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Women's Responses to Sexual Violence by Male Intimates

Claire Burke Draucker
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The purpose of this grounded theory study was to devise a theoretical framework that describes the problem of sexual violence by male intimates from the point of view of 23 women who have experienced such violence at some time in their adult lives. The core variable, forging ahead in a dangerous world, reflects the women's descriptions of life after violence as a struggle to get on with their lives in a social world they know through firsthand experience to be unsafe. The theoretical framework includes three variations of forging ahead (getting back on track, starting over again, and surviving the long, hard road) described by three subgroups of women who experienced different types of sexual violence. The framework also outlines three common processes used to forge ahead: telling others, making sense of the violence, and creating a safer life. The nature and meaning of these processes differ according to group.

The sexual assault of adult women is a significant social, legal, and public health problem. To understand how women cope with sexual assault, researchers have investigated psychological factors, such as attributional styles or coping strategies, thought to mitigate or exacerbate adjustment. Little research has been conducted to identify women's main concerns related to their experiences of sexual violence or to describe the varied ways women manage these concerns, especially when the perpetrator is known to the woman. Our purpose in conducting this study was to devise a theoretical framework that describes the problem of intimate sexual violence from the point of view of women who have experienced it and that explicates the processes women use to manage their lives following a sexual assault.

Thirteen percent of the 4,008 women surveyed in the National Women's Study (National Victim Center and Crime Victims Research and Treatment Center, 1992) reported having experienced at least one completed, forcible

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rape in their lifetime. The investigators estimate that 638,000 American women were raped in the year before the survey was conducted. Rape was defined in the study's preface as "an event that occurred without the woman's consent, involved the use of force or threat of force, and involved sexual penetration of the victim's vagina, mouth, or rectum." Sexual assaults that did not involve force, threat of force, or penetration were not included in the prevalence and incidence estimates. Women in the study who had been raped were more likely to experience posttraumatic stress disorder, major depression, attempted suicide, and drug and alcohol problems than were women who had not been victims of violent crimes. Other studies have shown that women who have been raped also report more physical problems, such as chronic pelvic pain, gastrointestinal disorders, headaches, general pain, psychogenic seizures, and premenstrual symptoms (Koss & Heslet, 1992).

The findings of the National Women's Study (National Victim Center and Crime Victims Research and Treatment Center, 1992) dispelled the myth that most rapes are perpetrated by strangers. Only 22% of the rape victims were assaulted by someone they had never seen before or did not know well. Koss et al. (1994) referred to violence at the hands of family members, partners, and other close acquaintances as "intimate" violence. Women raped by intimates and women raped by strangers report comparable levels of post-rape psychological symptomatology, but women raped by intimates are less likely to seek professional help, to tell others about the assault, or to report the assault to authorities (Allison & Wrightsman, 1993; Frazier & Seales, 1997).

Sexual assault by spouses and long-term male partners often occurs in the context of physical abuse. Experts estimate that between 10% and 15% of all women have been raped by a spouse and between 40% and 45% of battered women are forced into sex by their male partners (Campbell & Alford, 1989; Finkelhor & Yllö, 1985; Hanneke, Shields, & McCall, 1986; Russell, 1990). The presence of sexual violence in battering relationships is associated with more severe physical abuse and greater physical health repercussions for women (Eby, Campbell, Sullivan, & Davidson, 1995).

Although the prevalence and negative effects of sexual assault have been extensively researched, less is known about how women cope with, adapt to, or heal from experiences of sexual violence. Burgess and Holmstrom (1979) interviewed 81 rape victims 4 to 6 years postassault and reported that the rape survivors who recovered most quickly used the adaptive strategies of positive self-assessment; the defense mechanisms of explanation (providing some reason for the rape), minimization (reducing anxiety by thinking about

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the rape in tolerable amounts), suppression (consciously putting the rape out of one's mind), and dramatization (overexpressing and therefore dissipating anxiety); and increased action (changing residence or traveling). Those who recovered more slowly used the maladaptive strategies of negative self-assessment, inaction, substance abuse, and suicide attempts. Other researchers have reported similar findings. Disengagement and methods of coping based on avoidance such as staying home, withdrawal from friends, and the use of substances are associated with poorer outcomes, whereas degree of perceived social support and activity outside the home are associated with positive outcomes (Burt & Katz, 1987; Meyer & Taylor, 1986; Santello & Leitenberg, 1993; Wirtz & Harrell, 1987). Certain cognitive processes of adult rape victims are also associated with later effects. For example, several researchers have reported that self-blame is related to poor adjustment and distress (Abbey, 1987; Frazier, 1990; Katz & Burt, 1988; Meyer & Taylor, 1986; Wyatt, Notgrass, & Newcomb, 1990).

METHODOLOGY

Grounded theory methodology, a qualitative approach used to describe psychosocial processes common to individuals who have had a similar experience, guided this study (Glaser, 1978; Glaser & Strauss, 1967; Stern, 1980, 1985). Techniques included open-ended interviews, comparative analysis, and expert and participant validation.

Women were recruited by newspaper ads and flyers placed in public places and by referrals from therapists who work with women who have experienced violence. The announcements read, "Have you had an experience of forced or violent sex committed by a man you knew?" and specified that women older than the age of 18 who had experienced forced or violent sex (assault, abuse, rape) as an adult, by a man they knew (boyfriend, partner, spouse, relative, friend, date), were eligible for the study. Women were invited to call a toll-free line where they could obtain additional information about the study and leave their name and number if they were interested in participating. The first author contacted women who expressed interest and determined their eligibility for participation. All women who called were scheduled for an interview. After obtaining informed consent, the first author conducted an open-ended interview with each woman. The women were asked to describe their violent experience(s) and the effect of the violence on their lives. The interviews lasted from 1 to 3 hours and were audiotaped and transcribed. Recruitment of participants continued until

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enough data were obtained to develop a substantive theoretical framework (Glaser, 1978). Twenty-three women provided data for the study.

The women ranged in age from 19 to 62. Sixteen were Caucasian, 5 were African American, 1 was Asian American, and 1 declined to identify her ethnicity. Eight were students, although most of these women held part-time jobs as well. Three were unemployed or retired. The other women worked in various occupations including health care worker, clerical worker, educator, therapist, and housekeeper. Twelve of the women were single, 4 were married, and 7 were divorced. Thirteen had no children, 4 had one child, and the others had between two and five children. The participants' names and some identifying data have been changed in this article to protect confidentiality.

The women had experienced a variety of types of sexual violence, ranging from a one-time assault by men not well known to them to a lifetime of severe violence by many male intimates. No woman had been raped by a stranger. Some women described sexual violence that had occurred decades ago and indicated that their lives had since been violence free. Several women described assaults that had occurred within the past year. No woman indicated that she was currently experiencing ongoing violence or abuse. Three women had reported their assaults to the police. One perpetrator was arrested and convicted of assault, but not rape, although the attack involved anal penetration. Another man was cleared of all charges and a third was never arrested because of lack of evidence.

Grounded theory procedures used for data analysis included open coding, category formation, theoretical coding, and identification of a core variable and psychosocial processes. Large spreadsheets were used to organize the codes into categories and facilitate the ongoing constant comparison of the data. A core variable that accounted for much of the variation in the data and served to link the major categories conceptually into a descriptive framework (Glaser, 1978) was identified and labeled *forging ahead in a dangerous world*.

Several techniques were employed to enhance the credibility of the study. The first author analyzed the data using memos to record decisions related to coding the data, identifying and linking the categories, and determining the core variable and psychosocial processes. For validation, the second author, an expert in both grounded theory and women's health issues, provided ongoing methodological consultation and a critique of the emerging theoretical framework, resulting in its expansion and refinement, and participated in writing the research report. Member checks, the validation of reconstructions with the participants (Lincoln & Guba, 1985), were conducted on an ongoing basis. Preliminary findings (e.g., potential categories, developing

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hypotheses) that began to emerge after the first several interviews were discussed with women interviewed subsequently. The women were asked to comment about the relevance of the emerging findings to their own situations. Their feedback was used to continually expand, refine, and validate the theoretical framework.

FINDINGS

The women described their lives since the episode(s) of sexual assault not with words such as *healing* or *recovery*, terms typically ascribed to rape survivors, but rather with phrases suggesting a struggle to get on with their daily lives. All stated that their lives were affected by the violence, but they were "moving on," "working past it," and "doing things to come out of it." The women indicated that they wanted to return to as normal a life as possible, a process that most suggested takes time and is often fraught with obstacles. The obstacles the women identified included the stigma associated with being a victim of sexual assault, the ongoing threat of violence, insensitive treatment by health care workers, a criminal justice system that did not meet their needs, or, in some cases, little or no support from significant others. Many indicated that a major obstacle was having ongoing contact with the man who assaulted them, because he lived or worked in their community, went to their school, or associated with their family and friends. Most of the women stated that the effects of violence last a lifetime. For example, they spoke of memories that will never go away and feelings that can be triggered by a reminder of the assault, such as seeing a person who resembles the rapist. The core variable, forging ahead in a dangerous world, reflects the women's struggle to get on with their daily lives. The difficulties encountered by the women included not only the effects of the violence (fear, anxiety, depression, and posttraumatic symptoms) but the challenge of finding safety in a world they knew through experience to be dangerous.

Women who had a greater degree of involvement with or commitment to the perpetrator(s) tended to report more frequent and long-lasting violence. The nature of the violent relationship(s) and the extent of the violence influenced how women forged ahead. To reflect this influence in the theoretical framework, a typology consisting of three groups was constructed (Glaser, 1978; see Table 1). Women placed in Group 1 primarily described isolated incidents of violence by a person who was known to them but not firmly entrenched in their lives; for example, a new boyfriend, a coworker, or an acquaintance. Women who described violence that was perpetrated by

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someone close to them, most typically a spouse or long-time partner, were placed in Group 2. For this group, the sexual violence often occurred in the context of physical violence and continued over a considerable period of time. Group 3 included women who described a lifetime of abuse and sexual violence that was perpetrated by several intimate others (e.g., parents, spouses), beginning in childhood and continuing throughout much of adulthood.

Not all women fit cleanly in one of these groups. For example, Pam, in Group 1, described a physically aggressive relationship that developed several years after her date rape, but this relationship did not resemble the combination of sexual, emotional, and physical violence experienced by women in Group 2. Sarah, in Group 1, did refer to some earlier sexual abuse by a stepbrother, but did not describe lifelong abuse of the magnitude described by the women in Group 3. Although the groups are not pure, we and the participants who reflected on the framework concluded that the categorizations do reflect meaningful differences in the types of violence experienced by women.

The three groups described different variations of forging ahead. Group 1 described forging ahead as getting back on track; Group 2 as starting over again; and Group 3 as surviving the long, hard road. The women in each of the groups discussed three common processes used to forge ahead: telling others about the violence, making sense of the violence, and creating a safer life. The nature and function of these processes varied according to group. The theoretical framework, shown in Table 2, depicts how the three processes were carried out by the three groups of women in their efforts to forge ahead in a dangerous world.

Group 1: Getting Back on Track

The women in Group 1 described getting back on track. They viewed the sexual violence they experienced as an event that had disrupted their lives. Although the disruption was significant and the effects traumatic in most cases, these women typically viewed the violence as an anomaly in a life that was otherwise proceeding as expected. Gail, who was violently raped by a man she had been dating, stated, “You have to somehow in your mind and in your heart, you have to feel, okay, this went on but now we have to go back on track.” For many of the women in this group, getting back on track meant that the effects of the rape no longer hindered their regular activities and they no longer thought about the violence on a daily basis.

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TABLE 1: Participants Grouped According to Type of Violence Experienced

Participant	*Age*	*Ethnicity*	*Type of Sexual Violence*
Group 1: Getting back on track			
Ann	28	Caucasian	Date rape
Pam	27	Caucasian	Date rape, physical aggression in subsequent relationship
Sue	23	Caucasian	Three date rapes, one acquaintance rape
Jane	20	Asian American	Two acquaintance rapes
Sarah	39	African American	Aborted attack by coworker, childhood sexual abuse by stepbrother
Jan	20	Caucasian	Date rape
Hanna	54	Caucasian	Sexual abuse by therapist
Joan	37	Caucasian	Sexual abuse by boyfriend, attempted rape by acquaintance
Gail	19	African American	Date rape
Tina	19	African American	Acquaintance rape
Group 2: Starting over again			
Donna	51	Caucasian	Rape and emotional abuse by husband
Barb	40	Caucasian	Physical abuse and two attempted rapes by husband
Jeanne	44	Caucasian	Physical abuse, emotional abuse, and rape by husband
Carol	45	Caucasian	Physical abuse and two attempted rapes by partner
Meg	47	Caucasian	Physical abuse and rape by partner
Ginny	41	African American	Rape by cousin and emotional, physical, and sexual abuse by husband
Group 3: Surviving the long, hard road			
Catherine	48	Caucasian	Childhood sexual abuse (five perpetrators), physical abuse by husband, acquaintance rape by coworker
Ruby	24	Unknown	Childhood sexual abuse extending into adulthood by father
Jill	43	Caucasian	Childhood sexual abuse (suspected), abuse by partner
Erica	62	Caucasian	Childhood abuse, sexual abuse by fiancé, date rape, acquaintance rape, emotional abuse by second husband
Karen	43	African American	Childhood physical abuse, attempted rape by a stranger as a teenager, multiple abusive relationships in adulthood, three acquaintance rapes

(*continued*)

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TABLE 1 Continued

Participant	*Age*	*Ethnicity*	*Type of Sexual Violence*
Laura	51	Caucasian	Childhood sexual abuse (suspected), sexual abuse by counselor, acquaintance rape, emotional abuse by four husbands
June	21	Caucasian	Childhood sexual abuse, sexual abuse by partner

NOTE: Names have been changed to protect participants' identity. Incidents referred to as rape meet definition of rape in National Women's Study (National Victim Center & Crime Victims Research and Treatment Center, 1992). Sexual abuse refers to incidents not involving penetration.

TABLE 2: Theoretical Framework: Forging Ahead in a Dangerous World

	Processes of Forging		
	Telling Others	*Making Sense of the Violence*	*Creating a Safer Life*
Group 1: One-time assaults (getting back on track)	Reassuring talk	Being in the wrong place	Acquiring wisdom
Group 2: Sexual violence within abusive relationships (starting over again)	Motivating talk	Choosing "losers"	Discovering strength
Group 3: Lifetime abuse and violence (surviving the long, hard road)	Restoring talk	Being "set up" by a bad childhood	Reclaiming spirit

Telling Others: Reassuring Talk

Telling someone about the violence they experienced and getting a supportive response helped the women in this group get on with their lives. Some friends, family, and counselors validated that the women had experienced a rape and reassured them that the rape was not their fault. If such validation and reassurance were missing, the women's efforts to get back on track were often hindered. Ann, who was raped on a date, told a friend only that she had had her first sexual experience and that it was "kind of forceful." For many years she blamed herself for the assault, not recognizing that what

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had happened to her was rape. Later she reflected, "What would have helped me was if somebody said it was not your fault. You said no. . . . It was not your fault. You said no. And it was rape." Sue, a college student who had experienced several incidents of sexual violence, confided in a male friend about her experiences, only to be raped by him. After raping her, he told Sue, "You have all these negative ideas of sex right now . . . and I thought if you had sex you would lighten up and calm down."

Making Sense of the Violence: Being in the Wrong Place

All the women in this group searched for some explanation of why they had been assaulted. Several stated that at one point they had blamed themselves for their assault because they had disobeyed their parents by dating a forbidden man, had not resisted the man's initial advances, had been alone with a man they did not know well, or had had too much to drink at a party. Getting back on track meant no longer holding themselves responsible for the assault. Many recognized after time had passed that, regardless of the circumstances, "no meant no," and that what happened to them was rape. They still needed to make sense of their experiences. Most had come to place blame solely on the rapist, and many identified factors in society, such as gender-role stereotypes, media violence, and social inequality, which propagate the victimization of women. However, the women continued to ponder what they should have done, should not have done, or wished they had done to avoid the assault. Thus, although they no longer blamed themselves for the assault, they continued to "second guess" choices they had made whereby they "ended up at the wrong place at the wrong time with the wrong man." Some were annoyed when another individual, such as a therapist, dismissed their conclusion that they could have done something different to avoid the assault. Abdicating blame for the violence, while retaining regrets about actions taken, was evident in the words of Joan, a young woman whose boyfriend forced her to have sex with other men. She said, "I still feel that I should have listened to my mom and not gone over there [to her boyfriend's apartment], but I can't change that now. . . . I know that I was not at fault."

Creating a Safer Life: Acquiring Wisdom

The women in this group, who tended to be younger than the women in the other groups, described acquiring wisdom through their experiences with violence. Most spoke of being young, naive, too trusting, or inexperienced at the time of their assault. They described growing up quickly; now their "blinders were off." Feelings of loss and sadness were associated with

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the wisdom they acquired. Jane, a young women raped on two separate occasions by acquaintances in a college dorm, stated that she had become more mature after the rapes, but that the experiences robbed her of all "that youthfulness, that carefree type of stuff." All the women in this group described things they now do to protect themselves against another assault. Several spoke of being cautious when entering relationships, becoming more "choosy" about the men they date, and avoiding potentially dangerous situations, including being alone with men they do not know well. Many women in this group described warning sisters, classmates, and friends, whom they considered to be inexperienced or naive, about real dangers lurking in the world and feeling frustrated because their warnings typically went unheeded.

Group 2: Starting Over Again

The women in Group 2 described starting over again. Because the abuse they experienced was ongoing and committed by someone close to them, most often a spouse or a long-term partner, forging ahead in a dangerous world meant making some significant life changes, most often ending the relationship and starting out on their own. These women spoke of "starting over again," "regrouping," "going on and having better things happen," "turning life around," and "getting past it and getting out." They told stories about gathering the courage to leave the relationship, getting their own residences, learning new skills, getting jobs, and making new friends.

Telling Others: Motivating Talk

For women in this group, telling others played an important role in their starting over. Many indicated that they had avoided telling others about their abuse because they were ashamed and frightened, but, in retrospect, wondered if their silence hindered them from leaving the relationship. Telling others who were supportive could provide motivation to make a life change and was frequently described as the first step in starting over. Several women revealed that family and friends, upon becoming aware of the violence, told them that they did not deserve the abuse and were worthy of loving treatment. Other people also warned them that they may be endangering their lives by staying in the abusive relationship. The ways in which talk helped facilitate change were evident in Jeanne's description of an interaction she had with her sister:

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> And one day . . . my sister, she said, "You have got to leave," and I said, "I can't. He will kill me." She said, "He's going to kill you if you stay. Now where do you think your are better off?" And it was just like a lightbulb went on.

The women did not always take the advice of others to leave the abusive relationship, but indicated that such advice would "plant the seeds" of change. Having friends, family, or helpful professionals who were available and "there for" them was critical.

Making Sense of the Violence: Choosing "Losers"

The women in this group also sought explanations of why they had been victims of violence. Many indicated that at one point they believed they were abused not because of something they did, like the first group of women, but because of who they were. In many cases, the man who was abusing them suggested that they deserved the abuse. Starting over began when the women became convinced that they did not deserve the abuse and were entitled to a better life. Most decided that "no one deserves being treated like that."

While they no longer blamed themselves for the abuse, they nonetheless attempted to explain how they got into the abusive relationship initially; they questioned why they had chosen "such a loser." They described having been vulnerable due to negative childhood experiences, other life circumstances such as chronic illness or poverty, and society's oppression of women. Most of the women were confident that they would not enter into a violent relationship again because they had made some fundamental change in how they viewed themselves. For example, several described having overcome poor self-esteem stemming from childhood maltreatment through therapy. One woman stated that she no longer "bought" into societal messages that women should be submissive. As Jeanne stated, "I guess I feel that I deserve better. . . . I would never take it again, never. . . . At the first sign [of abuse] I would be gone."

Creating a Safer Life: Discovering Strength

The women in this group described finding the inner resources needed to start over again. By discovering their inner strength, they were able to leave violent relationships and create safer lives. They began to see themselves as successful, self-sufficient, confident, or competent. Some used their strength and personal experiences with victimization to create a safer life for others. One became very active in a rape crisis center and another in a battered women's shelter.

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Group 3: Surviving the Long, Hard Road

Women in Group 3 described surviving the long, hard road. For them, violence had been an ongoing and pervasive experience often involving multiple perpetrators. Their narratives, rather than being about getting back on track or starting over again, were about surviving life. One woman stated, "I made it this far but . . . it's been a hard, hard road." Many described their lives with images of death and hell. They spoke of "walking around like a zombie," "being on the road of death and destruction," "living in an endless pit," and "being sucked into a whirlpool." All described intense suffering and most had at some point considered suicide as a way out of their lives. Several had experienced severe or multiple physical health problems related to sustained trauma, including gynecological complications, ulcerative colitis, and obesity. Thus, these women had survived not only life-threatening violence, but extreme emotional anguish and impaired physical health as well.

Telling Others: Restoring Talk

For women in this group, telling others about the violence in their lives played a role in their survival. To survive the long, hard road, they needed not just reassurance or validation, but talk that could repair the damage done by years of abuse. Telling others about their experiences often involved overcoming shame and guilt. Many had previously told others about their abuse, only to be rejected, blamed, or doubted. April, who was sexually abused both as a child and as a young adult by her father, revealed that her mother did not believe her when she disclosed that her father had molested her, her high school teachers ignored her when she took an overdose of Valium, and a therapist discounted her disclosure of the abuse. She said, "It just made me feel like I didn't count for anything."

Many of the women in this group eventually did talk about their abuse with someone who was helpful, most often a counselor or therapist. Such talking was described as "going back," "digging deep," "getting to the core of the problem," or "no longer just putting a Band-Aid on." Several stated that memories and feelings related to experiences of violence had to be uncovered and explored.

Making Sense of the Violence: Being "Set Up" by a Bad Childhood

Women in this group also discussed why they had been victims of violence throughout so much of their lives. Many suggested that because of the abuse they had experienced as children, they were "set up" for ongoing

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abuse as adults. They claimed that, due to childhood maltreatment, they had become convinced that they were “destined” to be treated badly, had failed to develop skills to protect themselves from violence, and had no family to fall back on when they were abused later in life.

In order to survive, these women had to abandon the belief that they were destined for abuse and consider new possibilities for their life course. For many, this experience was spiritual; they believed God provided experiences of adversity so they could become stronger. Several described specific life events that led to significant life changes. Karen, who had been physically abused by her father, accosted as a teenager at gunpoint by a stranger, raped by three acquaintances, and physically abused by several men, described how her failed suicide attempt forced her to realize that the Lord loved her and needed her on earth for “something better.” When Laura, who had been sexually assaulted by a college counselor, raped by a boyfriend, and emotionally abused by a series of husbands, shared with her fourth husband that she would be better off dead, he replied, “That is the dumbest thing I’ve ever heard.” Laura indicated that this was the worst moment in her life, but nonetheless a turning point. She said to herself,

> You are going to quit doing this to yourself by making these choices and you’re either going to make a really good, healthy choice with a man or you’re going to decide that you can figure out how to live without a man in your life, which might not be the worse thing in the world.

Creating a Safer Life: Reclaiming Spirit

To create a safer life, the women in this group needed not only wisdom and strength, but to reclaim their spirit, injured by years of abuse. By *spirit* we mean the vital principle or animating force within human beings. As mentioned above, the women in this group described their lives with images of death, and most had actually faced death through violence, suicidal thoughts or suicide attempts, and physical illness. Choosing to live and seek a respite from violence involved reclaiming their animating force. The women spoke of “becoming grounded and able to breathe,” “beginning the long, slow process back from the endless pit,” and “getting a lifeline out of the whirlpool.”

For some women in this group, the return of the spirit was reflected in everyday acts of rebellion against an abusing world, including confronting those who had hurt them, accomplishing feats (e.g., getting an education) despite discouragement from others, leaving abusive families to allow for their own healing, and deciding they could live without a partner. Most women in this group had to confront the past that had damaged their vitality.

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Catherine described going back to her childhood home, where she had experienced so much abuse. After making arrangements with the current occupant, she rode her bike five miles to the house. She explained, "[I] went through every single room. Recalled, you know, what happened in which room and with whom, the different men, who did what they did. I wasn't so fearful." Throughout her entire adult life she had had a dream about being chased by a "horrid" monster from the orchard. While in her childhood home, she realized that her brother was the monster and the orchard was his room. She stated that riding home was "so freeing, on this bicycle. I just can't tell you how freeing it was and I have not had that dream since."

DISCUSSION

The women in this study described forging ahead in a dangerous world; some by getting back on track, some by starting over again, and some by surviving the long, hard road. They forged ahead by telling others about their violent experiences, making sense of the violence in their own way, and creating a safer world for themselves and others. These processes were clearly intertwined. Telling others helped the women make sense of the violence in a way that was helpful, and the explanations the women found satisfying were related to their quest for safety. As they began to feel safer, they felt freer to tell others about their experience. Many chose to participate in the study for an opportunity to tell their stories and to help other women create a safer life.

In this study, theory development was enhanced by dividing the women according to the types of violence they had experienced. Other classification schemas have been proposed. Shotland (1992), for example, identified five types of courtship rape: beginning rape (rape at the beginning of the relationship—the first few dates), early date rape (rape early in the relationship when relationship rules are being established), relational date rape (rape later in the relationship when the couple believe they know what to expect from each other), rape within sexually active couples with battering, and rape within sexually active couples without battering. Such typologies require empirical testing but may facilitate an understanding of how various factors, such as the nature of the intimacy between the perpetrator and the woman, influence how women respond to the violence in their lives.

In the present study, the typology allowed a cursory examination of demographic factors associated with each type of violence. The 7 women of color who participated were fairly evenly distributed in the groups, and

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ethnicity did not emerge as a salient category of analysis. Women in Group 1 tended to be younger than women in the other groups, leading us to speculate that their responses may have been influenced by developmental factors as well as by the type of violence they experienced.

The sample does not represent all women who experience intimate sexual violence; the women who participated in the study had successfully forged ahead in some manner and chose to tell their stories. Their stories, however, were not idealized tales of success. The women described experiences of recovery and healing, but also times of despair. They identified influences in themselves, their families, and in society that both facilitated and impeded their ability to move on. The theoretical framework, therefore, has implications for nurses and other clinicians who work with women who have experienced intimate sexual violence and who struggle to forge ahead.

Based on the finding that the women's experiences of forging ahead were related to the extent and the nature of the violence itself, we propose that clinicians who work with women who have been sexually assaulted consider the context of the assault, including the women's relationship and commitment to the perpetrator and societal and family responses to her experience, and her past history of violence. Such factors clearly influence the meaning the woman may ascribe to a recent assault (e.g., an unfortunate, but chance, occurrence or part of her destiny) or the depth of therapy that may be needed (e.g., reassurance and validation or exploration of past events).

Our findings support Koss and Harvey's (1991) conclusion that talking to others about the violence is crucial to recovery. Based on the findings of this study, we suggest that for different women, different kinds of talk, and therefore different kinds of therapy, are helpful. Women who experience single incidents of sexual violence may seek only reassurance and validation from a helping professional, whereas women who experience repeated sexual violence by a partner may profit from talk that plants the seeds of change. For women who have experienced lifelong abuse, simple reassurance or even active attempts to motivate change would be experienced as superficial; in this study, such women needed to face their past in order to ensure a future. For these women, therapy with clinicians experienced in complex trauma resolution is indicated.

Echoing Burgess and Holmstrom's (1979) early work, we suggest that women who experience sexual violence seek to explain why it occurred. Cognitive theorists have proposed that causal attributions, explanations for why negative or unexpected events occur, restore an individual's sense of predictability and control (Wong & Weiner, 1981). Janoff-Bulman (1992)

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argued that rape victims often engage in self-blame to regain a sense of control, to avoid confronting the randomness of violence, and to maintain the belief that violence is avoidable. She maintains that self-blame may be adaptive, especially if it is behavioral (attribution to a modifiable behavior) rather than characterological (attribution to a stable aspect of one's personality). Others have challenged this view, suggesting that self-blame is an internalization of societal attitudes that blame women for the violence committed against them (Pitts & Schwartz, 1997).

In this study, most women abdicated blame for the violence as a way of moving on, but retained some regrets about their actions, continued to believe they had been vulnerable to bad relationships for a variety of reasons, or attributed a pattern of abuse to injurious childhood experiences. These results are most consistent with the work of Abbey (1987) and Miller and Porter (1983), who have reported that victims of interpersonal violence distinguish between factors that make one vulnerable to violence and judgements about responsibility for the violence. Our findings also suggest that the source of the attributions are critical. The women's own explanations served a role in maintaining control, understanding, or hope; explanations imposed by others, even well-intended attempts at dissipating blame, were experienced as unhelpful. We recommend that clinicians appreciate a woman's need to explain the violence in her own way before they confront any account she holds credible.

Clinicians should be aware that women who have endured sexual violence by male intimates face a fundamental paradox. The violent experiences that prompt a search for a safer life are the same experiences that taught the women that their social world is dangerous. Herman (1991) suggested that the establishment of safety is a central task of recovery from trauma. Although many women in this study discussed psychological symptoms (anxiety, depression, posttraumatic stress), their narratives focused for the most part on the practical adjustments they had to make in their relationships and in their day-to-day affairs to avoid, if possible, future violence. Although safety can never be fully ensured, the women nonetheless pursued a sense of security through activities that made sense to them. A treatment approach that focuses not only on the reduction of symptoms but that supports women's attempt to create a safer life is recommended.

The theoretical framework presented here indicates that a therapeutic relationship that respects the woman's acquisition of wisdom, facilitates her discovery of inner strength, or digs deep enough to allow her to reclaim her spirit can be, in Ginny's words, "a godsend." The women wanted, more than anything, to get on with their lives.

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NOTE

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Commentaries

Commentary by Burgess

This is an important contribution to the literature on rape and sexual assault by known offenders. The development of three levels of victimization can direct nursing intervention in several ways. First, the nurse would assess the nature of the abusive relationship and classify according to group or relationship to abuser. Second, a critical issue for all three groups is how the woman judges or evaluates men for a relationship, whether for a date or as an intimate partner. Third, what many of the women appear to have discussed involved lessons learned about the sexual motives of men. This includes their levels of aggression or the evil men do in terms of abuse (Michaud & Hazelwood, 1998) and rape in partner and family relationships. Such lessons often form the basis of group work.

Women with a history of childhood abuse have experienced a complex situation because the abuse intersects with the development of the girl and is a type of trauma learning that is difficult to treat (Burgess & Hartman, 1998).

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When there has been repeated sexual assault, symptoms emerge that imply a disruption in the behavior and organization of the individual. Defensive behaviors develop that serve an immediate adaptive purpose, but are dysfunctional over the long term. For example, the individual may use alcohol or drugs to combat symptoms of posttraumatic stress. More to the point are the severe disruptions in the self-system of the individual, such as an inability to self-soothe, an inability to regulate emotions, a lack of a sense of cohesion, a sense of alienation, a deep distrust of others, failure to attach to others, and inability to maintain self-esteem in the face of corrections or rejection. Treatment of women who experienced serial abuse from family, partners, and acquaintances (Group 3) would be undertaken by an advanced practice nurse with expertise in the clinical area of cumulative victimization.

Although this study analyzed data from the victim's perspective, it provided important information about the offender, who in many cases, could be profiled as a serial abuser of a family member, an acquaintance, or a partner. Nurses who work with rape and sexual assault victims can also classify the offender as a way to help victims understand their sexual predator (Prentky & Burgess, 2000) The Massachusetts Treatment Center: Rapist 3, an empirically derived classification system for rapists devised over a decade of research is a motivation-driven system that consists of four primary presumptive motivation factors: opportunity, pervasive anger, sexual gratification, and vindictiveness. These four differentiating motivational components relate to enduring behavioral patterns that distinguish particular groups of offenders. This classification system would benefit from testing using victim data that could be gathered in a similar method to this study.

An important lesson for all nurses who read this study is to continually strive to educate women in all practice settings about rape and sexual predators. Also, routine inquiry about victimization has the goal of encouraging women to report sexual assault. Legal intervention is currently the only way to stop serial offenses and serial offenders. Getting away with rape only increases their motivation for sexual control and dominance over women.

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Commentary by Campbell

The realities of sexual assault by intimates are illustrated in this article through the compelling words of the women themselves and the skillful analysis and contextual presentation of the authors. This is a fine example of nursing research that both advances theory development and has important new implications for practice. Through sound methodological strategies the researchers have developed new categories of experiences of sexual assault that suggest very different strategies of nursing intervention. As more nurses become part of the sexual assault examination process and forensic nursing develops as an important subspecialty, theoretical and practical relevant research in this area becomes even more needed. It is imperative that these practitioners are cognizant of the kinds of verbal messages about such issues as self-blame, appropriate referrals for further intervention, and reestablishing a sense of safety, which may be most helpful for women depending on their category of experience. I hope that these findings will be taught in advanced practice nursing programs and sexual assault examination training. Nursing researchers can begin to test these kinds of interventions integrated with physical examination techniques so that this mode of nursing practice can be evidence based.

Nursing was on the forefront of sexual assault research with Ann Burgess's landmark studies of rape in the 1970s. In spite of exciting work by Kelley (1991, 1995) in child sexual assault research and Weingourt's (1985, 1990) and my own studies in the area of marital rape (e.g., Campbell, 1989; Campbell & Soeken, in press; Eby, Campbell, Sullivan, & Davidson, 1995), there have been relatively few nursing research studies in this domain of inquiry. This is in contrast to the numerous nursing research studies in the other domain of knowledge about violence against women—intimate partner violence. We have a rich tradition to follow, and I hope that this study is among a new generation of such research.

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Response by Draucker and Stern

We are pleased that both commentators believe that this research has important implications for clinical practice. The suggestion that the findings may contribute to the work of sexual assault nurse examiners is particularly exciting. Many women who are sexually assaulted receive nursing care only in acute settings, particularly in emergency departments. The quality of women's interactions with nurses and other health care professionals in these settings has a powerful effect on women's experiences in the immediate aftermath of the rape. We agree with the emphasis on evidence-based practice in acute care settings with women who have been sexually assaulted. Adding the voices of practicing sexual assault nurse examiners to the research literature could be an important follow-up study.

The remarks of the second commentator regarding the ways in which the three levels of victimization can direct nursing interventions also provoked several thoughts. We too feel strongly that women who were sexually abused as children and later assaulted in adulthood have special therapeutic needs, and welcome the first commentator's addition of the Burgess and Hartman citation on the treatment of complex sexual assault. These authors provide an excellent discussion of some pertinent issues faced by these individuals. Brown, Scheflin, and Hammond (1998), after an extensive review of currently available models of trauma treatment, lament that only a few

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models make a distinction between simple, single-incident trauma, compared with complicated, cumulative trauma. The women in our study who had experienced repeated abuse clearly had different therapeutic needs from women who had experienced a sudden, acute episode of sexual violence.

Using data from these women's stories to test the classification system of sexual predators would be possible. All women questioned the motivations of their abusers. The notion that these women learned lessons about "the evil that men do" was evident in the data and is explored in depth in an article by the first author soon to appear in *Qualitative Health Research*.

Finally, we agree that routine inquiry about victimization in health care settings is crucial. Many women in our study told us that they never told anyone about their abuse because no one ever asked. We continue to think that nurses are in prime positions not only to ask but to hear the answers in a way that facilitates healing.

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