatever is one’s judgement on such views, it follows that rape may be a primarily pleasurable event or provides a secondary gain as a liberating experience.”

Even with the above and its chapter on victim culpability, Amir’s study represented great strides in terms of expanding the literature on rape. It was the most progressive study to date because it offered empirical proof that rape was not simply a black-on-white crime. Indeed, Amir’s study showed that black women in Philadelphia were particularly vulnerable to being raped, since the number of cases involving black women exceeded white women both proportionally and in absolute terms. The proportion of white women targeted by black men was 4% of the total, and of black women targeted by white men was 3%. The phenomenon of intra-racial rape was hardly spoken about in the public sphere at that point.

The study examined multiple aspects of the crime, ranging from the demographics of victims and offenders to situational factors, to characteristics and circumstances which made it more likely to happen. The study also highlighted the psychological normalcy of rape offenders, and the fact that the vast majority of the rapes Amir studied— 82.1%— were wholly or partially planned countered the narrative that rape was the impulsive result of abnormally strong sexual impulses or that rapists were weak, confused, or even repressed homosexuals (as some psychoanalytic theories suggested).

In the absence of other empirical studies, Amir’s work served as an authoritative source for data about rape for years, and it was referenced routinely in the bibliographies of many early

rape crisis centers and feminist books about rape. When Amir's book was published in 1971, important developments were taking place in the feminist movement. Even as his study incorporated the assumptions about masochism that had been circulating in the past two decades, a critique was emerging, and feminists were beginning to push back against these victim-blaming expert narratives.

However, feminists were not the first to notice and comment that rape victims fared poorly when they sought help or treatment. In the mid-1960s, one of the first public health studies was conducted on victims of rape. The study, which was small-scale and local, nevertheless highlighted the poor treatment that women received at the hands of police and hospital staff when they sought help.

The Focus Shifts to the Victim Experience

On July 25, 1965, an article appeared on the front page of *The Washington Post* about the poor treatment of a woman who sought help from the police after having been assaulted by three "youths" in the Georgetown neighborhood of Washington, DC. After filing a police report, the woman was escorted by officers to DC General Hospital, where she waited for over five hours for an evidence collection examination. The exam itself lasted ten minutes, and she was offered no medical treatment or advice while at the hospital. Only when she refused to go back to the police station and went to her private physician was she able to finally get medical care for her injuries, seven hours after the incident.

Normally, this story would have been unremarkable, but the woman was the wife of a State Department official, and, as the *Washington Post* writer noted, "obviously a woman of strong moral fiber" who had "reached the point where she now speaks with righteous indignation

beyond her own experience.” At the police station, she had found herself waiting next to another woman, a CIA employee, who had been raped in her apartment the previous night. The wife of the State Department official said that she and the other woman were treated more like “cold statistics than human beings,” and they overheard comments from the police officers that included, “we got another one like this.”⁸¹ However, the woman took the greatest issue with her treatment at the hospital, where she was given no advice about or treatment for possible pregnancy or disease, nor a place to wash when she asked for one. She arrived at her physician’s office with twigs still in her hair. A spokesman for the hospital offered the following defense: “Dr. Gustavo Nava, medical officer in charge of the emergency services at the District General, said that the hospital’s function is to examine the patient for ‘medical-legal evidence’ and not to treat her.” Quoting Nava, the article continued, “We’re not supposed to volunteer prophylactic treatment for disease or pregnancy,’ he said. ‘Our part is the determination of rape. Upon request from the patient, we would answer questions. In 2 1/2 years here, I still have to see a request.’” The woman countered this statement with the question: “‘But would a distraught, humiliated victim of rape have enough presence of mind to ask for help?’ Her own doctor,” the story continued, “was appalled that no provision had been made to do this.”

The story prompted an outcry. On July 29th, the *Post* published an article lambasting the Health Department for its policies regarding rape victims and a second that reported the angry response from none other than Senator Robert Kennedy, who knew the victim personally and rebuked the city for being lax on crime and DC General for not offering immediate medical care

⁸¹ White, Jean M. “Victim of Rape Assails Medical Testing For Evidence That ‘Ignores’ Patient.” *The Washington Post, Times Herald* (1959-1973). July 25, 1965.

to rape victims.⁸² Days later, the hospital announced that it was going to start offering germicidal treatment and syphilis testing as part of its protocol for rape victims. In August, the director of the Department of Health struck down a 1946 rule that stated that rape victims could only be taken to DC General for evidence collection, giving victims the option of going to other hospitals or being treated by private physicians instead.⁸³

The incident also prompted what seems to be the first systematic study in the US of the experiences of rape victims who sought help in city hospitals, the results of which were presented at 94th meeting of American Public Health Association in San Francisco on November 3, 1966.⁸⁴ The study was a pilot program that involved connecting rape victims to public health nurses. Victims were still questioned by the DC police's sex squad, and police still had the power to determine whether rape had indeed taken place or whether emergency treatment was necessary. Victims were escorted to the hospital by policewomen. A public health nurse (“a liaison public nurse who works with the sex squad”) would contact the victim by telephone or in person. “After 90 days from the first contact, the nurse continues to make periodic telephone calls or visits to patients who need further counseling or referral or whose cases are being processed further by the police, because these patients are considered to be under great emotional strain,”⁸⁵ said the study’s authors.

⁸² “Coarse Treatment.” *The Washington Post, Times Herald* (1959-1973). July 29, 1965, and Carper, Elsie. “Senator Calls City Officials Lax on Crime.” *The Washington Post, Times Herald* (1959-1973). July 29, 1965, sec. City Life.

⁸³ Dewar, Helen. “Grant Alters Rape Victim Procedure: Washington to Change Procedures For Treatment of Rape Victims.” *The Washington Post, Times Herald* (1959-1973). August 12, 1965, sec. City Life.

⁸⁴ Grateful thanks to Dr. Catherine Jacquet of Louisiana State University for alerting me to the existence of this study.

⁸⁵ Hayman, C. R., F. R. Lewis, W. F. Stewart, and M. Grant. “A Public Health Program for Sexually Assaulted Females.” *Public Health Reports* 82, no. 6 (June 1967): p. 497.

The study took into consideration only the reports that police deemed were worth pursuing. 944 complaints were made that year, and 493 were dismissed out of hand because they were “unfounded or of a minor nature.” Of the 451 girls and women in the study, the overwhelming majority (86.7%) were “nonwhite,” and 60 were white. Police interest in getting the victim a medical examination was largely to establish proof of rape— meaning penetration within the labia “against the extreme will of a female of a certain age,” per the technical requirements under the law. The results surprised the researchers, who found that “the common picture of sexual assault, that of an adult woman raped by a strange adult, is far from being complete. About one-fourth of the victims were children 2 through 12 years old, and about one-half were under 17. Many of the children were assaulted by close relatives or other persons they knew — these are the victims who suffer the greatest emotional trauma.” The researchers concluded that “Comprehensive health services for these often tragically neglected victims are needed in every community. Many health departments serving areas which had the highest rates for sexual assault in 1964 have indicated that they have no program to provide the needed emergency care and followup assistance.”

Hayman et. al. did not question or problematize the attitudes or behavior of the police or hospital staff, but they did observe that the women needed followup care and emotional support, particularly in the three months following the attack. This study anticipated another that was to happen a few years later, a research and pilot counseling program conducted by Ann Wolbert Burgess and Lynda Lytle Holmstrom at Boston City Hospital. Burgess and Holmstrom, who conducted their work after feminists had politicized the issue of rape, were far more attuned to the effects of entrenched sexism and tendency toward victim-blaming among hospital staff and police. Even so, the Hayman study highlighted the problem of women’s psychological reactions

to rape— and the researchers’ observation that these women were “under great emotional strain” validated their suffering (rather than dismissing it as hysteria), and anticipated the focus on women’s experiences of rape in the 1970s.

Part II: Rape Redefined

“Oleta Abrams, one of the co-founders of Bay Area Women Against Rape, has related an anecdote which clearly reveals the most probable power relations in an actual rape incident. When a policeman asked a woman to insert his billy club into a cup which he continually maneuvered around, the woman simply took the club and struck him on the shoulder causing him to drop the cup, into which she easily inserted the billy club.”

*-Angela Davis, in *Violence Against Women and the Ongoing Challenge to Racism*.¹*

“Many people continue to believe that a woman cannot be raped. Many years ago Clarence Darrow allegedly attempted to demonstrate this in court by holding a cup in a mobile hand and instructing someone to try to insert a pencil into the cup. I was subjected to the same game on a TV program in 1972. Of course one could easily get the pencil into the cup if one was armed, or if one were to beat the person in the face so that he stopped focusing on moving the cup away, or if one twisted an arm behind the cup holder’s back until pain achieved the same end. But these points were missed, presumably because they contradict the myth that women cannot be raped.”

*--Diana Russell, *The Politics of Rape*²*

On the morning of April 17, 1970, a group of radical feminists held a conference on rape at Washington Irving High School in Gramercy Park, just east of Union Square in New York City. The New York Radical Feminists (NYRF) had hosted an event a few months earlier at which women spoke publicly about having been raped. The conference was intended to be a space where they presented and exchanged information, clarifying the problem and working on next steps. The program included an open consciousness-raising session in which women spoke about their experiences with being the targets of rape, harassment, and sexual abuse; presentations by speakers on different aspects of rape, ranging from cultural to psychological and legal; self-defense; and a closing session about next steps at which a blueprint for the crisis center model was developed.

¹ Davis, Angela Yvonne. *Violence against Women and the Ongoing Challenge to Racism*. Vol. 5. Kitchen Table/Women of Color Pr, 1985, p. 5.

² Russell, Diana. *The Politics of Rape: The Victim’s Perspective*. Lincoln, Ne.: iUniverse, 2003, p. 257.

Radical feminists knew that part of the problem lay with expert understandings of rape. At the workshop's consciousness-raising session (which was recorded and transcribed), the participants' dialogue indicates that they were only too aware of the implications of their received understandings about the problem:

Is there a difference in sexuality between men and women. Our sexuality isn't as strong, we tell ourselves; we should compromise ourselves and help this poor man with his drives and we're being masochistic; we've been taught to be raped, (in a very broad sense of the word, not in the sense of walking down the street).

"You're cute when you're mad."

In the psychiatric literature, struggle is a component of the sex act.

I think in college I must have met 15 men in my senior year who were really into that. The more you protest, the more determined they were to make love to you in the Sig Ep parking lot. What do you do? Do you get out and run away at two o'clock in the morning? Yes, if you're smart. But a lot of girls can't.

There are a lot of women who think that's attractive.

How many women do you know who think that's attractive?

Not in reality but in their training they've been taught to have that as a fantasy too. Probably when it comes down to it in reality, they wouldn't want it.³

Phyllis Chesler, who would shortly write an indictment of sexism in psychiatry called *Women and Madness*, presented on the phenomenon of analysts sexually abusing their patients. A talk by a feminist social worker named Florence Rush took down the "psychiatric mumbo jumbo" that portrayed children as the actual seducers in instances of child molestation— a close cousin of the victim-blaming theories covered in the previous chapters. Rush connected these psychiatric rationalizations to the larger problems of male dominance and "the educative process of

³ New, York Radical Feminists. *Rape: The First Sourcebook for Women*. Edited by Noreen Connell and Cassandra Wilson. Women's Studies. New York: New American Library, 1974.

becoming a female." For her talk, Rush was given a standing ovation.⁴ Unsurprisingly, the group found much of the existing literature to be steeped in beliefs about female psychology that cast blame on the targets of rape, rather than on the assailants.

As they grappled with the problem of rape, it quickly became obvious that the issue was deeply entangled with the system that women encountered when they sought help or justice, and that the understandings of the people who were part of that system were deeply tied to knowledge produced by psychiatrists, criminologists, and victimologists. Feminists mobilized on multiple fronts: legal activism to change laws that had made rape so difficult to prosecute; the creation of rape crisis centers that put radical activists in close proximity with physicians, police, and court systems; and the broader work of challenging existing understandings of rape and highlighting the harm that it did to victims.

The three chapters in this section follow several major developments. The first is how radical activists pushed back against the accumulated weight of decades of expertise that blamed rape victims for what happened to them, supported by psychiatric ideas about sexual violence and victim psychology. By focusing on their own experiences, politicizing this new knowledge and theorizing from it, feminists redefined the parameters of what was considered rape and developed a set of strategies to address the problem at a grassroots level. These strategies ranged from lobbying for change in police and hospital settings, speaking with the media, educating people in their communities, and advocating for changes to laws. The shift in focus to the psychological trauma that rape caused in victims was key to this change. Because rape had been conflated with sex in previous decades, it was not read as traumatic (unless accompanied by serious violence). Only when feminists spotlighted the difficulties that victims

⁴ Susan Brownmiller, *In Our Time: Memoir of a Revolution*, 1st ed. (The Dial Press, 1999), pp. 201-204.

faced as they sought medical treatment or justice and highlighted the devastating psychological consequences of rape did the broader conversation begin to change. This broad redefinition of rape also resulted in changes to the institutions that anti-rape activists came into contact with.

The second major development was the creation of new scientific knowledge about rape victims, inspired by feminist consciousness-raising, that was *neutral on the question of women's psychology*— meaning that it did not assume that what had happened to women was connected to something in their unconscious or the presumption of their masochism. The researchers who conducted the influential study that led to the articulation of Rape Trauma Syndrome accomplished this by drawing on crisis psychiatry, an approach that had been developing alongside psychoanalytic literature in the previous two decades, but that was not at the center of psychiatric practice.

These chapters also follow the story of how the multiple epistemic injustices to which victims of rape were subjected were addressed: first, through the realization that women's received understandings were so at odds with the reality of their experiences, and then through the creation of new knowledge from which activists theorized about the problem and acted back upon on the institutions with which victims interacted, and finally, through the creation of scientific expertise that incorporated the experiences and experiential knowledge of women who had been the targets of rape.

Chapter 3

Feminists Take on Rape

Introduction

In the spring of 1971, a jeweler named Jerry Plotkin was on trial in San Francisco for kidnapping and raping a woman at gunpoint, along with three accomplices. The trial, which the *San Francisco Chronicle* covered extensively, was a brutal experience for the woman whom Plotkin assaulted. Visibly upset after a long day of intrusive questioning about her sexual history, her intimate life with her boyfriend, her previous employment as a cocktail waitress, and even whether her children engaged in sexual play, she said to the defense lawyer, “May I ask you a question?” Surprised, he assented. “Am I on trial?” she asked. “I did not commit a crime. I’m a human being.”¹

Plotkin was acquitted, not an unusual outcome for rape trials in this period. What was unusual, however, was the protest taking place outside of the courthouse. A group of Bay Area feminists was handing out leaflets entitled “Rape in the Courtroom.”² The leaflet, excerpted in the *Chronicle*, highlighted problems that women routinely encountered when they tried to prosecute rapists, the most glaring being that discrediting the witness by making her seem promiscuous was nearly always a winning strategy for the defense. Plotkin’s lawyer had portrayed him as a playboy and aggressively used the victim’s sexual history to discredit her. “In the view of men,” the leaflet stated, “only the virginal, the pristine woman conforming to an ideal imaged of exalted saintliness, is afforded the protection of having a rape committed on her

¹ “Grueling Day for Rape Case Victim.” *The San Francisco Chronicle*, April 1, 1971.

² The *San Francisco Chronicle* covered the protest in an April 6, 1971 article entitled “Libber Protest at Plotkin Rape Trial.”

considered a crime. In their view, it is no crime to force sexual acts upon a mature woman who has exercised her sexual freedom in the past.”

1971 was a pivotal year for feminist organizing against rape. The Bay Area was home to a number of feminist groups, some of which were engaged in guerilla-style or extra-legal action on a variety of issues, including sexual violence. Feminist articles about the problem began to appear in the influential Bay Area feminist periodical *It Ain't Me, Babe* in 1970, beginning with individual accounts of rape and yielding quickly to political analyses that understood rape as a product of systemic sexism. Prompted by these writings, the New York Radical Feminists (NYRF) held the public speak-out in January 1971, at which women broke a powerful social taboo by publicly testifying about their experiences of sexual assault, including the difficulties they encountered in hospitals, police stations, and courts when they sought treatment or redress. The following April—the same month as the Plotkin trial—the NYRF held their high-profile conference, gathering together what information was available about rape from medical, legal, and psychiatric sources, and bringing feminist analysis to bear on the problem while searching for possible solutions. Recalling Ruth Herschberger, feminist activists quickly homed in on the complicity of psychiatry, with its victim-blaming assumptions about female masochism.

The national anti-rape movement, including anti-rape projects and rape crisis centers, were the result of radical feminist organizing. However, this movement was not the first organized movement against rape, because, as discussed in the previous section, African American women had been organizing on the issue since the 19th century. Introducing anti-rape work to the feminist agenda required a defiant, iconoclastic approach that included a radical reexamination of the sex/gender system, an approach which mainstream, liberal feminists were at first reluctant to use. And yet, the movement ultimately needed and benefited from the expertise of

mainstream feminists, whose ability to work within the system helped win many of the decade's landmark legal reforms. The marriage of the two approaches explains why the anti-rape movement was as successful as it was, but also why its reforms only carried so far. Crisis centers proliferated in the 1970s, and there were 400 active anti-rape projects around the country in 1976.³ NOW formed a national Rape Task Force in 1974, which began lobbying for legislative change around the country even as its individual chapters worked on effecting change locally.

However, at the start of the feminist movement against rape, it was far from evident what the best approach would be. Activists engaged in a range of responses when the problem was first elevated to a feminist issue. The two most visible and long-lasting initiatives were challenges to laws around the United States which had made prosecuting rape and gender violence so difficult and the formation of rape crisis centers. The move from guerrilla actions, street theatrics, and shock tactics to organized efforts to lobby for the reform of rape laws and the creation of rape crisis centers took place as the feminist movement itself was starting to look quite different: the radical vs. liberal feminist distinction was beginning to break down, and activists began to organize themselves on single issues within the broader women's movement.

To understand how feminist activism changed the cultural conversation on rape, it is necessary to understand the radical feminist movement itself. Many early radical feminists had been active in the Civil Rights and anti-war movements. By the late 1960s, they had already done important work concerning women's health and abortion. Borrowing from the playbooks of these other movements, they used direct action, publications, civil disobedience, and extra-legal tactics to achieve their goals. The radical feminist movement also developed a

³ This data comes from a survey done by the NOW Rape Task Force, headed by Mary Ann Lergen, in 1976.

sophisticated critique of power relations between the sexes, drawing on Marxist, class-based approaches that had been effectively used by Civil Rights activists. The people, ideas, politics, and strategies that converged in New York and other cities at the end of the 1960s created fertile ground for radical feminists to take up the problem of sexual violence. Liberal feminists were deeply self-conscious about appearances and shied away from approaches that made them seem unrespectable or unfeminine. Radical feminists, on the other hand, made it their business to use a variety of tactics to bring attention to feminist issues. As other scholars have argued, their willingness to flout convention enabled radical feminists to bring public attention to taboo issues in new ways: by politicizing the personal and by speaking openly about matters that were intensely private, shameful, or forbidden, including abortion, battery (intimate partner violence), and rape.⁴ Key to this development was the emphasis radical feminists placed on women speaking to one another about their personal experiences— first spontaneously, out of frustration at their subordination within other movements, and then as part of a structured, coordinated, and deliberate strategy known as consciousness-raising or c-r. Adopted when the radical feminist movement was still open to defiant, innovative approaches to taboo topics, c-r helped to deeply politicize the issue of rape.

In this chapter, I examine the emergence of the radical feminist movement on the East Coast before turning to how crisis centers and other feminist organizations became centers of authoritative knowledge on rape, displacing other so-called experts. Radical feminist collectives engaged in anti-rape work as early as 1968, as articles that circulated in the feminist press

⁴ Bevacqua, Maria. *Rape on the Public Agenda: Feminism and the Politics of Sexual Assault*. Boston: Northeastern University Press, 2000, pp. 29-31.

communicated ideas, frameworks, and strategies across the country. However, work against rape took a decisive turn when consciousness-raising combined with New York feminist groups' radical political analysis, moving action on the issue from small-scale projects to a formidable national movement.

The Second Wave begins

The publication of Betty Friedan's *The Feminine Mystique* in 1963 is often cited as the origin of Second Wave feminist movement. A sleeper hit, the book quickly sold millions of copies. It spoke to the malaise of a generation of (white) suburban, educated middle-class women, giving a name to the slow wastage that many felt they were experiencing in their lives. However, its publication was just one of a number of important developments that paved the way for the Second Wave.

The inclusion of the sex provision in the Civil Rights Act of 1964 was deeply significant and would be used to advance gender equality in the workplace and in education in the decades to come. After the passage of the Civil Rights Act, the Equal Employment Opportunity Commission (EEOC) was formed. Even its leadership believed that its sole purpose was to address cases of racial discrimination; the EEOC's first director, Herman Edelsberg, called the sex provision "a fluke, born out of wedlock."⁵ The EEOC's failure to respond to sex discrimination complaints led to the founding of the National Organization for Women (NOW). State-level EEOC commissions were established around the country. At the Third National Conference of the EEOC state commissions, a group of women, including Betty Friedan, tried to

⁵ Ritter, Gretchen. *The Constitution as Social Design: Gender and Civic Membership in the American Constitutional Order*. Stanford University Press, 2006, p. 226.

pass a resolution calling on the EEOC to respond to sex discrimination cases. The resolution did not pass. A number of attendees met in Friedan's hotel room later that evening, and NOW was born.

A narrative that does justice to the color and texture of the women's movement could fill many books, and we can only touch on it selectively here. Alice Echols's *Daring to be Bad* provides a detailed history of the radical women's movement. Sarah Evans' *Personal Politics* examines how the radical feminist movement arose out of Civil Rights activism.⁶ Maria Bevacqua's *Rape on the Public Agenda* is an excellent overview of the anti-rape movement, from its inception within the radical women's movement to its elevation into the broader feminist agenda, to the way that rape was reconceptualized broadly at the social, cultural, and political level. Bevaqua has traced the evolution of the anti-rape movement, uncovering how feminist activists rearticulated issue of rape into a broad political and cultural problem, arguing that even as feminists made huge advances toward changing the situation that faced rape victims, the original aims of the anti-rape movement's instigators were blunted when feminists had to collaborate with other groups to win reforms and to continue their work, especially by the late 1970s. Susan Brownmiller's *In Our Time* is a thoroughgoing account of the radical feminist movement, meticulously researched and told by an insider (Brownmiller, a journalist and activist, became famous for her 1975 book, *Against Our Will: Men, Women, and Rape*, the first scholarly work on the history of sexual violence). Because this ground has been well-covered by other authors, I will refer interested readers to their work as well as the memoirs of women involved in the movement in this period. The history below is selective, and seeks to highlight

⁶ Evans, Sara M. *Personal Politics: The Roots of Women's Liberation in the Civil Rights Movement and the New Left*. New York: Vintage Books, 1980.

developments that were most important to laying the ground for the anti-rape movement and the rise of rape crisis centers.

Emergence of Radical Feminism and Women's Liberation

Radical feminism arose from Civil Rights activism as well as anti-war activism. Female activists, black and white, who had experienced discrimination in the Civil Rights movement began pushing back against it in the mid-1960s. Events like Freedom Summer 1964 put young, educated white women in close proximity with experienced southern Civil Rights activists, many of whom were African-American women in leadership positions.⁷ Intensely political in their approaches, often with Marxist or socialist commitments, these activists chafed against deeply-entrenched sexism as they found themselves making coffee, typing, mimeographing, and doing other low-status work in movements that were, ironically, working towards equality and liberation on behalf of other groups.⁸ Approximately half the volunteers in the Civil Rights movement of the 1960s were women, and a number of them were key to starting and growing Women's Liberation in the late 1960s.⁹ The mostly black-led Student Nonviolent Coordinating Committee (SNCC) and Students for a Democratic Society (SDS) brought together young, left-leaning activists, including young white activists who traveled to the American South to risk their lives for the cause of racial equality.

Black women, who themselves experienced sex discrimination in organizations like SDS, found themselves having to protest their inequality within the movement, even though they were

⁷ Brownmiller, Susan. *In Our Time: Memoir of a Revolution*, 1st ed. (The Dial Press, 1999), p. 12.

⁸ Bevacqua, Maria. *Rape on the Public Agenda: Feminism and the Politics of Sexual Assault*. Boston: Northeastern University Press, 2000, p. 29. Material in this section draws on the works mentioned above.

⁹ Brownmiller, *In Our Time: Memoir of a Revolution*, p. 11.

indispensable to their organizations. Black female activists provided the first models for white women who pushed against the sexism in the New Left. Being exposed to (relatively) empowered female leadership made the position of white women activists in their own organizations even more galling as some of these white New Left women realized that the ideals they were working towards on behalf of African Americans— equality, participatory democracy, dismantling of hierarchy— did not extend to them. In one famous anecdote that was widely quoted to illustrate the sexism in the movement, SNCC leader Stokely Carmichael allegedly quipped: “What is the position of women in SNCC? The position of women in SNCC is prone.” While insiders who got the joke knew that Carmichael was referring to the sexual relationships between white women and black men the previous summer, his comment quickly became shorthand for the sexism that was endemic to the movement.¹⁰

Before feminists articulated the harms of rape by spotlighting its traumatic effects on victims, the discourse about rape was quite different. In the New Left, rape was largely spoken about as a tool for the oppression of black men by accusing them of raping white women. In 1968, Eldrige Cleaver, a founding member of the Black Panther Party, published a memoir called *Soul on Ice* in which he described his journey from being a drug dealer and rapist to becoming a revolutionary. He described how following a breakdown in the wake of the Emmett Till murder, he came to view raping white women as an insurrectionary act, "practicing" first on black women in his own neighborhood before moving on to white women. He reflected on how he came to see these acts as wrong in prison, after becoming a follower of Malcolm X. Later commenters noted that Cleaver didn't seem to see the incongruity of his preying on black women

¹⁰ Evans, *Personal Politics: The Roots of Women's Liberation in the Civil Rights Movement and the New Left*, p. 88.

before he "crossed the tracks" and targeted white women for rape. The book was widely read and roundly praised, especially in New Left circles. Feminists criticized New Left men for accepting Cleaver's perception of white women as merely an extension of white men and as a tool through which he could get back at them.¹¹

SNCC activists Mary King and Casey Hayden (both white) were two early founders of SDS. Influenced by French philosophical writing, including Simone de Beauvoir's *The Second Sex*, they started to suggest the book to others— alienating some in the movement, who believed that shifting focus to “women’s issues” would divert attention from more important problems.¹² King and Hayden produced a position paper on women in the (predominantly black) SNCC called “A Kind of Memo” in 1965. Addressed to the black women in the organization and inspired by a combination of leftist ideas and thinkers like Beauvoir, the paper anticipated later radical feminist analysis of women’s oppression by comparing it to the caste-based oppression of African Americans, and it highlighted just how little dialogue there was in the movement about women’s inequality.¹³ Possibly the first publication of what became known as Women’s Liberation, “A Kind of Memo” employed the class-based analysis of sex relations that would later facilitate radical analysis of rape and a host of other issues— something that wouldn't have

¹¹ “Besides being a rare glimpse into the mind of an actual rapist, it reflects a strain of thinking among black male intellectuals and writers in the late nineteen sixties and was taken up with astonishing enthusiasm by white male radicals and parts of the white intellectual establishment as a *perfectly acceptable excuse* for rape committed by black men. The key to the ready acceptability of Cleaver’s thesis is obvious. The blame, as he saw it, belonged on white women.” Brownmiller, Susan. *Against Our Will: Men, Women, and Rape*. New York: Simon and Schuster, 1975, p. 274.

¹² Brownmiller, *In Our Time: Memoir of a Revolution*, p. 12 and Echols, Alice. *Daring to Be Bad: Radical Feminism in America, 1967-1975*. American Culture. Minneapolis: University of Minnesota Press, 1989, p. 31.

¹³ Brownmiller, *In Our Time: Memoir of a Revolution*, p. 13.

been possible without King and Hayden's exposure to the struggle of women, black and white, in the Civil Rights movement. Sarah Evans, a historian of the relationship between the Second Wave feminist and Civil Rights movements, put it this way: "Thus the fullest expression of conscious feminism within the civil rights movement ricocheted off the fury of black power and landed with explosive force in the northern, white new left." SNCC soon became an all-black organization, even as Civil Rights activism was moving from "nonviolence to nationalism, from beloved community to black power."¹⁴

The memo was soon passed among SDS women and discussed at a meeting at the University of Illinois in Champaign Urbana in December 1966. Three days of discussion followed, and tension began to emerge between the new consciousness of sex-based oppression within SDS and the women's commitments to New Left principles and the male membership. In *In Our Time*, Susan Brownmiller describes how movement women had previously been "urging resistance to the draft with slogans like 'Women Say Yes to Men Who Say No' — that had been our mentality." Trying to marry the new ideology with dedication to the old cause proved difficult.¹⁵ As Alice Echols observed in *Daring to be Bad*, coming out of the New Left helped the nascent movement grow rapidly, but "it also created a situation where most of the early groups were dominated by 'politicos' — more often responding to what Chicago activist Marlene Dixon called 'the invisible audience of [leftist] male heavies,' than to other women," creating an early rift in the radical feminist movement.¹⁶ Even so, radical feminist ideas were taking hold and inspiring other women who felt marginalized in the New Left. In the first use of the term, a

¹⁴ Evans, *Personal Politics: The Roots of Women's Liberation in the Civil Rights Movement and the New Left*, pp. 100-101.

¹⁵ Brownmiller, *In Our Time: Memoir of a Revolution*, pp. 14-15.

¹⁶ Echols. *Daring to Be Bad: Radical Feminism in America, 1967-1975*, p. 52.

workshop on “women’s liberation” was held at a 1967 SDS conference. The tension between the participants’ leftist political commitments and their desire for sex equality was evident in the resolution produced in the workshop, which asked for “Full participation in all aspects of movement work” and “Freedom now!” but made sure to follow with “We Love You!”¹⁷ Even with this attempt to soften their message, the women were met with jeers and mocked in SDS publications.

A similar occurrence prompted the founding of the first women’s liberation group at the National Conference for New Politics in Chicago in 1967. Two thousand activists had gathered to discuss a variety of topics, ranging from the 1968 election to race, Zionism, and the Palestine question. Jo Freeman and Shulamith Firestone introduced a resolution to give women 51% of the vote in the organization, to reflect the proportion of women in the general population. As Firestone tried to make her way to the stage, the session chair said, “Cool down little girl, we have more important things to talk about than women’s problems,” and gave the microphone to a male activist. Shortly afterward, several women gathered at Jo Freeman’s house to form the West Side Group, the first Women’s Liberation group in the country. Firestone then moved to New York, where she recruited other activists and helped start several influential radical groups, including the New York Radical Feminists, which would be key to politicizing the issue of sexual assault in 1970.¹⁸

Not all of the early radical feminists came out of Civil Rights organizing, however. Roxanne Dunbar (now Dunbar-Ortiz), the founder of a group called Cell 16 in Boston, had been

¹⁷ Brownmiller, *In Our Time: Memoir of a Revolution*, p. 16 and Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975*, pp. 48-9.

¹⁸ Brownmiller, *In Our Time: Memoir of a Revolution*, pp. 19-21 and Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975*, p. 73.

inspired in part by Valarie Solanas' SCUM Manifesto.¹⁹ Solanas had been selling mimeographed copies on the streets of New York before she—and the Manifesto—became notorious following her attempt to kill Andy Warhol in 1968. The SCUM Manifesto opened with, “Life in this society being, at best, an utter bore and no aspect of society being at all relevant to women, there remains to civic-minded, responsible, thrill-seeking females only to overthrow the government, eliminate the money system, institute complete automation and destroy the male sex.” The manifesto was provocative, polarizing, and explicitly anti-male. Yet, for Dunbar and other feminists, it articulated something that had been at the periphery of their awareness: anger at the imbalances of power between the sexes in patriarchal culture, which the manifesto sharply critiqued. Some, like Dunbar, viewed the piece as deeply perceptive satire; others, like Betty Friedan, took it at face value and sought to distance themselves from it. But for Dunbar, it contained truths about male-dominated society that needed to be challenged if meaningful social and cultural change were to happen. A historian with a PhD from UCLA, Dunbar was aware that Lawrence, Massachusetts had been the site of the Bread and Roses Strike, a strike of textile workers led largely by women in the early 1900s. With that in mind, she set her sights on Boston, where an active draft resistance movement was in full swing.

Consciousness-raising and Abortion Activism

Elsewhere, in New York City, radical groups developed the strategy of consciousness-raising (c-r) into a political tool. Strategies used to advocate for the legalization of abortion, including consciousness-raising, speaking publicly about taboo topics, grassroots organizing,

¹⁹ Possibly apocryphally, this was said to stand for the “Society for Cutting Up Men.” Whether this is Solanas’ acronym is unclear.

extra-legal action, and lobbying for legal change, anticipated many of the strategies used in the anti-rape movement. The New York Radical Women (NYRW) was the first group to name and formalize the process of going around the room and “rapping,” as speaking from personal experience about particular topics was called.

While there was resistance to joining Women’s Liberation in Chicago from women who were partnered with New Left men, women who joined the radical groups in New York were much more willing to break from the New Left and apply political analysis to their experiences as women.²⁰ Even though there were differences among them, the combination of radical ideas, political inclinations, and women interested in applying feminist analysis to their own situations produced the conditions that made New York a particularly fertile place for the issue of sexual violence to be taken up.²¹

Following disagreements over the role and importance of consciousness-raising in movement work, New York Radical Women split itself into WITCH (Women’s International Terrorist Conspiracy from Hell) and Redstockings, reflecting the politico-feminist divide. The action-oriented WITCH focused on theatrical, high-profile protests, meant to court controversy and press coverage (e.g., putting a curse on the stock market). The group took its inspiration from the Yippies, who used high-profile pranks and “zap” protests to bring attention to their causes (for instance, throwing fake money onto the floor of the New York Stock Exchange from the visitor’s gallery). These strategies would later be adapted for anti-rape work.

²⁰ Brownmiller, *In Our Time: Memoir of a Revolution*, pp. 24-25.

²¹ A number of groups formed in New York City, some by activists who broke off from other groups, and others independently.

In 1969, Redstockings women took on the issue of abortion, which was still illegal in most of the United States, with limited exceptions in some states. Newspapers regularly reported on deaths that resulted from illegal abortions, and interest in changing the laws had been growing throughout the 1960s. Even after a decade of so-called sexual revolution following the introduction of the hormonal birth control pill, unwanted pregnancy was still a problem. In her memoir *In Our Time*, Brownmiller called abortion “the first unifying issue” for Women’s Liberation. “From 1969 to 1972 an imaginative campaign— rash, impudent, decentralized, yet connected by ideas and passion— successfully altered public perception to such an extent that a ‘crime,’ as the law defined it, became a ‘woman’s constitutional right,’” she wrote. The campaign began quietly, in consciousness-raising groups, when women broke the taboo against talking about abortion by speaking openly about seeking out the illegal and often dangerous procedure. In Brownmiller’s group, the topic came up in response to the (rather jejune, she thought) question, “When you think about having a child, did you want a boy or a girl?” As they went around the room, one woman confided that she had already had a baby after being unable to find an abortion provider, which she then had to give away because she was young. Other women opened up about their experiences. Brownmiller, who had had three abortions at that point, called sharing her story aloud “my feminist baptism, my swift immersion in the power of sisterhood. A medical procedure I’d been forced to secure alone, shrouded in silence, was not ‘a personal problem’.... The simple technique of consciousness-raising had brought my submerged truths to the surface, where I learned that I wasn’t alone.”

Borrowing the confrontational tactics of the movements from which they had come, Women’s Liberation activists worked to change laws against abortion even as they defied them outright. In Chicago, a group of women formed the Abortion Counseling Service of Women’s

Liberation, an underground abortion service. Informally known as the Jane Collective, or simply the “Janes,” they obtained training on how to safely perform the procedure from a medical technician sympathetic to their cause and established a phone number for women seeking abortions to call (particularly those not privileged enough to be able travel to another country to obtain one legally). They would be given an address, and from there they were taken to a second apartment where a Jane would perform the procedure. Between the establishment of the Jane collective and the legalization of abortion in 1973, the collective performed over 11,000 abortions.

In New York, members of Redstockings, with its “free-floating radicals who were practiced hands at political disruptions,” attended a public hearing on abortion in Manhattan on February 13, 1969.²² An all-male panel of six legislators called in fourteen experts, also male, to testify, and one Catholic nun, the only female. The protestors interrupted the proceedings, imploring the panel to call “real experts” on the topic: women. The protest was covered in a number of newspapers, including the *New York Times*.²³ Five weeks later, Redstockings hosted a speakout (a large, public consciousness-raising session) in Greenwich Village. Speaking in this setting about having sought out an illegal abortion meant confessing publicly to having committed a crime. The event was the first of its kind, and it heralded the use of personal testimony as a political tool to resist the authority of so-called experts.

NOW had initially been reluctant to include the legalization of abortion as part of its platform, but at its second national conference in 1967, it attracted young recruits who believed

²² Brownmiller, *In Our Time: Memoir of a Revolution*, p. 107 and Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975*, pp. 136-7.

²³ Asbury, Edith Evan. “Women Break Up Abortion Hearing: Shouts for Repeal of Law Force Panel to Move.” *New York Times*. February 14, 1969.

the issue was important enough to be included. Rallies, marches, and other tactics brought the attention of the public to the issue; legal change soon followed as feminist attorneys started bringing lawsuits around the country. Younger radical feminists successfully collaborated with members of NOW to raise awareness about abortion and organized state-by-state to lobby for legislative change. By the early 1970s, these activists were practiced at both, and many turned their efforts toward bringing about cultural and legal shifts on the issue of rape. Sexual violence would be successfully launched as an issue on a broad scale in New York in 1971, following the model that had been used to advocate for the legalization of abortion.

The Feminist Anti-Rape Movement

But according to the myth of female promiscuity there is no such thing as the “nice girl”. The single woman wants to flit from man to man using them to fulfill her sexual needs. The divorced woman wasn’t satisfied with one man and has given up the good life to fulfill her innate drives. The married woman is beyond a shadow of a doubt trying to cuckold her husband by having affairs with other men. And the widow isn’t content to live with the dignity of happy memories as she buries her husband to begin to tramp after men. By convincing women through these kinds of arguments of their own promiscuous nature men have succeeded in making us believe that if raped we will get only what we deserve and desire. Not only do they think that we all spend all our time craving them, but many men insist that we desire and enjoy rape.

— Stop Rape, 1971²⁴

In 1967, Roxanne Dunbar placed an ad in a leftist Boston newspaper calling for the formation of a women’s group, which brought together the founders of what became known as Cell 16. Using a combination of strategies, often adapted from other New Left movements, the Cambridge-based collective attempted to raise awareness for what they called “female liberation.” Cell 16 started publishing a journal called *No More Fun and Games: A Journal of*

²⁴ Women Against Rape. *Stop Rape*. Detroit: Detroit, 1971.

Female Liberation in 1968. The group became a vanguard within the feminist movement, known for its strong principles— “movement heavies” that “walked the walk,” in Brownmiller’s words. Perhaps apocryphally, they became known as a particularly militant collective that trained its members in self-defense (true), required a portion of its membership to remain celibate (not true, although they did write about celibacy being an honorable choice in *No More Fun and Games*), and who flouted gender norms by wearing khakis and boots and cropping their hair.

Cell 16 displayed an early awareness of the problem of gender-based violence. In her memoir *Outlaw Woman*, Dunbar-Ortiz wrote about how she had successfully testified on behalf of a friend in court. The friend had been raped by a Harvard professor whom she had previously seen as a call girl. Her lawyer was interested in establishing a test case based on the principle of female bodily integrity: specifically, whether this principle held in the case of a woman who had been, for instance, raped by a husband, or in this case, was a prostitute who had been raped by a former john. “Our strategy was for me to appear as an expert witness to present a female liberation perspective about rape,” wrote Dunbar. “Ellen’s lawyer put me on the stand and questioned me for an hour. I traced the history of patriarchy and woman as property.” The penalty meted out to the professor was low— a fine and suspended jail sentence— but they won the case.²⁵

Although the collective didn’t explicitly work on rape, Cell 16 members were well aware of the influence of violence in women’s lives and modeled early responses to the problem. Since one of its founding members was training in Tae Kwon Do (one of the few women at the time to

²⁵ Dunbar-Ortiz, Roxanne. *Outlaw Woman: A Memoir of the War Years, 1960-1975*. San Francisco: City Lights, 2001, pp. 132-33.

do so), the group took to teaching all of its members self-defense. Borrowing a strategy used by the Black Panthers, Cell 16 members would patrol streets late at night to escort women safely from place to place and to recruit them to the cause of female liberation.²⁶ Teaching women self-defense as a strategy both to fend off attacks and to counteract socialized passivity was broadly adopted in the anti-rape movement, as was the formation protective squads to accompany women who were walking in the streets alone. Cell 16 and other radical groups in Boston were among the first to articulate the effects of the ever-present threat of violence on women, and although it would be a couple of years before the issue was taken up by the feminist movement, the group provided a model for early radical analysis of and approaches to the problem.

Ideas circulated rapidly between feminist groups in the movement's vibrant, rapidly evolving press. Cell 16's *No More Fun and Games* was one of the earliest organized collections of writing by feminist groups. *It Ain't Me Babe* published articles from feminists around the San Francisco Bay Area. By the early 1970s, mainstream publishers had caught on to the fact that there was high demand for feminist literature and began publishing books and anthologies of feminist literature.

The November 1969 volume of *No More Fun and Games* included an article by Dunbar and fellow Cell 16 member Dana Densmore, one of the earliest written applications of feminist analysis to the problem of sexual violence. In response to a number of highly publicized murders of women, whose dismembered body parts had been found buried in the woods around Truro on Cape Cod, Massachusetts, Cell 16 distributed a leaflet linking the routine

²⁶ Dunbar-Ortiz, Roxanne. "Outlaw Woman: Chapters from a Feminist Memoir-in-Progress." In *The Feminist Memoir Project: Voices from Women's Liberation*, edited by Rachel Blau DuPlessis and Ann Barr Snitow, 1st ed., 90–114. New York: Three Rivers Press, 1998: p. 113.

objectification of women in the media and men's imaginations to the brutal, sexualized violence that was so apparent in this case.

Antone Costa's is not an exceptional case. True, disembodied limbs and heads are not discovered daily, but they exist in nearly every man's fantasy. How would it be otherwise given the objectification of women? Constantly we see parts of her— head, breasts, legs. She is the goddess-toy, play bunny to be manipulated— a cut-out doll. The fact is it is not just fantasy. Women are attacked, raped, cut-up, chewed on, slashed in the 'pelvic region,' have their hearts removed (and eaten?), strangled, impaled in the vagina with brooms. And the newspapers make more money.

The flyer compared the ubiquitous threat of violence against women to the lynching of African Americans. Refuting the idea that men who committed this kind of violence against women were sick or sex/love starved aberrations, they wrote, "The guilt is on society for permitting the objectification of women and the cultivation in men of an attitude of brutality toward women. It is 'manly' to 'treat 'em rough.' Pornographic movies and novels play up to men's sadistic fantasies. This whole mystique must be destroyed. We must learn to fight back. It must become as dangerous to attack a woman as to attack another man."

Commentary by Densmore accusing the media of complicity in sensationalizing the murders accompanied the reprint of the leaflet in *No More Fun and Games*. "Masculine sexuality is measured in terms of conquest. The man overpowers the woman, who 'yields' and 'is taken.'" Densmore also emphasized the importance of counteracting socialized passivity by learning self-defense, not just to give women the ability to fight back, but so that they would see it as an option in the first place. "Women are still getting raped and slain, still, usually, 'with no sign of struggle.' They still believe, as they are trained to believe, that their only defense is in helplessness, not in resisting." Ultimately, Densmore argued, "If women were no longer free game for the weakest, most cowardly pervert, this pattern would be destroyed."²⁷

²⁷ *No More Fun and Games*. Vol. 3. Somerville, Mass.: 1968.

Although Cell 16 didn't engage in consciousness-raising, women in other groups in Boston and around the country did. When the topic of rape came up in c-r groups, women often reported hostile or prurient questioning by police and having to endure long waits in hospitals. Many also reported dismissiveness or hostility from men in their lives. Comments and humor like "If you can't do anything about it, you might as well lie back and enjoy it" betrayed the degree to which rape was conflated with sex in the minds of many in this period, and just how little awareness existed of its violent or traumatic nature.

"A Mad Pack of Damsels": Vigilantism to Radicalization

Rape has the unspoken legitimacy of being institutionalized in this society and as a result men are given license to use women in any way they see fit. Because of the protection afforded to men by a society controlled by men, men become the natural inheritors of the right to rape. But to camouflage the blatancy of this accepted and assumed violence, men take on the role of protector of women which only implies another kind of violence. Men protect women from the violence of men. There are then benefits to men that come with institutionalization of rape-control of women, right to rape, and the role of protector and thereby controller. — Stop Rape, 1971²⁸

As ubiquitous as they eventually became, rape crisis centers were neither the first nor the most obvious response to the growing awareness of rape. Radical feminist groups engaged in retaliatory, vigilante, and guerrilla responses beginning in the late 1960s. Because these tactics were extra-legal, when not downright illegal, little archival evidence remains, but there is plenty of indication that they happened. In the March 31, 1972 edition of *Off Our Backs*, a profile of

"Women should be able to defend themselves effectively. As it is they even lack the will to defend themselves. Most women would rather let themselves be killed than put up a defense and risk killing an assailant."

²⁸ Women Against Rape. *Stop Rape*. Detroit: Detroit, 1971, pp. 6-7.

radical activist and author Robin Morgan mentioned this kind of action had become a widespread tactic, perhaps apocryphally, but with full bravado: “Women are forming anti-rape squads, preventing rape by patrolling notorious areas in force. They are also operating after the fact: the identity of a rapist is often known to his victim; anti-rape squads are putting rapists in hospitals all over the country,” she reported.

In Berkeley, a group that called itself the Contra Costa Anti-Rape Squad #14 famously retaliated against a man whom they dubbed “Jack the Raper.” A go-go dancer who had been hired for a bachelor party went to the police after the groom assaulted her. The police declined to pursue the case. The Berkeley anti-rape group responded by flyering cars at the wedding reception, detailing the incident and printing the names of the groom’s friends and the district attorney who had dismissed the case.²⁹ “Sounds ugly?” read the flyer. “Well it is. It goes on all the time, one way or another. These pigs know the law won’t touch them, they can always insist the woman is a liar or slut or crazy. We women are learning to see through that nonsense. We hope you learn to, too.”³⁰ An account of this action appeared in the Bay-Area feminist magazine *It Ain’t Me, Babe*.

In Boston, as the radical feminist movement was taking off in 1969, a number of collectives formed among undergraduate women at Boston University. Sue Katz, who had originally been part of Cell 16, described how women interested in being part of the movement were grouped into collectives of eight to ten and told to take on a project. One, which called itself the “Stick it in the Wall, Motherfucker Collective,” took as its project providing rape revenge services for young women at BU. Katz, who took Cell 16’s mandate to train in martial

²⁹ Brownmiller, *In Our Time: Memoir of a Revolution* and *It Ain’t Me, Babe*, July 30, 1970.

³⁰ Brownmiller, *In Our Time: Memoir of a Revolution*, pp. 196–97.

arts to heart (and would later go on to found Tae Kwon Do schools in San Francisco and Israel), recalled that women who had been raped would seek out the group and tell them what they wanted to have happen. In one instance, Stick it in the Wall put posters around Northeastern University with a photo of a man who had raped a woman who approached the group, because the victim wanted to make sure that the same did not happen to other women. A number of his previous victims found each other as a result, and, according to Katz, he left the university soon afterward. Another time, a woman approached the group and said that she wanted the man who had attacked her beaten up. Eight women pushed their way into his apartment and held him down while the woman who had contacted the group hit him. “She felt better,” recalled Katz.³¹

The March 1972 *Off Our Backs* article mentioned a similar initiative. “She [Robin Morgan] cited a women’s defense league in the Midwest that was on call 24 hours a day to help women being terrorized by the men they live with. After a phone call, they arrive at a woman’s home and ‘take care of’ the man. Escort services are also being provided women who work ‘graveyard shifts.’”³² Like the push for women to learn self-defense, these practices represented an early response born of anger to the problem of sexual violence, as well as an urge to counteract socialized female weakness and to instill in women a sense of physical agency.³³

³¹ Katz, Sue. In person interview, Arlington MA, July 7, 2016.

³² *Off Our Backs*. Washington 1972 and “Women Against Rape.” *Time* 101, no. 17 (April 23, 1973): 118.

³³ A 1973 *TIME* magazine article on the anti-rape movement also reported on these efforts. “As part of their prevention efforts, some squads have adopted near-vigilante tactics. In East Lansing, Mich., members of the rape crisis center are said to have scrawled “rapist” on a suspect’s car, spray-painted the word in red across a front porch, and made late-night warning telephone calls. In Los Angeles, the squad has adopted a counter-harassing strategy: when a woman called to complain that a neighbor followed her whenever she went out, squad members followed the follower for three days. That was enough to make him change his ways.” “Women Against Rape.” *Time* 101, no. 17 (April 23, 1973): 118.

Ultimately, however, these were liberal rather than radical solutions. Bravado aside, plans to go after rapists were short-lived; activists realized that they could be dangerous to pursue, and some found themselves threatened or beaten up in turn. Everything changed when the issue of rape was taken up by feminists in New York, where a number deeply political feminist thinkers who broke from other New Left movements organized large numbers of women interested in Women's Liberation.

New York Radical Feminists, or NYRF, was founded in fall 1969 by Shulamith Firestone and Anne Koedt, who wanted to create a radical feminist group in which consciousness-raising was an integral part of initiation and participation. Organized in small neighborhood "brigades" that would meet for weekly c-r sessions, the group also met in monthly plenary sessions. Unlike its predecessors, NYRF was highly structured. Firestone and Koedt formed NYRF with the intention of creating a group that wouldn't be closed to new members but would still attempt to rigorously educate women in feminist political principles before they were permitted to become members at large. By February 1970, there were eleven "brigades" (the name was changed from "phalanxes"), three of them in Greenwich Village. Even with strict membership requirements, there was an explosion of interest in the group.³⁴ However, tensions emerged here, too. The early founders, who had been steeped in leftist politics, were disheartened when many women who joined saw their feminist activism as an extension of a personal journey rather than a means to challenge and radically restructure society.

Susan Brownmiller's brigade, West Village 1, was NYRF's unofficial vanguard group. In *In Our Time*, Brownmiller recounted how one night a member named Diane Crothers brought in the *It Ain't Me Babe* article about the Contra Costa Anti-Rape Squad #14 action, involving the

³⁴ Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975*, pp. 186-195.

groom who had raped an exotic dancer at his bachelor party. Crothers suggested that rape was an important new feminist issue that needed exploration in c-r. “I wasn’t convinced,” Brownmiller recalled. “The prevailing opinion, which I’d absorbed without question, held that rape was a murky, deviant crime any alert woman could avoid. Rape was political, I argued, only when it was ‘rape’ in quotation marks, as the Old Left wrote it— the false accusation of white women against black men that lay behind some accounts of southern lynching.” However, as they explored the question in c-r and women shared their experiences, Brownmiller changed her mind. A woman named Sarah spoke first, describing how a man who had picked her up hitchhiking raped her when she was in college. She talked about how the worst ordeal had been at the police station, when the officer teased, “Aww, who’d want to rape you?” Another officer questioned why she was so calm—not the response of a rape victim, in his mind. Brownmiller wrote that even though she considered hitchhiking risky, the account changed her mind about the rape, and after hearing more women speak she proposed that the NYRF hold a conference on the topic. Others argued for the primary importance of consciousness-raising and personal testimony, and proposed instead that the group hold a public speakout, following the example of Redstockings’ abortion speakout the previous year.³⁵ The group decided to do both, first holding a speakout followed by a conference a few months later.

The speakout took place on January 24, 1971 at St. Clements Church on W 46th Street. Three hundred women attended, ten of whom had agreed ahead of time to talk about their experiences. Twenty more volunteered to speak. Women talked about being raped by boyfriends, dates, and analysts; they were young and old, targeted in their homes and on the streets. Dismissive or disparaging treatment by police was common (a theme that would resurface again

³⁵ Brownmiller, *In Our Time: Memoir of a Revolution*, p. 198-99.

and again as the movement against rape got underway). In Brownmiller's words, "In all, thirty women were inspired to speak out that afternoon, and their words were to reverberate far beyond the confines of the tiny church. So many varieties and aspects of rape had been revealed at St. Clements. Sexual assault was a crime of power that crossed all lines of age, race, and class; women feared they would be killed; resistance was possible; the police were dismissive. All of us were reeling from the new knowledge."³⁶ The speakout, which had been well-publicized by NYRF members, received coverage in *Vogue* and *New York Magazine*.³⁷

The conference took place four months later. NYRF members presented on a number of topics: the psychology of rapists and victims, rape and the law, psychiatrists and rape, rape in marriage, and rape in war. Some of the speakers had prior knowledge of their chosen topics; others conducted their own research. The slogan "Rape is a political crime against women," which was adopted by the wider anti-rape movement, originated in the conference's publicity materials.

Significantly for this study, the speakers were acutely aware of the role of psychiatry in theorizing the psychology of both victim and offender— meaning, the role that psychiatry played in delineating what constituted "valid" rape and in theorizing victim complicity. This was especially evident in the keynote, a talk by an older feminist and social worker named Florence Rush. Rush had attended the speakout in January, where she came to the realization that things that she believed had happened to her in isolation—being molested by an uncle, a dentist, and

³⁶ Brownmiller, *In Our Time: Memoir of a Revolution*, pp. 199–201.

³⁷ Gramont, Nancy de. "Features: Couple-Speak Rape, True and False." *Vogue* 157, no. 10 (1971): pp. 108, 109, 155, 157.

strange men in public— were in fact common experiences. As she listened to other women, she realized that these incidents were part of a broader pattern.

Rush's paper was about child molestation. She had written it after carefully combing through a number of psychoanalytic studies that framed sexual offenders in a sympathetic light and downplayed the effects of molestation and assault on children— a common theme in mid-20th century psychoanalytic writing.³⁸ Reflecting ideas that often appeared alongside material on women's masochism in the psychiatric, criminological, and legal textbooks described in Part I of this study, Rush highlighted how psychoanalytic writers often cast the "unusually attractive child" as the true seducer. "The sexual abuse of children," she concluded, "who are overwhelmingly female, by sexual offenders, who are overwhelmingly male adults, is part and parcel of the male-dominated society which overtly and covertly subjugates women." The audience gave the talk a standing ovation, because for the first time, Rush had connected the extremely common, but rarely spoken about, experience of child molestation with "male dominance and the educative process of becoming a female."³⁹ More importantly, she had provided a model for radical analysis of the connection between sex inequality and rape that would prove vital to the anti-rape movement.

A key part of the conference's work that continued afterward involved addressing and dismantling the authority of experts on female psychology and rape. When women began engaging in consciousness-raising, this so-called expert knowledge was part of the received

³⁸ And which, in fact, are found alongside many of the passages quoted and referred to in chapters 1 and 2.

³⁹ Brownmiller, *In Our Time: Memoir of a Revolution*, pp. 201-204. "At the lectern she calmly dissected four current academic studies and their 'psychiatric mumbo jumbo': under the prevailing Freudian logic, exhibitionists and molesters were to be pitied rather than feared, sexual assault was not particularly detrimental to the child's subsequent development, and the 'unusually attractive child,' as one study phrased it, was often the actual seducer. Children's silence after an assault probably stemmed from their guilt in succumbing to a forbidden attraction."

wisdom that women's personal testimony contradicted. Phyllis Chesler gave a fiery presentation at the conference about how psychiatry was oppressive to women and about the widespread, often sexual, abuse of women by psychiatrists and analysts that routinely occurred in this period. She adapted some of this material into her 1972 book *Women and Madness*, which was a damning critique of the treatment of women at the hands of psychiatry.

Rape: The First Sourcebook for Women was a collection of proceedings from the April 1971 conference, published in 1974. At the start was a chapter entitled "Consciousness-Raising on Rape," which contained the transcript of a conversation that took place at the conference's "Workshop on Psychology of the Rapist, and His Victim." Below I quote an excerpt of this transcript at length to permit the voices of the historical actors to come through and highlight the degree to which psychology was bound up in how these women understood themselves in relation to sexual violence.

"What do you think the police attitude is toward a woman who comes in?"

"My cousin called me last night and I was telling her that I was going to a conference on rape, and she said, 'Oh my boyfriend, he's a policeman, and he told me there's no such thing and that a woman is asking for it subconsciously; she's probably being seductive or enticing in some way.' This is the police attitude; I wouldn't go to a policeman and tell him that, because you'd be in a back room and he'd say, 'Show me what happened.'"

"I think that this is where the guilt comes in. Also women have been taught to be attractive since they're young children and they're involved in a whole seductive thing and are told men can't restrain their sexual impulses."

"I think the police just generally use the opportunity, particularly around the sexual thing, to intimidate and humiliate women."

"What about women? Are we psychologically victims? Are we ready-made victims that make us good objects for threats and violence? You know that rape is not primarily sexual. All this talk about evidence, a lot of rapists can't even get an erection and they can't keep it, and they don't ejaculate. In some states the mere touch of the penis is rape. One guy, a judge by the name of Ploscow [sic], made the comment that that's an unjust law, unjust to the man. That there should

be full penetration. No one talks about how deep you have to be stabbed, how shot do you have to be shot, but boy, how deep do you have to be penetrated to be raped?

“A hospital examination must require a certain amount of penetration.

“You’re lucky if you get a sadist, because if he rips your vagina—

“Most psychiatrists say that all women have fantasies of being raped and that psychologically deep down they want to be raped.

“We don’t need the fantasies; it’s real enough. Rape is real enough; what do we talk about fantasies for? That’s for something that’s unreal; it’s real; you walk down the street, you go to get a newspaper, and in most cities something can happen to you.

“Women are so ashamed and paranoid about their own sexuality that if they are brutalized sexually they somehow assume responsibility; a woman feels responsible and guilty if she’s assaulted sexually and that’s why women usually keep this kind of thing to themselves. They feel guilty about the event.”

The transcript reflects a number of recurring themes in this period: difficulties at hospitals, laws that were hostile to victims, low conviction rates, and disrespectful questioning from police. To address these problems, another workshop produced a plan for “a feminist rape project,” an early model for a rape crisis project. It called for setting up a phone number that women could call for information and moral support, and for “protection squads” that would accompany women to police stations to ensure that they were treated properly and had access to services. Additionally, the centers could provide transportation or accompaniment on public transportation, lobby community agencies like the police to be more responsive to rape cases and hire more policewomen, educate the community by holding seminars (conferences) on rape, and make information widely available.⁴⁰

⁴⁰ “Community responsibility and survival now: final statement.” Connell, Noreen, and Cassandra Wilson, eds. *Rape: The First Sourcebook for Women By New York Radical Feminists*. Nal, 1974, p. 181.

After the success of the conference, NYRF's fractious politics re-emerged and subsequent events were organized differently. The egalitarian, structureless ethos of the organization bristled against yielding to expert opinion, which, in the words of one former NYRF member, Noreen Connell, was seen as "one woman imposing her view on others."⁴¹ The idea emerged that conference presentations by experts were elitist, and subsequent conferences focused largely on personal testimony. NYRF later held conferences on a variety of different issues, including, famously, one on prostitution, which Brownmiller wrote about in her memoir, as well as on marriage, work, and other topics. Unlike at the 1971 rape conference, workshops were not part of the program. Rather than synthesizing and critiquing information from established experts, women spoke solely from their own experiences. By that time many originating members had left, and the later membership of NYRF seemed to have far less familiarity with, for instance, legislature and government. This turn frustrated Connell, who reached out to NOW and found a more comfortable home there.

NYRF continued to work on the issue of rape. In 1974, the group hosted a joint speakout on rape with the National Black Feminist Organization (NBFO). The NBFO had been formed in New York in 1973 with the goal of pushing back against the notion that the feminist movement was "the exclusive property of so-called white middle class women, and any black women seen involved in this movement have been seen as 'selling out,' 'dividing the race,' and an assortment of nonsensical epithets."⁴² Members of the NBFO were often also involved with other feminist groups, including NOW. The group resisted being defined either by white women or black men, and sought to push back against the sexism and racism that affected them in both the Civil Rights

⁴¹ Connell, Noreen. Telephone interview, September 17, 2014.

⁴² National Black Feminist Organization Statement of Purpose.

movement and the feminist movement, respectively. African American women had resisted joining the anti-rape movement in large numbers, in part because many felt that the way that rape was being articulated—as a matter related solely to gender—did not account for the way that they experienced sexual violence.

The joint conference took place in August 1974. According to one (white) participant's records, "The New York Radical Feminists, sponsors of the first speak-out and conference on rape in 1971, and the National Black Feminist Organization which considers rape a constant menace to black women joined forces so women of both races could explore their experiences and feelings about rape and sexual abuse. Working together on a project also gave white and black feminists an opportunity to deal with racism on a less abstract level."⁴³ Fourteen women (seven white, six black, and one Puerto Rican) testified about their experiences. Although the account referred to more similarities rather than differences in their testimonies, differences in the experiences of nonwhite women and the failure of the larger feminist movement to account for them, was a longtime source of tension in the movement. Even as feminists made headway by creating a network of crisis centers and lobbying for legal reform, they often struggled to take into account how other factors— race, immigration status, and class— could make the impact of sexual violence very different for women of color.

One of earliest responses following the NYRF conference was a push for vigilantism. In an October 1971 meeting at the Women's Liberation Center in New York, the vast majority of a gathering of fifty or sixty women opted to pursue action against rapists, "but their emotions ran

⁴³ Shapiro, Lynn. "NYRF/NBFO Rape and Sexual Abuse Conference." n.d. Box 1. Sallie Bingham Archives, Duke University.

too high for any serious discussion to take place.” The group agreed to divide itself based on interest: action, research, or counseling. “Overwhelmingly, the choice was for action— meaning, in the spirit of this meeting, physical retaliation against men.” This retaliatory spirit, already the impetus for rape revenge projects, stemmed from a general distrust of the government and the justice system, a (generally accurate) belief that the police and DA’s office wouldn’t take effective action, and a feeling that direct action was the only feasible response. Two volunteered to do research, and four opted to help start a project that assisted rape victims. This initiative became the Women’s Anti-Rape Group, which will be discussed in the next chapter.⁴⁴

The popularity of action-oriented approaches evolved out of a broad distrust of the legal and medical systems. Even so, the need for a project that assisted rape victims as they navigated those systems was becoming increasingly obvious. Philadelphia-based artist Jody Pinto, who would eventually found Philadelphia Women Organized Against Rape (WOAR), initially developed a vigilante strategy to address the problem. The idea was that a woman who had been targeted for rape could come to the collective and identify her assailant, whom the group would then kidnap and tie to a post outside of City Hall with butcher paper, along with a warning that this was to be the first of many. As she was speaking about this plan to a group, someone in the room raised her hand and said, “But Jody, what about the women?” Pinto remembered this as a defining moment, because although the tactic would be high-profile and bring attention to the issue of rape, it failed to address the problems that women faced when they needed help. Soon after, when speaking at a 1971 rally held by a number of groups in Philadelphia’s Rittenhouse

⁴⁴ Sawyer, Marion. “Foreword,” October 1980. MC 353, Box 1, Folder Warg History/Minutes. NYWAR Collection, Schlesinger Library, Cambridge MA.

Square, Pinto recalled that interest in an anti-rape project was extremely high. The crowd went quiet as she spoke about the experiences of women who had been targeted for rape. When she announced that the first meeting to form a rape crisis project would be held in two weeks, and that people who wanted to help could add themselves to a list, she quickly ran out of paper to take names.⁴⁵

⁴⁵ Pinto, Jody. Telephone interview, July 2, 2015.

Chapter 4

Rape Crisis Centers

The policemen responding to the call provide the first level of harassment. They apparently seek vicarious pleasure from having the woman recount over and over again the details of the rape when their initial report usually doesn't require the information they are eliciting from the woman. Because the law requires proof of penetration of the vagina the raped woman must be taken by police to the hospital. Here doctors who also identify with the rapist hold attitudes toward the victimized woman from disinterest to sadism. — Stop Rape, 1971¹

The first rape crisis centers in the United States began operating in 1972, and had formed to support women as they sought medical treatment, reported to police, and pursued justice in the courts. The founders of these projects first had to gather information in order to understand how rape victims were treated by the local community and institutions when they sought help. It quickly became apparent that these projects were filling an urgent, unaddressed need: practically no information was available to victims about their options when seeking help—to say nothing of emotional support or psychological counseling, or even standardized medical or investigative protocols that accounted for the traumatic nature of rape.

Women who shared their experiences during consciousness-raising reported that reporting the rape or seeking treatment could be worse than the rape itself.² Procedures at hospitals varied, when they accepted rape victims at all. Some hospitals, like DC General (see Chapter 2), understood their primary function to be evidence collection. Private physicians could be reluctant to treat rape victims because of the possibility that they would have to testify in court.³

¹ Women Against Rape. *Stop Rape*. Detroit: Detroit, 1971, p. 12.

² Medea, Andra. *Against Rape*. Noonday 463. New York: Farrar, Straus and Giroux, 1974, Chapter 9.

³ In the late 1960s, DC General was the only hospital in DC that was authorized to collect evidence. Per the hospital's policy, the examining physician would offer treatment for injury or pregnancy/VD prophylaxis only when asked. See the Hayman Study at the end of Chapter 2.

Encounters with police ranged from generally positive to what women called “second rapes”: involving prurient, accusatory, or hostile questioning, or requests to tell the story to multiple officers, sometimes before being given access to medical treatment.

The first undertaking of rape crisis activists was to create pamphlets that gave clear, accurate information about what victims could expect in the hospital and the police station, and about their options if they decided to press charges. The first concern of many victims was medical treatment, both for their injuries and prophylaxis for disease and pregnancy. Longer-term therapeutic counseling was a secondary, if not tertiary, concern. Because the phenomenon of crisis counselors accompanying victims to the hospital was new in 1972, members of these groups initially experienced friction with police and hospital staff as they adjusted to the counselors’ presence. The adjustment was smoother in some cases than in others. Volunteers would sometimes say they were friends of the victim to avoid conflict, but tensions often emerged when they insisted on certain treatments or protocols or even asked questions, which could annoy medical personnel and police who felt their authority was being undermined.

In a few short years, representatives of rape crisis centers around the country were conducting trainings in hospitals, for police and court personnel, and even for mental health professionals. Many crisis centers established speaker’s bureaus to educate their communities about the issue of rape and the crisis center’s work. Representatives of crisis centers and other anti-rape organizations also quickly became interlocutors with the media on the issue of rape. By the mid-1970s, these organizations had become established parts of their communities and the new centers of expertise about the problem, particularly when it came to the experiences of victims.⁴ By 1976, one survey by the head of NOW’s Rape Task Force counted over 400 rape

⁴ In this chapter I use the terms volunteers, crisis center representatives, and crisis center activists interchangeably. The founders of these centers were all activists, and lived in these large East Coast cities in a period when they could

crisis projects in the United States.⁵ Another 1976 survey by DC Rape Crisis Center founder Elizabethann O’Sullivan found that crisis centers regularly offered inservice trainings to police, hospital staff, prosecutors’ offices, and local mental health organizations about the effects of sexual violence.⁶

In their earliest years, however, crisis centers were still negotiating their relationships with their communities and the institutions that they helped victims navigate. In the following section, I introduce the work of four major East Coast rape crisis projects: WARG in New York, WOAR in Philadelphia, the DC Crisis Center in Washington, DC, and BARCC in Boston. After talking briefly about how they were established, I delve into how these organizations struggled to become operational, how they navigated their relationships (or lack thereof) with hospitals and law enforcement, and ultimately, how these and other crisis centers became experts on the issue of sexual violence, wresting epistemic authority away from other experts and firmly establishing themselves as authoritative sources of knowledge about rape.

Formation and Early Work

Out of the New York Radical Feminist conference on rape came a project called Women’s Anti-Rape Group, or WARG. Started in 1971, WARG was not a crisis center, but rather an activist collective that was working toward, but never established, a 24 hour crisis hotline. WARG was formed during the October 1971 meeting at which women, provoked by the new

sustain themselves on part-time work, leaving most of their time free to pursue political work— a very different situation than exists in any of these cities today.

⁵ Mary Ann Largen of the NOW Rape Task Force conducted this study in 1976.

⁶ Records are available in the Elizabethann O’Sullivan collection, 2001-M210, Carton 1. Elizabethann O’Sullivan Collection, Schlesinger Library, Cambridge MA.

consciousness of rape that had emerged out of the NYRF speakout and conference, gathered to develop a plan for action. One founding member recalled that, “Research, counseling, action were the three areas discussed. [Out of 50-60 women] Most wanted action, meaning physical retaliation against men. 4 chose counseling; 2 chose research.” As in other cities, a large proportion of these women chose to engage in vigilante action, but this strategy was abandoned since it could so easily backfire; it quickly became obvious that that rapists could be dangerous to pursue. According to NYRF member Noreen Connell, “Some of the strongest proponents of vigilantism engaged in it, and once they engaged in it the reality woke them up.”⁷

Even though WARG didn’t last in its first incarnation, its early efforts are informative. In the meeting minutes and planning documents that the group left behind, it is apparent just how much groundwork early groups had to do in order to operate effectively, particularly before cultural shifts around rape took place. For the WARG women who elected to start a counseling project, 24/7 coverage for a telephone hotline was the stated objective, but it proved very difficult to implement at that stage.⁸ Like other radical feminist groups, WARG struggled to organize itself as a leaderless collective; resisting one member’s attempt to steer the group seemed to be the source of much of the tension, at least according to the records.

Other ideas included the creation of a handbook, but so little information existed at the time that the group was, in essence, gathering all of the material from scratch. According to one member, “The research went slowly since the material could not be found in books; in fact some

⁷ Connell, Noreen. Telephone interview, September 17, 2014.

⁸ Sawyer, Marion. “Foreword,” October 1980. Box 1, Folder Warg History/Minutes. MC 353, New York Women Against Rape Collection, Schlesinger Library, Cambridge MA.

of our best leads to information came from occasional rape victims who dropped in and told their stories.”⁹ WARG ultimately did not put out the handbook, but it did work on an impressive array of initiatives: reaching out to nurses and police; liaising with the mayor’s office; speaking engagements at local schools and colleges (including criminology classes); handling the increasing volume of radio and television appearances and requests from print media as interest in the issue of rape exploded; hosting regular weekly speakouts; working with politicians; trying to secure a grant for a counseling program; gathering research about procedures at New York City-area hospitals; and others. Amidst all this, they struggled with the creation of the handbook mentioned above, since “When it came to writing, with different women working on different sections, the difficulties of a structureless group obtaining consensus at every step were formidable.”¹⁰ The only passage that survived all revisions was written by 15-year-old volunteer Carolyn Ward, and it read, “We are a group of women who have been raped, physically, mentally, and emotionally. Our experiences are common to all women.”¹¹

Washington, DC’s Rape Crisis Center launched the first rape crisis counseling and support center with a telephone hotline for victims in June 1972. Focusing on women’s practical concerns meant that long-term counseling or even short-term one-on-one counseling took a backseat to helping women navigate the immediate aftermath of being sexually attacked. The initial meeting to start the project took place in April 1972, and the center opened its hotline two months later. Organized as a collective that initially operated out of one of the founder’s homes,

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

the group's early volunteers researched the medical and legal aspects of rape and learned what they could about the experiences of victims to establish the center's mission. The meetings leading up to the opening were concerned with logistics, solidifying the center's goals, and developing a protocol for phone counseling. The center envisioned itself as an information and support service, providing survivors with information, escorts to hospitals and police stations, speaking with media, and working community education initiatives. Because this kind of project had no precedent, part of the planning process consisted of a meeting between women who had been raped in which they simply discussed what had and had not been helpful to them in the aftermath.

The DC Crisis Center and other early projects developed their first protocols largely through trial and error, and then through information exchange in pamphlets like "How to Start a Rape Crisis Center" and newsletters. The center attracted media attention not long after its formation and received calls from far and wide—including one from London. Like other early centers, the group struggled to staff its hotline and provide hospital accompaniment along with the other services and programs for which there was suddenly breakout demand: running rape conferences and self-defense classes, talking to press, , publishing an article about women's reactions to rape, and sending speakers to local community groups.¹² It quickly became apparent that there was a dearth of information about rape. The little information that there was included Menachim Amir's Forcible Rape (from Chapter 2) and John MacDonald's 1971 *Rape Offenders and their Victims*.

¹² Title unclear, Dec 1972. Elizabethann O'Sullivan Papers: Box 3, Folder Rape Crisis Center—D.C. 2001-M210, Elizabethann O'Sullivan Collection, Schlesinger Library, Cambridge MA.

The activists at the DC Rape Crisis Center quickly realized that the most pressing concern most women had involved getting medical treatment for injuries, pregnancy prevention, and STD prophylaxis. Together, they gathered information on hospitals, pregnancy, STDs, police questioning, counseling, and the media into an influential pamphlet called “How to Start a Crisis Center.”¹³ This how-to booklet, which the center produced within a few months of its founding, became a model for other groups wanting to start similar projects around the country.

The organization that became the Boston-Area Rape Crisis Center (BARCC) was started by a group of young women (the oldest was 26) and operated out of the Women's Center in Cambridge, MA. Initially, the organizers formed two groups: Women Against Rape, for those who wanted to focus on the socio-political analysis and action, and BARCC, to support survivors as they navigated the system.¹⁴ Like other groups, BARCC’s founders conducted a needs assessment to investigate the supports in place for women at hospitals, with the police, and with the District Attorney’s office.

Crisis Centers and Institutions

In Florida in 1964, I was charged with assault with intent to commit rape. The way I was treated by the police was incredible. It was as if I was a new recruit to the force. A captain in the sheriff's office took me into his office and gave me a cup of coffee, then took out his handkerchief and wet it in the sink and helped me clean my face, which was scratched. He looked at me and said, “Damn women always causing trouble for everybody.” He did not treat me like a criminal at all.

My lawyer kept asking me, “Are you sure she didn’t do things to encourage you?” When I was brought into court, the woman started crying. My lawyer attacked her with his questions: Did she touch me first? Had she had sexual intercourse before she was married? Had she had

¹³ Author unknown. “A Rape Conference Format,” n.d. Box 3, Folder Rape Crisis Center—D.C. 2001-M210, Elizabethann O’Sullivan Collection, Schlesinger Library, Cambridge MA.

¹⁴ Yassen, Janet. Telephone interview, November 20, 2016. Bouvier, Libby. In person interview, Cambridge MA, November 20, 2016.

sexual intercourse outside of marriage since she'd been married? He attacked her for being older than me, even attacked her for being British.

I wasn't about to object openly to what was going on. In Florida, the sentence is five to fifteen years for this particular offense, and I wasn't looking forward to that. But I wanted to say something to her, to tell her that my attack on her was nothing personal.¹⁵

--Roger, confessed rapist, in Diana Russell's *The Politics of Rape*

In 1976, Elizabethann O'Sullivan, one of the founders of the DC Rape Crisis Center, embarked on an extensive survey of crisis centers around the country. The centers were asked about the services they provided, the populations they served, and whether the volunteers at the center reflected those demographics, among other things. One component of the survey concerned "inservice trainings" to professional groups, including police, hospital staff, and court personnel. Responses varied greatly, and reflect both the significant impact that crisis centers could have on these institutions and the fact that the progress they made varied greatly around the country. Responses from centers that had successfully offered training to police ranged from "The police officers have a better feeling about us because of our in-service training. Better cooperation is good for all of us," to, "Relations have been strained and efforts to [establish] more positive relations have come to naught." Others reported defensiveness around police responses to rape, "Most officers reacted favorably. A few in each session were beligerant [sic] toward us 'social work' types."¹⁶

Rape crisis projects varied in the degree to which they formally interacted with police and hospitals, but gradually, as they became an established part of the landscape in many American communities, they were able to effect significant change in these institutions. The transition

¹⁵ Russell, Diana. *The Politics of Rape: The Victim's Perspective*. Lincoln, Ne.: iUniverse, 2003, p. 249.

¹⁶ Authors unknown, various replies, n.d. Carton 1, Folder Inservice Trainings. 2001-M210, Elizabethann O'Sullivan Collection, Schlesinger Library, Cambridge MA.

wasn't always smooth, however. In many communities, mistrust of police authority had been brewing for years, particularly among activists who were nonwhite, had been involved with the New Left, or were part of 1960s counterculture— all of whom were aware of how law enforcement engaged in violence against and surveillance of certain groups. The Washington, DC center initially decided against working with the Metropolitan Police Department. Philadelphia WOAR, on the other hand, decided at the outset to work as much as possible with city institutions, attempting to collaborate closely with the Philadelphia General Hospital, the Philadelphia Police, and the District Attorney's office.

Rape crisis counselors were not always welcome in hospital environments. Conflicts emerged when activists were perceived to be infringing on the authority of doctors and nurses. This is not to imply that all encounters were bad, because they were not. Many of the professionals that victims came into contact with were sensitive and helpful. However, with no standardized system in place and no process for oversight, they were at the mercy of the understandings, personal biases, and prejudices of the people they encountered. Even when hospital staff were helpful, the lack of standardized protocols or support structures for rape victims could (and often did) make these institutions difficult for victims to navigate.

Part of the problem was that victims of rape, as targets of physical and psychological violence, were dealing with institutions that did not differentiate between them and regular emergency room patients or crime victims— and in the case of the latter, that regarded them with more skepticism than victims of other crimes. Long waits in the ER, repeated questioning about the facts of a case, or encounters with professionals whose manner was brusque or no-nonsense had very different effects on women who had just been through what was often the worst experience in their lives. Trauma psychiatry was still in its infancy, and Rape Trauma Syndrome

only appeared in the *American Journal of Psychiatry* for the first time in 1974, as I examine in the following chapter.

In the section below, I look at encounters between early crisis centers and hospitals and the police. These case studies highlight early tensions as the centers found their footing and negotiated their relationships with these institutions, and show how these relationships evolved over time.

Working with the Police

*“She then called the police, dialing 911 and saying ‘I’d like to report a rape.’ The policeman answering whistled, saying ‘That’s a pretty heavy thing to lay on someone, sweetheart.’ In the course of getting out the facts, he kept addressing her as ‘sweetheart.’”*¹⁷ “Proposal for a Counseling Project,” WARG

Some crisis programs initially reported friction with police, because some police officers viewed the advice crisis volunteers gave to rape victims as a challenge to their authority. However, these tensions abated somewhat as crisis centers became increasingly common and navigated their relationships with the institutions around them.¹⁸ The archives of the DC center contain anecdotal accounts of early conflicts between crisis centers and law enforcement around the country. A group in Minnesota reported that they faced obstruction charges, which they speculated arose when the police took exception to the volunteers’ criticisms of their behavior. Others reported policemen making veiled or overt references to rape being the woman’s fault.¹⁹

¹⁷ “Proposal for a Counseling Project” (Draft), February 1973. Box 1, Folder Warg Attendance lists from rape speakouts and proposal for a counseling project. MC 353, New York Women Against Rape Collection, Schlesinger Library, Cambridge MA.

¹⁸ Although they still happen.

¹⁹ “Nov-Dec 1973 DC Rape Crisis Center Newsletter,” 1973. Box 3, Folder Rape Crisis Center—D.C. 2001-M210, Elizabethann O’Sullivan Collection, Schlesinger Library, Cambridge MA.

Records throughout this period show that while women's experiences of reporting could be good or neutral, in the absence of formal directives or professional training of police, there were many cases in which they were not. Common complaints included police officers making flippant or sarcastic comments or asking hostile or inappropriate questions (including "how many orgasms did you have while this was happening?"—showing that they didn't differentiate between rape and sex). Women also reported long waits at police stations before being taken to the hospital for evidence collection, questioning by multiple officers, and the unfounding problem, in which complaints that did not meet the largely unspoken criteria for "credible" rape were simply not logged. Of course, problems were not limited to bad or inconsistent behavior on the part of police toward victims seeking help. Instances of serious abuse and misconduct also occurred, but the existence of rape crisis centers meant that these incidents could be documented and grievances formally presented to the police.²⁰

The Washington, DC Rape Crisis Center decided at the outset not to work directly with the DC Metropolitan Police so as to avoid "the possibilities of making the center vulnerable," because "The police have stated on certain occasions that they feel the center is usurping their functions, so at times, remaining anonymous when dealing with them, is sometimes the desirable procedure." The group's experiences with the DC Sex Squad (the police division that handled

²⁰ In a 1974 letter to Philadelphia's police commissioner, the co-director of WOAR wrote about an incident in which a woman had fainted when on an evening walk with her husband. The police were called, and the officers who arrived said they would take the woman to the hospital and that the husband should follow. The woman believed she was assaulted while in police custody, and then was placed in the drunk tank and refused use of a telephone. Her husband had to appeal to a judge before she was released, and only then was she taken to the hospital. In another instance, a woman who had been raped at gunpoint was harassed and treated badly during questioning with police, and given a polygraph test rather than being taken to Philadelphia General. The police only took her in after a "forceful conversation" between WOAR and the police. Nov 15, 1974 letter from MA Maggore-Brownstein to Joseph O'Neill. WOAR Records, Acc 438, Box 2, Folder Philadelphia Police Dept. Correspondence 1974-1977, Temple University Archives, Philadelphia PA.

sex crimes) were mixed.²¹ Before they opened as a crisis center, volunteers gathered information on local laws and police department procedures: first in order to give accurate information to women about what they could expect, and eventually so that they could lobby for police to institute “more humane procedures.” Even though the center was determined not to collaborate directly with the system, they did plan to send a list of grievances to the head of the DC Sex Squad, ask that more female police officers be assigned to crimes involving the sexual abuse of women, and make other proposals for better procedures.²²

On the other hand, the organizers of Philadelphia WOAR decided to work as much as possible with city institutions. Jody Pinto recalled how she visited Philadelphia’s famously divisive police chief (later mayor) Frank Rizzo. Rizzo came around to the idea of adding more female detectives on the force when Pinto appealed to his political ambitions, arguing that hiring female detectives would lead to increased reporting, which would lead to more arrests and convictions. “Even if you can’t stand the person you have to deal with,” she later said, “you bring a carrot to the table and wave it in front of him.” The appeal worked.²³

In New York, WARG spent a lot of time gathering information about police procedures and attempting to work with the NYPD. In late 1972, the group reached out to Mayor John Lindsey and other city officials; this yielded responses and inquiries from several policewomen,

²¹ “DC RCC Sept 1972 policy statement.” September 1972. Box 3, Folder Rape Crisis Center—D.C. 2001-M210, Elizabethann O’Sullivan Collection, Schlesinger Library, Cambridge MA.

²² “Information on Rape Crisis Center,” n.d. Box 3, Folder Rape Crisis Center—D.C. 2001-M210, Elizabethann O’Sullivan Collection, Schlesinger Library, Cambridge MA; “September 1972 Policy Statement,” September 1972. Box 3, Folder Rape Crisis Center—D.C. 2001-M210, Elizabethann O’Sullivan Collection, Schlesinger Library, Cambridge MA; & “September 15 1972 Meeting minutes”, September 15, 1972. Box 3, Folder Rape Crisis Center—D.C. 2001-M210, Elizabethann O’Sullivan Collection, Schlesinger Library, Cambridge MA.

²³ Pinto, Jody. Telephone interview, July 2, 2015.

as well as an NYPD public relations person who invited the group to sit down with them.²⁴ The letter to Mayor Lindsey also drew a response from Congresswoman Bella Abzug, who at that point believed that advocacy should be entirely conducted by the police department (indicating an understanding of rape that did not take account of the psychological distress it produced in victims). In addition, group members planned to visit New York's Police Academy to see if there were revised police guidelines for dealing with rape. They were particularly curious about the kind of "psychological indoctrination" cadets received about rape.²⁵ Police Captain Ridge of the NYPD's Public Relations department reached out to the group several times, but a meeting seems not to have happened; one member reported that although he made overtures and seemed serious about meeting, he was "too fulsome to be true."²⁶

A particularly interesting figure with whom the New York groups interacted was Lieutenant Julia Tucker, whom the NYPD sent to speak with WARG. She was part of the NYPD's new Rape Analysis Unit, which had been created in 1972 in response to both the rise in rape statistics and pressure from NOW. Created with special funding that supported innovative police programs, the six-person unit would be staffed with female police officers and be forwarded rape complaints from all five New York City boroughs. They would interview victims in order to establish patterns and to identify repeat offenders. Tucker was not a feminist, and her understanding of sexual violence contrasted starkly with those of activists. Although she was not

²⁴ "Dec 1 1972 minutes," December 1, 1972. Box 1, Folder Warg History/Minutes. MC 353, New York Women Against Rape Collection, Schlesinger Library, Cambridge MA.

²⁵ "Dec 21 1972 minutes," December 21, 1972. Box 1, Folder Warg History/Minutes. MC 353, New York Women Against Rape Collection, Schlesinger Library, Cambridge MA.

²⁶ "January 11 1973 minutes," January 11, 1973. Box 1, Folder Warg History/Minutes. MC 353, New York Women Against Rape Collection, Schlesinger Library, Cambridge MA & "January 18 1973 minutes," January 18, 1973. Box 1, Folder Warg History/Minutes. MC 353, New York Women Against Rape Collection, Schlesinger Library, Cambridge MA.

as deeply critical as the feminists with which she interacted, as a female police officer, Tucker was aware of—but did not display—the defensiveness or obtuseness about rape that her male colleagues did.

A particularly heated discussion happened at a meeting on January 4, 1973, when Tucker met with a group of WARG women. Their questions were recorded in the meeting minutes and are a useful gauge of the group's concerns. They were worried about whether a woman officer would be available when they reported rape to the police; were curious about whether the police were open to hearing from women who had been raped previously and didn't report; and were concerned that powerful men would be shown favor and that the NYPD would be reluctant to pursue them even if a pattern was apparent. They also asked whether doctors were required to accompany evidence they gathered to court and whether it would be possible to create posters with photographs of suspected rapists (as was done with bank robbery suspects). They inquired about whether women had the right to legal counsel and how often rape victims were murdered. Tucker encouraged women who had not reported to reach out to her, even if there was too little evidence to bring a case, but she intimated that so-called “boyfriend rapes” would likely be given low priority. Attendees were particularly concerned about threats of retaliation that rapists sometimes made to victims to discourage reporting to the police—sometimes women would promise not to call the police or agree to “see” the rapist again in order to avoid further violence or risk losing their lives. Tucker's response, as recorded in the notes: “She thinks that threats of retaliation if the victim tells the police are not serious but only intended to keep off the police; while at the same time agreeing that rapists sometimes do make dates to see the victim again in the belief that she enjoyed it.”

In another meeting with members of WARG as well as women from the New York chapter of NOW, Tucker indicated that she was aware that certain “psychological authorities” claimed that women wanted to be raped.²⁷ Tucker’s view was that “she doesn’t know whether or not that is true, but in any case the woman ‘wants to pick the man,’” meaning that Tucker believed that even if women had masochistic rape fantasies, it did not follow that women invited violent or dangerous sexual attack by random men. She believed that the anti-rape movement needed to get men on board in order to legitimate rape as a serious crime, because people had “strange ideas about rape.” When asked how she and others who worked on rape-related cases were trained, Tucker said that they had taken courses in crisis intervention and psychology. Tucker raised ire from the women at the meeting when she alluded to women “many times preferring to speak to men and about they need they felt to be in the hands of ‘authorities’ they could trust (male).”²⁸ This belief seems to have come from a training that the police had done with a doctor. In Tucker’s recollection, the doctor had said that “police can help women in rape crises; they need someone to lean on, to be in authority over them, to take over the problem, to be a ‘father figure.’”²⁹ When asked whether she had ever had c-r, Tucker replied, “What is c-r?”³⁰

²⁷ See Chapters 1 and 2 for the pervasiveness of this kind of thinking, and for how it was imported from psychiatry into juridical writing.

²⁸ “May 24 1973 minutes,” May 24, 1973. Box 1, Folder Warg History/Minutes. MC 353, New York Women Against Rape Collection, Schlesinger Library, Cambridge MA.

²⁹ “May 31 1973 minutes,” May 31, 1973. Box 1, Folder Warg History/Minutes. MC 353, New York Women Against Rape Collection, Schlesinger Library, Cambridge MA.

³⁰ “May 24 1973 minutes,” May 24, 1973. Box 1, Folder Warg History/Minutes. MC 353, New York Women Against Rape Collection, Schlesinger Library, Cambridge MA.

Relations with police could evolve over time. BARCC founders Libby Bouvier and Janet Yassen described how relations between BARCC and the Cambridge Police changed considerably in the first years of the center's existence. One CPD officer in particular delighted in harassing the Women's Center, accusing the women there of being man-hating lesbians. BARCC itself advocated caution in dealing with police when accompanying rape victims. In a January 1973 meeting, the group noted that they had to go along with police requests, including to leave the station, otherwise "[the victim] will get a very hard time." Police could make things difficult by refusing to accept complaints or giving unhelpful testimony in court, ruining the case. That said, calling the police on behalf of the victim to inquire whether the rapist had been found would potentially go on the record for the prosecution, in the victim's favor.³¹

Like WOAR in Philadelphia, BARCC sought to establish working relationships with the agencies it came in contact with in Boston. Yassen, an early member who remained connected with BARCC for several decades after its founding, recalled that relations with police quickly improved when they began working with Cambridge Police Chief Francis Pisani, whom she described as a "creative thinker, and curious." Pisani permitted the BARCC volunteers to give his officers a three-day training, which Yassen recalled was a crucial turning point in BARCC's relations with police. Interactions that had initially been characterized by suspicion and mutual hostility yielded, in this case, to cooperation. Part of the training involved role playing in which BARCC volunteers played police officers and the police officers played victims. While role-playing as victims, the police came to the conclusion that, "Uhh, I don't really want to report to the police." When Yassen and her co-facilitators asked for feedback at the end of the workshop,

³¹ "Boston WAR General meeting minutes Jan 21" (year uncertain.) Box 2, Folder Minutes 1972-1973. BARCC Archives, Cambridge Women's Center, Cambridge MA.

one officer reported that “We didn’t know what to expect— for all we knew you were going to be a bunch of radical lesbians!” Another officer replied with, “How do you know they’re not?” Yassen recalled feeling that in that moment the two groups had crossed a significant divide, and that in the process of eating and roleplaying and getting to know each other over three days, they were able to establish an important working relationship.³²

Activists in the Hospital

Rape crisis centers played an important role in standardizing hospital treatment for victims. The first task of early crisis projects was to understand the treatment options available to women and gather information on the policies of area hospitals. In New York, WARG accomplished this by sending group members to question the attendant “at a time when they are not likely to be too busy.” Later, they developed a questionnaire that they sent to local hospitals. WARG faced a considerable challenge because of the size of New York City, where rape victims were treated at a number of different hospitals; in Philadelphia and Washington, DC women were taken to specific hospitals.

The DC Rape Crisis Center developed a list of research topics during its planning period. This included: creating a roster of “sympathetic doctors willing to treat victims without reporting them to the police;” gathering information on the policies and procedures at each area hospital and women’s degree of latitude in rejecting any of them; and establishing whether a woman could be accompanied during the examination. They also sought to identify existing alternatives

³² It should be noted that Yassen went on to work with BARCC for a number of years after its founding, during which the center developed a good working relationship with the police, whereas Bouvier’s memories of the police are less positive.

to these procedures or make proposals that would supplement the standard array of treatment for unwanted pregnancy, injury, and venereal disease.³³

Tensions emerged between crisis center representatives and hospital staff, often over the failure of hospitals to treat victims in a humane manner or understand their need for psychological support.³⁴ In a 1973 newsletter, the DC Rape Crisis Center talked about “the general hospital atmosphere,” and how small changes, like a dedicated room for the survivor to be examined in, would help retain her dignity and privacy. In addition, “It would be useful if Emergency Room nurses discussed their attitudes toward rape and rape victims, and try to implement an atmosphere that they feel would be appropriate if they were a victim. Certainly, it would seem that the nurses should be most sensitive to the rape victim’s needs to be treated as a person.” In addition, crisis center activists observed that doctors expected women to be hysterical, and a lack of emotionality could create doubt about whether a rape had in fact occurred. Other struggles involved the mandatory police reporting requirement for women receiving medical treatment following rape: “It would seem to be the woman’s right to have medical treatment despite the fact that she does not wish to report the rape to the police. Yet, currently, hospitals and private physicians will refuse to treat the woman, leaving her with more burdens as she attempts to restore some normality to her life.”

At the beginning, changes occurred piecemeal, community by community. In Philadelphia, WOAR immediately affiliated itself with Philadelphia General Hospital, setting up its office

³³ Unlabeled document, Elizabethann O’Sullivan Papers/DC RCC Box 3/ 2 and DC RCC Minutes November 1, 1972; Elizabethann O’Sullivan Papers/DC RCC Box 3/ 2

³⁴ “Nov-Dec 1973 DC Rape Crisis Center Newsletter,” 1973. Box 3. 2001-M210, Elizabethann O’Sullivan Collection, Schlesinger Library, Cambridge MA.

within the hospital itself. Even so, some of the hospital staff resented the WOAR volunteers, seeing their presence as an intrusion or accusing them of unprofessionalism, interference, or ineptitude.³⁵ However, because WOAR was based in the hospital, the organization was in a good position to develop a working relationship with PGH's administration. WOAR's correspondence with individuals in the hospital hierarchy is particularly well-preserved, and highlights the tension between hospitals and the new class of volunteers, as well as the conflict between what the hospitals perceived to be their primary function and what crisis center representatives argued that rape survivors needed.

In 1973 and 1974, a series of exchanges took place between hospital administrators and WOAR leadership.³⁶ In a letter dated March 19, 1974, the PGH director of nursing wrote to WOAR about the difficulties that the receiving ward had been having with volunteers. Tensions had evidently reached a breaking point. The nursing director asserted that nurses and doctors followed standard policies and procedures, and that "a defensive and fault-finding attitude" was unproductive. "I feel the program should be re-evaluated as to their presence in the receiving ward," stated the letter, before presenting a list of grievances that included lack of coverage in the office and perceived meddling of WOAR volunteers, who seemed "more concerned with nurse duties and responsibilities than their own." In other instances, volunteers refused to leave the room when asked by the examining physician. The letter then listed specific incidents, which

³⁵ Correspondence to Ms. Letty Thall from Linda Meyer, Department of Public Health, City of Philadelphia. November 3, 1976. Box 2, Folder Corres 1973-1976. Accession 438, Women Organized Against Rape Collection, Temple University, Philadelphia PA.

³⁶ Correspondence to WOAR from S Stachniewicz, R.N. and K Cassidy, R.N, March 3, 1974. Box 5, Folder PGH Nurses and WOAR. Accession 438, Women Organized Against Rape Collection, Temple University, Philadelphia PA.

included several times that the WOAR office was unstaffed when the on-duty nurse reached out to them.

In one episode, the letter stated that a WOAR volunteer had persisted in asking multiple times whether the resident had been paged, annoying the on-duty nurse, who insisted that had been done. The patient and WOAR volunteer were found waiting outside of the exam room, and were asked to go back inside. When the physician arrived to conduct the exam, he asked the WOAR volunteer to leave, but she did not. The physician insisted, and she left. WOAR responded in a letter that in this particular case, the victim had been waiting for four hours to be examined, during which “she repeatedly told [the] WOAR rep that she wished the rapist had killed her rather than go through the red tape of the hospital.” After waiting, she went outside of the room because she was restless, and the volunteer could not convince her to sit down and refused to physically restrain her. Once the physician arrived and began the examination, the WOAR volunteer did not initially respond when asked to leave. She asked to stay when prompted, and then left without further argument when the physician insisted. “How this can be construed as something worthy of complaint cannot be seen,” concluded the WOAR letter.

In a similar incident, two WOAR volunteers were accompanying a patient when a doctor named Hickok was conducting the examination. One volunteer said that they would have to stay since they didn’t feel that the doctor “could handle the emotional part.” According to Hickok, the patient was “distressed but not hysterical.” Hickok stated that he was in charge and would make the decisions, and was quoted in the complaint letter as saying, “I would recommend that WOAR not be called until after the patient has been seen by the Gynecologist.” Neither letter from the hospital included details about the mental state of the victim, a primary concern for WOAR volunteers. That Dr. Hickok recommended that WOAR volunteers not be called until later

suggests that he had little sense of why the WOAR volunteers were there, and that he (like many physicians in this period) did not understand rape to be psychologically traumatizing.

WOAR had grievances as well. Most consisted of occasions when WOAR was not called until well after the patient had arrived at the hospital, in which gynecology residents were paged numerous times before they arrived, and where WOAR representatives were barred from the room during the examination. Other complaints included the “judgmental and insensitive attitude of a few nurses,” including instances where nurses had engaged in loud chatter or gossip within earshot of the victims about the “alleged” nature of the rape. Nurses had their own grievances about WOAR volunteers. In addition to perceived harassment over the procedures that were supposed to be routine (penicillin injection or stilbestrol to prevent pregnancy), they complained about the “overabundance of smoking by WOAR volunteers in the ER,” volunteer uncleanliness and their refusal to wear hospital smocks, as well as how WOAR volunteers sometimes advised women to go home after the exam instead of back to the police.³⁷

In 1975, WOAR secured a grant from the Law Enforcement Assistance Administration to create and administer trainings to staff who came in contact with victims of rape, which included “persons in the legal and medical community especially [Philadelphia General Hospital] and City Hall.”³⁸ In August WOAR created the position of Medical Director, whose purpose was to manage relations with the hospital.³⁹ The first to hold the position, Denise Shull, sent the letter to

³⁷ Correspondence to WOAR from S Stachniewicz, R.N. and K Cassidy, R.N, March 3, 1974. Box 5, Folder PGH Nurses and WOAR. Accession 438, Women Organized Against Rape Collection, Temple University, Philadelphia PA.

³⁸ Correspondence to Miss Kathleen Cassidy from Denise Shull, September 25, 1975. Box 2, Folder Corr. Inter. Hosp. 1975-76. Accession 438, Women Organized Against Rape Collection, Temple University, Philadelphia PA.

³⁹ Correspondence to Ms. C.G. Cassidy from Denise Shull, August 18, 1975. Box 2, Folder Corr. Inter. Hosp. 1975-76. Accession 438, Women Organized Against Rape Collection, Temple University, Philadelphia PA.

a number of people within the PGH administration, ranging from the nursing hierarchy to OB-GYN and pediatrics doctors, to admitting officers and public relations. The letter indicated that all correspondence should be placed at her attention, and that she hoped “that together we can work together for top notch service to alleged rape victims.” Since nursing and physician hierarchies were separate, Shull worked to coordinate with the heads of both. In September, she wrote to the Nursing Supervisor of the Receiving Ward, Kathleen Cassidy, indicating that WOAR would be happy to present one of the programs it had developed with LEAA funding to nurses. In October 1975, Shull sent another letter to PGH medical director Dr. Patrick Storey, updating him on the status of WOAR’s activities. In addition to having developed a final draft for a training program for staff who dealt with rape, she was advocating for a call to WOAR to become a standard part of the intake procedure for rape victims at PGH.

Even with the legitimacy of an LEAA grant, conflicts remained. In a letter dated November 19, 1975, Shull addressed the OB-GYN Department Chief, Dr. Joel Polin, carbon copying Storey, the Medical Director. Shull stated that they’d been attempting to contact Polin since September, and that she was asking for his support particularly in allowing WOAR to train OB-GYN residents in “medical, legal, and psychological implications for the rape victim” before they came into contact with victims. She also asked for improved communication and coordination between WOAR and OB-GYN residents, framing both in terms of providing “good services” to rape victims.⁴⁰ Since OB-GYN residents were the physicians primarily responsible for conducting examinations of rape victims, Polin’s reluctance to permit WOAR to train his residents suggests lingering resentment on the part of the physicians who would have interacted

⁴⁰ Correspondence from Denise Shull to Dr. Joel Polin, November 19, 1975. Box 2, Folder Corr. Inter. Hosp. 1975-76. Accession 438, Women Organized Against Rape Collection, Temple University, Philadelphia PA.

the most with the WOAR volunteers. The paper trail for this particular interaction stops here, but two years later, in 1977, Philadelphia General Hospital closed down permanently. WOAR relocated and began providing its services to other Philadelphia-area hospitals.

Counseling the Victim of Rape

Crisis centers had to determine how much, and what kind of, psychological support they could offer. The most immediate concerns of victims who sought help immediately after rape were medical— treatment for injuries, as well as prophylaxis for pregnancy and disease. Support when speaking to police and help in navigating the legal system were also pressing. However, early crisis center members were also aware of the need for ongoing psychological support in the aftermath of rape. I end this chapter with a discussion of some of the early strategies that rape crisis centers developed to provide therapeutic care for victims before professional models for doing such work existed. Providing victim-centric long term care was complicated by the fact that many psychoanalytically-trained clinicians still believed in the idea of women’s masochism and unconscious complicity in being raped. I start by looking at the very sparse literature that dealt with counseling rape victims before rape crisis centers came into existence. I then highlight some of the early models that rape crisis centers experimented with to provide victims with psychological care, first by training volunteers to do phone and in-person crisis counseling and then by experimenting with solutions for longer-term care.

Literature on treating victims for the psychological impact of rape was rare prior to the 1970s. As we saw in Chapters 1 and 2, psychiatric literature was mainly concerned with the psychology of perpetrators of rape, and treated the psychology of victims only insofar as it was

responsible for the occurrence of the rape. Below, I examine the trajectory of the rare case reports and studies of rape prior to the women's movement.⁴¹

As we have seen, psychoanalysis naturalized rape as a byproduct of sexual difference.⁴² Even if a woman did not consent or stated aloud that she did not want to engage sexually, unconsciously she still might (and, per these theories, likely did) feel differently. The first two articles I examine below are written by psychoanalysts whose patients were the targets of rape while they were in treatment. The latter two are studies by psychiatrists with an interest in community psychiatry and public health. While the studies differ markedly from the case reports and hint at the coming change, they still incorporated the notion of victim guilt and complicity, albeit far more neutrally and with the goal of helping the victim through counseling, integrating a crisis counseling approach.

A 1954 article by psychoanalyst Morris Factor, called "A Woman's Psychological Reaction to Attempted Rape," is a case study of a woman who was the target of a rape attempt while she was in treatment for episodic hemorrhagic diarrhea.⁴³ Factor believed that somatized "hostile as well as erotic feelings toward her father" were responsible for her symptoms. He related that shortly before the rape attempt, "an erotic component began to show itself in the transference" when she asked him, a physician, to examine a lump on her breast. Without stating it outright, Factor implied that this behavior may have accounted for the attempted rape.

⁴¹ Literature on treating survivors is extremely thin— in this section are the few papers that I could find. Factor's 1954 article is cited in some of the later literature in this chapter.

⁴² See chapters 1 and 2.

⁴³ Factor, Morris. "A Woman's Psychological Reaction to Attempted Rape." *The Psychoanalytic Quarterly*, 1954, p. 234; Obituary at "Paid Notice: Deaths FACTOR, MORRIS, M.D." *The New York Times*, December 2, 2003.

Factor gave no information about the facts surrounding the attack, stating only that it happened. The case study then moved to a dream that the patient had reported having. In it, the woman faced the culprit in court, who turned to her and pointedly pled not guilty, “as if to say to her, ‘Don’t think you’re getting away with it.’” His demeanor in the dream was menacing, and woman expressed fear that he would come after her once he was free. Rather than taking this at face value, Factor’s interpretation was that it “clearly expresses her feeling of guilt because of her unconscious complicity. The direct association contains the wish that her assailant be freed to repeat the attempt successfully.” With his observation that the woman’s “erotic acting out” (request to examine the lump on her breast, wearing shorter skirts in her sessions with him) started before the rape attempt and continued after it, Factor heavily implied that this behavior may have caused the attempted rape. Factor's assertions were commensurate with beliefs about women and sexual violence that were typical in the 1950s, as was his inclination to interpret his observations according to these theories.

A similar article by Michigan State University psychiatrist Arnold Werner appeared in 1972, titled “Rape: Interruption of the Therapeutic Process by External Stress.”⁴⁴ Werner began the article with the (rather remarkable) statement that “Psychotherapists see limited numbers of sexually assaulted people.” Acknowledging that the literature on the subject was quite thin, he presented his case study as a “previously undescribed situation of rape during the period when psychotherapy was ongoing.”⁴⁵ This case concerned a female graduate student whose primary complaint was headaches, which Werner interpreted to be a symptom of emotional disturbance.

⁴⁴ Werner, Arnold. “Rape: Interruption of the Therapeutic Process by External Stress.” *Psychotherapy: Theory, Research & Practice* 9, no. 4 (1972): 349.

⁴⁵ This was true, since Factor’s article described the impact of an *attempted* rape.

He determined that she was “a passive aggressive personality with schizoid tendencies who was having major difficulties with her identity as a woman and with the expression of aggression.”

Werner then related that during the second year of therapy, the patient was the target of a sexual attack while he was away on vacation. He took pains to mention that the incident was verified by the police as “a bonafide rape,” a fact which was additionally confirmed at the hospital. Like Factor, he gave few details about the incident itself.

Werner then reported on how the event altered therapy with his client: “No longer would the leisurely consideration of relationships and fantasies continue.” The woman’s symptoms included anxiety, loss of appetite, and insomnia, presenting a “clinical picture reminiscent of a severe grief reaction.” After recounting the turns that the therapy took after the event, Werner related that because the woman was doing poorly in school, she was being asked to leave her program. She acknowledged that therapy had helped, but by the time the article was submitted for publication, her graduate career was over. In the discussion portion, Werner wrote that, “Aside from being one of the most serious of personal assaults, rape makes real a fantasy that is probably very common (Deutsch, 1944),” possibly indicating a belief that they were linked, that even though he understood the devastating effects that being the target of rape had on his patient. Werner departed from Factor’s approach by comparing the course of her symptoms to those shown in acute grief reactions.⁴⁶

These case reports, part of a surprisingly sparse landscape of clinical literature on treating victims of rape, are as interesting for what they omit as they are for what they include, and for

⁴⁶ Werner was called on to testify in the case. “I was subpoenaed by the defense in an effort to show that the patient was “preoccupied with sex” and a solicitor of the attack. The trial was closed so there was no newspaper coverage and all testimony was taken in private. The patient was not permitted to hear my testimony. She was angry at me for testifying; I was angry about being forced to testify.” Werner, Arnold. “Rape: Interruption of the Therapeutic Process by External Stress.” *Psychotherapy: Theory, Research & Practice* 9, no. 4 (1972): p. 350.

what they suggest in terms of treatment. In both cases, the actual details of the assault are omitted, suggesting that the authors did not find them relevant. While it is possible that the authors wanted to protect the identity of their patients, this absence is accompanied by interpretations that are very much shaped by the authors' psychoanalytic training: the juxtaposition of rape and the erotic transference that appeared in the therapy, the victim's guilt for her presumed complicity, and, in Factor's interpretation, the victims' wish that the perpetrator would come back to "repeat the attempt successfully."

Literature that treated sexual violence as a public health problem started to appear in the 1960s with the advent of community psychiatry, an emerging approach in the 1950s and 1960s that combined public health, epidemiology, and prevention. (The Hayman study, which we saw in Chapter 2, is one of the earliest studies of rape victims and was a product of this approach.) Psychiatrist Seymour L. Halleck had trained at the Menninger Clinic before joining the medical faculty at the University of Wisconsin, had a background in public health, and was interested in criminal psychiatry.⁴⁷ His 1962 article "The Physician's Role in Management of Victims of Sex Offenders" was unusually sensitive to the experiences of rape victims.⁴⁸

A woman who has been sexually assaulted has undergone an experience which she is aware of overwhelming, angry feelings toward her attacker but is helpless to do anything about it. She repeatedly searches her own motivations to discover if there was anything she could have done to prevent the attack. Often she blames herself for having neglected some minor defensive effort that she feels might have protected her. She is uncertain as

⁴⁷ Halleck SL. "The Physician's Role in Management of Victims of Sex Offenders." *JAMA* 180, no. 4 (April 28, 1962): 273–78.

⁴⁸ Halleck, Seymour L. *Evaluation of the Psychiatric Patient: A Primer*. Critical Issues in Psychiatry. New York: Plenum Medical Book Co, 1991; Halleck, Seymour L. *Psychiatry and the Dilemmas of Crime; a Study of Causes, Punishment, and Treatment*. [1st ed.]. New York: Harper and Row, 1967; Halleck, Seymour L. *The Politics of Therapy*. New York: Science House, 1971.

to her role as a woman, which appears to her at that moment as a degraded and helpless one. She wonders if she will be attracted to men again or have sex again.

Even with his sensitivity to the trauma of the victim, Halleck was careful to distinguish between legitimate rape victims and women with personality problems or those who had somehow provoked the rape. In a softened version of common skepticism, he said, “A major factor which tends to obscure this problem is the question as to whether rape actually did occur. In many instances, it which it is known that force was used in obtaining sexual intercourse, this may have been brought on by the provocativeness of the victim.”⁴⁹ He encouraged physicians to be good listeners, to let women “ventilate” their feelings, and to be empathetic with the victim’s feelings of rage and humiliation.

However, Halleck reverted to psychoanalytic ideas about victim complicity. Citing Helena Deutsch and Otto Fenichel, he stated, “The issue of the patient’s guilt must be handled with extreme delicacy. Psychiatrists who work with relatively neurotic patients have learned that masochistic fantasies are not uncommon and are perhaps experienced by every woman at some time in her life.”⁵⁰ Additionally, he echoed much of what was circulating in psychiatric literature about the seductive nature of children.⁵¹

⁴⁹ He continued, “The problem here is different than the unwilling victim. In instances in which a woman has been overtly seductive before an assaultive act, it is important to delve into the possible existence of personality problems which may predispose her to this type of behavior.” Halleck SL. “The Physician’s Role in Management of Victims of Sex Offenders.” *JAMA* 180, no. 4 (April 28, 1962): p. 273.

⁵⁰ See Chapter 2.

⁵¹ “Unsophisticated thinking on this subject tends to assume that any child who becomes sexually involved with an adult is seduced or forced into the relationship. There is considerable evidence that this is not necessarily true.” Freud “allowed us to examine the sexual activities of children in a realistic light. We now know that many children may be unusually interested in sex. Some children not only may offer little resistance, but also may be active participants in or initiators of sexual acts.” Acknowledges that neglect can play a role — but then says they have charming personalities which may have made them unusually attractive to adults.” Halleck, “The Physician’s Role in Management of Victims of Sex Offenders,” p. 275.

In another small-scale study that came out of a community psychiatry setting, psychiatrist Donald J. Scherl and social worker Sandra Sutherland Fox reported on their work with 13 young, unmarried victims of rape “in a setting similar to that in which a crisis intervention team might be located— a community mental health facility, for example.”⁵² The patients in the Scherl and Fox study were all white women aged 18-24 who had moved into a poor neighborhood. Fox and Scherl divided the responses they saw in their patients into three stages: the acute phase, followed by a phase of outward adjustment, and concluding with a third phase of integration and resolution. Fox and Scherl reported that “[the victim] often appears at the police station or the hospital in an agitated, incoherent, and highly volatile state. Frequently she is unable to talk about what has happened to her or to describe the man who has assaulted her. Sometimes the victim will initially appear stable only to break down at the first unexpected reminder of the incident.” They felt that with some understanding, the general counseling skills of most social workers at the time would be adequate for helping rape victims. Later research would describe a range of reaction types in rape victims, refuting the belief that only hysterical victims of rape were believable.

Feminist Anti-Psychiatry

Many feminists were skeptical of psychiatry, not without justification. Starting with Florence Rush's fiery 1971 talk on psychoanalysis and child abuse, feminists worked to highlight and combat the sexism that permeated psychiatry both in the attitudes of psychiatrists and in the

⁵² Fox, Sandra Sutherland, and Donald J. Scherl. “Crisis Intervention with Victims of Rape.” *Social Work* 17, no. 1 (January 1, 1972): pp. 37–42. Scherl was the director of Community Mental Health Services at the Massachusetts Mental Health Center, and an assistant professor of psychiatry at Harvard Medical School. Fox was the co-director of the Metropolitan Mental Health Skills Center in Washington, DC. Sutherland, Sandra, and Donald J. Scherl. “Patterns of Response among Victims of Rape.” *American Journal of Orthopsychiatry* 40, no. 3 (1970): pp. 503–11.

psychiatric theories themselves. In doing so, they critiqued the psychiatric establishment for being complicit in the oppression of women. Feminist anti-psychiatry was a stream within a broader movement that increasingly viewed psychiatry as unscientific and as a tool for coercion and control rather than as a legitimate branch of medicine. Conditions in state asylums had been attracting criticism for decades. Critics from both within and outside of psychiatry like Erving Goffman, R. D. Laing, and Thomas Szasz had been questioning the validity of psychiatric categories, arguing, among other things, that psychiatry was being used to stifle individual freedom and to punish social deviance. Feminists were well-aware of the mounting critiques against psychiatry, and they made their own interventions about the deep sexism inherent in the field.

Phyllis Chesler, who had also spoken at the NYRF conference on rape, published *Women and Madness* in 1973.⁵³ In it, she delved into a feminist analysis of insanity and who defined it, as well as the treatment of women for mental illness within the patriarchal system. Chesler argued that women were pathologized largely for deviating from their sex roles, and conversely, that "female psychology" was by definition pathological because only adult men could be truly mentally healthy. In addition, she conducted interviews with women who had been institutionalized as well as women who had been sexually abused by their analysts. Chesler's book raised an important critique and was a categorical indictment of the profession's treatment of women. (Later feminist writers, like Juliet Mitchell, would attempt to reconcile the tenets of psychoanalysis with feminism, and adapt them to a changed world.)

Another outgrowth of the anti-psychiatry movement was the radical therapist movement. The Radical Therapist Collective, initially founded by a group of mental health workers in North

⁵³ Chesler, Phyllis. *Women and Madness*. [1st ed.]. Garden City, N.Y.: Doubleday, 1972.

Dakota, began to publish a journal called *The Radical Therapist*. Their objective was to question and critique oppressive and elitist practices in psychiatry, encouraging therapeutic innovation toward liberatory ends amidst the profound social and political change that was occurring in the United States. The journal was eventually published out of Somerville, MA, close to where BARCC was engaged in its anti-rape work. In its manifesto, the collective stated:

In the midst of a society tormented by war, racism and social turmoil, therapy goes on with business as usual. In fact, therapists often look suspiciously at social change and label as "disturbed" those who press toward it.... Therapists by training, what we have been taught is increasingly irrelevant, and even destructive. Our notions of therapy are obsolete: elitist, male-centered, and obsessional. Our models of practice are often racist and exploitative.... Therapy today has become a commodity, a means of social control. We reject such an approach to people's distress.⁵⁴

The manifesto went on to recall the "revolutionary spirit of the founders of therapy," including Reich, Pinel, and Freud, calling for a critical reexamination of whose interests were served by it and how it might be put to service for all. The collective called for new training programs, new ideas of what constituted professionalism in the field, and for the breaking down of barriers and hierarchies within the profession and between professionals and laypersons. The journal published articles that questioned various facets of how psychiatry was practiced, including its inequitable treatment of poor people, women, and racial and sexual minorities. The third edition of the journal was dedicated to therapy and women, as were others in subsequent years. Tensions eventually broke out between collective members, and rather than remain a critical voice from within the profession, the collective moved toward broadly revolutionary goals. The journal was renamed *Rough Times* in 1972, and then *RT: A Journal of Radical Therapy*. Eventually,

⁵⁴ Agel, Jerome. *The Radical Therapist; the Radical Therapist Collective*,. Ballantine Walden Edition. New York: Ballantine Books, 1971, p. xv.

professionals ceased to be part of the collective, with laypeople contributing most of the journal articles.

In 1976, the National Organization for Women created the Task Force on Feminist Investigations in "Mental Health." The purpose of the task force was "to combat forced psychiatric procedures, to investigate alternatives, and to raise the consciousness of the professionals to the particular vulnerabilities of women due to sex-role stereotyping." More bluntly, the report stated that its purpose was to "expose our absurd medical/model system of dealing with problems in living and the disastrous effects of this male chauvinist system on women."⁵⁵ This investigation happened against the backdrop of a broader conversation about sexism and the lack of informed consent in medicine; a feminist self-help movement for mental health occurred alongside the women's health movement. Some of the goals of the NOW task force were to protect the rights of female mental patients; to raise the consciousness of the public about discrimination against women who had been in care; the exploration of alternative explanations for certain symptoms (hypoglycemia seemed promising, for instance); to critique theories and procedures that equated sex-role conformity with mental health; and to explore alternatives to invasive and violent practices like shock therapy, involuntary commitment, and psychosurgery.

Rape crisis centers and counseling

Activists who started the first rape crisis programs faced the task of learning how to do effective crisis counseling in person and by telephone in the absence of prior models for how to

⁵⁵ "National Organization for Women Task Force on Feminist Investigations in 'Mental Health,'" February 22, 1977. Carton 210, Folder 2. MC 496, Records of the National Organization for Women, Schlesinger Library, Cambridge MA.

do so. As we have seen, psychiatric literature concerning rape victims consisted primarily of psychoanalytic ideas about female masochism, women's passivity, and unconscious complicity in rape. Claims of rape were, by these measures, almost never regarded as credible, and these approaches were of little use to crisis centers. While the early centers were successful in gathering information about protocols at police stations, hospitals, and court systems, figuring out how to support survivors of assault called for more resourcefulness.

In their earliest days, crisis center activists drew on their own experiences and those of other rape victims, simply analyzing what had worked for them and what had been less helpful. In some cases, they recruited women as volunteers who had done counseling related-work, and in other cases women who had successful experiences with therapy.⁵⁶ They found themselves walking a delicate line between providing effective counseling support and providing therapeutic services that were beyond their capacity. As the DC Crisis Center's "How to Start a Rape Crisis Center" handbook related, "Basically the Center wishes to avoid the impression that it is equipped to provide comprehensive counselling [sic] over the phone; so if this seems to be going on the call will be urged to seek more realistic solutions."⁵⁷

Early centers did seek out the expertise of feminist therapists, though there were few of them on the ground in 1972. The DC Crisis Center enlisted the help of Patricia Webbink, one of the few feminist therapists practicing in Washington, DC at the time. Webbink led volunteers in a seminar on how to effectively perform phone counseling, which involved having volunteers role-play possible scenarios. Even though in reality the calls rarely followed the script they

⁵⁶ "Draft of How to Start A Rape Crisis Center," n.d. Box 3, Folder Rape Crisis Center—D.C. 2001-M210, Elizabethann O'Sullivan Collection, Schlesinger Library, Cambridge MA, p. 16.

⁵⁷ *Ibid.*

developed, the mock conversations “helped woman [sic] handle the early conversations with callers, and the mock conversation is still used to train new women who will be staffing the phone.” The phone protocol was finessed through trial and error. “Women traded experiences about phone conversations that did not go very well and those that did. Of special help were comments about specific statements that a woman felt were particularly useful during the course of a phone conversation.”⁵⁸

Similarly, WARG in New York consulted with a sympathetic therapist named Vivian Rose, who instructed them in the basics of providing counseling. Another early model was referenced in a 1973 publication from the Women’s Crisis Center of Ann Arbor, Michigan, which rather ambitiously proposed that counselors should be prepared to devote three full days to the victim.⁵⁹ The paper also outlined the different emotional stages of the rape experience, similar to Burgess and Holmstrom’s later delineation of the stages of recovery from Rape Trauma Syndrome (more on this in chapter 4). In Philadelphia, some of the earliest WOAR volunteers were social workers and therapists who were willing to volunteer for the hotline. The presence of professionals in the movement, and their eventual takeover of crisis centers, would be a source of tension later in the decade, since by then many of them didn’t share the radical sensibilities that the early founders had of the problem.

Strategies for Longer-Term Counseling

⁵⁸ Ibid.

⁵⁹ Walker, Marcia J. *Toward the Prevention of Rape: A Partially Annotated Bibliography*. University, Ala.: Center for Correctional Psychology, Dept. of Psychology, the University of Alabama, 1975, p. 73.

Phone and in-person crisis counseling entailed giving victims non-directive information about their options and providing psychological support, but it was necessarily short-term. Providing longer-term support was trickier. The problem with trying to find outside referrals for long-term counseling, of course, was that many psychologists and psychiatrists still used psychoanalytic logic, meaning that victims might be entering settings in which their unconscious complicity or desire for rape would be the focus. An undated DC Rape Crisis Center memo expressed this concern: “Are people likely to deal with rape victims aware of how to approach her without forcing their own fantasies and fears on her? Are area psychiatrists, psychologists, and other community health workers all too willing to look at the victims as somehow perpetuating the rape?”⁶⁰

Since so much early awareness concerning sexual violence had come out of feminist consciousness-raising, some centers tried to adapt the group sharing model to provide longer-term support for survivors. Group meetings of this kind had advantages and drawbacks. The DC Crisis Center eventually abandoned the approach, since women of different backgrounds often found it hard to open up to one another, but a version of this model continues to operate out of the Cambridge Women’s Center to this day.⁶¹ The DC Crisis Center decided on an alternative, which involved forming “mini-discussion groups when there was an immediate need for the woman to talk to someone.” Women in more serious distress might have arranged a meeting with several rape survivors. “Generally she just needs to meet with another rape victim— to know that she is not alone. These meetings usually involve sharing experiences and feelings and helping

⁶⁰ Memo, n.d. Box 3, Folder Rape Crisis Center—D.C. 2001-M210, Elizabethann O’Sullivan Collection, Schlesinger Library, Cambridge MA.

⁶¹ These are incest-survivor groups, rather than rape survivor groups, and operate in two ways. In one, discussants are screened and commit to a certain number of meetings. The format for the other is drop-in, with no commitment or screening.

the woman begin to see how she might begin to resolve her problems associated with the rape.”⁶²

However, these were of limited success, and the approach was soon abandoned:

Initially, the Center intended to limit counseling to phone support and discussion groups. Our feeling was that individual counseling only risked an unhealthy dependency relationship. However, after the first month it was clear that the discussion group approach was not working. This may have been due to different expectations of participants, discomfort with an unstructured approach, and the fact that the great diversity of woman in any particular group militated against completely free discussion.

The "rap group" strategy was short-lived, but some information was captured about how they fared around the country by Elizabethann O'Sullivan, one of the founders of the DC Crisis Center who surveyed crisis centers around the country in 1976. In one of the questionnaires, O'Sullivan asked respondents about their experiences with attempting to run rap groups. Many answered "yes" to the question of whether rap groups seemed to primarily meet the needs of "educated, verbal women," but not others. One responded, "No. Our groups have covered a broad spectrum of ages, backgrounds, and verbalness. These people are chosen to be there and all can benefit from each other. The various needs dictate the direction of the group, and sometimes it has been purely social." Another said, "No. It has allowed women to listen when they want and talk when they are ready-- when they have a full trust relationship with the group. Many non-verbal women have begun dealing with the problem because they can relate to other women with." Some indication exists that in other settings, women who were demographically different might have benefitted less from the group format; as one respondent wrote, "Somewhat-- but we do have one younger victim (14 years) and one minority (black) victim in the group." Most of the other difficulties seemed to focus on the logistics of putting together such

⁶² "Draft of How to Start A Rape Crisis Center," n.d. Box 3, Folder Rape Crisis Center—D.C. 2001-M210, Elizabethann O'Sullivan Collection, Schlesinger Library, Cambridge MA, pp. 23-26.

a group, particularly in less populated areas of the country. Sometimes, women would come to only one or two sessions, or simply not show up.

BARCC also engaged in trial and error to establish its counseling protocols. Meeting notes from January 1973 allude to difficulties in delineating the “Difference between counseling a rape victim and getting involved in emotional counseling” and how to avoid those who ‘groove on counseling’ some way to evaluate politics, attitudes, sensitivity.” One suggestion was to call it “phone staffing” rather than “phone counseling,” to make it sound less exciting.⁶³ By April, BARCC decided that the discussion groups would no longer be held every week, but instead at limited times (for example, it would be held for three weeks out of every two months.) This would force women to make a decision about whether to come.⁶⁴

An alternative strategy was to create seminars, although it is unclear to what degree these were implemented. Seminars would be open to women and their friends, and were held each month, meeting weekly for four weeks, with a topic given to each meeting. “Topics that will be considered include: what does rape do to a woman; how can fear be effectively dealt with; what are the impacts of rape on interpersonal relationships; what are the most effective ways of resolving the emotional problems associated with rape. Thus the overall theme of the seminars with the ‘Rape: The Victim’s Perspective.’”⁶⁵

Outside referrals to feminist therapists were another solution, although again not many were available at the time. Boston was a particularly fertile place for the development of new

⁶³ “Jan 19 1973 meeting notes,” January 19, 1973. Box 2, Folder Minutes 1972-1973. BARCC Archives, Cambridge Women’s Center, Cambridge MA.

⁶⁴ “April 22 1973 Meeting minutes,” April 22, 1973. Box 2, Folder Minutes 1972-1973. BARCC Archives, Cambridge Women’s Center, Cambridge MA.

⁶⁵ “Draft of How to Start A Rape Crisis Center,” n.d. Box 3, Folder Rape Crisis Center—D.C. 2001-M210, Elizabethann O’Sullivan Collection, Schlesinger Library, Cambridge MA, pp. 23-26.

approaches to counseling; the combination of schools that trained practitioners in mental health (social workers, psychologists, and psychiatrists), women's health and mental health collectives, and the vibrant feminist movement made it a fruitful site for early innovative work on feminist psychology. Psychiatrist Judith Herman was one of the early founders of the Women's Mental Health Collective. The Wellesley Women's Center, later the Jean Baker Miller Center, was formed at Wellesley College in 1974. BARCC members were trained in basic counseling techniques by a collective called Pequod (which no longer exists). The Radical Therapist moved from its first base in Minot, North Dakota to Somerville, MA, adjacent to Cambridge.

Crisis centers also reached out to local organizations for help. BARCC had a working relationship with Project Place, a (still operational) Boston-based charity that in its early days provided services to runaway teenagers and other at-risk youth.⁶⁶ Early on, they gave BARCC volunteers recommendations for female therapists.⁶⁷ In addition, Boston was home to the Women's Mental Health Collective and other feminist counseling projects. WOAR was contacted by the Philadelphia Marriage Council, which offered twelve free counseling sessions to couples whose marriage or relationship had been strained or affected by rape (the counseling was available to common-law or married couples, and to both homosexual and heterosexual couples). In addition, they offered to pay couples who did not want to undergo counseling but were willing to be interviewed, because it might be helpful to future counseling efforts. The offer was gratefully received, and apparently successful: "We have had excellent and reliable feed back that PMC does excellent work, And we are happy to cooperate with them."⁶⁸

⁶⁶ In 1980, Project Place expanded its focus to underserved adults.

⁶⁷ "Boston WAR General Meeting Minutes, Jan 21," (year uncertain). Box 2, Folder Minutes 1972-1973. BARCC Archives, Cambridge Women's Center, Cambridge MA.

⁶⁸ "New Procedures October 1977," October 1977. Box 4, Folder ER Committee 1975-78. Accession 438, Women Organized Against Rape Collection, Temple University, Philadelphia PA.

Eventually, the outreach work of rape crisis centers involved engaging with local mental health professionals to educate them about the psychological effects of rape. O'Sullivan surveyed crisis centers about the work that they were doing with mental health organizations in 1976. One respondent stated, "Mental health agencies are very receptive to training. Surprising they believe the myths along with everyone else before they are trained. Anyone graduating more than a year ago hasn't had professional training in rape (Psychiatrists, Psychologists, Soc. Workers) The difference is that they are so receptive and the facts make sense to them when they hear them and they are eager for information and act on that information." O'Sullivan also asked about conflict crisis centers had experienced with local counseling professionals. Responses here also ranged, although many reported positive relations. "Our good relationship is based on our common understanding with the community mental health center," replied one. "We have trained them in our area of expertise and vice versa."⁶⁹ Another replied, "We have good relations with many professional counselors and have had no direct confrontations with any, although there are surely people in town who regard us as mavericks. Good relations come from personal contact and word-of-mouth."⁷⁰ In other cases, relationships evolved. "Strains appeared at first but we do make referrals... both parties appear to have reduced friction although some remains."⁷¹

⁶⁹ Response 43003 n.d. Carton 1, Folder Interorganizational Relations, M210, Elizabethann O'Sullivan Collection, Schlesinger Library, Cambridge MA.

⁷⁰ Response 43305 n.d. Carton 1, Folder Interorganizational Relations, M210, Elizabethann O'Sullivan Collection, Schlesinger Library, Cambridge MA.

⁷¹ Response 44005, n.d. Carton 1, Folder Interorganizational Relations, M210, Elizabethann O'Sullivan Collection, Schlesinger Library, Cambridge MA.

The grassroots-level advocacy of crisis centers exerted a profound influence not only on their local communities, but also on the professionals that rape victims came into contact with. The media outreach that crisis centers and other anti-rape activists conducted during this period also began to impact broader understandings of the problem. By 1974, public awareness about the injustice that victims experienced when they sought help increased as mainstream media began reporting on the problem. All of this was helped by the recognition of the trauma rape caused, first in mental health circles and then in the field of psychiatry. In the next chapter, I trace the impact of the articulation of Rape Trauma Syndrome by two feminist researchers in 1974, and the emergence of clinical treatment models for providing women who had been raped with longer-term therapeutic care.

Chapter 5

“The Rape Ladies”

In the late 1960s, Brandeis University sociology doctoral student Lynda Lytle Holmstrom began attending consciousness-raising sessions in Cambridge, MA. These were informal gatherings in houses and dorms where women exchanged personal stories and experiences. Holmstrom referred to the discovery that problems women thought that they experienced alone were actually commonplace as “ah-ha moments.” Holmstrom experienced one such moment during a session in which the women present discussed how they felt controlled by the men in their lives, some of whom were violent or coercive. “This was quite a surprise to me,” she said. “It was something I had never thought about before.” When she took an assistant professorship at Boston College, she sought a new project “that would have big impact on women’s lives.”¹

Holmstrom approached a colleague, psychoanalytically-trained nurse and fellow assistant professor Ann Wolbert Burgess, about doing a joint project on rape. Burgess had trained at the Massachusetts Mental Health Center, which was deeply psychoanalytically oriented. When Holmstrom related what she had heard in her c-r group, Burgess was “astounded” at the new material. The little she had been taught about rape had to do with how women provoked it: “We always looked to the victim in some way.”² They decided to conduct a study of the experiences of rape victims, settling on a format that combined research and counseling.

¹ Burgess, Ann Wolbert, and Lynda Lytle Holmstrom. In person interview, Chestnut Hill MA, October 11, 2011.

² “When she mentioned rape I said...what we were taught in psych had to do with two reasons for rape: one was the clothing that women would wear (it was all psychoanalytic at the time), or she in some way provoked it.... As a student I was at Mass Mental health Center which was very steeped in the Boston Psychoanalytic Society. So that was my frame of reference.” Ann Wolbert Burgess. In person interview, Chestnut Hill MA, October 11, 2011.

The study that Burgess and Holmstrom conducted heralded an era in which the clinical literature on rape began to depart from its focus on women's innate pathology, instead concerning itself with how to counsel victims—evidence that the cultural redefinition prompted by the feminist anti-rape movement was influencing clinical practice. Some of this literature attempted to reconcile the new understandings of rape with Freudian thinking, even as psychiatry was pulling away from psychoanalysis. I begin this chapter with the first, and most significant of these developments: Ann Wolbert Burgess and Lynda Lytle Holmstrom's landmark study of rape victims in an emergency room setting, from which they developed Rape Trauma Syndrome (RTS). RTS represented a hugely consequential shift in thinking about victims, because instead of looking to the victims' psychology to explain why they had been raped, Burgess and Holmstrom envisioned rape victims as functional people in a crisis situation, with the goal of counseling being to bring them back into a state of equilibrium. The language of equilibrium and crisis was drawn from an approach that originated had been developing in the 1950s and became popular in the 1960s, called crisis psychiatry. In order to understand what made Burgess and Holmstrom's intervention possible, I briefly outline the development of crisis psychiatry, tracing its origins in community psychiatry and research on victims of the Cocoanut Grove Fire, a disaster that killed nearly 500 people in Boston in late 1942. I end the chapter with a discussion of the contribution of Burgess and Holmstrom's research.

The Study

The first challenge was finding a suitable and accessible study site. Burgess and Holmstrom contacted local police and prosecutors' offices, with no luck. Approaching hospitals initially yielded nothing. "Everybody was very polite," recalled Burgess, "but nobody would say

‘Oh sure, come on in’ until we got to Boston City Hospital.’³ The executive director of nursing at Boston City Hospital was Anne Hargreaves, Burgess’ former mentor. Hargreaves had begun her career in nursing (which she chose because of the barriers that kept women from training as physicians in the US) during WWII. By 1972, she was serving as head of nursing for Boston City Hospital. Because she already knew Burgess, and trusted her enough to give her access to the Boston City Hospital emergency room, Hargreaves helped Burgess and Holmstrom bypass the problem of getting permission from the male-dominated physician’s hierarchy by deciding that counseling rape victims was a nursing issue, which fell strictly under her purview, and thus needed no approval from the physicians.⁴

Even after they secured permission to work in the emergency room, the success of the project depended on the willingness of the intake desk staff to call them when women came in seeking treatment for rape. “They were a little skittish in the beginning,” recalled Holmstrom, but soon the researchers established credibility with the emergency room staff. “They dubbed us ‘the rape ladies,’” said Burgess. “They thought we were religious people.”

Burgess and Holmstrom conducted their study over the course of one year, from July 20, 1972 to July 19, 1973. The study population consisted of 146 patients, all of whom presented at Boston City Hospital seeking treatment for rape: 109 adult women, 34 female children and 3 male children. The population ranged, with approximately half of the patients being nonwhite. Burgess and Holmstrom had initially been granted permission to speak only to adult victims, but

³ Burgess and Holmstrom attributed this to the male-dominated management structure in hospitals. The medical hierarchies still consisted largely of physicians; even though more women were admitted to medical schools in the 1970s, it would still be years until critical number of them attained seniority. Nursing hierarchies, however, were a different matter.

⁴ When I asked them what they believed to be the reason for the resistance on the part of the male medical hierarchies, all three women suggested that it was sexism.

midway through the study, after they had established their credibility with the Boston City Hospital staff, they were asked to the Pediatric Emergency Ward to assist with cases involving children. Over the course of that year, Burgess and Holmstrom remained on standby, ready to come to hospital within 30 minutes when called. They would hand victims a card that read:

Victim Counseling Program

The Victim Counseling Program is a collaborative effort between the Boston College School of Nursing and Boston City Hospital. Any victim of rape, attempted rape, sexual assault or molesting will be seen by the staff.

The aims of the program are:

1. To provide a counseling program for the victim through initial visit at the hospital and by telephone for follow-up.
2. To study the problems a victim experiences as a result of being assaulted.

Staff

Ann C. Burgess, R.N., D.N.Sc. Associate Professor, Boston College
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Phone: 969-0100 Ext 2182 or 2391⁵

Burgess and Holmstrom had a list of 10 questions that they would go over with the victim while she was in the hospital. Originally, they requested that victims return to the hospital for follow-up counseling. For reasons that soon became obvious, this plan failed. A second strategy (similar to those developed by early crisis centers) involved having women come back to be part of a support group, but the response was similar. "Nobody wanted to go back to the hospital," recalled Burgess. Next, Burgess tried following up by telephone, and found that many victims were more forthcoming this way. "If they didn't want to talk about something they would just hang up on me. So it worked really well." Burgess focused on follow-up telephone counseling, while Holmstrom did most of the court accompaniment. For the 85% of victims who were open

⁵ Reproduced in Holmstrom, Lynda Lytle, and Ann Wolbert Burgess. *The Victim of Rape: Institutional Reactions*. Transaction Publishers, 1983.

to it, Burgess conducted follow-up counseling via telephone or phone visits. She was able to follow up with another 5% indirectly through the victims' families.

They quickly began publishing the results of their research; the first article appeared a few months after the study was completed.⁶ "The Rape Victim in the Emergency Ward" was published in the *American Journal of Nursing* in 1973, and it gave advice to nurses about the medical and psychological treatment of rape victims. The article included anecdotes from victims in their own words, with the objective of imparting better understanding of the different dimensions of rape to the reader. Burgess and Holmstrom's findings included the fact that nurses sometimes did not believe victims. "Staff members may show their bias and ambivalence about rape victims through such statements as, 'The woman is just faking,' or 'This isn't a real rape case,' or, 'I don't believe half the stories I hear.... The humanistic skills of the nurse will make a major difference in how the victims feels she has been treated at the hospital." They suggested that encouraging a victim to talk would help her feel better, because she would no longer feel alone and would be in more control of her situation. Additionally, sensitive nurses would better prepare victims for physical and gynecological examinations.

Rape Trauma Syndrome

Burgess and Holmstrom's best-known publication was a 1974 *American Journal of Psychiatry* article called "Rape Trauma Syndrome."⁷ In writing about Rape Trauma Syndrome (RTS), Burgess and Holmstrom made a crucial ontological intervention: moving away from the

⁶ Burgess, Ann C., and Lynda Lytle Holmstrom. "The Rape Victim in the Emergency Ward." *AJN The American Journal of Nursing* 73, no. 10 (1973): 1740–1745.

⁷ Burgess, Ann W., and Lynda L. Holmstrom. "Rape Trauma Syndrome." *The American Journal of Psychiatry*, 1974.

notion that rape indicated a problem in the victim's psychology. The framework that Burgess drew upon had been evolving since the 1940s, finding its fullest expression in the work of Gerald Caplan in his 1964 *Principles of Preventative Psychiatry*. In characterizing rape trauma in terms of crisis psychiatry, Burgess did something important: she envisioned the rape victim as a reasonably functional person who was confronted with a crisis, rather than someone inherently pathological who had somehow brought the assault upon herself.

"Rape Trauma Syndrome" appeared in the *American Journal of Psychiatry* in September, 1974. The article defined the syndrome as "the acute phase and long-term reorganization process that occurs as a result of forcible rape, or attempted forcible rape." Burgess and Holmstrom defined rape as "the carnal knowledge of a woman by an assailant by force and against her will," but made sure to point out that "rape is not primarily a sexual act. On the contrary, our data and those of researchers studying rapists suggest that rape is primarily an act of violence with sex as the weapon."⁸ Burgess and Holmstrom divided victim response into two phases: an acute phase, in which a victim experienced "a great deal of disorganization in the woman's lifestyle as a result of the rape," and a second phase that consisted of long-term reorganization. Notably, rape trauma syndrome was not only a constellation of psychological symptoms, but also of physical ones. In the acute phase, victims reported a wide range of emotions. Burgess and Holmstrom divided responses roughly into the expressed style, where victims showed feelings of "fear, anger, and anxiety" through behavior such as "crying, sobbing, smiling, restlessness, and tenseness;" and the controlled style, in which feelings "were masked or hidden and a calm, composed, or subdued affect was seen." This data ran counter to the belief that victims of "legitimate" rape were necessarily hysterical, or else they were lying.

⁸ Burgess and Holmstrom. "Rape Trauma Syndrome," p. 982.

Physical symptoms in the acute phase included injuries from physical trauma, muscular and skeletal tension, and GI and genitourinary disturbances. Emotional responses ranged from "fear, humiliation, and embarrassment to anger, revenge, and self-blame." In the reorganization phase, which began several weeks after the assault, often included what the researchers called "motor activity," in which many women opted to leave town, for example, to stay with a relative, or moved residences, especially if they were attacked in their homes. Another set of symptoms (that will be more recognizable to readers as post-traumatic) included nightmares and avoidance of reminders of the incident. The authors used psychoanalyst Sandor Rado's concept of "traumatophobia," referring to avoidant reactions to stimuli that recalled the circumstances of the rape. Rado had used the term with reference to war veterans, and Burgess and Holmstrom joined other researchers in drawing parallels with different types of trauma survivors in this period. The fears that women exhibited depended on the specific circumstances of the assaults, but could include fear of being indoors, of being outdoors, of being alone, of crowds, fear of people behind them, and, quite commonly, sexual fears.

In their discussion of clinical implications, Burgess and Holmstrom listed the assumptions that informed their approach:

1. The rape represented a crisis in that the woman's style of life was disrupted
2. *The victim was regarded as a "normal" woman who had been functioning adequately prior to the crisis situation.* [Emphasis added.]
3. Crisis counseling was the treatment model of choice to return the woman to her previous level of functioning as quickly as possible. The crisis counseling was issue-oriented treatment. Previous problems were not a priority for discussion; in no way was the counseling considered psychotherapy. When other issues of major concern that indicated another treatment model were identified by the victim, referrals were offered if the woman so requested.
4. We took an active role in initiating therapeutic contact as opposed to more traditional methods where the patient is expected to be the initiator. We went to the hospital to see the victim and then contacted her later by telephone.⁹

⁹ Burgess and Holmstrom. "Rape Trauma Syndrome," pp. 984-85.

These points—particularly point number 3—represent a key break from previous assumptions about rape victims. Psychoanalytic approaches were concerned with the role that the victim's psychology or unconscious drives played in attracting the assault, and they offered little from a therapeutic perspective. The crisis-oriented approach was pragmatic, and in assuming that the woman was a reasonably functional individual prior to being targeted for rape, RTS was quietly revolutionary.

Burgess and Holmstrom expanded on their treatment model in their 1974 book, *Rape: Victims of Crisis*— the first clinical manual for treating trauma survivors. They also elaborated on their explanation of RTS, pointing out that victims' reactions could be compounded by prior difficulties or the process of trying to pursue a court case against the assailant. In addition, they showed how rape might be disruptive to a woman's life in different ways depending on her age and her life stage (more on this below). Some women responded with what Burgess and Holmstrom called the Silent Rape Reaction, which occurred in "the victim who has not told anyone of the rape, who has not settled her feelings and reactions on the issue, and who is carrying a tremendous psychological burden." This reaction was particularly common in women who had been raped previously and who had not reported or sought help for what had happened.¹⁰ Furthermore, they addressed the idea that rape would necessarily lead to complete psychological disintegration in a woman.¹¹ "The rape victim was able to maintain a certain

¹⁰ "A number of the women in our sample stated that they had been raped or molested at a previous time, often when they were children or adolescents. Often these women had not told anyone of the rape and had just kept the burden within themselves. The current rape reactivated their reaction to the prior experience. It became clear that because they had not talked about the previous rape, the syndrome had continued to develop, and these women had carried unresolved issues with them for years. They would talk as much of the previous rape as they did of the current situation."

¹¹ "The majority of our rape victims were able to reorganize their lifestyle after the acute symptom phase, stay alert to possible threats to their lifestyle, and focus upon protecting themselves from further insult. This latter action was

equilibrium. In no case did the victim show ego disintegration, bizarre behavior, or self-destructive behavior during the acute phase."¹²

Burgess and Holmstrom made important connections to the work of other theorists in developing what we would now understand as trauma psychiatry. In addition to referring to authors like Halleck, Factor, Fox and Scherl, as well as Hayman, they drew on the work of Sandor Rado, as mentioned above, Erich Lindemann's "Symptomatology and management of acute grief," Spiegel and Grinker's famous work on combat stress in WWII, *Men Under Stress*, and Elizabeth Kubler-Ross' "On Death and Dying." In *Rape: Victims of Crisis*, they also incorporated Gerald Caplan's *Principles of Preventative Psychiatry*, dedicating an entire chapter to his crisis theory.

To understand the significance of Burgess and Holmstrom's intervention—and more importantly, why they were able to make it—we need to understand the relatively new field of crisis psychiatry in the early 1970s. Crisis theory emerged out of work with a body of disaster survivors, yielding important understandings of both grief and of what later came to be called post-traumatic stress. In the following section, I trace the development of the crisis approach used by Burgess and Holmstrom.

Grief, Post-traumatic Neurosis, and Crisis Psychiatry

Origins: The Coconut Grove Fire of 1942

difficult because the world was perceived as a traumatic environment after the assault. As one victim said, 'On the exterior I am OK, but inside [I feel] every man is the rapist.'

¹² Burgess and Holmstrom, "Rape Trauma Syndrome," p. 985. As indicated, there were a few victims who did regress to a previous level of impaired functioning four to six weeks following the assault.

On November 28, 1942, a fire broke out in the Cocoanut Grove nightclub in Boston's South End. Cloth hanging from the nightclub's dropped plywood ceiling quickly helped the fire spread. Filled well beyond its designated capacity of 600, the club's only unlocked exit was a set of revolving doors. Hundreds were trampled and crushed in the rush to escape the rapidly spreading fire and toxic smoke, and out of the approximately 1,000 people in the club that night, 492 died.

Of the survivors, 166 people ended up in fourteen Boston area hospitals for treatment, the vast majority of them at Boston City Hospital and Massachusetts General Hospital. Doctors realized that they had a rare opportunity to study and develop new treatments for burns and organ damage. The disaster led to a number of important medical advances in the treatment of burn victims, including the use of liquid resuscitation for patients who had suffered from smoke inhalation, as well as the first use of the newly discovered antibiotic penicillin to manage skin infection.

The disaster also yielded important insights for psychiatry, a legacy which extends to the present day.¹³ When it became obvious to the doctors and nurses that were treating the survivors that they were experiencing psychological problems beyond their expertise, they called psychiatrists in to consult.¹⁴ Below I outline the work of two influential clinicians who worked with these survivors, Alexandra Adler and Erich Lindemann, as well as Gerald Caplan, who worked with Lindemann to expand and popularize the principles of what became crisis psychiatry in the 1950s.

¹³ Schorow, Stephanie. *The Cocoanut Grove Fire*. Applewood Books, 2005.

¹⁴ Cobb, Stanley, and Erich Lindemann. "Symposium on the Management of the Cocoanut Grove Burns at the Massachusetts General Hospital: NEUROPSYCHIATRIC OBSERVATIONS." *Annals of Surgery* 117, no. 6 (June 1943): 814.

The best-known paper on the survivors of Cocoanut Grove is by Erich Lindemann, and it became a classic in trauma literature. Born in Germany, Lindemann was a psychiatrist at Massachusetts General Hospital who had been working on bereavement and grief when the Cocoanut Grove disaster occurred in 1942. The paper, “Symptomatology and Management of Acute Grief,” included data from the survivors of the Cocoanut Grove fire in addition to bereaved relatives of those who died while in the hospital, whom he had been working with prior to the disaster.¹⁵ Of the remainder, some were “psychoneurotic” patients who had lost a relative while in treatment, others were relatives of patients who had died in the hospital, and still others were relatives of military personnel who had died. In total, Lindemann based the paper on 101 patients.

Lindemann characterized grief as a normal reaction to intense or overwhelming situations, and listed symptoms that might accompany this state of intense crisis. Even though Lindemann referred to trauma only once in the paper (he used the phrase "traumatic experiences" at the beginning), "Symptomatology and Management of Acute Grief" became a seminal paper in the field of trauma psychiatry. Grief and trauma were not ontologically distinct in this period, and Lindemann's use of the term grief referred to acute distress and sorrow, a “normal reaction to a distressing situation,” but not necessarily connected to bereavement. He cited symptoms that were being observed in war casualties in that period as an example.

Among the Cocoanut Grove survivors, he observed that grief responses might be delayed, exaggerated, or seemingly absent. The symptomatology of acute grief included somatic distress

¹⁵ Lindemann, Erich. “Symptomatology and Management of Acute Grief.” *American Journal of Psychiatry* 101, no. 2 (1944): 141–148.

which came and went, including tightness in the throat, feelings of emptiness in the abdomen, choking, sighing, lack of muscle power, and subjective feelings of tension or mental pain. Other symptoms included feelings of unreality, vivid recollections of the deceased, denial that they were gone, guilt over failure to do right by the loved one, a loss of warmth in interpersonal interactions or an out-of-character hostility, and aimlessness, restlessness, and difficulty maintaining routines. He also noted that grief resulted in “distorted pictures” (perceptions of self or outside situations) which could be “successfully transformed into a normal grief reaction with resolution” once the patient had completed what he called “grief work.” Lindemann characterized “grief work” as the process of adjustment to an environment that has been changed by the absence of the loved one. The main obstacle facing many patients was their effort to avoid the intense distress and the emotional expression that grief work entailed. For most who were able to do their grief work, their symptoms resolved within four to six weeks.

Morbid grief reactions were more complicated. Reactions could be delayed, particularly when the patient had to maintain composure to keep up the morale of others (delayed reactions were later recognized as part of the PTSD symptom constellation). Distorted reactions included alterations in conduct which might not be understood as serious enough to warrant psychiatric intervention, like overactivity; acquisition of symptoms that belonged to the disease that killed the deceased (a form of hysteria); heightened hostility and avoidance of social activities; fury toward particular people (including the doctor); woodenness of affect; difficulties starting activities; agitated depression; or activities which were detrimental to their social or economic well-being. Distorted reactions were more common in those with obsessive personalities or who had a history of depression.

A second set of papers on the Coconut Grove fire that would become important in trauma literature came from Alexandra Adler. Adler was born in Vienna in 1901. After earning her medical degree from the University of Vienna in 1926, she became one of the first women to practice neurology in Vienna and the United States. Adler was given a position as a neurology staff member at Massachusetts General Hospital and later as a researcher (MGH did not appoint women as faculty). Adler was at MGH when the Coconut Grove disaster happened, and, like Lindemann, worked with some of the survivors.

Adler's first paper, "Neuropsychiatric Complications in Victims of Boston's Coconut Grove Disaster," noted that patients who remained conscious during the disaster—meaning they were awake and experienced fear and terror of death—were the most likely to develop "post-traumatic" symptoms.¹⁶ The symptoms they exhibited included general nervousness or "anxiety neurosis," irritability, fatigue, insomnia, and uncontrollable fear or anxiety. Some patients were racked with guilt for not having done more to save their companions. For many, these symptoms were accompanied by recurring nightmares.

Her second study, "Two Different Kinds of Post-Traumatic Neurosis," was published in 1945, and compared Coconut Grove survivors' symptoms with those who had experienced acute head injuries in job-related accidents.¹⁷ Adler started the paper by noting that incidence of what she called post-traumatic neurosis often varied with the details and emotional factors surrounding the accidents. In the case of Coconut Grove survivors, 54% developed post-traumatic neuroses, "mostly of the anxiety type." The traumatic brain injury patients served as a comparison

¹⁶ Adler, Alexandra. "Neuropsychiatric Complications in Victims of Boston's Coconut Grove Disaster." *Journal of the American Medical Association* 123, no. 17 (1943): 1098–1101.

¹⁷ Adler, Alexandra. "Two Different Types of Post-Traumatic Neuroses." *American Journal of Psychiatry* 102, no. 2 (1945): 237–240.

population. In the 200 patients with acute head injuries, she found much lower incidence of post-traumatic neurosis; the nature of their accidents, and specifically whether they experienced fear and terror when the accidents happened, were the biggest predictors of whether patients would go on to develop post-traumatic neurosis. The main differences, besides the presence of post-traumatic neurosis, were the nature of the symptoms: head injury patients reported nightmares only after an interval, except for the few who had experienced particularly traumatic accidents accompanied by fear and horror.

Adler drew parallels with recent findings with war neuroses, which showed that “anyone may reach his breaking point at which he is unable to maintain mental balance.” Like Burgess and Holmstrom, she noted that “The neuroses after head injury and after the Coconut Grove disaster were mainly anxiety states in previously well balanced personalities. In addition, a comparatively high percentage of patients with pre-existing neuroses had an exaggeration of symptoms after the injury.”¹⁸

"Upset in a Steady State": Gerald Caplan and Crisis Theory

In the 1950s, Lindemann collaborated with psychiatrist Gerald Caplan, also at Harvard Medical School. Together they articulated an approach that became known as crisis psychiatry, which had been adapted from public health practice and which became influential in the 1960s.

¹⁸ Adler, “Two Different Types of Post-Traumatic Neuroses,” p 239. In head injury patients, Adler observed what she interpreted as conflicts that had to do with difficulties in their working environments beforehand. None of the delayed nightmares repeated in actual form. Content was often distorted. Similar to Kardiner. Head injury anxieties were about accident but also environmental difficulties from before and after the injury — conflicts wrt occupation, finances, etc. Resentment of dangerous work or housework. Some were unable to return (“secondary gain” through neurotic symptoms”). Speculates that this gain is why the symptoms might have been delayed. Symptoms often returned when they had to work. “Incubation/contemplation” phase by other researchers. Unresolved conflict anticipates later anxiety “if there is evidence of unresolved conflict between duty or self-respect and what the patient feels is self-preservation.” Delayed nightmare — indicates inability to resolve conflict, beginning of post-traumatic neurosis.

Using techniques he had pioneered in postwar Israel, Caplan went on to develop models for preventative psychiatry while at Harvard Medical School, where he collaborated with Lindemann. With the advent of community mental health centers, which proliferated briefly in the 1960s, their ideas were absorbed into widespread practice.

The notion of a crisis as an opportunity for growth or failure was a generative one for mid-20th-century psychiatry. Perhaps the allure of the “crisis” framework was aided by President John F. Kennedy’s use of the term in speeches he made in 1959 and 1960, in which he (inaccurately) stated, “When written in Chinese, the word "crisis" is composed of two characters - one represents danger and one represents opportunity.”¹⁹ In a review article published in 1962, Berkeley professor of social work Lydia Rapoport differentiated stress from crisis; stress was presumed to have only pathogenic (disease-producing) potential, whereas a crisis offered growth potential.²⁰ Quoting social theorist W. I. Thomas, she defined crisis “a catalyst that disturbs old habits, evokes new responses, and becomes a major factor in charting new developments.” “Thus conceived,” she wrote, “a crisis is a call to new action; the challenge it provokes may bring forth

¹⁹ Kennedy’s statement was picked up and quoted by a number of crisis theorists, but is incorrect. The meaning of character one is danger, but the other is better translated as a moment when things start to go awry. The notion of "crisis" as a decisive turning point that presents both danger and opportunity is a decidedly western one. Originally (according to the OED) a concept relating to disease, it described a point in the course of an illness that would culminate either in recovery or death.

“John F. Kennedy Speeches - John F. Kennedy Presidential Library & Museum.” Accessed January 23, 2017. https://www.jfklibrary.org/Research/Research-Aids/JFK-Speeches/Indianapolis-IN_19590412.aspx.

²⁰ The whole of crisis theory is too much to outline here, but interested readers can find a summary as it stood in 1962 in social work theorist Lydia Rapoport’s review article. Rapoport studied with Lindemann and Caplan at the Harvard School of Public Health from 1959-1960. Rapoport, Lydia. “The State of Crisis: Some Theoretical Considerations.” *Social Service Review* 36, no. 2 (1962): 211–17.

new coping mechanisms which serve to strengthen the individual's adaptive capacity and thereby, in general, to raise his level of mental health."²¹

Caplan defined crisis as "an upset in a steady state."²² Working from the assumption that individuals tried to maintain a state of equilibrium through adaptive maneuvers and their current level of problem-solving ability, he configured crises as sudden disruptions that disturbed the homeostatic state and created disequilibrium. In response to these situations, existing coping mechanisms and problem-solving abilities were no longer adequate. What was required was the development of new problem solving mechanisms— and if the individual could not develop these and adapt, then the crisis threatened to resolve in a negative manner. In choosing the term crisis, Caplan was drawing on and adapting psychiatrist Erik Erikson's work on developmental stages. This theory held that children pass through different developmental stages that were not psychosexual, as traditional psychoanalysis held, but rather social.²³

In Erikson's schema, individuals developed what he called new "virtues" at each stage. In infancy to 1.5 years, the first stage was hope; the infant's challenge was to develop a sense of basic trust. In early childhood, the state was will; the virtue was autonomy versus shame.²⁴ Importantly for this discussion, Erickson envisioned the task of adaptation at each of these stages as a crisis— a turning point, a challenge process that could go well or badly. At each crisis point,

²¹ Rapoport was something of an insider, having spent a year at Harvard School of Public Health from 1959-60, where she worked with Gerald Caplan. Medyn, Susan. "Lydia Rapoport 1923-1971" *Jewish Women's Archive*. Accessed January 23, 2017. <https://jwa.org/encyclopedia/article/rapoport-lydia>.

²² Caplan formulated this definition in seminars at the Harvard School of Public Health, 1959-60. Rapoport, "The State of Crisis: Some Theoretical Considerations," p. 212.

²³ Freud's psychosexual stages were oral, anal, phallic, the latency stage, and adulthood, where growth presumably stopped.

²⁴ Erikson, Erik H. "Growth and Crises of The 'healthy Personality.'" In *Symposium on the Healthy Personality*, 91–146. Oxford, England: Josiah Macy, Jr. Foundation, 1950.

a person found that their existing ways of navigating the world were insufficient, and so they would have to adapt and grow in order to successfully progress. Development didn't stop in adulthood for Erikson; rather, young adults, adults, and mature adults all faced growth challenges.²⁵ This notion of crisis, and the idea that people at different life stages experience life differently, was influential in community psychiatry and crisis psychology as it developed in the 1960s. It formed the basis for Burgess and Holmstrom's treatment model for Rape Trauma Syndrome, which varied somewhat based on the age and life stage of the woman.

Although crises in Erikson's system were provoked by the process of growing up, his framework lent itself to adaptation to external life events. Borrowing the biological concept of homeostasis, Caplan's adaptation took as its starting point that certain stressful situations were likely to provoke a state of crisis, pulling a person away from their natural state of equilibrium into a state of disequilibrium.²⁶ Individuals might have adequate or inadequate coping mechanisms prior to the occurrence of the crisis, but in a state of crisis, their customary methods of coping were not adequate, particularly if the crisis reactivated unresolved or partially resolved unconscious conflicts. Crises were understood to be short in duration and self-limiting, around 6 weeks. Ideally, a team of psychiatrists, social workers, and nurses would help the person in crisis navigate the difficult situation and treat the external stressor as neutral.

²⁵ From abstract: "The concept of "healthy personality" is approached from a genetic point of view within the broader framework of Freudian theory. Personality development is conceived as an epigenetic process in which each item of personality is related to all the others, so that all depend upon the proper development at the proper time of each component. Analysis of the growth process reveals these components of mental health developing in sequential stages: a sense of basic trust; a sense of autonomy; a sense of initiative; a sense of industry; a sense of ego identity; genitality; generativity; integrity. Each reaches its ascendance, encounters environmental strictures with ensuing conflict, and finds solution in ways which are described in detail." Erikson, Erik H. "Growth and Crises of The 'healthy Personality.'" In *Symposium on the Healthy Personality*, 91–146. Oxford, England: Josiah Macy, Jr. Foundation, 1950.

²⁶ Ultimately, it was a blend of crisis theory and psychoanalytic ideas-- Freud and Lindemann's concepts of developmental stages were used to illustrate how a "victim crisis" would affect a person at various life stages, and to direct counseling to goals that were appropriate to various life stages.

The increased interest in a public-health oriented, epidemiological approach like crisis psychiatry was the consequence of several important developments from the 1950s to the brief period at the end of the 1960s when community mental health centers flourished. From a public health standpoint, the primary goal of preventative psychiatry was to reduce the risk of mental illness in the community. Its secondary purpose was to work with individuals to reduce the duration of mental illness. The tertiary goal was the prevention of “defect and crippling”—meaning to return people to maximum effectiveness following a crisis. For an excellent discussion of the evolution of the community mental health movement, I refer readers to the third chapter of historian David Rochefort's *From Poorhouses to Homelessness*.²⁷

As discussed in Chapter 2, psychiatrists were becoming increasingly influential in American public life in the 20th century, particularly after WWII. Mass screenings of military recruits had resulted in the rejection of 12% of potential recruits. The realization that mental pathology was so widespread, as well as the fact that so many men with normal mental constitutions experienced psychological difficulties in the military— 37% of those enlisted were discharged because of “neuropsychiatric disability”—lessened the stigma of mental illness. More importantly, "military psychiatrists witnessed directly certain social and environmental aspects of psychiatric disorder and attempted to incorporate this insight into treatments such as group therapy."

The deficiencies of the asylum system were also becoming increasingly clear to the public. About 2,000 conscientious objectors were assigned to alternative service as asylum

²⁷ Rochefort, David A. *From Poorhouses to Homelessness: Policy Analysis and Mental Health Care*. Westport, Conn.: Auburn House, 1993.

custodians. Shocked at the conditions they saw, some of them started a movement to highlight problems with the system and to promote a new approach: better treatment, preventative care, and the positive promotion of mental health. Exposés in popular magazines made the difficult conditions of many asylums known to the public. Famously, *LIFE* published an article in 1946 called "Bedlam USA." The article showed patients malnourished, unclothed, and seated on the floor. The visual parallels between inmates of American asylums and recently liberated concentration camp survivors were difficult to ignore. Similar articles followed, and calls to reform or close down the asylum system grew louder in the years to come. In addition, the development of psychotropic drugs in the 1950s made the purpose and usefulness of custodial institutions less and less clear. For the first time, there was hope that people who had previously been condemned to live their lives on the back wards of state asylums would be able to live and receive treatment in their own communities. All of these forces would combine to change the landscape of treatment available not only to rape victims, but also survivors of other kinds of trauma, particularly as the community mental health movement helped crisis psychiatry flourish in the mid-to-late 1960s.²⁸

Burgess and Holmstrom's Interventions

Crisis theory provided a robust framework for counseling victims—all without looking to their psychology to explain why they were targeted for attack. The studies prior to Burgess and Holmstrom's, by Hayman et. al. and Fox and Scherl, had been on a much smaller scale. Even though they focused on the problem through the lens of crisis psychiatry and public health, they

²⁸ As the state mental institutions were shuttered, the nationwide system of community mental health centers never came into existence, as economic difficulties and the escalation of the Vietnam War diverted funding away from the plan.

were less concerned with the nature of rape as radical feminists understood it and were thus relatively uncritical of the systems that women had to navigate in the aftermath of being attacked.

The Burgess and Holmstrom study was unique for a number of reasons. As academics who were able to dedicate an entire year to this project, their schedules were flexible enough that they could go to ER calls together at Boston City Hospital whenever they were needed. In addition, they had the legitimacy of being affiliated with Boston College and had been welcomed into the hospital, rather than being volunteers affiliated with a community-based center. Patients understood them to be part of the hospital staff. Because they were academics, they had a degree of freedom and flexibility that volunteer counselors, nurses, or salaried social workers with large caseloads lacked in order to follow up with victims. In addition, they had the ability to provide a longer-term counseling service to women and the flexibility to be creative in their approaches—including being able to do home visits.

Rape: Victims of Crisis was published in 1974, and it was a comprehensive manual aimed at counseling victims of rape. Burgess and Holmstrom started by offering a “New view of rape,” from the perspective of both the victim and the perpetrator. They distinguished between what they called “blitz” style attacks (surprise attacks perpetrated by strangers with no warning), confidence attacks, and attacks on women with diminished capacity to consent. After a section about how police, hospitals, and community programs (including rape crisis centers) viewed and treated rape victims, they introduced their counseling model, which combined a crisis framework with a developmental approach. “The crisis the rape victim faces can be analyzed by looking at interaction between the developmental phase the person is in and the externally imposed event of

the rape,” they wrote. “The sexual assault takes on specific meaning to victims according to their stage of development in the life cycle.”

The researchers stressed the importance of the initial interview in establishing a rapport with the victim. Initially, they attempted to run a counseling group for victims, but nobody came to them.²⁹ Attempts to have victims return to the hospital for counseling did not work either. Burgess then settled on a telephone counseling strategy and reported that this was helpful. In some cases, home visits were utilized, following the tradition of home visits conducted by public health nurses. The researchers offered strategies for overcoming “stalls” in the counseling process. Finally, they dedicated a chapter to helping victims through the trial process, which often reawakened stressful feelings and placed additional pressure on them. The book ended with a section about the specifics of counseling adults, children, male victims of rape (of whom they had three in their sample), and victims with pre-existing psychiatric problems.

By the time it was released, the book found a ready audience among crisis centers and professionals with an interest in counseling victims. The Feminist Alliance Against Rape (a network of rape crisis centers) published a review of *Rape: Victims of Crisis* in its Winter 1975 newsletter that called the book “a thorough manual on crisis intervention that should be required reading for all rape counselors and others serving rape victims.”³⁰ The review praised the techniques it offered for counseling victims and for demystifying the counseling process. The reviewer’s main criticism was that the book lacked a political perspective, and that it was far too sympathetic to police in the chapter on institutional responses.

²⁹ Burgess, Ann Wolbert. In person interview, Chestnut Hill MA, August 20, 2014.

³⁰ Feminist Alliance Against Rape. “JanFebMar 1975 Book Review,” Spring 1975.

In addition to the first comprehensive counseling manual for victims, Burgess and Holmstrom went on to publish a number of other works based on the data from their study. These included a detailed examination of institutional reactions to victims in hospitals, with police, and as they pursued court cases, called *The Victim of Rape: Institutional Reactions*.³¹ They also published the results of follow-ups with the study participants in two articles called "Coping behavior of the Victim" and "Recovery from Rape and Prior Life Stress."³² With "Rape Trauma Syndrome" and their subsequent work, Burgess and Holmstrom not only contributed to the sparse literature that existed about rape victims, but also carefully, and sometimes indirectly, dismantled some of the rape myths that pervaded thinking about the problem.

One paper which did this focused on the linguistic strategies that rapists used to control and intimidate their victims.³³ The article challenged the idea that rapists relied on physical force, arguing that the range of threats and tactics was actually much wider. They found that linguistic strategies used by rapists included threats, orders, confidence lines, personal inquiries, personal revelations, obscene names and racial epithets, inquiries about victims' sexual "enjoyment," and sexual putdowns, among others. "What these themes have in common is that they constitute a strategy for exercising power over the victim, either before, during, or after the rape."

Without coming out and saying the word "masochism," Burgess and Holmstrom addressed the idea that some rapists believed that victims enjoyed the attack. "Whether rapists really believe that their victims enjoy the sex act with them is a controversial issue. Research suggests

³¹ Burgess and Holmstrom. *The Victim of Rape: Institutional Reactions*.

³² Burgess, Ann W., and Lynda L. Holmstrom. "Coping Behavior of the Rape Victim." *American Journal of Psychiatry* 133, no. 4 (1976): 413–418; Burgess, Ann Wolbert, and Lynda Lytle Holmstrom. "Recovery from Rape and Prior Life Stress." *Research in Nursing & Health* 1, no. 4 (1978): 165–174.

³³ Holmstrom, Lynda Lytle, and Ann Wolbert Burgess. "Rapists' Talk: Linguistic Strategies to Control the Victim." *Deviant Behavior* 1, no. 1 (October 1, 1979): 101–25.

that one type of rapist acts under the illusion that his sexual prowess is so great that he greatly satisfies an initially protesting victim." The data from other studies was mixed, and Burgess and Holmstrom quoted the findings of two researchers who made opposing claims.

In the fantasy, the woman he attacks first protests and then submits, more resignedly than willingly. During the sexual act, he performs with great skill, and she receives such intense pleasure that she falls in love with him and pleads with him to return....³⁴

Perhaps, as reports almost uniformly suggest, offenders believe that their victims like being forcibly raped. The fact that some rapists request testimonials of their sexual skills from their victims and that others attempt to make future appointments with them supports this idea. But we believe that for many, perhaps most, rapists there is a clear appreciation that their victims hate what is happening to them and that this is an important element of the behavior.³⁵

Burgess and Holmstrom resolved this apparent contradiction by suggesting that "not all rapists rape for the same reason-- that the victim's 'enjoyment' is important for some, but not for others."

Burgess and Holmstrom began the first chapter of their 1978 book *Rape Victims:*

Institutional Reactions with the sentence, "Our society makes the lot of the rape victim difficult." Even though previous studies had focused on helping victims psychologically, the Burgess and Holmstrom study was unique when it came out because it considered rape victims in context and followed them in the aftermath, including through the trial process for those who pursued court cases. "Studies of the course of the criminal through this institutional maze are numerous," they wrote, "but little scholarly attention has been given to how the victim proceeds through the same maze."³⁶

³⁴ Cohen, Murray L., Ralph Garofalo, Richard Boucher, and Theoharis Seghorn. "The Psychology of Rapists." In *Seminars in Psychiatry*. Grune & Stratton, Inc., 1971, quoted in Holmstrom and Burgess. "Rapists' Talk: Linguistic Strategies to Control the Victim," p. 101-25.

³⁵ Geis, Gilbert. "Forcible Rape: An Introduction." In *Forcible Rape: The Crime, the Victim, and the Offender*, edited by Duncan Chappell, Robley Geis, and Gilbert Geis. Columbia University Press New York, 1977; quoted in Holmstrom and Burgess. "Rapists' Talk: Linguistic Strategies to Control the Victim," p. 101-25.

³⁶ Burgess and Holmstrom *The Victim of Rape: Institutional Reactions*, p. 1.

Three years after the inception of the women's movement against rape, the creation of Rape Trauma Syndrome offered victims recognition and legitimization of their suffering, including the difficulties they faced as they navigated the maze of institutions that Burgess and Holmstrom detailed. RTS opened the floodgates for a new kind of knowledge about sexual violence that would become increasingly common in the years to come: knowledge that focused on, recognized the experiences of, and centered the victim, even as it acknowledged the power dynamics at work in sexual violence.

In addition to being the year that Burgess and Holmstrom published "Rape Trauma Syndrome" in the *American Journal of Psychiatry*, 1974 showed particularly significant advances in the public conversation about rape. In the next section, I follow the proliferation of public dialogue about rape, which incorporated the feminist perspective that rape was a violent and hostile act rather than a sexual one. I then turn to the impact that this had on the field of psychiatry and on the course of rape-related research more broadly.

Part III: The Culture Shifts

Chapter 6

Advancement and Division

Introduction

On February 20, 1974, a film called *A Case of Rape* aired on NBC.¹ The first film to focus sympathetically on the experience of rape victims, *A Case of Rape* opens with a montage of black and white photographs of women, accompanied by a somber male voiceover:

It's estimated that every twelve minutes, a rape occurs somewhere in this country. Fewer than one-fourth of all rapes are reported to the police. There's no typical victim... she may be any age, any race, any background, single, married, divorced. The incidence of rape is rising faster than any other crime of violence. This woman is about to become a statistic. She's going to be raped.

Elizabeth Montgomery plays Ellen Harrod, a white, married, stay-at-home mother. A man whom she meets while taking night classes offers her a ride one night while her husband is away, asks to come in to use her telephone, and rapes her. Harrod decides not to report the incident, and once she has an anonymous STD test, tries to move on from what happened without telling anyone. Then, a few days later, the man waits for her in her garage and rapes her again. The movie follows Montgomery's character as she seeks medical and police help and pursues a court case against the rapist.

In one scene, an orderly flies through the hospital with a wheelchair asking "Where's the rape?" When Harrod protests that she can walk, the orderly insists, saying, "No, rapes can't walk." Similarly, in an encounter with the police, Harrod is summoned from the waiting room with the question, "Which one is the rape?" The police are skeptical because she did not report the first time she was assaulted. One of the officers puts pressure on her:

"How'd it feel when he raped you, Ellen?"

¹ Sagal, Boris. *A Case of Rape*. NBC, 1974. Another made for television film, "Cry Raper," had switched between the perspectives of the victim and the perpetrator.

“What do you mean?”

“I mean, wasn’t it kind of thrilling, didn’t you kind of like it?”

The idea that women secretly enjoyed rape features prominently in the movie. “You say rape. He says seduction,” said the prosecuting attorney. Interestingly, the attorney who defends the rapist is female. In one of the final scenes, she questions Harrod on the stand:

May I read you something Mrs. Harrod? [Reading from a textbook] "Such women, particularly during periods of extended absence by the husbands, are prone to fantasy dreams of virile, forceful male figures that who suddenly leap upon or otherwise overpower them, and passionately make love to them." I'm reading from a recognized text, *Clinical Studies of the Female Erotic Impulse* by Wilhelm J. Bruckman, M.D. Is it more than dreams and fantasies? There have been several sexual episodes in your life. Isn't that true?

The judge permits questioning about Harrod's past and her sex life but protects the perpetrator from questioning about his background, which includes several previous rape charges. The trial ends with judge issuing the cautionary statement that was still required in many states at the time:²

I am required by the law in this state to caution the jury in the following manner: A charge such as that made against the defendant in this case is one that is easily made, and once made, is difficult to defend against, even if the person accused is innocent. Therefore the law demands that you examine carefully, and be duly critical, of the testimony of the female person named in this case.

Although the movie was groundbreaking in its portrayal of rape from a victim’s perspective, a review in the following day's *New York Times* noted that the poor treatment of rape victims was not a revelation, even to a broad audience. "The subject is hardly new to television," he wrote. "The facts were thoroughly and informatively covered at least a year ago on 'Bill Moyer's Journal.'"³

² See section in chapter 2 on cautionary statements.

³ O’Connor, John J. “TV: Fiction Sticks Close to Fact in ‘A Case of Rape.’” *The New York Times*, February 21, 1974. News journal programs reported on the negative experiences of rape victims as they sought help. "No Tears for Rachel" had been produced by Channel 13 in New York and was picked up by the nationally syndicated Bill Moyer's Journal. The subject of the documentary, Erica Van Acker, had been attacked in her apartment building. Afterward, she became an activist, working with hospital doctors to help them understand the trauma that victims faced. Fuerbringer, Jonathan. “Erica Van Acker, 62, Subject of TV Documentary on Rape.” *The New York Times*, December 15, 2001.

1974, the year that Burgess and Holmstrom introduced Rape Trauma Syndrome, was also a watershed year for public awareness about rape in America. *A Case of Rape* was part of a genre that proliferated in the 1970s: documentaries that portrayed the struggles of victims with frank dramatizations and educated viewers about the phenomenon of rape. In addition to the burgeoning awareness about sexual violence instigated by the women's movement, mainstream publications began to shift their coverage of rape to focus on the unfair treatment and psychological trauma of victims. That same year, two cases in which women of color used lethal force against their attackers prompted public debate on women's rights to defend their bodily integrity and put the spotlight on the psychological impact of rape. Literature that reflected this expanding consciousness of rape proliferated in the 1970s, first in the feminist press, and then beyond it. Articles in mainstream publications like *The New York Times*, *TIME*, and *Redbook* focused for the first time on the plight of victims.⁴ At the same time, a new sensibility about rape and sexual violence entered into public discourse. Throughout the 1970s, feminist activists challenged traditional narratives of rape, as well as the presumed psychiatric, legal, and criminological authorities on the subject. Splits in the women's movement between white feminists and feminists of color, particularly African Americans, also widened during this period.

In this chapter, I describe several important political and cultural developments in the mid-1970s—including prominent trials, advocacy work challenging laws around the country,

⁴ Lear, Martha Weinman. "Q. If You Rape a Woman And Steal Her TV, What Can They Get You For in New York? A. Stealing Her TV." *The New York Times*, January 30, 1972 and Lear, Martha Weinman. "What Can You Say about Laws That Tell a man: ' If You Rob a Woman You Might as Well Rape Her Too—the Rape Is Free.'" *Redbook*, 1972, 83–87. "Women Against Rape." *Time* 101, no. 17 (April 23, 1973): 118. "Revolt Against Rape." *Time* 104, no. 4 (July 22, 1974): 97.

and the publication of innovative scholarly work on sexual violence—that raised public awareness and prompted debate within the feminist movement. I end by considering the compromises that anti-rape feminists were forced to make by the end of the 1970s, as crisis center work was increasingly overtaken by credentialed professionals and government funders that did not share the radical commitments of the feminists who had catalyzed the movement.

The Public Conversation Changes

Feminist activists around the country raised awareness about the impact of rape on victims and the difficulties victims faced when they sought help or tried to bring rapists to justice. Outreach efforts by anti-rape collectives and crisis centers were making an impact, as mainstream media began to pay attention to the difficulties that victims faced. In 1974, two notorious cases in which rape victims killed the men who attacked them captivated journalists and galvanized activists. Susan Brownmiller's hotly anticipated November 1975 book, *Against Our Will*, found a ready audience in a dramatic moment of cultural change. Rape crisis centers were also proliferating. By 1976, a mere four years after the DC Rape Crisis Center began operations, centers had become part of the landscape in many American communities; one researcher counted 400 operating around the country.

Even as the anti-rape movement made great headway, tensions remained within the movement. The starkest was about race. African American feminists had not joined the anti-rape movement in the same numbers as white, middle-class feminists. For black women, it was hardly a revelation that rape was a tool for the oppression of entire classes of people.

NOW takes on anti-rape advocacy

By the 1970s, the National Organization for Women was a seasoned political organization with chapters around the United States, whose members were practiced hands at lobbying for legislative change. The National NOW Rape Task Force (RTF) evolved under the leadership of Mary Ann Largen, who had been a member of the Washington, DC Rape Crisis Center before she became active in NOW's Northern Virginia chapter. After initiating a study on rape in Prince George's County, she became the coordinator of the National NOW Rape Task Force. Largen taught local groups how to handle hotline calls from rape victims and educated local mental health centers about the psychological impact of rape and how to effectively assist victims. She also testified regularly at rape trials and was a frequent contributor in local media.⁵ Her study, "Rape in the Suburbs" received coverage in local newspapers, which agreed that police and other professionals coming into contact with rape victims should receive sensitivity training, and echoed the growing public condemnation of the unfairness of the character laws (whereby evidence about a woman's character and chastity could be admitted in court, but not similar evidence about the offender— even if he had previously committed crimes).

Many members of regional NOW chapters wanted to start local Rape Task Forces. In an undated memo to task force members, Largen stated, "We are all familiar with the frequency of improper hospital examinations, police skepticism, indifference of prosecutors, judges, and juries, and the attitudes of society which make the victim feel suspect, degraded, and dehumanized." NOW distributed a Rape Task Force Kit, which included questionnaires for members to administer to police, hospitals, and DAs. The goal was to gather data on their

⁵ Correspondence from Mary Ann Largen to Dian Terry, September 21, 1973. Carton 31, Folder 5. MC 496, Records of the National Organization for Women, Schlesinger Library, Cambridge MA.

procedures and also to evaluate the attitudes held by people in these agencies. Largen's work with the Northern Virginia chapter became a model for the national Rape Task Force agenda. Local task forces ranged in their activities; some started crisis projects, others focused on educating people in the community about sexual violence, and still others pursued legislative change.

In addition to procedural questions, including who questioned victims (male vs. female officers), whether victims could request a female police officer, and whether police felt qualified to determine whether a woman needed counseling, the RTF's police survey asked a number of other questions: Were police influenced by the victim's appearance? Was a hysterical victim seen as more credible? How many times did a woman typically have to repeat her story, and was she asked about her personal life? Did police interrogate rather than question victims? Were victims asked about whether they had an orgasm, or asked other questions with no bearing on the case? Were routine procedures explained? Did police threaten to arrest victims for making a false report to intimidate them? Did the police understand rape as primarily a sexual offense or as a violent one? The questionnaires for hospitals and district attorney's offices were similarly detailed. Using this data, NOW developed local and national agendas for advocacy and legislative change.

NOW led the charge for changes to laws around the country beginning in the mid-1970s. Because this ground has been well-covered by other authors, I will refer only briefly to it here.⁶ Largen worked with NOW RTF members to develop a model rape law, acknowledging that there would be disagreement on the precise shape the law should take. In a memo soliciting ideas for

⁶ See Bevacqua, Maria. *Rape on The Public Agenda: Feminism and the Politics of Sexual Assault*. Northeastern, 2000.

what the law should look like, she wrote, “Keep in mind that for some of you the proposals will not be radical enough. For others, the proposal will be too radical.”⁷ The goal for the model rape law was to offer an alternative to legislation that overwhelmingly favored defendants, made convictions difficult, and put the already-vulnerable victim in a position where she was treated badly and humiliated.⁸

Feminists recognized that in protecting the rights of defendants, the law had made rape extremely difficult to prosecute—which, some argued, accounted for why the crime was increasing at such an alarming rate in the late 1960s and early 1970s: it was very easy to get away with.⁹ The RTF draft called for a revision of the evidentiary procedures that put the victim on trial: eliminating the use of cautionary statements by judges; removing the life imprisonment penalty except in extreme cases (since juries could be reluctant to convict because of harsh sentencing laws); expanding the definition of rape to recognize more than vaginal penetration; and abolishing the marital rape exemption.¹⁰ Statewide coalitions consisting of local NOW chapters and other advocacy organizations engaged in coordinated agitation for legislative change.¹¹ NOW served as a clearinghouse for information, loosely tying together and directing

⁷ Lagen, Mary Ann. “Memo to NOW Rape Task Force Members,” January 23, 1974. Carton 31, Folder 5. MC 496, Records of the National Organization for Women, Schlesinger Library, Cambridge MA.

⁸ “Revision of the Rape Laws,” n.d. Carton 31, Folder 5. MC 496, Records of the National Organization for Women, Schlesinger Library, Cambridge MA.

⁹ Brownmiller, *Against Our Will: Men, Women, and Rape*, Chapter 11 “Victims: The Crime,” pp. 387-420.

¹⁰ Assorted correspondence, 1973-75. Carton 31, Folder 5. MC 496, Records of the National Organization for Women, Schlesinger Library, Cambridge MA. Cautionary statements were statements directed to the jury at the conclusion of the trial, in essence reminding them that making accusations of rape was easy, but proving that it had occurred was difficult. I go into detail about this in Chapter 2.

¹¹ For a detailed account of how the feminist agenda translated to a national reform agenda, see chapters 3 and 4 of Maria Bevacqua’s excellent history, *Rape on the Public Agenda*. Bevacqua, Maria. *Rape on the Public Agenda: Feminism and the Politics of Sexual Assault*. Boston: Northeastern University Press, 2000.

grassroots efforts that were taking place around the country. A coalition of activists, crisis counselors, lawyers, and law students were able to achieve an important victory in Michigan: the implementation of a comprehensive rape law reform, which then served as a model for other states. The model law expanded the definition of rape to account for assault other than vaginal penetration; defined four degrees of assault with increasing penalties; and prohibited evidence about the victim's past sexual history that did not involve the defendant.¹² Mary Ann Lergen also worked closely with Senator Charles Matthias (R-MD) on a bill to establish a National Center for the Prevention and Control of Rape (NCPCCR) which, as Maria Bevacqua argues, demonstrates how the language and logic of rape prevention changed after the feminist consciousness about rape became mainstream. These legislative victories, however, also marked a shift in feminist approaches to anti-rape work. Following increasing crime rates, politicians and the public favored a law-and-order approach during the 1970s. While this made legislators sympathetic to the concerns of anti-rape feminists, it inevitably resulted in compromise when the groups worked together, particularly for anti-rape feminists who wished to avoid collaborating with the system, or who saw it as a systemic problem to do with the gender hierarchy as opposed to a problem that could be addressed using a law and order approach.¹³

Mainstream press coverage of rape also began to change as new awareness of the problem spread outward from the women's movement. The first influential articles that appeared in mainstream publications were by feminists. One such article, by Martha Weinman Lear,

¹² Bevacqua, *Rape on The Public Agenda: Feminism and the Politics of Sexual Assault*, pp. 99-100.

¹³ *Ibid.*, pp. 116-123.

appeared in the *New York Times* in January 1972 and was reprinted in *Redbook* later that year.¹⁴ The *New York Times* published it with the title “Q. If You Rape a Woman and Steal Her TV, What Can They Get You For in New York? A. Stealing Her TV.” In *Redbook*, it appeared as “What Can You Say About Laws that Tell a Man: ‘If You Rob a Woman You Might as Well Rape Her Too—the Rape is Free.’”

A 1973 *Time* article characterized rape as “the most [psychologically] traumatic of crimes against women” and emphasized the difficulty of police investigations.¹⁵ It also highlighted the creation of the NYPD’s rape analysis unit (“a special rape squad within the detective bureau”), headed by Lt. Julia Tucker. In addition to providing emotional support for the women (according to the article), the unit was charged with “educating the male policemen who still do much of the work in rape cases.” The article also said police were being screened during hiring for their sensitivity regarding these issues.¹⁶ Another *Time* article from 1974 entitled “Revolt Against Rape” opened with the following quote from a Manhattan defense attorney: “I’m not sure I understand rape at all. I don’t see how a woman can be penetrated if she doesn’t cooperate. You

¹⁴ Lear, Martha Weinman. “Q. If You Rape a Woman And Steal Her TV, What Can They Get You For in New York? A. Stealing Her TV.” *The New York Times*, January 30, 1972 and Lear, Martha Weinman. “What Can You Say about Laws That Tell a man: ‘ If You Rob a Woman You Might as Well Rape Her Too—the Rape Is Free.’” *Redbook*, 1972, 83–87.

¹⁵ “Women Against Rape.” *Time* 101, no. 17 (April 23, 1973): 118.

¹⁶ Ibid. “Psychologically, rape is the most traumatic of crimes against women, and for many victims, the police investigation that follows is even more shattering. Unwilling to tolerate the situation, women in some 20 cities across the country have recently organized rape squads or rape crisis centers. Their aims: to prevent the crime and to ease the emotional hurt of its victims.” “. But the greatest progress has been made in New York City. There, the police department has established a special rape squad within the detective bureau. Headed by Lieut. Julia Tucker, the squad is staffed with seven other women, and is responsible for providing emotional support for rape victims. It is also charged with educating the male policemen who still do much of the work in rape cases. To this end, Lieut. Tucker has organized psychologist-led seminars for both male and female officers. These days, she says, New York police who interview rape victims are now selected with an eye to their emotional sensitivity. But, acknowledges the detective bureau's Deputy Inspector Terrence McKeon, "You have to be a woman to understand the shock a rape victim has experienced.””

just can't thread a moving needle.”¹⁷ The quote was included to exemplify the attitudes that feminists were attempting to combat. These articles' message about the unfairness of the treatment that rape victims experienced from the system seemed to be getting across.

Famous Court Cases and Feminist Divisions

In 1974, two highly publicized rape cases prompted widespread dialogue about the problem, both within the movement and beyond it. Both cases involved women of color and were lightning rods for feminist activism. They also highlighted tensions in the movement between white feminists and feminists of color. Even though sexual violence affected women across racial and class lines, the implications, particularly as they navigated the legal and criminal justice systems, were very different for nonwhite women. The cases highlighted the degree to which the criminal justice system was stacked against women, especially women of color, and they helped introduce the public to new ways of thinking about rape by bringing the insights of the feminist movement into mainstream reporting, even as this was juxtaposed with older ways of thinking. The cases also raised the question of female bodily integrity unlike any other high-profile cases. Did women have the right to kill their rapists? Ultimately, the courts decided, they did— but only after long, polarizing legal struggles that spotlighted the new feminist arguments about rape.

Born in New York City and of mixed Cuban and Puerto Rican heritage, Inez Garcia was working in California on a farm to be near her husband, a Cuban exile and anti-Castro activist, who was imprisoned near Soledad, California for a bombing he had committed in Los Angeles.

¹⁷ “Revolt Against Rape.” *Time* 104, no. 4 (July 22, 1974): 97.

In March 1974, Garcia was at home when acquaintances of her roommate, a drug dealer, came to the apartment to purchase heroin. The men got into an argument with the roommate, which became physical. Afterward, they took Garcia outside. The smaller of the two men raped her. The two men later called Garcia and taunted her, promising they would do worse if she didn't leave Soledad. Garcia and her roommate left her home, taking with them a 22-gauge shotgun. She found the men who had raped her, and, claiming that one of them had a knife in his hand, Garcia shot the larger of the two men.

As a victim who fought back, Garcia's case attracted a lot of attention from feminists and anti-rape activists. In addition to highlighting the sexism in the trial system, the case raised questions about women's rights to bodily integrity. Feminists rallied to her cause (particularly in the Berkeley area) and a few weeks before her trial, Garcia moved into a house in Berkeley with some of her supporters. She appeared at benefits in her name. Remembered in her Soledad community as a quiet and devout Catholic, Garcia did not shy away from expressing her outrage. "I killed the motherfucker because I was raped, and I'd kill him again. Judge, why don't you just find me guilty and put me in jail?" Her outbursts, including on the stand, did not help her case as much as they endeared her to her feminist supporters. "The only thing I'm sorry about is that I missed Luis Castillo."¹⁸

Garcia's first lawyer, Charles Garry, was a civil rights lawyer who had defended high-profile clients like Black Panthers Huey P. Newton and Bobby Seale, as well as anti-draft activists. Garry chose to employ a diminished capacity defense. Calling in expert witnesses, he argued that the trauma induced by rape, combined with Garcia's history of mental instability, rendered her less culpable for the murder. However, the judge prohibited Garry from introducing

¹⁸ Brownmiller, *In Our Time: Memoir of a Revolution*, p. 221.

evidence concerning the rape. The defense failed, and Garcia was convicted of second-degree murder. Her conviction sparked protests by feminists across the country and galvanized efforts to raise money for her appeal.

Two years later, Garcia's appeal was successfully argued by feminist lawyer Susan Jordan, with a new defense strategy. Instead of arguing on the basis of diminished capacity, Jordan argued that Garcia had simply acted in self-defense: she killed Jimenez because she feared that he would come back and kill her, as he had threatened to do. The strategy worked, and Garcia was acquitted.

The Joan (pronounced Jo-ann) Little case, tried the same year, also prompted public debate over women's rights to defend themselves from rape. Little was a slightly-built, 20-year-old African American woman. Imprisoned on a minor theft charge, she was the only female inmate in the Beaufort County, North Carolina jail the night she escaped. Clarence Alligood, the night jailer, was found stabbed to death with an ice pick in Little's cell, without pants, and with semen on his leg. Little was on the run for a week before she contacted her lawyer and turned herself in. Her trial quickly became national news. Controversy centered on the question of whether Little had legitimately defended herself from her rapist, or whether she had "enticed" Alligood with promises of sexual favors with the intent of murdering him and then escaping. First degree murder carried the death penalty in North Carolina. Little asserted that Alligood had repeatedly assaulted her. The defense conceded that Alligood wanted sex, but contended that Little had willingly submitted in exchange for favors, and enticed him into her cell on the night of the killing so that she could escape.

Little's case mobilized advocates in several social justice movements, including the feminist movement, the Civil Rights movement, and the prisoner's rights movement. Little found support among numerous politicians and organizations, including NOW's Rape Task Force, female politicians and members of Congress, as well as anti-death penalty activists. The Southern Poverty Law Center represented her and successfully petitioned to move her trial from Beaufort County to Raleigh, North Carolina. Little's lawyer leveraged the relatively new feminist understanding of rape as a crime of violence and hostility with the intent to humiliate, rather than as a crime of sex.¹⁹ The jury found her not guilty. A NOW press release about the verdict read, "The decision reached by the jury in the case of Joann Little clearly demonstrates the growing public demand that the sexual assault of women no longer be tolerated and a recognition of the inherent right of victims to defend themselves against sexual attack."²⁰

However, the Little case also brought out tensions between white and black feminists. Although they were certainly involved, black women had not flocked to the anti-rape movement in force. Angela Davis, writing in 1975 about Little's case, argued that it was impossible to separate Little's vulnerability because of her race and from her vulnerability because of her sex. Any response would have to take both into account.

Whenever a campaign is erected around a black woman who has been raped by a white man, therefore, the content of the campaign must be explicitly antiracist. And, as incorrect as it would be to fail to attack racism, it would be equally incorrect to make light of the antisexist content of the movement. Racism and male supremacy have to be projected in their dialectical unity. In the case of the raped black woman, they are mutually reinforcing.²¹

¹⁹ Jacquet, Catherine O. "Responding to Rape: Contesting the Meanings of Sexual Violence in the United States, 1950-1980." University of Illinois at Chicago, 2012; Chapter 5.

²⁰ Press releases, 08/15 and 16/1975. Carton 31. MC 496, Records of the National Organization for Women, Schlesinger Library, Cambridge MA.

²¹ Davis, Angela. "The Dialectics of Rape." *MS Magazine* 3 (1975): pp. 74-77.

Davis also pointed out that in addition to being a woman, Little was additionally vulnerable because Alligood probably knew full well that the claims of a poor, imprisoned black woman would be taken less seriously:

Joan Little's assailant had probably been exposed to all the racist myths about black women, and was aware of the lack of redress available to victims of white rapists. In the aftermath of the incident, in fact, vicious accusations were hurled at Joan Little: she was called a prostitute and it was claimed that she engaged in sexual activities with jailers.

Disagreements over rape and race also played out in other settings. In the mid-1970s, several high profile scholarly works on the issue of sexual violence appeared that were written by feminists. Perhaps the most famous is Susan Brownmiller's *Against Our Will*, published in 1975. Its highly anticipated release coincided with changing national dialogue about the problem, including the Little and Garcia cases. Brownmiller famously described rape as “a conscious process of intimidation by which all men keep all women in a state of fear,” popularizing the feminist idea that rape was not “a crime of lust, but of violence and power.” *Against Our Will* made an unflinching case for how rape and violence against women were woven into the fabric of American—as well as human—history. Brownmiller gave numerous examples about how the breakdown of law and order in situations of war and conflict were always accompanied by violence against women, and about how criminal codes penalizing rape often treated it as a property crime against men. Brownmiller decisively dispelled the myths that rape was a rare occurrence, that it was sexual rather than violent, and that it was impossible. In addition to providing historical examples, she analyzed literature, recent studies (such as Amir's), as well as the data on rape (including FBI statistics) that showed that rape rates were rising dramatically in the late 1960s and early 1970s.

Against Our Will was well-received, quickly becoming a bestseller and launching Brownmiller as a recognized speaker around the country. *TIME* named her one of its 12 Women

of the Year in 1976.²² Even though it was an exhaustive examination of a problem that had not been studied in depth before, the book was not immune to criticism. Critics accused Brownmiller of essentialism; of perpetuating the idea that *all* men were potential rapists; of being reductive in her approach; and of making sweeping generalizations about rape across geography and time.

Brownmiller's treatment of rape and race attracted additional criticism. She had taken pains to write about how the rape of black women was an integral part of the institution of slavery in the US; white men had unfettered sexual access to slaves whom they owned, and even when slavery ended, black women were extremely vulnerable to a system that simply didn't punish white men for attacking them. However, black feminists criticized Brownmiller's failure to contend with the ongoing legacies of racist sexual violence against black women, her use of racialized tropes in her depiction of black men, and her advocacy for carceral solutions that ignored the historic oppression of communities of color by the police. In a 1978 article called "Rape, Racism, and the Capitalist Setting," African American feminist Angela Davis took issue with Brownmiller's essentializing argument and her willingness to entertain state-based, law-and-order solutions. "It is true, of course, that if men rape because they are men— as Susan Brownmiller and other theorists have argued— women will always be forced to regard the police, courts, and prisons as their only glimmer of hope. If, on the other hand, the incentives for rape are not a natural product of male anatomy or physiology, but are rather social in nature, the prospects for eradicating sexual violence will depend on changes of an entirely different order."²³ Pointing out that the American legal system historically protected upper-class, white men, Davis argued that working-class women were afforded little protection, and "appallingly few" rapists

²² Cohen, Sacha. "How a Book Changed the Way We Talk About Rape." *Time*, October 7, 2015.

²³ Davis, Angela Y. "Rape, Racism and the Capitalist Setting." *The Black Scholar* 9, no. 7 (1978): p. 24.

were ever truly brought to justice (if black men were taken out of the picture), Davis further argued out that state-based solutions would be used to further oppress black men and others in communities of color, and that historically black women “have found little if any sympathy from these men in uniforms and robes. And stories about police assault on black rape victims are heard too frequently to be dismissed as aberrations.” In short, these approaches would only solve some parts of the problem, for some people.

However, it was Brownmiller’s treatment of the Emmet Till case that attracted the harshest criticism from Davis. She took issue with Brownmiller's implication that if Till hadn't raped this particular white woman, he would have gone on to rape another, since his actions were intended to intimidate. She also rejected Brownmiller's characterization of Eldridge Cleaver’s statements in *Soul on Ice* as representative of black men’s thinking; whereas Brownmiller, and many others, took him at face value, Davis called Eldridge’s statements "absurd and purposely sensational,” charging that Brownmiller “...seems as if she wants to intentionally conjure up in her readers' imaginations armies of Black men, their penises erect, charging at full speed toward the most conveniently placed white women.”²⁴

Feminist bell hooks also took issue with Brownmiller's treatment of rape and race. Brownmiller didn't pull any punches when it came to describing the integral role that the rape of black women played in upholding and perpetuating the American system of slavery. While hooks acknowledged that Brownmiller had written perceptively about this topic, she pointed out that Brownmiller had failed to contend with the full implications of that history and recognize its ongoing legacy: the "devaluation of black womanhood" that far outlasted slavery.

²⁴ Davis, Angela Y. *Women, Race & Class*. 1st Vintage Books ed. Black Women Writers. New York: Vintage Books, 1983, p. 197.

While Brownmiller successfully impresses upon readers the fact that white men brutally assaulted black women during slavery, she minimizes the impact that oppression has had on all black women by placing it solely in the limited historical context of an "institutionalized crime" during slavery. In doing so, she fails to see that the significance of the rape of enslaved black women was not simply that it "deliberately crushed" their sexual integrity for economic ends, but that it also led to a devaluation of black womanhood that permeated the psyches of all Americans and shaped the social status of all black women once slavery ended.²⁵

Davis took issue with Brownmiller and other writers' "resuscitation of the old racist myth of the Black rapist." In addition to Brownmiller, she analyzed the work of Diana Russell, Shulamith Firestone, Jean McKellar, and others, arguing that "Collins resorts to pseudo-biological arguments, while Brownmiller, Russell and MacKellar invoke environmental explanations, but in the final analysis they all assert that Black men are motivated in especially powerful ways to commit sexual violence against women."

"...their historical myopia further prevents them from comprehending that the portrayal of Black men as rapists reinforces racism's open invitation to white men to avail themselves sexually of Black women's bodies. The fictional image of the Black man as rapist has always strengthened its inseparable companion: the image of the Black woman as chronically promiscuous. For once the notion is accepted that Black men harbor irresistible and animal-like sexual urges, the entire race is invested with bestiality. If Black men have their eyes on white women as sexual objects, then Black women must certainly welcome the sexual attentions of white men. Viewed as "loose women" and whores, Black women's cries of rape would necessarily lack legitimacy."²⁶

Also in 1975, Diana Russell, a South African anti-apartheid activist who'd been active against rape in the Bay Area, published a sociological study of rape called *The Politics of Rape: The Victim's Perspective*. Russell had been one of the protestors at the San Francisco trial of Jerry Plotkin. Her study was the product of interviews with 90 women, and examined different aspects of the problem, arguing that rape was an expression of prevalent ideas about masculinity,

²⁵ hooks, bell. *Ain't I a Woman: Black Women and Feminism*. Boston, MA: South End Press, 1981, p. 52.

²⁶ Davis, *Women, Race & Class*, p. 182.

rather than aberrant or deviant behavior. “Indeed,” she wrote, “the view that emerges from this study is that rape is not so much a deviant act as an overconforming act,” and more pessimistically, about “...rape as the natural outcome of opportunity.”²⁷

Russell divided her book into four sections, in which she examined the phenomenon of rape from the perspective of the victim and the perpetrator, the fraught relationship between rape and race, and rape and society. She included a chapter about rapists’ perspectives on what they had done (interviews for which had been conducted by a male colleague). Russell also attracted criticism for her treatment of rape and race— critics pointed out that even though only a quarter of the women she interviewed were targeted for rape by men of color, half of the cases highlighted in the book were victims of non-white men. However, Russell did take pains to look at the racial dimensions of the problem, both in terms of inter and intra-racial rape, including the rape of black women by white men.

Davis and other African American critics of these white feminists' work understood well that there was a connection between social power and sexual violence. Black women were uniquely vulnerable in a racist system that had historically protected the sexual prerogatives of white men and denied black women recourse when they were the targets of rape. "That Black women have not joined the anti-rape movement en masse does not, therefore, mean that they oppose anti-rape measures in general," Davis wrote. “Before the end of the nineteenth century pioneering Black clubwomen conducted one of the very first organized public protests against sexual abuse.... The license to rape emanated from and facilitated the ruthless economic

²⁷ Russell, *The Politics of Rape: The Victim's Perspective*, p. 260. “I have argued that rape is consistent with the masculinity and virility mystiques, and, in fact, is promulgated by them. Intrinsic to these mystiques is the sexist notion of the biological superiority of males, which justifies their domination of women.... The fundamental notions of masculinity and femininity are therefore part of the sexist ideology of this culture.”

domination that was the gruesome hallmark of slavery."²⁸ To Davis, even though the arguments of contemporary white feminists were more nuanced than the overtly racist rhetoric of previous generations, the implication was still that black men were somehow predisposed to rape. Even if contemporary white feminists attributed this to structural rather than biological forces, this notion recapitulated older ideas about black men's inherent rapaciousness and criminality, which in turn obscured the systematic abuse of black women at the hands of white men. In failing to recognize this, parts of the anti-rape movement seemed oblivious to the concerns of black women. This is not to say that the anti-rape movement was oblivious as a whole. As organizations that were deeply embedded in their communities, rape crisis centers that worked with varied populations understood that women with different social locations had different concerns. Some made attempts to recruit volunteers, and later, employees, who reflected the makeup of the communities in which they operated. These efforts were met with success in some cases, and less in others.²⁹ Volunteers could be difficult to recruit among working-class women who did not have the time to devote to crisis center work, and some programs were more successful than others in recruiting staff and volunteers that reflected the demographics that they served.

Rape crisis centers, once centers for radical activism, also found themselves in a changed environment by the end of the 1970s. Many had to reorganize and apply for funding from government and other grant-making bodies in order to stay open, and in doing so, found that

²⁸ Davis, *Women, Race & Class*, p. 175.

²⁹ Survey responses n.d. Carton 1, Folder Interorganizational Relations. 2001-M210, Elizabethann O'Sullivan Collection, Schlesinger Library, Cambridge MA.

their original aims were blunted. Increasing reliance on government funding and collaboration with law enforcement shifted focus away from understandings of rape as a problem of power imbalance under patriarchy, and toward treating it as a law and order problem. The Feminist Alliance Against Rape (FAAR), a grassroots coalition of crisis centers that served as a clearinghouse of information, was skeptical of the benefits that working within the system and relying on degreed professionals would provide. Maria Bevacqua noted that “Early on, FAAR found that rape crisis centers— born of feminist impulses and an ideology that saw sexual assault as a symptom of male dominance and not a single problem in need of treatment— were in danger of being co-opted by social service professionals who had joined the cause without ever subscribing to its feminist ideology and politics.”³⁰

Also in 1975, the National Organization for the Prevention and Control of Rape was created under the National Institute for Mental Health. The agency’s function was to offer information to the public about all aspects of rape and to allocate grant money for research on the problem.³¹ NCPCR’s first grants were made in 1976, and the agency funded research for several years before it was phased out under the Regan administration.³² The awarding of funds by the Law Enforcement Assistance Administration and the creation of the NCPCR were significant developments for the support of rape-related research, but they came at the cost of some of the anti-rape movement’s more radical aims. These bodies favored applications from people with

³⁰ Bevacqua, *Rape on the Public Agenda: Feminism and the Politics of Sexual Assault*, p. 82.

³¹ Forman, Bruce D. “Psychotherapy with Rape Victims.” *Psychotherapy: Theory, Research & Practice* 17, no. 3 (1980): p. 304.

³² Koss, Mary P. “Empirically Enhanced Reflections on 20 Years of Rape Research.” *Journal of Interpersonal Violence* 20, no. 1 (January 1, 2005): 100–107. The agency was recommended for de-funding by Regan, and moved around and reorganized before being phased out in 1987. The 1994 Violence Against Women Act helped fund research after that.

credentials and degrees; and as time went on the balance tipped in favor of people who did not necessarily share the radical commitments of the early volunteer rape crisis activists. Bevacqua argues that as rape transitioned from the feminist agenda to the public agenda, the notion that rape was a violent rather than sexual crime was preserved, but many of the other radical understandings of the problem were lost. Treating rape as merely a crime rather than the product of patriarchal oppression of women, or as an urban problem rather than a problem of gender hierarchies, produced very different responses.³³ Some anti-rape projects were even required, as a condition of funding, to serve only women who reported their assaults to law enforcement—something that was dead against the principles of the founders of many early crisis centers, as many of them understood marginalized communities’ fraught relationships with law enforcement. Many activists also did not believe that rape could truly be eliminated by working within the system, particularly the frequently racist, classist, and sexist criminal justice system. Nonwhite men were still the easiest to convict for rape, which meant that the problem wouldn’t be addressed in any meaningful way unless deeper changes took place.

In the next chapter, I consider the impact that the women’s movement had on the clinical literature about survivors that proliferated after 1974, and how the new cultural and clinical awareness of the effects of rape led to its inclusion as a precursor to Post-Traumatic Stress Disorder. The formal recognition of rape trauma was a significant win for survivors, whose suffering had been unrecognized and overwritten for so long. However, even though the feminist redefinition of rape was incorporated into the new literature, many radical approaches to the problem were lost.

³³ Bevacqua, *Rape on the Public Agenda: Feminism and the Politics of Sexual Assault*, pp. 80-86 & 134.

Chapter 7

Rape, Psychiatry, and the DSM

By the late 1970s, literature about counseling victims of rape had proliferated in a variety of fields. The biggest change in clinical literature from the early 1970s to the mid-1970s is that it began to understand rape as a violent and hostile act, and became critical of the impact that the legal and medical system had on rape victims. Whereas earlier studies had taken police or hospital assessments at face value, the feminist focus on how these systems routinely failed rape victims created space for critical examination later in the decade. By the end of the 1970s, even though writers would still reference it, emphasis on women's masochism and the role it played in causing rape had largely faded from legal and psychiatric analyses. By the 1980s, rape had been successfully decoupled from ideas about women's innate masochism.

A 1976 special issue of the *American Journal of Psychiatry* contained several articles about rape, some of them drawn from the proceedings of the American Psychiatric Association's annual meeting the previous year (more on this meeting in the following chapter). The issue included a paper by Burgess and Holmstrom on victim coping behavior, a "topical paper" by a professor of literature touching on the personal and social aspects of rape, as well as two presentations from people affiliated with a rape crisis program that had formed at Beth Israel Hospital in Boston, MA. Between the creation of Rape Trauma Syndrome and the end of the 1970s, articles by mental health professionals about the treatment of rape victims started to incorporate the new feminist understanding of rape. These articles show the efforts of clinicians to negotiate their received understandings of the problem with new information—sometimes with more ease than others.

Burgess and Holmstrom's work was cited by a majority of researchers and clinicians writing in the late 1970s, but even where they were not, a clear trend was emerging— the articles focused on how best to help victims through what was increasingly understood to be an extremely difficult situation. As consciousness about the problem of rape developed, hospital-based crisis programs were established in addition to community-based rape crisis programs. These were often informal at first, with hospital staff taking on additional duties to assist rape victims. Below, I will briefly survey some of the literature that was published between 1974 and 1980 in order to show how the discourse on victims changed drastically from what had come earlier.

Another trend in the literature was a focus on counseling distinct from a psychoanalytic approach, which completely bypassed questions about the patient's preexisting pathology. Increased concern with counseling wasn't limited to feminists affiliated with crisis centers or hospital-based employees, either. A 1974 article in the *Journal of Pastoral Care* by a Lutheran chaplain named Roger Crum describes a counseling program that started in March, 1972 at University of Chicago Billings Hospital.¹ The hospital, located in the city, saw mainly black patients, most of whom were between the ages of 18 and 25. Crum described how in February of 1972, the hospital recognized the need for better care of rape victims, establishing a new protocol in which a chaplain was called for each case. In addition, the hospital created a set of procedures that acknowledged the psychological trauma of rape and gave priority medical treatment to rape victims. "After about six months," reported Crum, "changes in the attitudes of some of the police and many of the hospital were observable. The patient who presented a facade of laughter or

¹ Crum, Roger S. "Counseling Rape Victims." *The Journal of Pastoral Care* 28, no. 2 (June 1974): pp. 112–21.

overdress (some patients would bathe before coming to the Emergency Room and present a well-groomed and overdressed appearance) received far less ridicule and insensitivity than in previous months. It seemed that the seriousness with which the chaplain responded to each call impressed the staff of the seriousness of the trauma of rape.”²

Crum’s advice was directed to other chaplains, and aside from referring to rape a crisis situation, the article contained little reference to psychological concepts. However, he did advise that the chaplain know himself well enough to “understand his reactions to the patient and her story,” and to understand that ambivalence or disconnection on the part of the chaplain could make the patient feel more isolated. “The keys to this touching of cores are patience, perseverance, sensitivity for the patient’s feelings, openness to authentic involvement, and offering an open-ended trust of the patient,” he wrote.³

A 1977 article in the *Personnel and Guidance Journal* by psychologists Paul and Mary Heppner outlined three main goals for counseling: establishing a trusting relationship with the victim, providing practical information (similar to that which rape crisis counselors might give), and exploring the need for longer-term counseling.⁴ The Heppners’ article was less theoretically grounded than literature written by psychologists and psychiatrists, but it did cover how to address the most common concerns and reactions of rape victims. Mary Heppner, a graduate student in educational psychology, had been involved in forming the Lincoln Coalition Against Rape in Nebraska. Paul Heppner was pursuing a PhD in counseling psychology. They cited a smattering of work that had been done on the subject from an eclectic range of theorists and

² Ibid., p. 118.

³ [Touching “cores of personhood.” Ibid., p. 119.

⁴ Heppner, P. Paul, and Mary Heppner. “Rape: Counseling the Traumatized Victim.” *Personnel & Guidance Journal* 56, no. 2 (October 1977): p. 77.

feminist writers, but most of their advice focused in the practical aspects of counseling. Around the question of guilt and complicity, the Heppners advised a neutral approach:

Perhaps the most common group of feelings revolve around the victim blaming herself for being attacked, which includes guilt, shame, embarrassment, and stupidity. Although identifying and clarifying such feelings are important, a skilled counselor can serve a valuable function by helping the woman evaluate the legitimacy of the attributions of self-blame by considering her basic human rights. For example, the counselor can be a stimulus that influences the client to consider alternative viewpoints by gently asking various questions such as: Do you have a right to prefer not to have sex with another person? Is someone infringing upon your rights when that person forcibly uses your body? Why should people feel guilty when their rights are violated or when they are the victims of an attack?⁵

Articles about helping rape victims also appeared in nursing journals. One *American Journal of Nursing* article, by an RN named Terri Clark, talked about the defensive reactions that nurses might have when confronted with cases of violent assault and argued that the question of whether the patient was believable or not was irrelevant in the emergency room.⁶

Believing the patient is also the useful stance for evidence gathering. If a story is not true, it is the jury's responsibility to determine that. If the judicial system doesn't work, it shouldn't be because justice was short-circuited in the emergency room. There is no place in the emergency room for asking, "Was she really raped?"⁷

Other suggestions included behavioral approaches to treatment, with their emphases on stimulus and response and de-conditioning (another example of a clinical approach that was relatively neutral toward the victim).⁸

⁵ Ibid., p. 79.

⁶ Clark, Terri Patrice. "Counseling Victims of Rape." *The American Journal of Nursing* 76, no. 12 (1976): 1964–66.

⁷ Ibid., p. 1966.

⁸ Blanchard, Edward B., and Gene G. Abel. "An Experimental Case Study of the Biofeedback Treatment of a Rape-Induced Psychophysiological Cardiovascular Disorder." *Behavior Therapy* 7, no. 1 (January 1976): 113–19.

Change was also coming to the field of psychiatry as women entered the field and climbed the ranks. As they did, they helped usher in changes with regard to how women were viewed and treated in medical settings. Out of a crisis program at Beth Israel Hospital in Boston, MA came several articles by mental health professionals on the problem of rape, that addressed these professionals' preconceived ideas about rape and combined new insights that came from the women's movement with their clinical experience with rape victims. The Beth Israel program was created by psychiatrists Carol Notman and Malkah Nadelson in response to the number of rape victims they were seeing. Located in the Longwood area of Boston, Beth Israel Medical Center was flanked by three colleges schools attended by many female students. It also bordered the Mission Hill neighborhood, from which some of their other patients came. Because Beth Israel was less hierarchical than other hospitals and more oriented toward community medicine, and because Notman and Nadelson had already been collaborating with the OB-GYN staff on a study of women who had abortions, the rape crisis program was created with little opposition. It brought together psychiatrists, OB-GYN physicians, and social workers, who together provided rape victims with better and more standardized care in the emergency room, and twelve counseling appointments afterward if they so desired. The counseling sessions were conducted at the hospital, and the women who took advantage of these sessions tended to be white.⁹

Social worker Sharon McCoombie was one of the founders of the program. McCoombie, Nadelson, Notman and their colleagues were aware of the study that Burgess and Holmstrom were doing at Boston City Hospital, and they developed a hospital-based version that shared the

⁹ Interviews with Nadelson, Notman, and McCoombie; McCoombie, Sharon L., Ellen Bassuk, Roberta Savitz, and Susan Pell. "Development of a Medical Center Rape Crisis Intervention Program." *The American Journal of Psychiatry*, 1976.

principles of crisis psychiatry but was staffed solely by hospital employees.¹⁰ The program's approach was multidisciplinary, involving nurses, social workers, psychologists, psychiatrists, and OB-GYNs. It was founded on the premise that early intervention would help alleviate later psychological disturbances. To implement the program, they needed buy-in from the psychiatry department. Initially, there was hesitancy over how much staff time would be needed for the recruitment, training, and supervision of the counseling team. The researchers also had to overcome the perception that rape was a social problem, rather than a medical crisis. However, this became easier in 1972, amid the changing public conversation about the problem of rape: “At the same time, the growing public awareness of the needs of women helped to offset objections stemming from the controversial nature of our target population.”

Hospital staff who volunteered for this work would accompany the victims in the emergency room, and the follow up would begin 48 hours later, lasting for one year. Early problems, as described by McCoombie, Bassuk, and Savitz, included resistance from staff, a lack of funding, and a dearth of sophistication in counseling techniques.¹¹ Program affiliates needed to train hospital staff, whom they reported initially still saw rape as more sexual than violent. “The traditional assumption is that the woman in some way invited the attack. This attitude obscures recognition of the trauma experienced by victims and interferes with the development of adequate community and institutional resources to treat them.”

On average, Beth Israel saw one victim a week. Those who staffed the program were aware of community organizations (like BARCC) that had formed as alternatives and which often

¹⁰ McCoombie, Sharon L. Telephone interview, January 31, 2017. The program is ongoing, and has expanded to become Beth Israel's Center for Violence Prevention and Recovery. The Beth Israel program also conducted trainings with the Brookline police.

¹¹ McCoombie; McCoombie, Sharon L., Ellen Bassuk, Roberta Savitz, and Susan Pell. “Development of a Medical Center Rape Crisis Intervention Program.” *The American Journal of Psychiatry*, 1976.

perceived hospitals as part of the problem. The Our Bodies, Ourselves Collective had published the first edition of its immensely popular book about women's health in 1971. Initially, women's self-help collectives were highly mistrustful of the medical system, which they perceived as hierarchical, patriarchal, and patronizing to women. Nadelson and Notman were aware of this, although they found Beth Israel to be a hospitable place to conduct their pioneering work on women's health.

Another article to come out of Beth Israel was an article by a male psychiatrist, Daniel Silverman, called "First Do No More Harm: Female Rape Victims and the Male Counselor."¹² Silverman's article is an interesting example of a male psychiatrist's attempt to negotiate new understandings of rape given his reality as a male with a certain kind of cultural programming. Silverman discussed the anxieties that male counselors might feel: that a victim might reject him for being male; that he might symbolize the masculinized aggression that the woman has suffered; that he might feel a need to "make up" for the rapist by convincing her that not all men were to be feared; or that he might focus more on making the hospital visit a compensatory experience than on her needs. Male counselors might also make the mistake of focusing on the sexual rather than the violent aspects of the rape, or find themselves identifying more easily with either the perpetrator or the men in the victim's life: husband, father, boyfriend, etc. Silverman also spoke in broad strokes about a possible "unconscious wish to please female supervisors or peers in the rape crisis intervention setting" —being gratuitous, patronizing, or pressured to prove to them or victim that he is liberal or liberated.

¹² Silverman, Daniel. "First Do No More Harm: Female Rape Victims and the Male Counselor." *The American Journal of Orthopsychiatry* 47 (1977): 91.

Another paper to come out of the Beth Israel program was by Notman and Nadelson themselves, addressed psychodynamic considerations for dealing with victims of rape.¹³ Both Notman and Nadelson had been trained as (and are still practicing) analysts. Over the course of their careers, Notman and Nadelson collaborated on a number of projects aimed at better understanding and treating female patients. Rape, they argued, represented an inability in the woman to maintain certain defenses, which thus aroused feelings of guilt, anxiety, and inadequacy. Women tended to express their anger with a “masochistic orientation,” which in this case meant that it was “transformed into culturally-supported patterns of self-blame.” Regarding rape fantasies, they made a careful distinction:

The question of unconscious wishes translated into provocation of a rape must be seriously considered. While undoubtedly there are unconscious fantasies in which rape plays a part, and some women do have fantasies in which submission to a stronger man may be linked with forbidden oedipal wishes, on the conscious level the woman knows she is submitting because any other behavior would result in real danger to her life. However, this is not so clearly differentiated in the unconscious. The universality of rape fantasies certainly does not make every woman a willing victim— or every man a rapist. The unconscious fantasy does not picture the actual violence of the experience.¹⁴

In other words, an unconscious fantasy of being overpowered for sex should not be conflated with the terrible reality of violent attack by a stranger. They also noted that men connected to the victim might feel a mix of things, ranging from indignation, identifying with both victim and aggressor, or that their masculinity has been threatened or violated, to a realization of their own sense of helplessness based on feminine identification or because of their failure to prevent the attack. Notman and Nadelson analyzed the problem in psychoanalytic terms, but roundly rejected

¹³ Notman, Malkah T., and Carol C. Nadelson. “The Rape Victim: Psychodynamic Considerations.” *The American Journal of Psychiatry*, April 1976.

¹⁴ *Ibid.*, p. 410.

the idea that fantasies of submission were linked to the real-life phenomenon of violent stranger rape.

Literature on rape soon extended beyond how to provide counseling. The National Center for the Prevention and Control of Rape (NCPCR), created in 1975 following feminist lobbying efforts, began awarding grants shortly after its founding, and the range of research on rape exploded. Language proliferated to describe phenomena like marital, acquaintance, and date rape. Researchers investigated rape prevalence in the military and on college campuses, and they released studies about male victimization, prison rape, victim treatment, strategies for rape reduction and resistance, and many other topics.¹⁵ This proliferation marked a dramatic expansion of scientific knowledge about rape, and a decisive shift away from earlier ways of understanding the problem. During the Regan administration, the Center was moved and pared down, and it was eventually defunded in 1987.¹⁶ The Violence Against Women Act began funding similar research beginning in 1994, although never with the same success as the NCPCR.

Post-Traumatic Stress Disorder in the DSM-III

¹⁵ In the 5 years following the establishment of the NCPCR (1979-1983), the list of topics investigated exploded. During this period, standardized measurement of rape incidence and prevalence as well as assessment of rape myths were developed. New language, including date, acquaintance, marital, and party rape, were introduced, triggering public and private dialogue on these previously unnamable sexual violations. Areas of investigation included rape prevalence on college campuses, cross-national studies, characterological and behavioral self-blame theory, diagnostic classifications, comparisons of stranger and acquaintance rape, treatment of anxiety and depression in rape victims, male rape, rape in the military, rape reform, forensic evidence, rape-reduction strategies, mock juror decisions, rape proclivity and predictors of laboratory aggression, rape and race, pornography and rape, prison rape, penile tumescence, group therapy, and rape avoidance and the effects of resistance. Koss, "Empirically Enhanced Reflections on 20 Years of Rape Research," p. 103.

¹⁶ Koss, "Empirically Enhanced Reflections on 20 Years of Rape Research," pp. 100–107.

While shifts in the clinical literature—and indeed, the very existence of a clinical literature about the effects of sexual violence—were significant and much-needed, the articulation of Rape Trauma Syndrome and the proliferation of interest in the problem coincided a change that was going to prove even more significant: the third revision of the *Diagnostic and Statistical Manual* (the DSM). The new revision emphasized reliability, standardization, and the creation of diagnostic categories that were distinct enough from one another that different observers could diagnose the same patient with the same disorder. The changes to the DSM came after psychiatry had been under attack on multiple fronts, from within and without (including from feminists, as we have seen), for being unscientific, overtly harmful, and out of pace with the rest of the field of medicine.

In the late 1960s, a series of public embarrassments pushed the APA to institute dramatic changes. Reeling from accusations that psychiatry medicalized and pathologized deviance rather than treating illness, and that its existing diagnostic categories were unreliable, the APA tapped Columbia University psychiatrist Robert Spitzer to oversee the revision of the manual. Spitzer populated the revision committee with biologically-oriented psychiatrists, who agreed that psychiatry needed to be more empirically-based and descriptive—and neutral with regard to etiology. For the revision, Spitzer oversaw the adoption of a system that had been pioneered at Washington University in St. Louis, one of the few staunchly anti-psychoanalytic psychiatry departments in the United States. The system, known as the Feighner criteria, was based on observable symptoms and designed to improve inter-rater reliability, meaning that different observers would be likely to diagnose a patient with the same disorder. The Feighner criteria consisted of diagnostic criteria for 14 conditions. The system was adapted for the DSM-III and called the Research Diagnostic Criteria, and was expanded to include 265 categories.

Because of the group's commitment to creating diagnostic criteria that were neutral on etiology, advocates for a diagnosis that recognized reactions to overwhelming, traumatic stressors initially encountered resistance. The most vocal advocates were a loose alliance of clinicians who had been working with Vietnam veterans, who lobbied for a diagnosis they called “Post-Vietnam Syndrome.” At the 1975 annual meeting of the APA, they met with Spitzer and were initially rebuffed. Spitzer consulted with colleagues, who suggested that the existing categories of depression, schizophrenia, and other illnesses and the Feighner-style symptom-based criteria adequately accounted for the symptoms that were being seen in the troubled veterans. Spitzer then challenged the group of clinicians to conduct their own research and make a strong case for the inclusion of a diagnosis that took etiology into account.

Spitzer assigned a psychiatrist named Nancy Andreasen to the newly-created Gross Stress Reactions committee. Gross Stress Reaction had been included in the DSM-I, but had disappeared from the DSM-II when it was released in 1968, causing a great deal of difficulty particularly for returning Vietnam veterans. When Spitzer asked Andreasen whether she believed that such a diagnosis should be included in the DSM-III, she said that it should, as she believed it had been dropped from the DSM-II in error. Having worked with burn victims, she was familiar with Alexandra Adler's work on the Coconut Grove Fire as well as with the literature on survivors of Nazi persecution and nuclear bombing. Empirically-focused and research oriented, Andreasen encouraged the group to expand their research and compare different populations to one another— combatants of different wars, as well as disaster and accident survivors.

By the 1970s, a robust literature had been evolving about the effects of total, catastrophic disaster based on the survivors of the Holocaust and the nuclear bombings of Hiroshima and

Nagasaki. Yale psychiatrist Robert Jay Lifton published an extended study on the Hiroshima survivors in 1968. Released during the height of the Cold War, Lifton's *Death in Life* won the National Book Award. Lifton studied closely the aftereffects of what he called "an overwhelming encounter with death": experiences under whose shadow survivors lived the remainder of their lives. He soon made connections with clinicians working with the Jewish survivors of Nazi persecution. These survivors came to the attention of sympathetic clinicians because they were routinely being denied reparations from the German government, who rejected their claims to have suffered permanent psychological injury as a result of imprisonment and persecution. With the work of clinicians who were often themselves survivors of the Holocaust, evidence quickly mounted that adults could and did experience profound personality changes as a result of years of persecution, terror, violence, and deprivation. Some debate remained as to whether these changes were the result of organic factors, such as brain injury, or solely psychogenic in nature. Regardless of the answer, the routine denial of compensation to Holocaust survivors outraged these clinicians, who understood only too well what they had been through. A series of workshops were held at Wayne State University from 1961 to 1963, convened by Henry Krystal, a psychiatrist and Holocaust survivor.

The clinical picture that emerged from the conferences held on Holocaust trauma came to be called the Survivor Syndrome. Not all clinicians agreed on what its most important elements were, but in psychiatrist William Niederland's schema, it was comprised of anxiety, disturbances of cognition and memory, chronic depression, withdrawal, in many cases psychosis or psychotic states (meaning hallucination, depersonalization, or paranoia), alterations in sense of personal identity, a range of psychosomatic states which included gastrointestinal and cardiovascular

symptoms, as well as diseases related to being in a state of chronic tension and stress.¹⁷ The last feature that Niederland listed was “a certain living corpse appearance or behavior” which gave the sufferer “a macabre, shadowy, or ghost-like imprint, difficult to describe, but which seems to be in the nature of an all-pervasive psychological scar on the total personality.”

In the United States, a 1972 disaster in which a slurry impoundment dam burst and wiped out several towns in the Buffalo Creek Valley in West Virginia brought home the fact that existing psychiatric theories were inadequate to account for the effects of total, catastrophic disaster, particularly when those effects were delayed or prolonged (meaning that they didn't resolve after a few months). The survivors of Buffalo Creek sued the mining company, and Arnold & Porter, the law firm who represented them pro bono, coined the term "psychic impairment" to describe their symptoms. Specialists, including Robert Jay Lifton and physicians from the University of Cincinnati, some of them Holocaust survivors, were called in to assess the plaintiffs. The clinicians saw parallels in this group's symptoms and the Survivor Syndrome, and increasingly began to view the overlapping symptoms as part of the same clinical entity. At the 1975 APA conference in Anaheim, CA, where the Vietnam veterans' advocates petitioned Spitzer for a combat-related diagnosis, a daylong symposium was held on the Buffalo Creek disaster. Also at that meeting, Burgess, Holmstrom, and several others presented about the psychological aspects of sexual violence on victims.

Nancy Andreasen had already been thinking about traumatic stress reactions with regard to her burn patients. “I don't think [Spitzer] realized how much work I had already done on what I would consider gross stress reaction as it occurred in burn patients. I was glad to be doing it

¹⁷ Niederland, W. G. “Clinical Observations on the ‘Survivor Syndrome.’” *Int. J. Psycho-Anal.* 49 (1968): pp. 313–15.

because I thought it was an interesting topic. I grew up with a father who was a WWII officer and had been thinking about military issues for a long time, and was completely sympathetic to understanding the impact of combat experience on people who fought in wars that they might not have even wanted to fight in.” Andreasen had written several papers as a resident, including two on post-traumatic reactions in burn patients. Both papers referenced Alexandra Adler and Erik Lindemann’s work with burn patients, and so Andreasen was aware of the parallels that other theorists had made between their symptoms and traumatic war neurosis. In addition, between being “old enough to remember accounts of American soldiers being tortured by the Japanese” and having visited the Dachau concentration camp, which she remembered as a “hideous experience,” it was obvious to Andreasen that people developed symptoms following exposure to extreme stressors. “It was just not an issue,” she said. “It was clear that a diagnosis that should have been there got accidentally dropped and needed to be reinstated.”¹⁸

Encouraged by Andreasen, the veterans’ advocates formed a working group to gather research on survivors of different kinds of disasters. Clinicians who had been working with severely traumatized populations were starting to connect with one another, and among them a consensus emerged that they were seeing a clinical syndrome that was triggered by massive stress. They were joined by Mardi Horowitz, whose 1978 book *Stress Response Syndromes* advanced a cognitive processing model to account for traumatic stress, whereby trauma remained in active memory and exerted influence over a person’s behavior because it had not been adequately processed, unlike a normal memory. *Stress Response Syndromes* drew on the disaster and Holocaust survivor literature, and it also cited Burgess and Holmstrom’s study on Rape Trauma Syndrome. Horowitz emphasized the intrusive/repetitive nature of traumatic memory,

¹⁸ Andreasen, Nancy. Telephone interview, July 24, 2013.

as well as the fact that sufferers would go to great lengths to deny or avoid the affect that accompanied it.

Andreasen circulated a 1976 draft of the text for the description that would accompany the criteria to the working group.¹⁹ In this version, it was called Post-Traumatic Disorder. Even though the group did not explicitly incorporate research about rape, Andreasen included rape as precursor to the disorder, and listed it first.

Essential features. The essential feature is the development of significant symptoms of distress after the experiencing of a traumatic event or events. The symptoms of distress include re-experiencing of the traumatic event, decreased involvement with the external world, hyperalertness, insomnia, guilt feelings, recurrent nightmares, and avoidance of situations resembling the traumatic event.

As defined here, the stressor producing this syndrome must be of sufficient magnitude that it would be expected to produce significant symptoms of distress in most individuals. Many different types of traumatic events have been noted to produce this syndrome. The trauma may be experienced alone, as in the case of rape, or experienced in the company of large numbers of people, as in the case of military combat. A variety of mass catastrophes have been identified as stressors. These may be natural (floods, earthquakes), accidental (airplane crashes, large fires), or of human origin (Hiroshima, torture, death camps).

In Andreasen's thinking, many different kinds of traumatic experiences could produce the symptom cluster that comprised PTSD. As she was drafting the definition, her process was to "think through all the different variations in the nature of the stressor." These variations were the context in which the stressor was experienced, whether it was natural or human-caused, and whether it was primarily psychological, physical, or both (as in the case of concentration camps).

The DSM-III revision was also controversial because in attempting to be neutral with regard to etiology, it was implicitly forcing psychoanalysis out of the manual. The committee

¹⁹ Which consisted of Robert Spitzer, Lyman Wynne, Chaim Shatan, Robert Jay Lifton, Jack Smith, and Leonard Neff.

opted not to include the psychoanalytic term neurosis, except in parentheses, because the term implied a particular theory of etiology. In a move aimed to appease psychoanalysts who were concerned about being written out of the manual, Spitzer included personality disorders as a classification dimension in the revised manual. The Axis II personality disorders were: paranoid, schizoid, schizotypal, histrionic, narcissistic, antisocial, borderline, avoidant, dependent, compulsive, passive-aggressive, and atypical. Missing from this list was masochistic personality disorder, which would controversially resurface in 1985, a few years after the revised DSM-III was published.

The inclusion of rape as a precursor to PTSD was a boon for rape victims, since it afforded recognition of their suffering. The authoritative textbook interpreting the new DSM recognized Rape Trauma Syndrome as a form of PTSD.²⁰ However, the logic of PTSD diverged from that of crisis theory, which some practitioners saw as a negative.²¹ The biggest divergence concerned the duration of the symptoms. In crisis theory, crisis periods were necessarily time-limited; Gerald Caplan's guideline was six weeks, and his version didn't account for prolonged symptoms due to stressors outside of the normal range of human experience because he mainly focused on life events, rather than on traumatic stressors. Post-Traumatic Stress Disorder accounted for symptoms that could, and often did, linger long after the stressor had faded away.²² Similarly, there were some symptoms that were specific to rape that PTSD did not necessarily account for.

²⁰ McCord, David. "The Admissibility of Expert Testimony Regarding Rape Trauma Syndrome in Rape Prosecutions." *Boston College Law Review* 26 (1985 1984): p. 1152.

²¹ *Ibid.*, p. 1153.

²² *Ibid.*, p. 1154.

In 1983, Burgess wrote another article called “Rape Trauma Syndrome” in which she assessed how RTS’s main features mapped onto PTSD and discussed how the presence of RTS was being used as evidence that rape had occurred in court.²³ The latter development was short-lived, but Burgess found that PTSD did adequately account for the major symptoms experienced by victims of rape. The main feature, of course, was the presence of a “stressor of significant magnitude to evoke symptoms in almost everyone.” Other symptoms included intrusive re-experiencing of traumatic memories and dreams and nightmares (including non-mastery dreams until the victim recovered), as well as two out of four of the following: exaggerated startle responses, sleep disturbances, guilt about behavior during the traumatic event or about surviving, memory impairment, and avoidance of activities that provoked recollection of the trauma. In a 2014 interview, Burgess recalled feeling as if rape researchers were competing for resources with those working with Vietnam veterans, a population that was attracting more interest and funding as the PTSD diagnosis was being developed.

Mary Koss, a pioneering researcher who has been working on the issue of rape since the late 1970s, was ambivalent on the sublimation of RTS into PTSD. “The application of the PTSD diagnosis has also been highly significant. However, in important ways it has tilted research on rape impact away from some of its most salient impacts on relationships, sexuality, and attributions, beliefs, and other cognitive factors central to understanding the impact of rape.”²⁴

Masochistic Personality Disorder and Paraphilic Rapism in the DSM-III-R

²³ Burgess, Ann Wolbert. “Rape Trauma Syndrome.” *Behavioral Sciences & the Law* 1, no. 3 (July 1983): 97–113.

²⁴ Koss, “Empirically Enhanced Reflections on 20 Years of Rape Research,” p. 105.

In 1985, the APA was again embroiled in controversy as it undertook a revision of the DSM-III, which would eventually be released as the DSM-III-R. The APA's working group to revise the DSM-III proposed three controversial new diagnoses. These were masochistic personality disorder, premenstrual dysphoric disorder, and paraphilic rapism. The proposed diagnoses were controversial, invoking fierce opposition from a range of critics, including social workers, psychologists, psychiatrists, and people who worked with victims of rape and domestic violence.

By 1985, the notion of female masochism had been successfully decoupled from rape, but not from women in abusive relationship situations. It was revived in the DSM-III-R discussion because "Clinicians... have noted the omission from axis II of masochistic personality, a common disorder with a rich theoretical and clinical tradition."²⁵ Robert Spitzer, a believer in the disorder, was among those on the committee developing its criteria. "Many psychodynamically oriented clinicians argued that a wealth of clinical experience supported the validity of the concept," he wrote about the push to include it. "Others argued that the concept had no empirical basis, was inherently sexist, and posed a serious danger to women."²⁶

The first version of the criteria for masochistic personality disorder included criteria like "Often feels, or is in fact, taken advantage of, abused, or exploited," "Often believes that he or she suffers more than others due to self-sacrifice," and "Often thinks only about his or her worst features and ignores positive features."²⁷ It also included two criteria that were quickly dropped

²⁵ Kass, Frederic, Roger A. MacKinnon, and Robert L. Spitzer. "Masochistic Personality: An Empirical Study." *American Journal of Psychiatry* 143, no. 2 (February 1, 1986): p. 216.

²⁶ Spitzer, R. L., J. B. Williams, F. Kass, and M. Davies. "National Field Trial of the DSM-III-R Diagnostic Criteria for Self-Defeating Personality Disorder." *The American Journal of Psychiatry* 146, no. 12 (December 1989): p. 1566.

²⁷ 1. Often feels, or is in fact, taken advantage of, abused, or exploited

because clinicians did not agree that they were part of the clinical picture: “Often prides self on being ethically or morally superior to others,” and “Often sexually excited by fantasies, stories, or pictures of being humiliated, punished, hurt, or coerced.”

The diagnosis was sent to the APA Committee on Women for comment. The committee criticized masochistic personality disorder for its implicit sex-bias, for being based on “discredited psychoanalysis” that violated the principle of avoiding etiology in the DSM, for ignoring the cultural conditions that fostered certain behaviors, and for pathologizing victims without recognizing the context that produced their behavior. Other critics pointed out that the studies done thus had not asked whether the women who had been assigned the proposed diagnosis were in abusive situations, and argued that the construct was invalid because it pathologized a response to an abusive situation.²⁸ In response to criticism, and research, the APA committee changed the name to Self-Defeating Personality Disorder. While the overall disorder was the same, the revised criteria eliminated the points about moral superiority and sexual masochism.²⁹

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2. Often believes that he or she suffers more than others due to self-sacrifice
 3. Often rejects help, gifts, or favors
 4. Often prides self on being ethically or morally superior to others
 5. Often complains, directly or indirectly, about being mistreated or unappreciated
 6. Often sexually excited by fantasies, stories, or pictures of being humiliated, punished, hurt, or coerced
 7. Often responds to success or positive events by feeling guilty and undeserving or by worrying about not being able to live up to new expectations of others
 8. Often emphasizes only the worst aspect of a past or present situation or of future possibilities
 9. Often thinks only about his or her worst features and ignores positive features
 10. Often inadvertently sabotages his or her intended goals

²⁸ In a 1989 commentary that appeared in the American Journal of Psychiatry, Spitzer and several colleagues wrote about the controversy over the disorder.

²⁹ The criteria read:

1. Remains in relationships in which others exploit, abuse, or take advantage of him or her, despite opportunities to alter the situation
2. Believes that he or she almost always sacrifices own interests for those of others
3. Rejects help, gifts, or favors so as not to be a burden on others
4. Complains, directly or indirectly, about being unappreciated

Paraphilic rapism was similarly controversial. The first version of the definition, created in 1985, read:

"A persistent association, lasting a total of at least six months, between intense sexual arousal or desire, and acts, fantasies, or other stimuli involving coercing or forcing a nonconsenting person to engage in oral, vaginal, or anal intercourse.

Note: Consider the additional diagnosis of Sexual Sadism if the individual is sexually aroused by the person's suffering, e.g., *more force is used than necessary to achieve the sexual acts desired*. [Emphasis added.]

In January of 1986, the APA board revised the criteria in response to criticism that it would give offenders an easy way to plead not guilty by reason of insanity; that it didn't account for rape as a crime of power and hostility rather than the result of strong sexual impulses; and that it ignored the notion that rape was not a purely sexual act. The diagnosis was renamed to paraphilic coercive disorder, and the criteria narrowed in a way "that would have diminished its potential for misuse. Even so, the entity was found wanting credibility and lacking acceptance among psychiatrists."³⁰ The new criteria had specified that the disorder was in the coerciveness of the person, rather than their sadism, and that the affected individual either "repeatedly acts on these urges or is markedly distressed by them."

Word of the proposed diagnoses rippled across professional associations of mental health workers and women's groups, and in spring 1986 hundreds of letters arrived at the APA from social workers, doctors, psychologists, crisis and women's shelter workers, attorneys, and others

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5. Responds to success or positive events by feeling undeserving or worrying about not being able to measure up to new responsibilities
 6. Always pessimistic about the future and preoccupied with the worst aspects of past and present
 7. Thinks only about his or her worst features and ignores positive features
 8. Sabotages his or her own intended goals
 9. Repeatedly turns down opportunities for pleasure.

³⁰ Correspondence to APA Executive Committee from Roger Peele, MD, July 11, 1986. DSM-III Collection, Unsorted Objection Letters, American Psychiatric Association, Arlington, VA.

vigorously protesting the inclusion of the diagnoses. As the news spread, many groups produced organized responses. Paula Caplan, a psychologist who had in 1985 written *The Myth of Women's Masochism*, roundly criticized the APA for failing to adhere to its own standards for what constituted a valid diagnosis. "The proposed category tends powerfully to stop inquiry about the nature of the patient's problems, and the label offers therapist and patient nowhere productive or promising to go."³¹ Professional associations, including the National Association of Social Workers, the American Association of Orthopsychiatry, and the National Association of Attorneys General produced position papers on the diagnoses and lodged their opposition. In addition, many members of these associations, as well as independent mental health practitioners, wrote in as concerned professionals. One letter writer suggested that the APA committee was failing in its goal to "eliminate the role of subjectivity in making diagnoses," because "many of the criteria are excruciatingly accurate descriptions of behavior that has been required of women and are now being called signs of mental disorder, such as putting other people's needs ahead of one's own."³² A woman who worked in crisis intervention for battery and rape described how, "Part of the work involves helping the woman victim to break through the myths of being a victim. Many of these myths would be perpetuated by these categories. I do not believe there is a self-defeating personality disorder. I have seen temporary low self-esteem, fears and feelings of helplessness is the short term result of an assault. These feelings are short term and hardly constitute a disorder."

³¹ Caplan, Paula. "The Psychiatric Association's Failure To Meet Its Own Standards: The Dangers of Self-Defeating Personality Disorder as a Category." *Journal of Personality Disorders* 1, no. 2 (1987): 178–182.

³² "Petition re: Diagnostic and Statistical Manual-III Proposed revisions" [Multiple signatories] DSM-III Collection, Unsorted Objection Letters, American Psychiatric Association, Arlington, VA.

Opponents of paraphilic coercive disorder criticized it for absolving criminals of responsibility for their acts. They also pointed out that the diagnosis "was not sufficiently based on behavioral criteria," contradicting the principles of the DSM-III and DSM-III-R, and that it was simply invalid³³ Concerns also included its potential misuse by offenders in the courtroom. The letters that came in reflected the movement that had been made on the issue in the 15 years prior. One letter from two representatives of the Massachusetts Coalition of Rape Crisis Services read:

We oppose the addition of Paraphilic Coercive Disorder for reasons related to society's understanding about rape and its potential to be abused in the legal system. Rape is a violent aggressive act which has nothing to do with sexual arousal and everything to do with power and misogyny. The proposed diagnosis reduces rape to an individual illness without taking note of society's role in encouraging violence through all forms of media, especially pornography. Further, this label could be used as a defense to explain away the actions of rapists by labeling them with a psychiatric illness. Finally, this label assumes that violence is a natural occurrence by defining sexual sadism as using "more force than necessary to achieve the sexual acts desired.... Women will continue to be victims of sexual violence until our society stops making excuses for rape."³⁴

A male physician concluded his letter with the question, "Why not call robbery or murder a disorder?"³⁵ A male psychologist suggested that "the group of people who were abused, molested, or seriously neglected as children who manifest symptoms which are self defeating are in my opinion properly diagnosed as post-traumatic stress disorder."³⁶ Another pointed out how

³³ Fuller, A. Kenneth, Angela E. Fuller, and Roger K. Blashfield. "Paraphilic Coercive Disorder." *Journal of Sex Education and Therapy* 16, no. 3 (September 1, 1990): p. 164.

³⁴ May 7, 1986 correspondence to Robert Pasnau, from Lynn Christiansen and Marianne Winters of the Massachusetts Coalition of Rape Crisis Services. DSM-III Collection, Unsorted Objection Letters, American Psychiatric Association, Arlington, VA.

³⁵ May 29, 1986 correspondence to Dr. Robert Spitzer from Dr. Daniel W. Hicks. DSM-III Collection, Unsorted Objection Letters, American Psychiatric Association, Arlington, VA.

³⁶ April 28, 1986 correspondence to Dr. Carol Nadelson from H H Peter Belding. DSM-III Collection, Unsorted Objection Letters, American Psychiatric Association, Arlington, VA.

“rape is a violent aggressive act which has nothing to do with sexual arousal and everything to do with power and misogyny,” further noting that the diagnosis “reduced rape to an individual illness without taking note of society’s role in encouraging violence through all forms of media, specially pornography.” Many of the letters were accompanied by requests that representatives from all of the professions who used the DSM in their work and contributed research to the manual be consulted for future revisions.

Ultimately, self-defeating personality disorder was found to overlap too much with borderline personality disorder and dependent personality disorder to merit inclusion as a separate diagnosis in the DSM-III-R.³⁷ Self-defeating personality disorder was relegated to an appendix, and paraphilic coercive disorder was deleted entirely. A proposal to include it briefly surfaced as late as 2010, when the DSM-5 revision was taking place, but it was defeated for the same reasons as it had been in 1986: because it styled criminal behavior as mental pathology, absolving criminals of responsibility for their actions, and because of its potential for misuse by unscrupulous defense attorneys.

Even though the proposed inclusion of the new diagnoses was disheartening for critics, the fact that advocates had a solid base of support and well-developed language to argue against the diagnoses indicates just how far the discourse had evolved. The writers of the diagnoses were bemused by the pushback, and dropped the diagnoses not in direct response to it, but because they found, when they interviewed clinicians, that their validity was not widely supported. It is highly unlikely that this would have been the case even ten years previously, particularly where

³⁷ Spitzer, R. L., J. B. Williams, F. Kass, and M. Davies. “National Field Trial of the DSM-III-R Diagnostic Criteria for Self-Defeating Personality Disorder.” *The American Journal of Psychiatry* 146, no. 12 (December 1989): 1561–67.

masochism was concerned. The reconfiguration of rape as traumatic, and as violent rather than aberrant or sexual behavior, was a significant success of the anti-rape movement. Even if it did not achieve all of its aims, the anti-rape movement had a profound impact on the way that experts understood the problem of rape and those affected by it.

Conclusion

Skepticism, Vulnerability, and Grey Spaces

In her 2005 article, “Justice from the Victim’s Perspective,” psychiatrist and pioneering trauma theorist Judith Herman addressed the shortcomings of the criminal justice system in cases of rape and sexual violence. When she interviewed survivors about their perceptions of what would constitute justice, what emerged fit neither a retributive nor a restorative model, but rather one that involved validation and acknowledgement from the community. “The validation of so-called bystanders was of equal importance,” Herman wrote. “Many survivors expressed a wish that the perpetrator would confess, mainly because they believed that this was the only evidence that their families or communities would credit. For survivors who had been ostracized by their immediate families, what generally mattered most was validation from those closest to them. For others, the most meaningful validation came from representatives of the wider communities or the formal legal authorities.”¹ Herman questions the assumption that sexual violence is the result of interactions that involve only the victim and perpetrator. “Victims often perceive quite accurately that their abusers are acting with the tacit permission, if not active complicity, of family, friends, church, or community,” she wrote. “Moreover, any illusions a victim might have entertained about her status relative to the offender are most convincingly dispelled by the crime itself. By their nature, these crimes are displays of raw power, intended to subordinate the victim and to teach her to know her place.”² She goes on to critique the fact that the criminal justice system does not acknowledge the power imbalances that exist outside the courtroom. For survivors, the reality is that violence happens in a context that is fraught with power dynamics,

¹ Herman, Judith Lewis. “Justice from the Victim’s Perspective.” *Violence against Women* 11, no. 5 (2005): pp. 571–602.

² *Ibid.*, p. 573.

and relying on the state for justice produces limited outcomes at best. The skepticism that victims face from their communities and from the institutions they rely on to hold perpetrators accountable, impacts their lives as much, if not more, than the violent acts themselves.

In the nearly 50 years since the anti-rape movement began, the work of feminist activists has created significant advancements in the conversation around rape. The reversal of laws that required proof of resistance or corroboration on the victim's part; the formal recognition of rape trauma and its inclusion in PTSD; and the creation of crisis centers that helped women navigate hostile and indifferent systems were all deeply consequential for rape victims. Additionally, although ideas about feminine masochism lingered in the understandings of domestic violence victims in the 1980s, feminist activists and researchers were successful in separating the concept from rape. The proliferation of research about rape in the successive decades has offered new language for thinking about the problem and continues to shed light on how sexual and gender-based violence affect different populations.

Configuring rape as psychologically traumatic was a deeply significant ontological move because it gave women a way to understand for themselves and communicate to others the terrible psychological effects of rape, redressing the egregious hermeneutical injustice in which their suffering was first ignored, and then overwritten and naturalized. This reconceptualization of rape as trauma was crucial in changing the broader cultural conversation on the topic; it also provided crisis centers and advocates inroads to educate their communities— both broadly and as they trained professionals connected to the system that rape victims had to interact with.

However, the objective of the first anti-rape activists—eliminating rape in their lifetimes—has not been achieved, and the limitations of the reforms they were able to implement have become increasingly apparent as time has gone on. Rape crisis centers are still necessary, which

means that the people and systems that rape survivors interact with have not become hospitable to victims. As crisis projects were forced to professionalize or close at the end of the 1970s, people with credentials started to fill leadership positions, often at the cost of the crisis centers' more radical objectives. As some within the movement anticipated, collaboration with the system has improved some conditions, but by no means was it a panacea. Reforms served some people more than others, and understanding sexual violence as a crime, rather than as a phenomenon that impacts vulnerable people situated in a power hierarchy, has produced limited changes, even though the situation on the ground is better for victims than it was in the early 1970s—a low bar, to be sure.

This has been an explicitly feminist project, which seeks to recover the work done by people on the margins to challenge and alter expert discourses on rape. It is also a study of what happens when relatively privileged, homogeneous groups create knowledge that affects marginalized people, and how incorporating marginalized voices can drastically change the knowledge that is produced. Knowledge matters, and in the case of sexual violence, psychiatric expertise in the early and mid-20th century cast a long shadow. Figures like the nymphomaniac and the vindictive prosecutrix loomed large in the imagination of legal writers in the mid-20th century, and they had profound impacts on women because by making them less believable, they made women more vulnerable. Similarly, the concept of masochism put the blame for rape squarely on the victim. In doing so, it obscured both the power dynamics at play and the traumatic nature of rape by overwriting it with a narrative that naturalized it, deflecting attention even further away from the perpetrator.

This has also been a story of successes and failures, and about the limitations of the reforms that anti-rape feminists were able to enact, even as they pushed through important changes that undid some of the damage of mid-20th century sex law reform movement. As some of the radical founders of crisis centers feared, these centers looked very different as they professionalized and increasingly came to rely on government funding. When they worked with the system, rape crisis centers could not sustain being alternatives to it. The DSM revision solidified both the status of post-traumatic stress disorder and rape as a precursor to it, thanks in no small part to clinicians who drew parallels between war combatants and the symptoms they were seeing in their respective populations. However, while the recognition of rape trauma by the field of psychiatry was extremely important, understanding it in clinical terms necessarily meant taking a limited view: the focus was on helping victims by focusing on and alleviating their symptoms, rather than considering the larger context in which the violence happened and pushing back against it.

In spite of the explosion of discourse in the last several decades, rape is still viewed largely as a women's problem. Anti-violence educator and author Jackson Katz opens the first chapter of his book, *The Macho Paradox: Why Some Men Hurt Women and How All Men Can Help*, with, "Most people think violence against women is a women's issue. And why wouldn't they? Just about every woman in this society thinks about it every day. If they are not getting harassed on the street, living in an abusive relationship, recovering from a rape, or in therapy to deal with the sexual abuse they suffered as children, they are ordering their daily lives around the threat of men's violence." He goes on to add that the vast and overwhelming majority of rapes are perpetuated by men, before asking, "Isn't it about time we had a national conversation about the

male causes of this violence, instead of endlessly lingering on its consequences in the lives of women?”³

In 2011, Toronto police officer Michael Sanguinetti visited Osgoode Hall Law School to talk to a tiny audience of ten students about personal safety. “I’ve been told I’m not supposed to say this,” he said, “however, women should avoid dressing like sluts in order not to be victimized.” His comments inspired outrage and helped instigate a global movement to push back against this kind of victim blaming. In April 2011, 3,000 men and women marched in Toronto’s first SlutWalk, in which many women purposely dressed scantily to make the point that people do not invite rape simply because of how they dress or behave. By August 2011, fifty other walks had taken place in cities around the world, with some organizations continuing to hold the events annually as of the time of this writing.

SlutWalk was controversial, if not because of its premise, then certainly because not everyone felt like they could rally around the name. Some of the controversy harkened back to the tensions that occurred in the anti-rape movement of the 1970s. Black Women’s Blueprint, a collective of women of African descent whose mission is to advance equality for black women and girls, issued an open letter to the organizers of SlutWalk in September of 2011.⁴ “As Black women and girls we find no space in SlutWalk,” they wrote, “no space for participation and to unequivocally denounce rape and sexual assault as we have experienced it. We are perplexed by the use of the term “slut” and by any implication that this word, much like the word ‘Ho’ or the ‘N’ word should be re-appropriated.” The term was not one they could reclaim, they felt, because

³ Katz, Jackson. *The Macho Paradox: Why Some Men Hurt Women and and How All Men Can Help*. Naperville, Ill: Sourcebooks, Inc, 2006, pp. 5-6.

⁴ “An Open Letter from Black Women to the Slutwalk.” *Gender & Society* 30, no. 1 (February 1, 2016): pp. 9–13.

of the “destructive representations burned in our collective minds, on our bodies and souls for generations.” In the wake of an incident in which a white woman carried a sign at a New York City SlutWalk that read “Women are the n*s of the world,” the Crunk Feminist Collective released a statement that elaborated on why the term “slut” fell very differently on white women than on black women. “The positive referent about chastity against which slut becomes the negative referent has never been universally available to Black women,” — the positive referent being middle-class, Christian, heteronormative notions of respectable sexuality.⁵

Victim-blaming has not been eliminated in the wake of the feminist anti-rape movement, but the behaviors that are used to blame victims have shifted. Our collective imagination about sexual violence profoundly impacts victims because it influences whose claims of rape are deemed credible. Put differently, the risk management protocol that many of us are so familiar with— don’t walk alone late at night, watch how you dress, lock your doors, and so on— becomes something different and quite insidious if we hold it up to a mirror. For a perpetrator making a risk calculation, it is a playbook for how not to be held accountable if caught. At the end of the day, targeting someone who is vulnerable, young, scantily dressed, inebriated, disabled, and so on, is a winning strategy, because of how easily doubt can be invoked about what happened. If someone “was raped” walking home late at night, then rape is an inevitability, a faceless, ambient danger. If she was on a date, it may not be readable as rape at all. By focusing on the victim— her behavior, motives, and so on— we are validating the perception of rape as an ever-present threat, rather than the result of an individual making a calculated decision before committing an act of violence.

⁵ “I Saw the Sign but Did We Really Need a Sign?: SlutWalk and Racism.” *The Crunk Feminist Collective*, October 6, 2011. <https://crunkfeministcollective.wordpress.com/2011/10/06/i-saw-the-sign-but-did-we-really-need-a-sign-slutwalk-and-racism/>.

Speaking about mentally disabled women, Betsy Stanko, Professor Emeritus of Criminology and Sociology at Royal Holloway, has argued that the rape of these vulnerable people has effectively been decriminalized in the UK, because “Victim vulnerabilities effectively protect suspects from being perceived as credible rapists.”⁶ Fewer of these reports are made to police relative to other rape complaints, and even fewer of them are convicted. Conviction rates for both rape and domestic violence are still abysmally low, and they are even lower for more vulnerable populations— effectively, as both Stanko and Herman point out, making these “crimes of impunity.”⁷ The grey space in which these crimes can occur, in the shadow of beliefs that allow perpetrators to raise enough doubt that they are likely to be able to commit violence with little repercussion, is created by multiple things, including, as I hope I’ve shown in this project, received understandings of the problem. Many of the unreflective ideas about rape that were previously contained in psychoanalysis slipped quietly into other fields, including sociobiology and eventually, evolutionary psychology. The problem with naturalizing rape is that it is all too easy to gloss over how these “legends of considerable glamor” (in Ruth Herschberger’s words) can influence belief, subjectivity, and behavior in a deeply social context, and because of this, further contribute to the creation of vulnerability.⁸

In this project, I’ve tried to avoid talking about rape in the passive— meaning that I’ve avoided using phrases like “was raped” or “her rape” or “her rapist.” My motive in doing this has been to ensure that my language reflects that a woman was not the only person in the equation,

⁶ Newman, Melanie. “Exclusive: Rape of Vulnerable Women ‘Has Been Effectively Decriminalized.’” *The Independent*, February 28, 2014.

⁷ Herman, “Justice from the Victim’s Perspective,” p. 754.

⁸ Herschberger, Ruth. *Adam’s Rib*. Pellegrini & Cudahy, 1948, p. 15.

but that there was also a perpetrator, who exercised agency. In trying to avoid phrases like “was raped” or “rape victim,” I settled on the rather cumbersome “person targeted for rape.” Even though that’s still in the passive voice, at least it acknowledges 1) that there is another human agent involved, one who is making a risk calculation, albeit one of a different kind: a calculation about who is vulnerable, perhaps who is not a credible victim (perhaps someone on the wrong side of the risk management checklist), and who because of that is a better target; and 2) that the target is a person— which a synecdochic label like victim or survivor can sometimes lead us to forget.

In May 2016, Parul Seghal wrote an excellent and well-articulated reflection on the limits of the word “survivor” in *New York Times Magazine*.⁹ The term is controversial, and laden with perhaps unintended meaning, as is the word victim. Segal makes an important point that “compulsory survivorship” results in multiple erasures by placing the burden of healing entirely on the person who was targeted for assault, by reducing them linguistically to the worst experience they’ve ever had, and by compelling them to perform a bravery that they may or may not feel. I recall being at a conference on gender violence where a panelist who was asked about terminology responded that at first, she felt she was very much a victim. She didn’t feel like a survivor until years later.

Women are bombarded with messages about what to do and what not to do in order to stay safe from assault. The risk management checklist has changed over time— now that we have a term for acquaintance rape, watching one's drink and screening dating prospects properly is on the list, along with the older admonitions to look like you know where you’re going, not to walk alone late at night, to stay in well-lit areas, to position your keys as weapons in your hand, and so

⁹ Seghal, Parul. “The Forced Heroism of the ‘Survivor.’” *The New York Times*, May 3, 2016, sec. Magazine.

on. Implicitly then, public space is coded as male space, so the act of walking alone at certain times or even in certain places makes a woman responsible for anything that happens to her, never mind being in a bar or a fraternity house and drinking.

This leads to another slippage in thinking: a linguistic hat-trick that obscures the perpetrator and, perversely, makes an act of sexual assault the responsibility of person that they target. Rape is an inevitability, something that we expect to come out of the shadows when a woman is not adhering to the protocols dictated by the risk management checklist. It just... happens. And someone (note the passive construction) “gets raped.” Or she was scantily dressed and drinking and “was attacked.” But by whom? And why? The way we talk about rape seems to suggest that it comes out of nowhere. The risk management checklist does have an effect—ideally, it makes one a less attractive target than another. But it also does something more active, by contributing to the grey space in which perpetrators can inflict violence with less risk. Who is a less believable target? Who is a better target because their actions will be questioned long before those of the perpetrator?

Language is important. Writing and thinking about this issue for the better part of ten years, I’ve struggled, as many have, with the limitations of the words available to us around it. To be clear: the move to the term “survivor” was important. Even “victim” had and continues to have its place and time. Neither is inherently bad or non-descriptive, but they were meant to do specific work in certain circumstances: one is a legal designation, and the other a pivot meant to recognize resilience, agency, and the possibility of healing. When they move much beyond that, however, they do the disservice of making the perpetrator invisible, and so become complicit in a much bigger problem: that when we think about sexual violence, we tend to focus squarely—almost exclusively—on the person who is the target of the assault. Certainly, someone can

survive rape like they might survive an earthquake, a fire, or cancer, in the sense that they've lived through something terrible and emerged from it, hopefully somewhat healed. The difference is that rape is not an act of god. It is the act of a person, or multiple people. Even though the use of the word "survive" is— obviously— different in this context, it still raises the question of what we're really saying, and what ideas we are perpetuating, with our language conventions around this issue. We fixate on who (usually, but not always) she is, what she was doing, where she was, and the decisions she made. We don't think nearly as much about who perpetrators are, or where they go, or how they make their decisions. Indeed, there seems to be little room for the perpetrator as a person in our imaginations. Instead, in abstracting the danger, we (lazily) imagine him to be everywhere.

But, as many activists and cultural critics have pointed out, this is how power works. Multiple structures, including language and knowledge, conspire to make oppression invisible, and then blame the people who are oppressed for the results. If we're serious about addressing the problem, we must find new language, and create space in our collective imaginations for a different figure whose existence and behavior we can examine. Sexual assault is violation in the truest sense of the word, and for that to be truly understood and addressed, the person committing the violence and the structures that are complicit in permitting it to happen, must be made visible. When our systems fail to serve those who are most vulnerable, or are filled with people who subscribe to ideas that contribute to their vulnerability, then those systems are complicit too. I hope I have offered readers a way in to thinking about how to address the injustice that done to people who are the targets of sexual violence— both in illuminating the broader contexts in which these acts of violence happen, and in ameliorating the silence that so often follows.

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