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RAPE AND AFTER RAPE EXPERIENCE: AN ANALYSIS OF THE ROLE OF SOCIAL SUPPORT SYSTEM UPON THE RECOVERY PROCESS OF PUERTO RICAN WOMEN: 1983-84

The Ohio State University

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RAPE AND AFTER RAPE EXPERIENCE:
AN ANALYSIS OF THE ROLE OF SOCIAL SUPPORT
SYSTEM UPON THE RECOVERY PROCESS OF
PUERTO RICAN WOMEN: 1983-84

DISSERTATION

Presented in Partial Fulfillment of the Requirements For
the Degree Doctor of Philosophy in the Graduate
School of Social Work of The
Ohio State University

By

Zulma V. de Urrutia, B.A., M.S.W.

* * * * *

The Ohio State University

1985

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This work is dedicated to my husband, José Manuel, my children, José Manuel Jr., Zulmarie and Juan Carlos, and my parents, Benjamín and Lydia, significant others who stood by me, supported me and understood the challenge of this endeavor, turning it into a family project. They made me feel the joy of knowing what a true support system really is, and how it works. They stood by me, they induced motivation, and they were always there...
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To Dr. John Beihling, Professor of Research College of Social Work at the Ohio State University and Committee Member, for his continuous encouragement support and advice in this study.

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fulfill the goal of making some contribution in the subject of rape. To those special women I give my affection and congratulations for having been so "valiant" to share their rape experience with another woman and to permit their painful experience to serve as a learning experience for others.

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A. General Description of the Area of Concern:

This research addressed rape as a special social problem. Rape is one of the most widespread and serious problems confronting women throughout the world. This study will focus specifically on rape victims in Puerto Rico. The purpose will be to examine the process of recovery of victims and to assess the impact of the informal support system on this recovery.

As a social phenomenon, rape has become a major concern in contemporary society due to the fact that there has been an increase in the reported incidence of this offense in recent years. Crime statistics show clearly that reported rapes have been on the rise. The Federal Bureau of Investigation (FBI) uniform crime reports show that both the reported number of rapes and the rate of rapes per 100,000 inhabitants have increased dramatically and have received increasing attention during the past two decades (FBI, 1979).

Rape is a serious threat and danger to women. According to crime statistics (FBI, 1979), 67 out of every 100,000 females in the United States were reported as rape victims.
The rate of reported rapes has increased steadily since the 1960's when it was only 23 per 100,000.

The Federal Bureau of Investigation classifies four categories of crime as violent: murder and voluntary homicide, aggravated assault, rape and robbery. According to the FBI (1979), the incidence of rape is underreported; statistical figures must be multiplied by at least a factor of ten to compensate for the fact that most rapes are not reported. When these compensatory mathematics are used, one finds that there are more rapes committed than homicides.

Statistics regarding the Puerto Rican experience with rape are dramatic. Puerto Rico has followed the same pattern of increase as the United States (Police Statistics, 1976-83, see Appendix 1). In Puerto Rico, the estimate is that, for each 100,000 women, 49 will be exposed to sexual attack. In addition, rape is just as underreported in Puerto Rico as in the United States. A study conducted during 1978 in Humacao, one of the largest cities in Puerto Rico, revealed that for each case of officially reported rape, there occur eight (8) cases that are never reported (Pedro A. Vales, 1982). Furthermore, for every 2.3 reported cases, only one is cleared by the police through arrest (Pedro A. Vales, 1982). The Division of Statistics of the Police Department in Puerto Rico suggest in its projections that this rate will become higher in future years.
The most important aspect of this problem is not the high incidence in itself, but its psychological implications. Rape is much more than an act of unwanted sex by the victim. The psychological scars are deep and long-lasting (Sander, 1980). Violent sex produces a high degree of mental agony for the victim. As described by Amir (1971), rape is an act of violence and humiliation in which the victim experiences overwhelming fear for her very existence, as well as a profound sense of powerlessness and helplessness which few other events in one's life can parallel.

The literature on rape (Brownmiller, 1975; Amir, 1971; Burgess and Kolmstrom, 1974) suggests that society makes the part of the rape victim extremely difficult, for it is assumed that the rape has been the victim's fault or that it makes the victim less worthy as a person. The most curious thing about forcible rape cases, despite common misconceptions, is the amount of sympathy which is afforded the offender, and the callousness, or even hostility in some cases, which is displayed toward the victim (McDonald, 1969). Rape constitutes the only crime in which law and legal tradition give more attention to the victim's attitude than the assailant's behavior.

The data clearly show that rape does not end with the departure of the assailant. Instead, the institutional processes that occur can be equally devastating. Institutions that are expected to offer helping services to
victims can, at the same time, also further victimize them. The victim's problems due to the rape are inadequately dealt with. This constitutes one of the major reasons why many women never report rape. They fear the publicity, the rapist's threats, the police and the courts. Rape statutes, although intended to protect the victims, discourage victims from prosecuting. Consensus has grown among feminists that women are victimized and abused not only by street violence and deviant sexuality, but, indeed, by the total sexual value systems of the present culture, a culture that deprives them of sexual autonomy and exploits them as inferior objects (Melani and Fodaski, 1974; Brownmiller, 1975).

As a result of negative attitudes toward the victim, rape is the only crime in which the victim is doubly violated, first by the attacker and then by society. It is the only crime in which social, religious and cultural attitudes of society turn upon the victim (Amir, 1971).

Research conducted in the United States during the last 20 years has documented a significant relationship between stressful life events and psychological distress. The relationship of social support to health is currently receiving considerable attention (Delgado, 1982; Holahan, 1981; Moss and Billings, 1981; Lin, 1979; Gavin, 1978). In this regard, investigators have explored the role of informal support systems in explaining illness. They have
hypothesized that social support systems may help to moderate or buffer the effects of life events upon people's psychological state.

The experience of being a rape victim produces a general and progressive state of crisis at every level: emotional, physical, and social (Ruch, 1982; Resick, 1981; Calhoum, 1981; Burgess and Holmstrom, 1979, 1978, 1975, 1974). This affects directly the ability of the victim to recover, as well as the time needed for recovery. Thus, stressful life events, such as rape, are likely to be related to crisis development. There is evidence that the presence of supportive others tends to facilitate the adjustment of women who were sexually molested (Norris, 1981; Tsai, Fieldman-Summers and Edgar D., 1979), and it is reasonable to propose that a similar process occurs in the case of rape victim. It seems reasonable to expect that, the stronger social support a rape victim can amass, the less likely she would be to experience the crisis at higher levels and the more likely she would be to recover from the rape crisis in a shorter period of time.

This study is important because no research has been conducted regarding the recovery experiences of rape victims in Puerto Rico. In addition, there has been no research on the influence of the informal support system on this recovery process. This area of study becomes highly significant in view of the conservative and "machista"
feature of the Puerto Rican culture, where excessive attention is given to virginity. The loss of virginity out of wedlock could be a traumatic event in the life of many women, no matter how positive or natural the circumstances surrounding the experience. In Puerto Rico the woman learns, from a very early age, that her virginity represents her dignity, honor, respect and femaleness (Alvarado, 1979). The ideal of virginity before marriage still prevails. In Puerto Rico, as in other societies where neighborly ties are strong, honor and shame are constant concerns of the individuals. As described by Peristiany (1976) a woman who is dishonored or raped becomes a shame to all. The predominance of virginity as a social value is a consequence of cultural traditions that have existed for centuries. This researcher believes that this fact necessarily imposes additional stress on the recovery process of a victim and on her sense of worth in the future, as compared to victims in cultures where virginity is not so highly valued.

B. Significance of the Problem and Justification for the Investigation

During the 19th century and the first half of the 20th century, the scientific study of rape was limited mostly to the study of the rapist. Until recently, the rape victim has been ignored in the scientific literature. Yet rape affects the lives of thousands of women each year. Undeniably, rape has far reaching consequences that require attention as a major social problem. Rape is recognized
as the most rapidly increasing reported violent crime (FBI, 1977, 1979). With the recognition of this fact, greater attention is now being focused upon the victim (Brownmiller, 1975; Burgess and Holmstrom, 1978, 1974).

Some research has lately been conducted in the United States regarding the impact of rape on victims. To date, almost all research on the psychological impact of rape has focused on identifying the nature and duration of the impact. That is, research has been conducted to identify the impact of rape on self esteem (Burgess and Holmstrom, 1974), feelings of fear and vulnerability (Kilpatrick Veronen and Resick, 1979; Notman and Nadelson, 1976), and sexual behavior and satisfaction (Becker Abel and Skinner, 1979; Burgess and Holmstrom, 1974; Feldam-Summer, Gordon and Meagher, 1979; Gager and Schurr, 1976; Notman and Nadelson, 1976; and McCombie, 1976). These studies have made it clear that rape typically has adverse and sometimes long lasting psychological impact on the victims (Norris and Fieldman, 1981).

The task of conducting research with rape victims is not an easy task. Probably, this situation responds primarily to the reality known by this researcher and shared by others (Notman and Nadelson, 1976; Abarbanel, 1976; Bode, 1978; and William and Holmes, 1981) related to the difficulty of this kind of research, where one must impose empirical designs and measures on personal tragedy.
Current literature regarding rape in Puerto Rico is practically nonexistent. What little has been done has been directed to general aspects of the problem, such as attitudes of differing sectors of the population towards the problem (Aponte, 1979); historic research regarding the development of the Puerto Rico Rape Center (Alvarado, 1980); and, most recently, research on a sample of the clientele of the Rape Center in Puerto Rico to develop a general profile of the clientele (Angueira, 1980).

C. Social Work and the Problem of Rape

Rape has to be an area of concern for the social work profession. The "working definition" of Social Work Practice (1958) states that one of the purposes of the profession is to assist individuals and groups to identify and resolve or minimize problems arising out of disequilibrium between themselves and their environment. The rape situation is usually accomplished by tension and a variety of reactions which point to the presence of imbalance between the victim and her environment represented by the family, significant others, and fellow workers. Social work intervention can be of help in restoring this affected harmony, thus constituting a formal support system designed to promote the needed equilibrium.
In the rape situation, the reinforcement is illustrated by the support systems found in the victim's milieu, which will help her overcome the stressful situation and find coping mechanisms for dealing with the aftermath. Such a role for social support is of particular interest because of the implications for preventive intervention. As Cassel (1976) points out, "It seems more feasible to attempt to improve and strengthen the social supports rather than reduce the exposure to stressors." Furthermore, social support appears to be one of the factors that is more amenable to change through intervention than others, such as personality traits.

The social work profession has a contribution to make with respect to this complex social problem. This belief guided the author throughout this research. Rape is a problem that is closely related to the issue of women's rights. Social work as a profession, which must be attuned to the times, must take this problem into consideration in its examination of issues pertaining to women. One of the current professional issues related to social work education is that of women's rights. The vast panorama of women's issues emerges as a provocative and wide body of knowledge which the profession must face and incorporate.

In 1977 the Board of Directors of the Council on Social Work Education (CSWE) adopted the Standard on Women. This
standard requires that schools of social work demonstrate special efforts at incorporating material on women into the curriculum by stating:

"Special efforts shall also include the integration of appropriate curriculum content related to women and the encouragement as well as the provision of opportunities for students to select freely any area of study provided in the curriculum".

Literature on human services is beginning to focus on the important role of natural and informal support systems in assisting individuals in crisis and on the potential impact that these systems may have on the utilization of services and the development of programs (Delgado and Humm, 1982).

The Social Work Profession has not participated actively in the management and research of the social issue of rape. Other professions have assumed the leadership in this field through counseling as well as accomplishing significant research. The time has arrived for social workers to involve themselves more significantly with this problem.
CHAPTER II

REVIEW OF LITERATURE

A. Rape as a Social Problem: Historical Background

It is important to recognize that literature on rape is recent. The topic emerged as an area of concern in the 1970's when it became a major issue, not only for political reasons but also because of the unique, practical roadblock placed in the path of prosecution by criminal law.

Rape has a muddled history, because it has often been considered to be an "unmentionable" crime in the puritanical sense, kept hidden by victims and society (Sanders, 1980). Since mythological times, anecdotes of rape have been recorded in the literature of both Eastern and Western countries. Rape incidents abound in mythology, legend, drama and history. The fascination with the theme of rape is probably a result of its two main elements: sex and violence. Hera, the mythological Greek goddess was one of the first victims of rape in recorded literature. Since the rape of Hera, countless women have been victims of rape, such as the famous rape of the Sabine women, that has even been used as an art theme.
Scientific measurement of the evidence of rape in the United States began in 1930 when the Federal Bureau of Investigation (FBI) started to count the number of reported cases of actual or attempted forcible rape through its Uniform Crime Reporting Program (Kaltz, 1979).

Much of the history of rape is the history of laws and their application, and most of the documentation of rape has been in the form of written laws or records, such as they were, of rape convictions. In Susan Brownmiller's (1975) work on rape, the history of rape is seen almost exclusively in terms of women as men's property. Tracing rape back to the Code of Hammurabi and then through Hebrew, Christian and English law, Brownmiller argues that a woman's worth as man's property was measured in terms of her chastity and that rape represented property damage, either wholly as in ancient Israel, or only partially as in fourteenth century Venice. It is important to note here that women were considered as "chattel" more than as "persons" and that their status was centered on their sexual worth, based on the behavior regarding both consensual and nonconsensual sex.

It is no great leap in history to see that modern women are still measured in terms of their sexual appeal to men, even though virginity is no longer held at the same value as it was until at least 1950. The societal view of rape has been significantly altered by the feminist movement (Geis, 1977). A focal point of feminist theory has been the
reconceptualization of rape from a "sex" crime to a "violent" crime (Millet, 1971). The emphasis on violence is in the context of a humanistic feminist view, a critique applicable to men who see violence as a proper means to an end. Rape is seen as epiphenomenal to violence. Griffin (1971) and Greer (1973) took a more specific look at rape and violence, seeing them as a part of the subjugation of women by men.

In the past, rape was thought to be a sexual crime which the victim had somehow invited. This attitude was presented and clearly evidenced in the work of a very known Spanish writer, Don Miguel de Cervantes Saavedra who wrote the Adventures of Don Quixote de la Mancha. This book was translated to the English language by Charles Forwis, and was considered the greatest and most important event in European Seventeenth Century literature. The first part was written in 1605 and the second in 1615. In the second part of the book, (Chapter 45, pages 644 to 646), was included the experience of a raped woman who came asking for justice to Sancho Panza, the governor. She was accompanied by her rapist. The young man accused of the rape insisted that he was innocent. The action taken by Sancho to clarify the incident and take the appropriate justice for the young woman clearly evidenced the prejudice toward the raped woman at that time. Sancho ordered the man to give the woman twenty silver ducats to compensate the harm done. After this action was taken, Sancho ordered the man to follow the woman
and to take away from her the purse with the twenty silver ducats. The man made the attempt but he could not take the money back from her because she struggled very hard. She came back to the governor Sancho with the man and stated her complaint about what had happened. This time, Sancho ask her to give the money back to the man and justified his decision as follows:

"Sister of mine, had you shown the same, or but half as much courage and resolution in defending yourself as you have done in defending your purse, the strength of Hercules could not have harmed you." (Cervantes, 1615)

The man was liberated from any court processes. The situation, even when appearing in a book written many years ago, demonstrates the same issues of prejudice towards raped women that is experienced today. It also assumes culpability on the part of the woman as well as consent for the rape experience. The woman asked for justice but she was penalized by the governor. Sancho Panza's attitude toward the woman's complaint shows the attitude of that time regarding raped women.

Today, thanks to the initial impetus of feminist writers (Greer, 1971; Brownmiller, 1975) and the accumulating social, psychological and clinical findings (Southerland and Scherl, 1970; Burgess and Holmstrom, 1974, 1976, 1979; Symonds, 1975, 1976; McCombie, 1975; Groth, Burgess and Holmstrom, 1977), rape is regarded as primarily a violent crime.
This redefinition of the crime of rape has been translated into reforms in legislation in rules for admissible evidence and in policy procedures. In addition, there has been a heightened consciousness about sexual assault in the community and an abundance of ongoing research.

Rape crisis centers have proliferated and deal much more compassionately than ever before with the human and legal requirements of rape victims (Burgess and Holmstrom, 1979). Legal reforms have largely outlawed the poisonous armaments of defense attorneys enquiries into rape victim's prior sexual history, except if that history concerns relationships with the accused (Sanders, 1980). Corroboration requirements have been lowered or eliminated. Feminists have insisted upon the right of anonymity and they generally have been granted it. Police today tend to be notably attuned to the emotional needs of rape victims (Burgess and Holmstrom, 1979). The militance of the feminists in their demands for better treatments at the hands of law enforcement personnel for persons brutalized by sexual assault has paid off.

B. Theoretical Perspectives to Explain the Rape Phenomenon in Society

The rape phenomenon in society has been approached by different authors using different perspectives in their analysis. The most relevant perspectives in the analysis of rape are the sociological, the clinical, the feminist, and
the victimological. Although these perspectives are sometimes promoted in a competitive manner, they are not mutually exclusive in their formulations. Each has some merits and usefulness.

A major handicap in understanding rape has been access to offender populations; rapists rarely report voluntarily to mental health clinics and the conviction rate for rape is extremely low. In commenting on the professional literature on the rapist, Abel and Colleagues (1976) pointed to the lack of accessibility to offenders for evaluation and treatment and to the failure of the professional community to develop effective and efficient models of treatment. Patch (1976) believes that until a sufficient number of controlled research studies are completed, ineffective approaches may be used in efforts to provide appropriate treatment for rapists.

To date, very little comparative data has been available on the phenomenon of rape from the standpoint of both the offender and the victim. Nevertheless, there do exist some data that can shed some light and lead to a better understanding of this social phenomenon. It is pertinent now to offer a brief review of the basic premises of each perspective.
1. The Clinical Perspective

This perspective approaches the offense of rape as an isolated act of a deviant behavior. Rape is viewed as symptomatic of individual pathology or as a "character disorder" (Groth and Burgess, 1976; Rada, 1973; Joyce and Homes, 1981).

It is based on the assumption that the focus of the problem lies within the rapist: the responsibility for his act lies in him (Groth and Burgess, 1976; MacDonald, 1971). Rape is always a symptom of some psychological dysfunction, either temporary and transient or chronic and repetitive. It is usually a desperate act of an individual who is emotionally weak and insecure, inadequate and dependent, and unable to handle the stresses and demands of his life. The act of rape is seen as an expression of hostility toward females who, knowingly or unknowingly, threaten the male ego.

The rapist in this model is, in fact, a person who has serious psychological difficulties, which handicap him in his relationships to other people and which he discharges when he is under stress, through sexual acting out. His most prominent defect is the absence of any close, emotional, intimate relationships with other persons, male or female. He shows little capacity for warmth, trust, compassion or empathy, and his relationships with others are devoid of mutuality, reciprocity and a genuine sense of sharing. This point of view is a traditional one for mental health professionals.
2. The Sociological Perspective

So strong was the clinician's territorial claim to rape as a problem of deviant sexual behavior that social psychologists and sociologists did little work in this area, except to take note of rape along with other violent crime, until the late 1960's and early 1970's (William and Holmes, 1981). The first major sociological work was that of Menachen Amir (1971) using the Durkheimian model "to find the relationship between the rates for the frequency of the offense and the participants, and other various social facts to which they may be connected." Amir's study of rapes reported to the police in Philadelphia over a two-year period (1958 and 1960) is primarily ecological and focuses on characteristics of offenders and victims. This model relies heavily on the assumption that the victim deliberately or innocently encourages the offender. Today, studies based on this model seek to identify psychiatric or behavioral characteristics of victims in comparison to those of "successful resisters."

In this approach, a woman who is raped is blamed for "asking for it," the implication being that her behavior disregards safety precautions. The extension of this is that she is responsible for any harm done to her and she is, in fact, frequently accused of desiring her own rape. Amir explains that victim precipitation "consists of acts of commission (she agreed to drink or ride with a stranger)
and omission (she failed to react strongly enough to sexual suggestions and overtures.") Amir then analyzed 122 cases (19 percent of his total population) which he labeled as victim-precipitated based on a description of the circumstances of the rape as recorded in the police offense report.

He has been criticized by feminists for devoting an entire chapter of his book to "victim-precipitated" forcible rape. Amir's analysis of victim-precipitated rape is, in reality, only part of his total work. His major focus is on the offender as he seeks out a causal explanation for rape, and he turns to a well-established and frequently used sociological theory: the subculture of violence. Two facts apparently led Amir to this explanation: 77 percent of the reported rapes in his study occurred between blacks, and the offenders were overwhelmingly poor. Therefore, he theorized that rape was an integral part of a lower class subculture of violence where "aggressive and exploitative behavior toward women become part of their (lower class boy) normative systems" (Amir, 1971). As the first community wide study of rape using social as opposed to psychological facts, there was a wealth of ecological analysis in Amir's work, and while much can be learned from it, his theoretical explanation is a double exercise in victim-blaming. He gives considerable attention to victim-precipitation and then moves to a subculture of violence.
explanation which places the blame for rape as a social problem not on society at large, but on a "black subculture" of poverty and violence.

Perhaps the most significant finding of Amir's study is that rape occurs in a context of violence rather than passion. Using Amir's words: "rape is a deviant act, not because of the sexual act per se, but rather in the mode of the act, which implies aggression, whereby the sexual factor supplies the motive."

According to Professor Menachen Amir's study, men who rape are not abnormal. This is contrary to the clinical perspective. Amir writes, "Studies indicate that sex offenders do not constitute a unique or psychopathological type; nor are they as a group invariably more disturbed than the control groups to which they are compared." Amir suggests that rapists are a danger to the community not because they are compulsive sex fiends, but because they are violent and aggressive. His work has been very important to the sociological perspective and has stimulated further research in the area.

3. The Feminist Perspective

The ideological posture of the feminist on the issue of rape is unequivocal: rape is the product of a sexist society, emanating from the differential and unequal masculine-feminine sex roles to which we are socialized and subject from birth. If the cause of rape is firmly rooted in the
fact that males are socialized to be masculine-dominant and females are socialized to be feminine-submissive, it is then possible to generalize to the view that "men are conditioned to be rapists; women are conditioned to be victims. In the most dehumanizing sense, it is a perfect pathological fit" (Gager and Shurr, 1976).

It is in a sociological work by Weis and Borges (1973) that we find the most direct linkage between a predicted increase in the incidence of rape and the women's movement. Their reasoning is firmly rooted in the feminist explanation of rape as emanating from sex-stratification socialization in our society. They hypothesized that socialization (sex role learning in particular) exploits both men and women and ultimately produces both offenders and victims. In their view, until society comes to accept the "liberated woman." she will be especially vulnerable to rape by strangers and by acquaintances. Realistically, until men develop some understanding of the new feminine behavior, the incidence of rape can be expected to increase (William and Holmes, 1981).

The feminist approach is articulated by Brownmiller (1975), Balt (1981), Deming (1981), Metzger (1976), Melani and Lodoski (1974), Weis and Borges (1976), Walker and Brontsky (1976) among others. It is focused on programs of primary prevention such as alteration of sexist child rearing practices, promotion of legal equality of women, and reduction
of television violence, which if accomplished, would lead to a reduction in the incidence of rape, according to these authors.

Manliness and maleness are often closely associated with aggression, and this includes sexual aggression. The man, by social convention, is the initiator of sexual activity. Male enthusiasts who over-subscribe to the masculine role image may combine hostile components of aggression with sexuality in the attempt to intimidate and dominate the female and thus validate their own identity. This pattern indicates cultural approval of the relationship between sex and aggression so that the crime of rape can be seen as within the context of normal male behavior which is lacking only in propriety. The stereotypic notions of male and female roles and their relationship to conceptions of masculine and feminine sexuality, coupled with a situation that is fraught with ambiguous expectations, provide the ingredients for systematically socialized actors who can participate in the drama of rape. As Denna Metzger (1976) said, the rapist is educated to his behavior by his society, and it represents an extreme manifestation of approved activities in which one segment of society dominates another. Rape is seen by this author as the symbolic enactment of social and cultural attitudes. Social patterns reinforce and perpetuate the crime of rape (Metzger, 1976).
4. **The Victimology Approach**

The explanation of the rape phenomenon has also been approached by other authors using a different scheme of analysis, one based on the victim. Probably some of the most recent and relevant work was conducted by Emilio Viano (1977). He concludes that the phenomenon of rape must be understood and explained only through a dynamic approach in which the rapist, the victim, and the act are considered inseparable elements of a total situation which conditions the dialectic of the antisocial conduct. To better understand the phenomenon of rape, it is important to integrate the motivational, interactionist, and victimological approaches.

Recent studies in victimology (Shultz, 1975; Viano, 1974; McDermott, 1980; Weis and Burgess, 1974) have shown that in most cases victims are not chosen at random, or by mere chance, but are carefully selected according to certain criteria. Certain victims are conceived by the rapist as more appropriate and preferable for victimization than others, and his attitudes and relationships toward certain groups, persons, or organizations are determinant or influential in the selection of the victim.
C. Psychodynamics of Rapist Behavior

Clinical experience with convicted offenders and with victims of reported sexual assault have shown that in all cases of forcible rape, three components were present: power, anger and sexuality (Groth and Burgess, 1977; McDonald, 1971; Rada, 1978). The hierarchy and inter-relationships among these factors, together with the relative intensity with which each is experienced and the variety of ways in which each is experienced, may vary, but there is sufficient clustering to indicate distinguishable patterns of rape (Groth, 1977; Peters, 1976; Burgess and Polmstrom, 1975). It has been found that rape is a pseudosexual act, a pattern of sexual behavior that is concerned much more with status, aggression, control and dominance than with sensual pleasure or sexual satisfaction. It is sexual behavior in the service of non-sexual needs and, in this sense, it is clearly a sexual deviation (Groth and Burgess, 1977). Rape, then, rather than being an expression of sexual desire, is in fact the use of sexuality to express issues of power and anger.

Rape is always and foremost an aggressive act. It becomes evident that in some cases the offender expresses and discharges a mood state of intense anger, frustration, resentment or rage. In other offenses, the aggression becomes expressed less as an anger motive and more as a means of dominating, controlling, and being in charge of the
situation, an expression of mastery and conquest (Sanders, 1980). In still other offenses, the aggression itself becomes eroticized so that the offender derives pleasure from both controlling his victim and hurting her.

In every act of rape, both aggression and sexuality are involved, but it is clear that sexuality becomes the means of expressing the aggressive needs and feelings that operate in the offender and underlie his assault.

In examining the different patterns of rape, one can conclude and in this aspect the author strongly agrees with other prominent writers on rape, that regardless of the patterns of assault, rape is a complex act that serves a number of retaliatory and compensatory aims in the psychological functioning of the offender. The researcher also agrees with the Brownmiller position, in which she sees rape as an effort to discharge anger, contempt, and hostility toward women, to hurt, degrade and humiliate them, (Brownmiller, 1975). Through the act of rape, the offender attempts to counteracts feelings of vulnerability and inadequacy in himself and to assert his strength and power, to control and exploit. Rape also constitutes an effort to deny sexual anxieties and doubts, and reaffirm the person's identity, competency and manhood, and to retain status and to achieve sexual gratification (Groth, 1979).
D. General Profile of the Rapist

Warner (1980) develop a general profile of the rapist done through a synthesis the major studies of rape and convicted rapist available to that date. This is a typical profile that may not be entirely accurate, probably, because it does apply to convicted rapists only. It may well be that the poor and minorities are simply more likely to be convicted since they do not have resources and attorneys to defend them. Therefore, Warner's profile may be missing representatives of those rapists who are acquaintances of the victims and also those belonging to higher social classes.

Warner presents the profile of the convicted rapist as:

"similar to that of a felon involved in crimes against person or property. He is a young, poor male, probably belongs to an ethnic minority; and is likely to have alcohol or drugs just prior to this crime. He has a history of previous criminal activity and may well have the diagnostic label of anti-social personality, but he is unlikely to suffer from a psychotic disorder. He is distinct from other sex offenders ... primarily because of his violent tendencies."

The data summarized in the 1978 study were generated from different populations of rapists, studied by different researchers at various programs of services utilizing various treatment modalities (Fritz, A. Henn, 1976; McDonald and William, 1971); Richard Rada, 1975, 1978) and also among the criminal populations accused of sexual charges in Philadelphia (Amir, 1971).
E. The Effects of Rape Upon Victims

Before the 1970's attention was rarely focused on rape victims and their adjustment problems. However, enough has been written on rape to identify some basic response patterns of victims toward the experience. Considerable public attention has been focused on the legal, medical and public health aspects of rape. There is, however, a dearth of empirical literature concerning the psychological effects of such a crisis on the victims (Capuzzi and Hensley, 1979; Joyce and Holmes, 1981; Burgess and Holmstrom, 1979; Southland and Sherl, 1972).

Rape can be viewed as a crisis situation in which the emergence of an external event breaks the balance of the individual. The trauma syndrome described by Burgess and Holmstrom (1977) can be considered a form of stress reaction that can lead to traumatic neurosis. Thus, the conclusion that fears and anxiety represent relatively long-term problems for many rape victims seems inescapable (Kilpatrick, 1979).

Rape shares with other crimes of violence an element which is crucial to the understanding of the life crisis. It triggers in the victim a feeling of terror. As Symonds (1976) puts it, terrorization is the common denominator to all violent crime, and "it is employed by the criminal to insure the immediate compliance of the victim."
Clinical observations demonstrate that the rape trauma syndrome is more than a disorganization of life rhythms (Malkah and Nodelson, 1976; Burgess and Holmstrom, 1975). Some victims are unable to resume daily routine such as work or child care activities for days at a time, or for weeks or even months. Other victim's daily lives are apparently undisturbed. More crucially, as María I. Vera stated (1981), "Women who have been raped are faced with a debacle in their existential horizons." The basic reference points of social life, acquired throughout the process of psychosocial development, suddenly appear to be in disarray. If one follows Erickson's (1963) ideas, it appears that victims are launched into a radical reappraisal of the basic parameters of their existence following the rape. The sense of trust, autonomy, and initiative which Erickson (1963) sees as the achievements of the early ages of development are called into question. As Hayman (1973) has mentioned: "The rape victim has few medical problems, but for the most part, the injury is to the psyche rather than to the body."

Trauma occurs on a physical and psychological level and has both short and long range effects. The frequency and severity of psychological trauma often exceeds the physical event and the trauma associated with it (Patrick, 1972).
F. Specific Research Findings

Interest in the psychological adjustment of rape victims has been spurred in the past decade by several reports, most of them based on interviews with victims (Burgess and Holmstrom, 1974; Ellis and Atkeson, 1981; Notman and Nadelson, 1976; Southerland and Scherl, 1970). A general pattern of reactions occurring in the months following the assault has been identified and labeled "rape trauma syndrome" (Burgess and Holmstrom, 1974). They proposed a two phase process: an acute phase and a long term reorganization phase. During the acute phase, the victim's reactions are characterized by the prominence of feelings of fear and self blame. However, these feelings may be acted out in three different styles: an expression reaction, a controlled reaction or a compound reaction. The acute is followed by long-term reorganization of the period during which the victim learns to cope with her feelings and begins a return to her more normal life style.

Self-blame is a common reaction to rape, although fear (of injury, death and the rapist) is the primary reaction. Self-blame may be second; perhaps surprisingly, it is far more common than anger. The pervasiveness of self-blame has been well-documented in the literature on rape (Burgess and Holmstrom, 1974, 1976, 1979; Griffin, 1971; Weis, 1975). Contrary to this very common belief, it has been found that only 4.4 percent of all rapes were precipitated
by the woman (Calhoun and Maqzer, 1981). The nature of the rape determines the extent to which a woman blames herself or is considered by others to be at least partially responsible (Ponnie, 1970). If the experience is highly violent and she believes that she did everything she could to prevent the rape, then both she and society are less likely to assign blame to the woman.

The first attempt to identify and delineate victim's response to rape was made by Southerland and Scherl (1970). They reported that the responses of the sexual assault victim follows a somewhat predictable and sequential pattern. They have identified four responses: impact, outward adjustment, resolution and integration. They do not present these as clearly demarcated stages, and they also stated that the victims may vacillate between two or more of the phases.

Southerland and Scherl defined the stage of impact as the period of disorganization and disorientation immediately following the assault. Shock, disbelief and fear are emotions that may be experienced in this stage, but outward manifestation of these will vary from hysteria to an unnatural calm. According to Southerland and Scherl (1970), this stage may last a few hours or a few days.

Outward adjustment is the victim's attempt to deal with the event. She may even suppress or rationalize the assault in an attempt to return to normalcy. This stage may last several days, weeks, or even years. The resolution phase usually begins when the victim is depressed and feels
a need to talk to someone about the sexual attack. According to these authors, the resolution occurs when the victim can focus the anger where it belongs: on the assailant in the first place and secondly on herself. The victim realizes the need to deal with the event both in terms of her own feelings and in terms of feelings about the assailant. At this stage it is expected that the victim has accepted the fact of assault and sorted out her feelings of guilt and responsibility. She must have also focused anger on the assailant and has integrated the sexual experience into her life, neither repressing nor being dominated by it.

Nadellson and Notman (1977) focused their description of the victim's response on the feelings of self devaluation and anger precipitated by rape during the acute phase and the feelings of fear and anxiety during the long term reorganization process. These authors also stated that long term consequences of rape may include mistrust of men, sexual problems, appetite and sleep disturbances, as well as other symptoms.

The sexual effect of rape on the victim has received recent attention by researchers (Sullivan and Everstine, 1983; Ellis and Calhoun, 1980; Burgess and Holmstrom, 1979; Holmstrom and Burgess, 1978; Groth and Burgess, 1977). Clinical reports of victim counseling also emphasize that years after the rape, there may still be an association
between the current sexual situation and the traumatic event. Victim research demonstrated that victims sexual response differ, but it can be identified sometimes (Ellis and Calhoun, 1981; Burgess and Holmstrom, 1979). Among the most common sexual responses are the following: decrease in sexual activities, giving up sex for a period of time (abstinence), increase in frequency of sexual activity (the less common), probably as a means of countering the negative experience, and also the experience of having constant flashbacks to the rape.

Most rape victims developed some psychiatric symptoms at some point after the rape, such as fears, phobias, anxieties, increased motor activities, somatic symptoms obsessions, depressive symptoms or even suicidal ideation (Peters, 1975; 1976; Burgess and Holmstrom, 1974; McDonald, 1971). It has been revealed that the thought of the assault continually haunts victims. In addition to recognizing such a variety of symptoms appearing as a result of rape, it has been noted that many symptoms tend to increase during the few weeks following a rape. The following quote captures some of the distressing and repetitive symptoms that a victim continues to experience long after the rape occurs; in this case, three months after the rape (Burgess and Holmstrom, 1974):

"Sometimes I think the feelings are more intense now than they were at first, sometimes it gets so intense, seems worse than it ever was" (rape victim, age 21).
A review of these studies supports the assumption that rape precipitates intense emotional and psychic responses both for the victim and for the family.

The course of a victim's post-rape adjustment often depends primarily on factors not related to the actual rape incident, such as the victim's marital status, employment status, education and prior problems (McCahill and others, 1979). Victims who are employed at the time of rape can use their job as an escape to help sublimate their feelings about the trauma. Higher education enables the victim to deal more effectively with the coping process.

Some other variables that have been identified as being related the impact of the rape on the victim include: the types of coping behaviors and strategies the woman used during the actual rape (Burgess and Holmstrom, 1976; McCahill, 1979), the age, life situation and personality style of the victim (Nadelson and Notman, 1977), the level of involvement between the victim and rapist (Brussels, 1971), and whether or not the rape is reported to authorities to the victim (Brownmiller, 1975; Weis and Burgess, 1973). These and other variables help to account for variations in the type and degree of emotional and psychic reactions of victims.
There were found significant differences among the response to the rape experiences between adult victims, adolescents, and children (McCahill et al., 1979). Adult victims (age 18 or over) showed significantly more short-term adjustment problems than either adolescents (age 12-17) or children (aged 0-11). It was hypothesized that this situation is due to the fact that the adult rape victim is more likely to be married than a younger victim, as well as employed or high-school-educated, and it was found that each of these variables influences the adjustment process in a unique way. While a victim living with parents and siblings is likely to receive emotional support in most instances, a married woman is often blamed for the rape by her husband, friends and significant others. Adolescents are found to face increased rape-related difficulties as they reach adulthood, and children are likely to have the most serious long-range adjustment. Weis and Burgess (1973) found also an interesting relationship between an earlier rape experience and suicide. Some victims claimed in their interviews that the rape resulted in a decrease in their self esteem and consequently an inability to entertain a normal heterosexual relationship, and ultimately, even suicide.

In 1979, McCahill, Meyer and Fischman also attempted to investigate the consequences of rape. They did the first longitudinal study of victim adjustments with a total sample of 1,404 women who reported a rape at
Philadelphia General Hospital from 1973 to 1975. This re­search has been criticized as failing to integrate the findings into a meaningful theoretical framework, thereby seriously limiting the potential contribution of the research (Holmes, 1981).

Research in the area of recovery has been highly criticized by Kilpatrick (1979) and Holmes (1981) as having severe methodological limitations in the following areas: inadequate selection or descriptions of the sample of victims; failure to use an appropriate, standarized, reliable instrument for measuring responses to rape; and of having inadequate description of crucially important aspects of study methodology. Therefore, these studies provide, in the judgment of these authors, little, if any, scientifically valid data regarding the effects of the rape experience. More recent work holds the promise that rape research is moving toward a more objective, empirically oriented perspective.

G. Social Support Systems: An Overview

The notion that social support is important in reduc­ing the effects of stress is fundamental in the theory and practice of crisis intervention (Parad, 1966). A number of studies have examined the role of support in buffering the physical and/or psychological impact of life events (Dean et. al., 1980; Andrews et.al., 1978; Cobb and Kasel, 1977).
Although health professionals have long appreciated that the patient's social support system is important to his or her health and survival, support systems as a working concept did not come into popular use until studies of the family came prominently to the fore in the 1950's (Greenblatt, 1982).

The definition of the concept of social support has been attempted by different authors. Nan Lin (1979; 1981) defined it as "support accessible to an individual through social ties to other individuals, groups and the larger community." It has been also considered as serving a coping function (Gore, 1978). Caplan et. al. (1977) suggest that support is defined by the relative presence or absence of psychosocial support resources from significant others. It refers to those relationships among people that provide not only material help and emotional assurance, but also the sense that one is a continuing object of concern on the part of other people. Caplan defined support as the degree to which an individual's needs for affection, approval, belonging and security are met by significant others.

Cobb (1976) suggests that support be conceived as "information leading the subject to believe that: he or she is cared for and loved, he or she is esteemed and valued and, he or she belongs to a network of communication and mutual obligation."
In 1981, House suggested that social support is "an interpersonal transaction involving one or more of the following: emotional concern, instrumental aid (goods and services), information (about the environment) or appraisal (information relevant to self evaluation).

Peggy Thoits (1982) defined social support as the "degree to which a person's basic social needs are gratified through interaction with others." Thoits includes as basic social needs: affection, esteem or approval, belonging, identity and security. These needs may be met by the provision of socioemotional aid, such as: affection, sympathy and understanding, acceptance and esteem from significant others, or the provision of instrumental aid or advice and information. The social support system is defined by Thoits as that subset of persons in the individual's total social network upon whom he or she relies for socioemotional aid, instrumental aid, or both.

Whittaker and Garbarino (1983) defined social support networks as sets of interconnected relationships among a group of people that provide enduring patterns of nurturance (in any or all forms) and provide contingent reinforcement for efforts to cope with life on a day-to-day basis.

The research on support systems, particularly on informal support systems and their positive effects, is growing rapidly. This research demonstrates that social support, from
kin, friends, neighbors, and volunteer layhelpers, is vitally important (Whittaker and Garbarino, 1983).

Approaches to the analysis of social support systems have been both quantitative and qualitative. Quantitative analysis usually deals with one or more of the following: size of the network, frequency of contact among members, strength of ties, similarity or difference of individuals in the network regarding sex, age, race and culture, dispersion and also relationship between the network and outside influences. Qualitative analysis refers to the emotional valence, whether the behaviors are supportive or destructive; warm, friendly, intimate, confidential tolerant, cheering, comforting; their opposite or mixed.

Social support is considered by Cassel and Henderson (1976) as a moderating variable. These authors have reviewed a wide range of studies which indicate that the social support provided by primary groups serves as a protection, "buffering" or cushioning the individual from the physiological or psychological consequences of exposure to the stressor situation. Social support can moderate the impacts of life events upon mental health.

Recently, several investigators have hypothesized that the individual's support system may help moderate or buffer the effects of life events upon his or her psychological state (Antonousky, 1974, 1979; Caplan, 1974;
According to these authors, individuals with a strong social support system should be better able to cope with major life changes. Those with little or no social support may be vulnerable to life changes. The buffering hypothesis concerns an interaction effect: the occurrence of events in the presence of social support should produce less distress than should the occurrence of events in the absence of social support.

Recent studies (Clark, 1977; Henderson, 1977; and Porrit, 1976) have suggested that it is the quality of the supporting emotional relationships rather than the quantity of help available that is the principal determinant of effective crisis support. It is also pointed out that social support may play a critical role in the genesis of psychiatric disorder (Mueller, 1980). There is substantial and growing research literature on the relationship between these two variables. Several recent articles (Mueller, 1980; Thoits, 1983, 1982; Andrews, 1978) have suggested that social support may be protective against the noxious effect of stress acting as a buffer or cushion to the impact of stress in the individual and also may provide vitally needed protection to the self concept. Pilisuk (1982) linked social support as an important variable affecting our physiological capacities and ultimately the various immune systems of the body.
Germain, in an essay on "Space: An Ecological Variable in Social Practice" (1978), concludes that "where the environment is supportive, creative adaptation and growth occur. Where the environment is nonprotective or depriving, stress is created and growth and adaptive functioning may be impeded."

The science and art of social support system intervention and manipulation is just beginning, although human invention in this field has been active for centuries. Thus far, the social support system concept appears to introduce a new element of rationality and also encourages a great deal of new research and fosters social therapeutic intervention within a more comprehensive and critical framework. A person's support system network in a crisis situation appears to be extremely important in recovery from this stressful situation. This researcher will try to relate the quality of the rape victim support network to the rape crisis itself, in order to determine if this support system is a significant variable in the victim's recovery. Special attention will be given to the family, close friends and others as intervening variables.

H. Theory Relevant to the Research
   1. Crisis Theory Approach to Rape

   Although crisis theory has been in existence for over thirty years, it has recently enjoyed renewed popularity
as a viable perspective from which to understand and help persons experiencing a variety of stressful life events or circumstances (Rapaport, 1970; Golan, 1974, 1978; Dixon, 1979).

Crisis has been defined as a psychological disequilibrium in persons who confront hazardous circumstances that for them constitute an important problem which they can for the time being neither escape nor solve with customary problem-solving resources. During the upset, individuals work out a novel way for handling the problem through new sources of strength from within themselves or from their environment (Gerald Caplan, 1964). Dixon (1979) defined crisis as a functionally debilitating mental status resulting from the individual's reaction to some event perceived to be so dangerous that it leaves them feeling helpless and unable to cope effectively by usual methods.

Both include the basic assumption related to a crisis situation: crisis is perceived as a broken homeostasis (Caplan, 1964). It presumes the presence of a stressful event perceived as a threat to survival or integrity (Dixon, 1979). The presence of a stressful event is considered central in the development of crisis theory (Dixon, 1979; Parad, 1966).
The state of crisis is not an illness or pathological experience; instead, it reflects a struggle with the individual's current life situation. During the crisis situation, customary defense mechanisms have become weakened, and the ego is more open to outside influence and change.

Earlier crisis theoreticians (Golan, 1978; Caplan, 1977; Parad, 1966) identified five components of the crisis situation. First, the hazardous event, referring to the specific stressful occurrence which initiates a chain of reverberating actions and reactions. Second, the vulnerable state or upset referring to the subjective reaction of the individual to the initial impact, both at the time it occurs and later. According to Rapaport (1970), each person tends to respond to the hazardous event in his own way, depending on his own perception of it. He may experience it as a threat to his instinctual needs or to his sense of integrity or autonomy. He may see it as a loss of a person or of an ability. Or he may feel it as a challenge to survival, growth, mastery, or self expression. Each of those reactions is accompanied by a major characteristic effect: threat usually calls forth a high level of anxiety; loss brings with it depression and mourning; challenge may stimulate a moderate degree of anxiety plus elements of hope, excitement, and positive expectations.
The third element of a crisis situation is the precipitating factor that, according to Golan (1978), is the link in the chain of stress-provoking events that converts the vulnerable state into the state of disequilibrium.

The active crisis state, according to Golan (1978), is the key aspect in crisis theory and constitutes the fourth element. Caplan (1977) estimated that the actual stage of imbalance could last for only four to six weeks at most.

According to Caplan (1977) a crisis is a time-limited period of disequilibrium or homeostatic imbalance that generally follows four stages. The first stage of crisis is the initial rise in tension that results from the crisis provoking event. When this tension begins to mount, the individual will usually try to solve the crisis by using familiar patterns of problem-solving behavior. The second stage of crisis is characterized by increased tension because the individual has not yet resolved the crisis. During the second stage, emergency problem-solving skills are often used to reduce the tension. As these emergency activities fail to alleviate the tension, the individual enters the third stage of crisis. In this stage, the tension becomes so great that the individual may experience acute depression because he feels so helpless and lost. As he enters the final stage of crisis, the individual will either experience
a major emotional and mental breakdown or he may resolve the crisis by using maladaptive patterns of behavior that decrease tension, but impair his future social functioning.

The fifth element is the stage of reintegration or restoration of equilibrium. It is seen as an extension of the state of active crisis. The tension and anxiety gradually subside and some form of reorganization of the individual's ability to function takes place. Summarizing, the component parts of the process are: crisis-disorganization-recovery-reorganization (Golan, 1978).

Crisis theoreticians who have studied stress events of life situations substantively use a psychosocial frame of reference, which understands human behavior as a social process. Whenever stressful events occur which threaten one's sense of biological, psychological, or social integrity, a state of disequilibrium may result with the concurrent possibility of crisis (Aguilera and Messick, 1978).

Familiar events occur among people, such as birth, death, and important role transitions, which may present problems and demand new solutions for an individual. An event which creates a mild feeling of concern in one person may create a high level of anxiety and tension in another. Both Caplan (1964) and Lindemann (1944, 1956) identified factors that influence a return to a balance equilibrium: the perception of the event, available coping mechanisms, and available situational supports.
Recently, the concept of identity has been examined as an important variable in the development of the crisis and one of the most significant forces of psychic organization (Dixon and Sands, 1983). Previous statements on crisis theory suggested, but gave little attention to identity as a significant factor in crisis reactions. It is the position of these authors (Dixon and Sands, 1983) that "a crisis occurs when an event is perceived as a threat to a person's self-concept and the integration of self validating role relationships." Identity is seen as contributing to the wholeness or integrity of a person while threats to one's identity are capable of causing disequilibrium.

This position is extremely significant when we think about rape victims. Rape, a physically aggressive forced act, initiates a situational crisis for a woman, placing her in the new role of rape victim (Burgess and Holmstrom, 1974). The rape experience represents a crisis situation for most women. It is an unexpected and violent act which represents a disruption in the life style of the victim, not only during the immediate days and weeks following the incident, but well beyond that for weeks and months. The victim and her family go through an acute stressful process involving emotional reaction to the incident and the need to blame someone. The family must come to terms with the issue of the victim's sexual experience, as well
as any long term system developed by the victim. The sudden
and unpredictable nature of rape does not allow time for a
family to prepare itself for coping with the stresses that
are precipitated. The crisis of rape thrusts the family
very suddenly into a situation characterized by fear, anxiety,
depression and disorganization.

Rape, like many other crises, involves a significant
loss. It is an invasion of a person's privacy. Rape is one
manifestation of the rapist's intent to depersonalize the
victim by reducing her from person to object. It separates
the woman from her humanity (Brownmiller, 1975).

Burgess and Holmstrom (1974) stated that, following the rape
interaction with others is critical for the victim, because
the incident represents a direct threat to self-esteem and
may encourage the development of a negative self-concept.
Increased conflictual appraisals of the self result in in­
creased tension and anxiety, leading to crisis.

The affinity for a crisis model for rape results largely
from a feminist discomfort with the traditional psychoana­
lytic perspective that has tended to attribute rape to an un­
conscious wish in women. In contrast, the crisis perspec­
tive is a non-pathological model (Holmes, 1981); that is,
the person in crisis is viewed as "normal" and whatever
problematic behavior and feelings are in evidence are as­
sumed to be limited, realistic responses to a given event
or situation.
The extent to which rape as a crisis conceptualization might be valid is an important research question in this study, because it has direct implications in relation to the use of the crisis intervention strategy in counseling rape victims.

I. Summary

Rape can be a shattering experience. It may affect personal relationships, produce changes in outlook, and even cause emotional illness. For some women, a long period of adjustment is necessary. This happens because psychological defenses may be lowered and it may require time for equilibrium to be regained and usual activities reestablished. Like many misfortunes, however, rape can be absorbed into a woman's life experience. The support of family, friends and significant others has been found in the literature to play a vital role in mitigating the severity of post-rape adjustment difficulties (Holmes, 1980).

The degree of impact is determined by certain aspects that vary with the individual, including such things as: victim's individual strengths and weaknesses, the degree of sensitivity of the victim's support structure, the initial response and reaction offered by law enforcement, medical and counseling personnel, and also the availability of competent community resources for follow up. Because these conditions vary from individual to individual, each victim's needs must be assessed as a unique case (Warner, 1980).
Taking into consideration all of the variables that can have an effect on the process, the researcher wanted to approach the problem and assess it in the Puerto Rican culture with the Puerto Rican woman. This research examined the evolution of the rape crisis in the Puerto Rican woman, her process of recovery, and the impact of the Informal Support System on this recovery.
CHAPTER III
METHODOLOGY

A. Purpose

This research was developed around four basic purposes:


2. To contribute with empirically based theoretical and practical knowledge to the explanation of the recovery process of rape victims.

3. To examine personal experiences and perceptions that the rape victims have of family and friends support systems as determinants of their process of recovery.

4. To determine which crisis concepts found in the literature fit or apply to victim response to rape.

All of the above purposes were used in the development of theoretical explanations of rape crisis and the corresponding suggestions for intervention that appear to be most effective in the recovery process of rape victims in Puerto Rico.
B. Identification of Independent and Dependent Variables

The Informal Support System (I.S.S.) was considered as the independent variable in this study. The presence or absence of the I.S.S. was expected to generate changes or effects on the dependent variable, the recovery process. The expected changes include the reduction of tension in rape victims, which would facilitate adjustment. The I.S.S. is expected to respond in an empathetic and supportive manner, promoting in the victim the use of more adequate coping mechanisms. The Informal Support System is similarly supposed to lessen some of the burden in the facing of the rape crisis.

The presence or absence of the Informal Support System was measured in this study through the following variables:

Schedule A (Pretest)

1. The distance of the victim's place of residence from her relatives prior to and after rape (Items 4, 9 and 10).

2. The number of relatives composing the immediate family living close or far from the victim's place of residence (Items 11 and 11a).

3. The existence of contacts with family and frequency of these contacts (Items 12 and 13).

4. Victim's willingness to contact somebody in an emergency and whom would they contact (Items 14 and 15).
5. Victim's seeking of some kind of help once raped and from whom (Items 20 and 20a).

6. Time elapsed between rape and the seeking of the support system was considered as an indicator of the availability and nature of the Informal Support System (Item 21).

7. The persons who constituted the I.S.S. of the victim and their reactions towards the victim and the rape experience; that is, their behavior after being informed (Schedule A; Items 22, 23, 24 and 25; Schedule B; Items 3, 4, 4a, 5, 5a, 6, 6a, 8, 9, 9a, 10, 10a, 11 and 11a).

8. Victim's perception and satisfaction about affection and support received (Schedule A, Items 26, 26a; Schedule B; Items 7, 7a, 7b, 12 and 12a).

The recovery process was considered the dependent variable in this study. It was expected that the dependent variable would change in accordance to the presence or absence of the Informal Support System. For the purpose of this study, recovery was defined as the condition attained by the victims six weeks after the rape occurrence. Recovery was considered in terms of the victims return to the original status of employment, education, homercare responsibilities, and any other activity typically performed before the rape experience.
Victim recovery was measured in this study through the victims' own assessment of performance in five different areas of behavior, as well as changes in attitudes regarding men, sex, self worth and self esteem. The following areas of behavior were assessed pre and post measurement:

1. Victims's ability to perform usual tasks (Schedule A; Items 7 and 8; Schedule B; Item 13).

2. Participation in activities usually performed by victims (Schedule A; Item 37; Schedule B: Items 14 and 16).

3. Favorable changes in eating and sleeping patterns and other related disturbances developed after rape (Schedule A; Items 38a, 38b, 39, 39a, 40, 40a, 41, 41a, 42, 43, 44, 44a, 45 and 46: Schedule B; Items 17a, 17b, 18, 18a, 19, 19a, 20, 20a, 21 and 22).

4. Favorables changes observed in sexual activity as indicated by the victim in those situations in which the victim was sexually active previous to the rape (Schedule A; Items 59, 51, 52, 52a, and 53; Schedule B; Items 25, 26, 27 and 28).

5. Information regarding common feelings activated by the rape experience and favorable changes observed between pre and post measurement (Schedule A; Item 19; Schedule B; Item 15).
C. Major Research Questions

Three major research questions served as the frame of reference for the study:

1. What was the experience of a Puerto Rican woman in a rape situation?

2. What was happening in the recovery process of rape victims in Puerto Rican society?

3. How did the family and friends Informal Support System affect the rape experience of Puerto Rican women?

D. Minor Research Questions

Other minor research questions that guided the study were the following:

1. Did the absence of the family and friends Informal Support System intervention significantly affect the recovery process of rape victims in Puerto Rico?

2. What was the effect of an adequate Informal Support System (I.S.S.) in the victim's recovery?

3. Did other significant variables intervene in this recovery process?

4. Was there any relation between the recovery process and social and demographic characteristics?
E. Research Design

The study corresponded to the characteristics of a natural environment, quasi-experimental design similar to what is usually defined as a static group comparison design (Campbell and Stanley, 1963; Smith, 1981). The sample was arbitrarily distributed in two groups, one of which was judged by the researcher as having an Informal Support System operative at the time of the first measurement. The other group that did not have the Informal Support System at the first time of measurement was used as a pseudo-control group.

F. Schematic Drawing

<table>
<thead>
<tr>
<th>T₁</th>
<th>X</th>
<th>T₂</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nature of Intervention</td>
<td></td>
</tr>
<tr>
<td>Group I</td>
<td>Rape Victim</td>
<td>Group I</td>
</tr>
<tr>
<td></td>
<td>I.S.S.</td>
<td>Effects of I.S.S.</td>
</tr>
<tr>
<td></td>
<td>Impact of Informal Support System</td>
<td>Fast Recovery</td>
</tr>
<tr>
<td>Group II</td>
<td>Rape Victims</td>
<td>Group II</td>
</tr>
<tr>
<td></td>
<td>Non I.S.S.</td>
<td>Absence of Effects of I.S.S.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Slow Recovery</td>
</tr>
</tbody>
</table>
The measurement carried out in Time I ($T_1$) occurred at the period in which the victims approached the Police Department through their Unit of Sexual Offenses with a time lapse of no more than the first ten days following the rape occurrence.

The following aspects were examined: demographic data, information regarding the availability of the Informal Support System, victim reaction to the assault, a preliminary assessment of the victim's perception of the presence or absence of the Informal Support System, and victim's self esteem.

Time II ($T_2$) took effect six to eight weeks after Time I measurement, using a somewhat different schedule from the one used in the first time of measurement. In this second schedule, the recovery process was examined along with the assessment of the role and impact of the Informal Support System in this recovery process.

As stated previously, at Time I the control group emanated following the judgment of the author as to the presence or absence of the Informal Support System. From now one we will use I.S.S. in referring to Informal Support System.

G. **Rationale for this Type of Quasi-Experimental Design**

1. Intervention of family and friends support system was a natural event and therefore perhaps the most realistic experiment possible in this type of crisis.
2. Consideration of total population of rape victims in Puerto Rico at a given time was impossible due to resources and accessibility to subjects, forcing the author to avoid the randomness criterion of the total experimental design (Campbell and Stanley, 1963).

3. Use of a control group, not identified during the selection of subjects, but after first measurement was the most feasible design. Subjects were classified after the initial interview according to criteria established by the researcher, as stated previously. To identify subjects in advance would have been impossible. Therefore, only a quasi-experimental design, based on a naturally-occurring event, could be used to study the impact of I.S.S. on recovery of Puerto Rican rape victims.

H. Selection of the Sample

An examination of the rapes that occurred monthly for the years 1982 and 1983 pointed to the fact that there were seasons in which occurrence of reported rapes were higher than others. Thus, the period from May to the middle of August was chosen for the extraction of the sample, based on these observations. Following the experience during the year examined, it was expected that approximately 70 reported rape cases would occur in the target area.
The sampling procedure covered all the cases that came to the attention of the Sexual Offense Units of Carolina, San Juan and Bayamón. The cases used by the researcher had to meet the following criteria:

1. 16 years of age or over
2. Rape reported to Police within ten days of occurrence.
3. Participated willingly

The procedure produced a sample of 38 cases. In the process of data collection for the first observation period, a total of 42 rape victims were interviewed. Four of those victims could not be reached for the second interview. In accordance with the recommendations made by the Dissertation Committee, these four cases were dropped from the study. The remaining sample of 38 cases, interviewed for both observations, constituted the final sample of the study.

The researcher was aware of the fact that the Units of Sexual Offenses in Puerto Rico operate with an extreme emphasis on confidentiality and secretiveness in order to protect the victims. Initial meetings had to be held with the Superintendent and Auxiliary Superintendent of the Police Department in order to explain the project, its purpose, the instruments to be used and the need for direct access to the victims. The question of confidentiality always came to the fore in these meetings. Other meetings
also had to be held with other administrative personnel from the Sexual Offense Units and policemen who worked directly with the victims after the rape.

The data collection in the first two months was painfully slow. In one month, out of 15 cases, only three were referred. The researcher discovered that this was due to resistance by the police in referring cases because of the issue of extreme confidentiality that prevailed in the handling of such cases. New meetings were necessary with both the administrative and direct line personnel, in order to clarify the purposes of the study and to try to break this barrier.

A new approach was suggested by the Police to the researcher: she would become part of the Sexual Offense Unit team for the duration of her data collection period. She would be introduced to the victims as part of the team, in charge of a study about rape. In that role, it was natural for the researcher to be present when the Police were called to attend a rape situation, and she could then observe the process. As part of the team, she became acquainted with the victim and could then invite her to participate in the study. Sometimes, as in cases which occurred late at night, the researcher could not be present when the police were summoned. In those cases, it was decided that the Police Officers attending the case would tell the victim about the researcher and the study, paving the way for a future interview.
The first period in the collection of data had to be extended until August 15, 1984, and the second period to the middle of October, 1984, for a span of five months.

The new strategy worked well, and the number of rape victims referred slowly increased, until 38 out of 42 victims were interviewed twice.

As soon as the researcher came into contact with a new case, she explained her purpose as a scientific investigator. Initially, victims were asked to give verbal consent. Subsequently, victims were asked to sign a consent form before the data collection process actually began (see appendix 4).

Some victims required two contacts prior to the first interview session, because they were in a state of emotional crisis at this time and did not feel prepared to answer questions of the nature required by the study. In these cases, the researcher tried to establish rapport with the victims so as to prepare them for the data collecting interview. As a part of this rapport-establishing process, the researcher provided emotional support for these crisis victims and, in some cases, served as a linkage system with community resources. The researcher believes that this approach was not only convenient but necessary, even essential for the well-being of the victims. The researcher believes that it did not affect the validity of the data gathering process. On the contrary, this procedure allowed
for complete acceptance of the researcher by these victims. In fact, they appeared to feel calmer in accepting the researcher's role as a scientific investigator. This was a time-consuming process, since about 30 percent of the victims had to be approached this way.

This approach also helped the researcher in being accepted by the police personnel working in the Sexual Offense Units, leading to more referrals by the police staff. Contact with police officers was always officially established and it was always stressed that the researcher's role had a primary position in the process.

Interviews were conducted in the Offices of the Puerto Rican Police Department, Units of Sexual Offense, and in the victim's homes when necessary. The latter happened in those instances where a second contact was required. Most of the time the researcher was alone with the victim, except in those situations where the victims showed crisis symptoms. In addition, a police woman had to be present during the initial contact.

Before the first interviews, the researcher described the project in a simple way, so that it could be understood by the victim. The researcher stressed the benefit of this type of study for a more complete understanding of rape situations in Puerto Rico and the role of the Informal Support System. Signing of the consent form was sought, and the formal data gathering process then got under way.
The data collection was made in three different sites within the Unit of Sexual Offense. These were the San Juan, Bayamón, and Carolina Offices, with a total of eleven policemen involved in the direct work with victims. Several meetings were held with these personnel so that they might understand the purpose of the researcher's presence with them.

The rape experience imposes tremendous amounts of stress on the victims. Any person perceived as a stranger by the victims might be easily rejected. Effectiveness in the researcher's gathering of the data occurred when, after the initial police interview, the police informed the victim of the researcher's presence and her goals. Permission was then sought from the victim to be interviewed by the researcher, who fully explained the study and requested that the victim take part.

Dealing with rape victims raises some important issues regarding the most appropriate means for obtaining the necessary data without violating confidentiality and without losing objectivity. This reality has not been ignored in the research literature, where awareness of this issue is clearly in evidence for different authors (Smith, 1981; Grinnel, 1981; Nan Lin, 1976; Habenstein, 1970; Mc Call and Simmons, 1970, 1969; Circourel, A., 1964). Review of literature regarding the different roles of the scientific researcher pointed to
agreement between different authors on basic issues. The observer can assume a number of different roles in his or her relation with the participants in the group as he or she gathers data. The process of defining his or her role must take into account the nature of the study, the kind of information needed, the type of group and participants involved and the precision of the recording instrument (Nan Lin, 1976). It is important that the researcher train himself to be able to empathize with the participants and, at the same time, be able to maintain emotional detachment, terminating the relationship as soon as the observation has been completed (Nan Lin, 1976).

It is important for the observer to remain conscious of the scientific role and to restrain the full expression of emotions and behavior (Nan Lin, 1976).

Smith (1981) recognized the reality experienced by this researcher regarding the reluctance of representatives of certain systems that are being studied to share information about themselves. He concludes: "A rule of thumb is to participate when it is essential for group acceptance."

Smith also said that the researcher must always be aware of how his or her role is or might be defined by the system, the potential social controlling effects of these role definitions on the goal of obtaining data and potential ways to circumvent these constraints to data collection without threatening the project's continued existence.
Mc Call and Simmons (1969) stated that there are a variety of roles that can be assumed by the researcher and that each can be useful for gaining some type of information getting in and out of the process. The researcher should be careful to play the role that will gain the most valid information without losing objectivity.

Smith (1981), also accepts the possibility that researcher roles usually change over time. The rule is "to be aware of this situation and be able to differentiate between natural internal changes and those changes introduced by the researcher's presence and/or participation." According to Smith (1981), the researcher's role will not be completely self-defined; it will also be partly defined by those within the group studied and partly by the social situation. Some practical circumstances of the research setting may not allow the researcher much choice, as was the case in this study.

I. Measuring Instrument

The researcher used three instruments to measure the variables in the study. Of these, two were combined at each period of measurement: a schedule and the Rosenberg Self Esteem Scale (Rosenberg, 1979).
At Time I (T₁) a 56 item schedule constructed by the researcher (see Appendix 4) covered the following information: demographic data for the rape victim, information regarding the availability of the I.S.S., victim reaction to the rape, a preliminary assessment of the presence or absence of the I.S.S. at this first stage, and victim self esteem.

At Time II (T₂) a second schedule of 36 items, was administered by the researcher. The purpose of this second instrument was to measure change and examine the role of the I.S.S. in this recovery process. Time II included the period between 6-8 weeks after the rape occurrence. The self esteem scale was administered again at Time II in order to measure change.

Both instruments were pre-tested with eight victims who were excluded from the sample. For Schedule A, the victims chosen were those women who had requested the help of the Police Sexual Offense Units of San Juan, Carolina and Bayamón within ten days of the rape occurrence.

For Schedule B, another sample of eight victims was chosen who, besides requesting the assistance of the Police Sexual Offense Units, had also registered their rape occurrence within six to eight weeks of its happening. The selection of both groups of victims for pre-testing purposes was conducted using the records of the three Units of Sexual
Offense. The interviews were conducted in the victims' homes. The visits to the homes of these victims were carried out in the company of the police woman in charge of each case. These police women did not wear police uniforms and, as far as the researcher was able to observe, they had established intense rapport with the victims, which positively enhanced the reception of the researcher by the victims.

The third instrument that was used was the New York State Self Esteem Scale (Rosenberg, 1979, 1965, see Appendix 8). The scale is a ten-item Guttman Scale based on contrived items and yields a seven-point scale.

According to Rosenberg (1976) the Self Esteem Scale is frequently scored according to the Lickert format and appears to yield results similar to those appearing when the Guttman Scaling procedure is used. Rosenberg originally used a complex scoring format in which the respondent received a positive or negative assessment of self esteem based on the combination of responses to different items. This researcher followed Rosenberg's guidelines and also followed the Lickert method to compute the victims' scores of self esteem. Results obtained through both system of scores were compared and they were congruent.
The method followed in this study to produce the score was as follows. Respondents, according to Rosenberg's guidelines, were asked to strongly agree, agree, disagree or strongly disagree to each of the ten items in the self esteem scale. A value was assigned to the position assumed by subjects regarding each statement. If the content of the statement had a negative orientation (items 2, 5, 6, 8 and 9), the value assigned to the strongly agree position was only one. Two points were assigned to those who agreed, three points to those who disagreed, and four points to those who strongly disagreed (see Appendix 8). If the item had a positive orientation (item 1, 3, 4, 7 and 10), the highest score, 4 points was given to the strongly agree position, three to the agree position, two to the disagree position and one point to the strongly disagree position. Other researchers have used a similar scoring format (e.g.; Kilty, 1975; Kilty and Teld, 1976).

Once each item was scored independently, the scores obtained by the subjects for the whole scale were added together. The final score obtained by each subject was the total score achieved on the ten items (see Table 1).
TABLE 1

ROSENBERG SELF ESTEEM SCALES' ITEMS AND SCORING SYSTEM

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. On the whole, I am satisfied with myself.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>2. At times I think I am no good at all.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I feel that I have a number of good qualities.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4. I am able to do things as well as most other people.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud of.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I certainly feel useless at times</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I feel that I am a person of worth, at least on an equal plane with others.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>8. I wish I could have more respect for myself.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. All in all, I am inclined to feel that I am a failure.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I take a positive attitude toward myself.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
After careful analysis of the subjects' scores, the researcher established three arbitrary categories to assess victim performance in self esteem, using as a guide the levels provided by Rosenberg. Three categories were constructed based on the scores achieved by subjects: low self esteem included those victims who obtained a score between 20-26 points; moderate self esteem included those victims with a score of 27-34 points; and high self esteem included those subjects who achieve a score of 35 to 40 points. This procedure was established to facilitate the classification of subjects in order to further the analysis.

J. Validity and Reliability of Instruments

The two research instruments created by the researcher followed the dictum stipulated by Grinnel (1981) as to internal validity:

"The research instruments contain the operational definitions of the study key concepts; it is important to be cognizant of the external and internal validity factors in its design". (Grinnel, 1981).

Validity refers to the degree to which the items contained in the instruments can accurately and reliably measure the underlying concepts being studied. The two schedules developed by the researcher included items carefully developed around the specific variables to be measured in the study. This is called content validity (Grinnel, 1981). Content validity, according to Grinnel,
is basically concerned with the representativeness or adequacy of the content of an instrument. It is directed to answer: Is the instrument really measuring the concepts we want it to measure? Does the instrument provide an adequate sample of items that represent those concepts?

The researcher considers it important to mention that both schedules were judged by researchers of great prestige in Puerto Rico, including Dr. Rosa C. Marín, Professor Emeritus of the University of Puerto Rico, and consultant to the Puerto Rico Addiction Services Department; Dr. Pedro Vales, Professor in charge of the Research Unit at the Graduate School of Social Work, University of Puerto Rico and Associate Researcher at the Graduate School of Social Work in Puerto Rico; and Professor Cynthia Pares Rodríguez, in charge of research subjects at the Graduate School of Social Work, University of Puerto Rico, and Associate Researcher at the Research Unit. The appraisal of these three persons was considered by the researcher as another method to increase the validity of the instruments (expert analysis). Review of both instruments incorporated the recommendations of these professionals and the experience of the pre-test. Some vocabulary was substituted to more common and known vocabulary, new items were developed, pre-codified categories were added to substitute for some open ended questions, and some items were reworded in order
to increase their understanding on the part of the subjects. This careful procedure contributed to increasing the validity of the two instruments created by the researcher.

The New York State Self Esteem Scale (Rosenberg Self Esteem Scale), according to the literature (Rosenberg, 1979, 1965), had a Coefficient of Reproducibility of 92 percent and a Coefficient of Scalability of 72 percent. The reproducibility and scalability coefficients guarantee that the items have satisfactory reliability as applied to an anglo population. Silbert and Tippett (1965) showed a two-week test-retest reliability of $R = .85$ and Claire Mc Cullogh found a two-week test-retest reliability of $R = .88$. Both used small, college, anglo samples (Rosenberg, 1979, 1965). These items have been assessed as possessing face validity (Rosenberg, 1979).

The Rosenberg Self Esteem Scale has been tested on the United States mainland with different groups of children, adolescents and adults (Rosenberg, 1979, 1965). It has been administered to a wide variety of groups differing in social class, gender, and race. In general, it has been found to have a high reliability, typically greater than .80.

According to Rosenberg (1979, 1965), and additional test of the adequacy of the RSE Scale was conducted to determine whether it showed convergent validity with measures of the
same concept based on different methods (monotrait-heteromethod correlations). The correlations of the RSE Scale to the self-ideal discrepancy score was $R = .67$, to the self image questionnaire, $R = .83$, and to the psychiatrist's rating $R = .56$. One criterion of discriminant validity was whether the monotrait - heteromethod correlations were higher than the heterotrait-monomethod correlations.

Although the RSE Scale and stability of self concepts measures were both based on Guttman scales (heterotrait-monomethod), their correlation was .53, which was lower than the monotrait-heteromethod correlations.

Further evidence of convergent validity is Grandall's (1973) finding that the correlations of the RSE Scale (based on a 10 items score) and the Coppersmith Self Esteem Inventory was .60. There is evidence of both convergent and discriminant validity for the RSE Scale (Rosenberg, 1979, 1965).

In Puerto Rico, we can not find such extensive evidence validating the New York Self Esteem Scale. The researcher carefully reviewed all available literature in Puerto Rico regarding self esteem scales validated with the Puerto Rican population. The researcher had five interviews with three Puerto Rican Social researchers who had used measures of self esteem. It was found that the RSE Scale has been validated with recidivist minors attended in the San Juan Court during the years 1979-80 (Denis, 1981); as well as with
alcoholics who were receiving treatment in the Services Center for Alcoholics in Puerto Rico. The use of the scale with these populations was conducted by a group of students of the Graduate School of Social Work as part of the field instruction experience. The experiences were not recorded and thus were unavailable except for oral reference. A third attempt to validate the scale in Puerto Rico was conducted by a masters student in psychology, Jaime Santiago, who administered the RSE Scale to a group of cesarean and vaginal delivery women in pre-post design, to determine changes in self esteem for these groups of women. This thesis is still in process.

It is recognized by the researcher as a limitation of this study that this scale has not been rigorously validated in Puerto Rico, due to the time consuming process that this validation would represent for any researcher. Nevertheless, it was chosen because it was easy to administer as well as to be understood by the individuals being studied. To date, a simple to use and already validated self esteem scale is not available in Puerto Rico. However, Rosenberg (1965) validated the New York Self Esteem Scale with a sample of 4,600 subjects who represented many different ethnic groups: Latin Americans (where Puerto Rican were represented), Anglo Americans and europeans. Variables such as socio economic status, race,
ethnicity and nationality were crossed with self esteem, and no statistically significant relationship was found between any of these variables. Since these socio-cultural factors were controlled by Rosenberg (Rosenberg, 1979, 1965), it was assumed by this researcher that similar results would be obtained with rape victims in Puerto Rico. Therefore, the researcher is confident that the RSE Scale is reliable and valid for the sample of rape victim with whom it was applied.

K. Internal and External Validity of the Study

Any study can be affected by what Campbell and Stanley (1963) refer to as jeopardizing factors. Any study can be affected by any one of these factors.

The internal validity of a study, according to Campbell and Stanley (1963), refers to "the basic minimum without which any experiment is uninterpretable." The basic issue is: Did in fact the experimental treatment make a different in this specific experimental instance? There are several different factors that can have an effect upon internal validity. For this study, one is particularly important: history, referring to those specific events that can impact on the dependent variable between the measurements taken from the population at different times.

As stated by Campbell (1963), one limitation that studies like this present is that there are no formal means for certifying that changes observed in the population studied are directly produced by the experimental variables.
This study had two time periods for measurement of the impact of the I.S.S. upon the recovery process of a group of rape victims. Recovery indicators were clearly observed in the sample of women studied, but the research did not provide a way to isolate the I.S.S. variable from other possible intervening variables. A number of other variables could affect recovery, such as age, highest grade achieved by the group interviewed, occupational status and marital status, among others. Here it seems very clear how history or other intervening variables can play a prominent role.

A second factor is maturation, referring to those changes produced as a function of time. In the specific situation of rape victims, it is recognized by proponents of Crisis Theory that a crisis typically is resolved within 4 to 6 weeks (Noemí Golan, 1978; Caplan, 1977). This means that the individual is expected to accomplish certain psychological tasks by the end of this period, including mastering negative feelings and demonstrating the ability to cope by taking action (Morrice, 1976). It is a natural response of any human being in a crisis situation to attempt to restore normality in their social functioning in a relatively short period of time. Support from significant others has been recognized in the literature as a relevant factor in helping to resolve the crisis (Abarbanel, 1976). Therefore, it must be recognized that the recovery process of rape victims is
affected by other variables, not only the I.S.S. A crisis produced by a rape event sometimes increases the woman's level of maturity.

Other factors also need to be controlled in this kind of research design. One is the selection of subjects. This study considered rape victims who requested the services of three different Units of Sexual Offense in Puerto Rico. The coverage of all rape victims at a given time was impossible due to limitations of resources and accessibility to subjects. This made it impossible for the researcher to draw a random sample. The researcher is aware that the group of 38 rape victims interviewed do not necessarily represent the whole universe of rape victims in Puerto Rico. One must also take into consideration the high rate of unreported rape. The results of this study are strictly concerned with those women who responded to the study criteria of age, time between occurrence of rape and reporting of rape, and who requested the services of the Units of Sexual Offenses in the target area during the period of data collection.

The last factor that may affect this kind of research design, where there is more than one time of measurement, is mortality. The original sample in this study included 42 subjects. Four subjects could not be reached for the second time of measurement. Following the recommendation of the dissertation Committee, those four cases were dropped from the study to avoid undue effect on the reliability of the project.
L. Definition of the Most Important Concepts Used in the Research Project

1. Rape: For research purposes, rape was defined as the actual sexual penetration or act of sodomy committed against the will of the woman and evidenced by physical aggression or the presence of the use of threat, intimidation or narcotics and in accordance to Article 99, of the Puerto Rico Penal Code, Law 115, July, 1974, as amended in 1981 (Section 4061, Law of Puerto Rico, Annotated, Vol. 99, Title 33).

2. Rape Victims: Referred to all the subjects of the study who experienced a sexual assault and reported it to the Police Department within a period of not more than eight days of occurrence and whose age was 16 years or more.

3. Recovery: Defined as the personal social status or condition attained by the victim and observed upon her return to perform adequately her different and habitual roles (worker, student, homemaker responsibilities and any other activity typically performed by her prior to the rape experience). Also included were changes in self esteem and patterns of appetite, sleep and sexual activity.

4. Self-esteem: Defined by Rosenberg (1979) as a "global feeling of self worth" and also as the individual's global positive or negative attitude towards herself. An individual with high self esteem considers himself or herself a person of worth. Low self esteem, on the other hand, implied self rejection, self dissatisfaction or self contempt.
5. **Informal Support System**: Non-paid system of awareness, interest, attention, affective and reinforcing behavior that convey emotional support and acceptance towards the rape victim. Such support could have been provided by others who may or may not have been immediate family.

6. **Immediate Family**: Primary network included all persons who were related by blood or affective ties living under the same roof and in an interdependency system of values, attitudes, activities, traditions and needs (Department of Addiction Services, 1983).

7. **Friends**: Referred to those persons identified by the victim as having close-ties but who were not kin, with whom the victim had regular and intimate contact.

8. **Formal Support System**: Formal institutional system public or private, which provide support and help in tangible material ways or through the use of professional services.

M. **Data Processing Procedures**

Coding instructions were prepared for both schedules used in the study (Form A and B) and for the New York Self Esteem Scale (Rosenberg, 1979).

The main analytical device used was Chi Square or contingency table analysis ($X^2$). It was used with variables that were nominal or ordinal in measurement.

For Time I and Time II questions, the researcher used the Paired T-Test for variables that were interval or
approaching interval type. McNemar Test Analysis was used with nominal variables (Siegel, 1956). The Sign Test was used for ordinal variables.

N. Human Subject Consideration

The researcher took into consideration the ethical responsibilities involved in her investigation. The research project was carried out with adequate respect for the people who participated in the study as well as concern for their dignity and welfare. The researcher was most aware of the necessity of protecting the confidentiality of the research data. Therefore, the subjects involved in the study were identified by a code number rather than by name. The researcher also requested from the sample a written authorization for the compilation of all information in the study.

The researcher tried to carefully evaluate the ethical acceptability of the project, taking into account the ethical principles for research with human beings and the particular nature of the problem to be studied.

Participants were informed about all features of the research that might reasonably be expected to influence their willingness to participate. Additionally, all other aspects of the project about which the participants required
information were explained fully. The researcher was aware that participants were free to decline participation in the research or to discontinue participation at any time.

The establishment of an honest, fair and clear agreement between the researcher and the participants, clarifying the responsibilities on each part, was done at the very beginning of the project.
CHAPTER IV
FINDINGS RELATED TO GENERAL CHARACTERISTICS
OF THE STUDY POPULATION

The findings will be presented in the following scheme:
First, this chapter will present a description of the study population. This description will include the following variables: age, marital status, highest grade achieved, municipality, occupational status, living arrangements prior to rape information regarding the informal support system, and finally a victim profile.

Second, the following chapter will be concentrated around the findings related to the major research questions raised in the study. In addition, that chapter will include significant findings regarding variables such as self esteem, education, age, and occupational status, in terms of their particular relationships to the recovery process of the rape victims.

A. Age
The subjects had a mean age of 26.8 years, with a standard deviation of 8.7. Sixteen percent of the sample were younger than 17.4 years and another sixteen percent were
older than 34.8 years. As a matter of fact, seven out of every ten women studied ranged in age from 17 to 35 years old. A higher proportion of subjects were 18 years old (mode). The range in ages was from 16 years as the minimum to 45 years as the maximum.

TABLE 2
DISTRIBUTION OF RAPED WOMEN IN SAN JUAN
BY AGE GROUP, PUERTO RICO, 1984

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 - 17</td>
<td>5</td>
<td>13.1</td>
</tr>
<tr>
<td>18 - 20</td>
<td>10</td>
<td>26.3</td>
</tr>
<tr>
<td>21 - 25</td>
<td>5</td>
<td>13.1</td>
</tr>
<tr>
<td>27 - 34</td>
<td>9</td>
<td>23.7</td>
</tr>
<tr>
<td>35 - 38</td>
<td>5</td>
<td>13.1</td>
</tr>
<tr>
<td>39 - 45</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>

B. Marital Status

The findings revealed that rape involved victims independently of their marital status. Nevertheless, the highest proportion of rape victims studied were single at the time of the sexual assault. Four (42.1 percent) out of every ten women were in this category. The second highest proportion, equivalent to two out of every ten (21.1 percent), were married. A similar proportion, with slightly less
frequency (18.4 percent), were divorced. One out of every ten victims (10.5 percent) were separated from their husband and two out of every twenty-five victims (7.9 percent) were widows.

**TABLE 3**

DISTRIBUTION OF VICTIMS BY MARITAL STATUS

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>16</td>
<td>42.1</td>
</tr>
<tr>
<td>Married</td>
<td>8</td>
<td>21.1</td>
</tr>
<tr>
<td>Widow</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>Divorced</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>Married but separated</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>38</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

C. Educational Level (Highest Grade Achieved)

The rape victims had a mean level of education of 12.4 years, with a standard deviation of 3.2 years. Seven out of every ten victims ranged between the ninth grade and the third year of college. Only three victims had not gone beyond elementary school. Sixteen out of every 100 had completed a college degree or done graduate studies (6 women or 15.8 percent).
TABLE 4

DISTRIBUTION OF RAPE VICTIMS BY HIGHEST GRADE ACHIEVED

<table>
<thead>
<tr>
<th>Highest Grade Achieved</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-6</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>7-9</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>10-12</td>
<td>12</td>
<td>31.6</td>
</tr>
<tr>
<td>13-16</td>
<td>15</td>
<td>39.5</td>
</tr>
<tr>
<td>17 +</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>38</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

D. Municipality

The geographic location of the subjects is shown in the following distribution. It can be clearly observed that Carolina had the highest incidence of rape cases reported during the period of data collection. Eighteen (18) cases occurred in Carolina (47.4 percent). The second position was held by San Juan with eleven (11) cases (29.9 percent). The last position in the distribution was occupied by Bayamón with nine (9) cases reported (23.7 percent). This implies that, for every ten cases, 5 cases occurred in Carolina, three in San Juan and two in Bayamón.
### TABLE 5

DISTRIBUTION OF RAPE VICTIMS PER MUNICIPALITY, 1984

<table>
<thead>
<tr>
<th>Municipality</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carolina</td>
<td>18</td>
<td>47.4</td>
</tr>
<tr>
<td>San Juan</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>Bayamón</td>
<td>9</td>
<td>23.7</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>38</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

E. Occupational Status

Subject's occupational status showed that the highest proportion of rape victims were concentrated in the student category. One of every two victims were students (44.7 percent). Twelve victims (31.6 percent) were working at the time of the first interview, which implies that three out of every ten were full time employees and two were part-time employees. It also can be observed that four victims indicated that they were unemployed for 10.5 percent of the total sample. An equal proportion were housewives (10.5 percent).
TABLE 6

RAPE VICTIMS BY OCCUPATIONAL STATUS

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>17</td>
<td>44.7</td>
</tr>
<tr>
<td>Employed (full time)</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>Employed (part time)</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Unemployed</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Hosewife</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>38</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

F. Place of Living Prior to Rape

Findings revealed that nine out of every ten subjects were residing with family members, the highest proportion being those victims living specifically with their parents (50.0 percent). One of every five were living with a husband and children (18.4 percent). It was found that one case out of every six lived with other persons or relatives (15.8 percent). One of every twelve subjects were living alone and/or with their children. There were three cases in each category (7.9 percent in each group).
<table>
<thead>
<tr>
<th>With Whom Victims Lives</th>
<th>Before Rape Frequency/Percent</th>
<th>After Rape Frequency/Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alone</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>With parents</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Husband and children</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Alone with children</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Others persons or relative</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>38</strong></td>
<td><strong>38</strong></td>
</tr>
</tbody>
</table>

A significant statistical association was found between with whom victims lived prior to and after the rape experience ($X^2 = 4.4$, df = 1, p = .05). Time II findings showed that more of those who indicated living alone or unattached at Time I sought some kind of company by Time II. As shown in the above table, six women indicated at Time I that they were living with other persons or relatives, and at Time II this category increased to 14 cases. Changes were observed also in the categories of "living with husband and children" and "living alone with children", where a decrease of 4 cases and 2 cases respectively was observed.
G. Close Relatives Living with Victims or within Physical Proximity of Victims

The findings revealed that close ties with immediate family were maintained by most victims, whether by sharing living facilities or by living close by.

There were 19 subjects who indicated that they lived with their parents at the time of the rape, 27 out of the 38 were living with parents or close to parents. A similar situation occurred with 25 of the 28 subjects, who were living with or close to brothers and/or sisters. In reference to marital status, where seven victims indicated that they were married, nine lived with their husbands or close to them. In addition, six had uncles or aunts living in the same neighborhood, five had sons and/or daughters and four had grandparents.

It is important to note that only six victims claimed to have parents who did not live close to them; four had brothers and/or sisters away from their surrounding areas, and three had uncles and/or aunts who were not close by.

In summary, one can observe that six out of every seven victims had direct access to relatives, creating a social relationship network that would eventually enhance and reinforce the existence of an informal support system.
Family Network Accessibility can be observed in the following table:

**TABLE 8**

**VICTIMS NETWORK ACCESSIBILITY OF RELATIVES**

<table>
<thead>
<tr>
<th>Relationship With Victims</th>
<th>Subjects with Specific Social Network</th>
<th>Living with or close by</th>
<th>Living away or not close to</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Parents</td>
<td>33</td>
<td>27</td>
<td>81.8</td>
</tr>
<tr>
<td>Brothers/Sisters</td>
<td>29</td>
<td>25</td>
<td>86.2</td>
</tr>
<tr>
<td>Husbands/Ex-husbands</td>
<td>9</td>
<td>9</td>
<td>100.0</td>
</tr>
<tr>
<td>Uncles/Aunts</td>
<td>9</td>
<td>6</td>
<td>66.7</td>
</tr>
<tr>
<td>Sons/Daugthers</td>
<td>6</td>
<td>5</td>
<td>83.3</td>
</tr>
<tr>
<td>Grandparents</td>
<td>4</td>
<td>4</td>
<td>100.0</td>
</tr>
<tr>
<td>Brother/Sisters in law</td>
<td>3</td>
<td>3</td>
<td>100.0</td>
</tr>
<tr>
<td>Others</td>
<td>7</td>
<td>7</td>
<td>100.0</td>
</tr>
</tbody>
</table>

**H. Contact With Family**

The whole sample indicated that they were in contact with family. The major differences were in terms of the frequency of this contact, with the major tendency being those who contacted their immediate family daily. Twenty-seven of the thirty-eight (71.1 percent) showed this pattern, contrasting with those who contacted family once or twice weekly (10 victims or 26.3 percent), still very close. Only one victim indicated no more than a monthly contact (2.6 percent) with her family, which implies that the typical victim in this study maintained an intense contact with the immediate family.
In addition, when victims were asked about their attitude regarding requesting help in an emergency, it was found that 37 out the 38 cases (97.4 percent) answered that they would request help. Only one (2.6 percent) indicated not having the intention to request any help in an emergency.

When victims were approached to identify whom they would contact in case of an emergency, the higher frequency was again achieved by those requesting help from a family member, whether immediate family or not (66.8 percent). The next highest frequency was obtained by those who indicated that they would contact neighbors and friends, with 9 victims identifying this as their first choice (23.7 percent). Only one victim indicated not having the intention to contact any person from any of the previous groups mentioned.

I. Friends

The majority of the subjects had good friends before the rape experience, 92.1 percent (35 out of 38). Only 3 victims (7.9 percent) indicated they did not have friends.

The victims' social networks of friends consisted primarily of friends from both sexes (28 victims or 73.7 percent had friends of both sexes). Only 15.8 percent expressed having friends primarily of their own sex (6 victims) and only one indicated having primarily friends of the opposite sex (1, for 2.6 percent).
When the victims were asked about how frequently friends were contacted, they revealed the following information, which suggests intense relationships.

**TABLE 9**

**RAPE VICTIMS' FREQUENCY OF CONTACTS WITH FRIENDS**

<table>
<thead>
<tr>
<th>Frequency of Contact</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td>13</td>
<td>34.2</td>
</tr>
<tr>
<td>One or twice weekly</td>
<td>15</td>
<td>39.5</td>
</tr>
<tr>
<td>Monthly</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Every two months plus</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>Missing information</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

**J. Victims Profile**

The typical subject of this study was a young woman, approximately 27 years old, single and living with her parents. This young woman had a mean educational level of 12.4 years, which implies that she has completed at least high school. She was studying at the time of the rape.

The rape victims in this study may be characterized as having extensive and strong family and friend social relationship networks, maintaining daily to weekly contact with them and presenting themselves as locus of reference in case of emergencies.
CHAPTER V

FINDINGS RELATED TO RESEARCH QUESTIONS

This chapter will concentrate in discussing the findings regarding the main research questions of the study.

In order to organize the information obtained and the answers to the research question the researcher classified the 38 victims into two majors groups. One group was constituted by those victims that requested help from their family and or friends. This interaction was denominated as an Informal Support Systems. It is based on the assumption that none of the persons that provide help are forced to comply with the request in response to job specifications or duties. The initial classification of victims into this group responded to the victims initial contact or request for help.

The second group consisted of raped victims who requested help form official agencies, recognized social institutions, and/or other officials who became oblige to comply with the request for help. This responsability emerges from jobs specifications and expected behaviors attributed to the position. Victims who initially requested help from formal sources of assistant were classified as belonging to a formal
supporting system.

A. Reporting Pattern

1. How soon rape was reported and to whom:

Regarding victims' response to this experience, a significant pattern of seeking help within 24 hours after being raped was observed. Thirty-four victims sought some kind of help (89.5 percent) from their Informal Support Systems (family and friends) or from any person outside the I.S.S. within this time span. Only four victims (10.5 percent) indicated that they kept the rape experience to themselves for at least 24 hours before reporting it when interviewed in Time I. The second category was constituted by victims that reported their rape experience 73 hours or later (3 cases, 7.9 percent). The third category consisted of one victim that took from 49-72 hours to report the experience.

When comparing this pattern of reporting with the pattern of reporting the rape offense to police we found significant differences. The following distribution presents a comparative pattern of reporting the rape offense to Police and to the Informal Support Systems.
TABLE 10

RAPED VICTIMS AND TO WHOM RAPE WAS REPORTED AND HOW SOON

<table>
<thead>
<tr>
<th>How Soon Rape Was Reported</th>
<th>TO WHOM RAPE WAS REPORTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>POLICE</td>
</tr>
<tr>
<td></td>
<td>Number of Cases</td>
</tr>
<tr>
<td>Within the first 24 hours</td>
<td>29</td>
</tr>
<tr>
<td>25 - 48</td>
<td>3</td>
</tr>
<tr>
<td>49 - 72</td>
<td>1</td>
</tr>
<tr>
<td>73 hours or more</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
</tr>
</tbody>
</table>

*aDuplicate Count*
A Chi-Square Test for Statistical significance

\( (X^2 (15) = 43.257; p = .0001) \) showed that victims whose initial contacts were members of their I.S.S. sought help faster than victims who went directly to police or other persons outside the I.S.S. The following distribution presents this relation:

<table>
<thead>
<tr>
<th>From Whom Victim Requested Help</th>
<th>How Soon Rape Was Reported To Police</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In the First 24 hours</td>
</tr>
<tr>
<td>Family member</td>
<td>15</td>
</tr>
<tr>
<td>Friends</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>

Analyzing who was approached for help after the rape revealed that family members were the first choice with a frequency of 17 victims out of the 38 interviewed (44.7 percent). The second choice were friends and neighbors with a frequency of 13 cases (34.2 percent). The Police, Rape Center or Hospital or any person outside the I.S.S. were the third and last category chosen by this group (7 victims, or 18.4 percent).

**TABLE 11**

PERSON APPROACHED FOR HELP BY RAPE VICTIMS

<table>
<thead>
<tr>
<th>From Whom Help Was Requested</th>
<th>Number of Subjects</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Member</td>
<td>17</td>
<td>44.7</td>
</tr>
<tr>
<td>Friends/boyfriends/Neighbors</td>
<td>13</td>
<td>34.2</td>
</tr>
<tr>
<td>Other Person</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>Missing Cases</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>
The data revealed a significant association between the persons from whom help was requested and the victim's marital status ($X^2 (20) = 21.80, p \leq 0.05$). The tendency observed was that single women and married women disclosed their rape experience to family members more readily than widows and divorced women. Close to two out of three single victims showed the tendency to request help primarily from a family member.

For the married group, 75.0 percent showed this tendency. It was also found that the single and married groups approached friends more likely than any other person. Only one married victim approached another person outside the I.S.S.

Widowers (8.1 percent), divorced (16.2 percent), and married but separated women (10.8 percent) were more likely to approach neighbors, friends or "others" (person) outside the I.S.S. For the widows one of every three approached friends or neighbors, and two out of the three approached a person outside their family social system.

None of the divorced victims approached a family member; the major tendency of this group was to approach a friend or boyfriend (66.7 percent). For the married but separated victim, the findings showed an equal trend to approach either an immediate family member or a friend for help.
TABLE 12
RAPE VICTIMS BY MARITAL STATUS AND WHOM THEY REQUESTED HELP FROM

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Whom Victims Request Help From</th>
<th>Totals</th>
<th>Family</th>
<th>Friend</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>single</td>
<td></td>
<td>16</td>
<td>43.2</td>
<td>9</td>
<td>56.2</td>
</tr>
<tr>
<td>married</td>
<td></td>
<td>8</td>
<td>21.6</td>
<td>6</td>
<td>75.0</td>
</tr>
<tr>
<td>widow</td>
<td></td>
<td>3</td>
<td>8.1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>divorced</td>
<td></td>
<td>6</td>
<td>16.2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>married but separated</td>
<td></td>
<td>4</td>
<td>10.8</td>
<td>2</td>
<td>50.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>37</td>
<td>99.9</td>
<td>17</td>
<td>46.4</td>
</tr>
</tbody>
</table>

Missing = 1 case
B Perception of Support by Rape Victim

The rape victims were classified in two major groups: the first group included 31 victims that were impacted by an I.S.S. Family and friends can provide an I.S.S. because they have no official status that enables them to provide "formal support." This support is based on their social and emotional interaction with the victims. The second group was composed of 7 victims, who sought help and were helped and impacted by persons outside the I.S.S., represented by police, professional helpers or others not included in the I.S.S. Such support relies primarily on an official basis related to duties and not primarily in the system of emotional and/or social relationships with victims.

Findings revealed that the victims received emotional support independently of whose help was initially requested. No significant association was found between these two variables ($X^2 = 4.849, df = 5, p = 0.4346, p > .05$). About 89.2 percent of the women indicated that they received emotional support, and 86.0 percent assessed this support as very helpful, describing it as emotional (44.4 percent) or a combination of verbal and emotional support and/or physical proximity. Only 8.3 percent expressed that they felt rejection from whatever system or subsystem was approached for help. When examined, there was no significant
difference in the nature of help or support provided by the different subsystems that composed the I.S.S.

Three out of every four victims felt satisfied with the reaction of the people who were approached for help. Eleven percent did not feel satisfied about the help received, and 13.0 percent felt rejected.

No significant differences were found between the persons who victims approached for help and the victim's assessment of the supporter's reactions ($X^2 = 13.280$, df = 15, $p = 0.5807$, $p \leq .05$). Victims were satisfied with the reactions obtained independently of who provided it.

C. Family Support

1. Quality of Family Relationship at Time II

The data revealed that one of every two subjects (47.4 percent) assessed the quality of their family interaction as not having changed due to their victimization. On the other hand, one of every two subjects (52.6 percent) perceived changes in the family social relationships after the rape experience. Changes were of a positive orientation for 18 subjects (90.0 percent of those who perceived changes) who said that family relationship became much more stronger. One subject reported that it became somewhat stronger and only one subject perceived it as becoming worse than before rape (5.0 percent).
4. **Family Acceptance and Support**

The family behavior made victims feel accepted and supported in 94.7 percent of the cases. As much as 84.2 percent of the victims revealed they were satisfied with family supportive behavior. Only 10.5 percent were not satisfied with family responses towards them.

Those who indicated satisfaction felt that family responses towards them contributed to strengthening their relationship promoting very positive self feeling victims. Victims recognized that family responses contributed to discovering the availability of the family, which helped subjects to deal effectively with the rape experience.

D. **Friends Support**

1. **Quality of Friends Relationships at Time II**

Fifty five percent of the women interviewed indicated that the informal relationship with friends changed. 52.6 percent revealed that the relationships were much stronger six weeks after the rape than before; while only 2.6 percent indicated that the relationships had deteriorated and/or become worse.

2. **Level of Affection Received from Friends**

Regarding the level of affection received from friends, 92.5 percent of the subjects indicated that they perceived that affection was much stronger at the present time than before the rape experience. A great variety of supportive and affective behavior was reported by victims, whether coming from male or female friends.
2. **Level of Affection Received From Family**

Regarding the level of affection received from their families, victims revealed that in the majority of cases (84.2 percent) they received strong affection. Strong affection was showed through verbal and nonverbal communication (7.9 percent), caring responses (39.5 percent), economic support (2.6 percent), or a combination of these behavior (34.2 percent). Moderate affection was indicated by the 10.3 percent. Blaming or distrust was indicated by 5.3 percent of the subjects.

3. **Level of Understanding from Family**

Three out of every four victims (74.7 percent) reported that they felt understood by their family. One of every four victims indicated that they were not understood by their family. Of those that felt were understood by their family (84.2 percent) perceived such understanding as strong (10.5 percent), moderate (10.5 percent) or poor (5.3 percent).

Families showed their understanding to victims in different ways:

a. From being physically and emotionally close to the victims to being able to solve any particular problem that could require their help.

b. Showing awareness for the seriousness of the rape experience.

c. Providing economic support to the victims when needed.

One or more of these behaviors were combined with family eagerness to communicate to the victims their understanding.
Victims perceived evidence of awareness and understanding through verbal and nonverbal communication. Examples were: verbal communication of affect, awareness and caring responses: phone calls, visits, sharing residence, helping with tasks, and economic support, among others.

No significant association was found between from those person whom victim requested the help and victims having good friends before rape \( (X^2 = 6.577, \text{ df} = 5, p = 0.2540) \). Although victims indicated that they had good friends before the rape, it was significant to observe that 36.8 percent the (14 victims) of the victims did not inform any friend about their rape experience. The major tendency was to inform some of the friends. (44.7 percent), and only seven victims (18.4 percent) disclosed the rape to all their friends. Sixty-three percent informed friends about the rape experience even when not approaching friends as their first option in requesting help immediately after being raped.

3. **Level of Understanding from Friends**

Data regarding the level of understanding perceived by subjects revealed that 92.5 percent of the group felt that they were "highly understood" or "understood" by friends.

The ways for friends to show their understanding to the victims included frequent home visits to the victims,
sharing tasks with them at home and/or at work, showing their understanding for the seriousness of the rape experience to the victim, frequent phone calls, sending cards, gift and flowers, giving money, crying and praying with her and last, providing the victim with recreational activities to help the victim forget the rape experience.

4. **Friends Acceptance and Support**

Analysis of the subjects' responses regarding friends acceptance and support revealed that, in 85.1 percent of the cases, the victims felt themselves accepted and supported. Data revealed that 92.5 percent of the subjects interviewed felt that they were satisfied with the affection and support showed by their friends. Analysis of the findings clearly evidenced that none of the women who informed their friends about their rape experience felt that it wasn't of some help. All the victims, whose friends were informed, found emotional support and indicated that they felt very satisfied (80.0 percent) or just satisfied (12.5 percent) about the support and help received from friends.
A statistically significant association was found between requesting help from friends and/or boyfriends and receiving emotional support from all informed friends \( (X^2 = 11.27, df = 5, p < .05) \). If help was initially requested from friends or boyfriends, then there was a higher likelihood of all of them providing emotional support to the victims.

Findings showed that 57.0 percent of those receiving emotional support from all friends requested help first from friends and/or boyfriends, compared with 13.3 percent of those who received some emotional support. It was observed that those who received emotional support from all friends also requested other types of help such as the Rape Center, psychologist and/or psychiatrist, among others.

Findings revealed that those living with parents prior to and after the rape got more support from friends. Women living alone, with children, with husbands or with other relatives, got less support from friends.

E. Crisis and Recovery (Time I and Time II)

The rape victim's performance in the different areas already identified as indicators of crisis at the first time of measurement and for recovery in the second time of measurement are presented and enumerated at the following section.
1. **Performing Usual Tasks**

Data regarding the victim's ability to perform usual tasks immediately after the rape experience (Time I) showed that 31 out of the 38 cases (81.61 percent or four of every five victims interviewed at Time I) were not able to perform their usual tasks after the rape, contrasting with seven victims who continued performing their usual tasks (18.4 percent) although with some difficulty.

The next distribution presents the situation found by the researcher regarding the group of victims interviewed and their ability to perform their usual tasks as revealed at the first time of measurement.

<p>| TIME I |
|----------------------|----------------------|----------------------|</p>
<table>
<thead>
<tr>
<th>Performing Usual Tasks</th>
<th>Number of Subjects</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>No</td>
<td>31</td>
<td>81.6</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>
Measurement at Time II provided evidence to the effect that 35 victims (94.5 percent) had resumed their usual tasks totally or partially. Only two victims expressed difficulty in resuming their habitual tasks at six weeks after the rape experience.

**TABLE 13**

**RAPE VICTIMS BY THEIR ABILITY TO RESUME HABITUAL TASK AT TIME II**

<table>
<thead>
<tr>
<th>Performing Usual Tasks</th>
<th>Number of Subjects</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, totally</td>
<td>27</td>
<td>73.0</td>
</tr>
<tr>
<td>Yes, partially</td>
<td>8</td>
<td>21.6</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>5.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>37</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

*Misgng Information = 1 case

An analysis by age revealed that there was no statistical difference between those victims who resumed habitual tasks at the second time of measurement (25.28 percent) and those who didn't in terms of their age (29.00 percent) \( (f = .4372, df = 2, p = .6493, p > .05) \).
2. Participation in Activities

The data obtained at the first time of measurement revealed that 25 out of the 38 rape victims (65.8 percent) usually performed one or more of the following activities prior to being raped.

The following distribution presents victims by their participation in different activities before the rape experience immediately the rape (Time I) and six weeks later (Time II).

TABLE 14

RAPE VICTIMS BY THEIR PARTICIPATION IN ACTIVITIES BEFORE RAPE, AT TIME I AND TIME II

<table>
<thead>
<tr>
<th>Activities</th>
<th>BEFORE RAPE</th>
<th>TIME I</th>
<th>TIME II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number a</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Attending Church Service and /or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>meeting</td>
<td>17</td>
<td>44.7</td>
<td>0</td>
</tr>
<tr>
<td>Sports</td>
<td>10</td>
<td>26.3</td>
<td>0</td>
</tr>
<tr>
<td>Political Activities</td>
<td>3</td>
<td>7.9</td>
<td>0</td>
</tr>
<tr>
<td>Educational</td>
<td>4</td>
<td>10.5</td>
<td>0</td>
</tr>
<tr>
<td>Hobbies</td>
<td>2</td>
<td>5.3</td>
<td>0</td>
</tr>
<tr>
<td>Special Interest Groups</td>
<td>9</td>
<td>23.7</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>18.4</td>
<td>0</td>
</tr>
</tbody>
</table>

^aInclude duplicate numbers

The above distribution shows that going to church or participating in any related activity constituted the most frequently performed activity by the group of rape victims before being raped (44.7 percent). The other two
activities that achieved a higher frequency were participation in sports (26.3 percent) and membership in special interest groups (23.7 percent). None of these activities were being performed by subjects at Time I (immediately after rape occurrence).

Analysis of data at Time II revealed that activities like attending church service and/or meetings achieved the highest frequency. As a matter of fact, 14 out of the 17 victims (82.3 percent) resumed their church activities.

Sporting practices were resumed by 70.0 percent of those who indicated that they practiced some sport before rape. A significant difference in terms of age was found among those resuming sport activities. Those who reported resuming sport activities were on the average 8.5 years older than those who did not. The mean age of those who did resume their sporting activities was 28.9 years while those who had not was 20.3 years. This difference was statistically significant (F = 5.46, df = 1/8, p = .047; p < .05).

In some cases, even when not considered a significant improvement, it was observed that more victims were participating in activities like political activities and hobbies. The women showed a significant change in participation in special interest groups from the pre-rape period and Time II (p = .0039 < .05, McNemar Test). Only two women, at Time II, were participating in special interest groups
as compared with the pre rape information that revealed that 9 women (23.7 percent) were involved in special interest groups.

3. Eating Habits

Data regarding eating habits clearly showed significant changes in victims' eating habits in terms of quantity and frequency of food consumed. Most of the subjects had experienced some kind of change either in quality or frequency of food consumption immediately after being raped.

a. Quantity

The following distribution presents a comparative analysis of self perception of the quantity of food consumed by victims at Time I and Time II.

<table>
<thead>
<tr>
<th>Quantity of Food Consumed</th>
<th>TIME I</th>
<th></th>
<th>TIME II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>More than before</td>
<td>3</td>
<td>7.9</td>
<td>22</td>
</tr>
<tr>
<td>Less than before</td>
<td>24</td>
<td>63.2</td>
<td>12</td>
</tr>
<tr>
<td>Not eating at all</td>
<td>7</td>
<td>18.4</td>
<td>0</td>
</tr>
<tr>
<td>About the same (no change)</td>
<td>4</td>
<td>10.5</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
<td>38</td>
</tr>
</tbody>
</table>
Findings regarding the quantity of food consumed revealed that 34 out of the 38 women interviewed at Time I (89.4 percent) presented changes in eating habits. Twenty four women were eating less quantity at the first time of measurement (63.2 percent), and three (7.9 percent) indicated eating more than before the rape. Seven women (18.4 percent) indicated not being able to eat at all.

As shown in the previous table, twenty two women were eating more at Time II as compared with three at Time I. An increase of 19 subjects was observed in this category. Twelve victims were eating less at Time II, which implies a reduction of 50.0 percent in this category from Time I. None of the victims who indicated at Time I that they "were not able to eat at all" were having this problem at Time II. Sign Test analysis revealed a highly significant difference between eating habits related to food consumption (p = .001). A Chi-Square test corroborated the significance of the differences observed ($\chi^2 = 22.8$, df = 2; p = .001).

b. Frequency of Food Consumption

The facts revealed that 33 of the 38 rape victims interviewed (86.8 percent) showed changes in frequency of food consumption, 30 women (78.9 percent) eating less frequently than before rape and three victims (7.9 percent) eating more frequently at Time I.
Positive and significant changes were revealed by the subjects at Time II in terms of frequency of food consumption. The Sign Test revealed that $p = .0000; p < .001$, which implies that the abnormal eating patterns observed at Time I became much closer to the habitual eating patterns that the victim had prior to the rape experience.

The following table illustrates the changes regarding frequency of food consume observed in raped women at Time I and Time II.

**TABLE 16**

RAPE VICTIMS BY FREQUENCY OF FOOD CONSUMPTION AT TIME I AND TIME II

<table>
<thead>
<tr>
<th>Frequency of Food Consumption</th>
<th>TIME I</th>
<th>TIME II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>More frequent than before</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Less frequent than before</td>
<td>30</td>
<td>78.9</td>
</tr>
<tr>
<td>About the same</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>

As can be seen in the above table, of the 38 victims (78.9 percent) who indicated eating less frequently at Time I than before rape, only 10 victims (26.3 percent) were eating less frequently at Time II. Twenty-four subjects expressed
that they were able to regain their habitual pattern of food consumption at Time II, as compared with only five victims at Time I who were eating about the same as before the rape occurrence.

4. Eating Disturbances After Rape

Data revealed that 84.2 percent of the subjects experienced eating disturbances immediately after the rape experience, such as: lack of appetite (68.4 percent), nausea and/or vomiting (42.1 percent), diarrhea (31.6 percent), aversion to particular food (26.3 percent) and compulsive eating (10.5 percent), among others. For every ten rape victims, eight women experienced one or more of these eating disturbances.

Subjects showed significant improvement in terms of their eating disturbances at Time II. There were significant changes in eating disturbances by the victims observed with a 95 percent reliability, according to the McNemar Test. From the 32 victims who indicated having eating disturbances at Time I, only 17 cases remained with that condition at Time II.
TABLE 17
RAPE VICTIMS WITH OTHER EATING DISTURBANCES
AT TIME I AND TIME II

<table>
<thead>
<tr>
<th>Eating Disturbances</th>
<th>Time I Frequently</th>
<th></th>
<th>Sometimes</th>
<th></th>
<th>Not Experienced</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Lack of appetite</td>
<td>26</td>
<td>68.4</td>
<td>1</td>
<td>2.6</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>Nausea and/or vomiting</td>
<td>16</td>
<td>42.1</td>
<td>1</td>
<td>2.6</td>
<td>15</td>
<td>39.5</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>12</td>
<td>31.6</td>
<td>-</td>
<td>-</td>
<td>20</td>
<td>52.6</td>
</tr>
<tr>
<td>Aversion to particular food</td>
<td>10</td>
<td>26.3</td>
<td>-</td>
<td>-</td>
<td>22</td>
<td>57.9</td>
</tr>
<tr>
<td>Compulsive eating</td>
<td>4</td>
<td>10.5</td>
<td>1</td>
<td>2.6</td>
<td>27</td>
<td>71.1</td>
</tr>
</tbody>
</table>

| Eating Disturbances             | Time II Frequently |   | Sometimes   |   | Not Experienced |   |
|                                 | Number | Percent | Number | Percent | Number | Percent |
| Lack of appetite                | 9      | 23.7    | 1      | 2.6     | 28     | 73.7    |
| Nausea and/or vomiting          | 3      | 7.9     | 3      | 7.9     | 32     | 83.7    |
| Diarrhea                        | 3      | 7.9     | 1      | 2.6     | 34     | 89.4    |
| Aversion to particular food     | 1      | 2.6     | 2      | 5.3     | 12     | 31.6    |
| Compulsive eating               | 3      | 7.9     | -      | -       | 35     | 92.1    |
The analysis of other eating disturbances revealed that there were significant differences in the patterns observed immediately after rape (Time I) and six weeks after (Time II). More disturbances occurred, and much more frequently at Time I than at Time II. At Time I, 44 percent of the subjects were experiencing disturbances, 95 percent of which disturbances were felt frequently. Six weeks after the rape experience (Time II), only 16.6 percent of the subjects were experiencing other eating disturbances, and of those, 73 percent were felt frequently ($X^2 = 39.5, df = 2, p = .001$).

An examination of the changes observed in the previous tables regarding eating disturbances showed that each indicator experienced significant changes between Time I and Time II. Aversion to particular food, for example, diminished its frequency from Time I to Time II by 90.0 percent (Sign Test, $p = .0312$, $p < .05$).

5. Sleeping Patterns

Thirty four women (89.5 percent) indicated having sleeping disturbances immediately after the rape occurrence in one or more of the five categories provided in the interview schedule.

The most commonly experience disturbances were the following: restlessness, 81.6 percent; insomnia, 65.8 percent; not being able to sleep in the dark, 39.5 percent; and not being able to sleep alone, 36.8 percent.
Victims showed significant and positive improvements in their sleeping patterns by Time II. Categories like sleeping in the dark in which 15 victims indicated at Time I having difficulties, only four women were still experiencing this kind of sleeping disturbance at Time II. Less women were experiencing insomnia by Time II, a reduction of eleven victims. Restlessness also had a reduction of 15 victims. The 14 victims who reported they could not sleep alone at Time I were reduced to 50.0 percent at Time II.

The results obtained with a "t" test showed significant changes in the victim's capacity to control sleeping disturbances between Time I and Time II (t (8) = 2.58, p = .05). McNemar Test revealed differences at the level of significance of p = .0010. Of the 34 women who indicated having experienced changes in their sleeping patterns at the first time of measurement (Time I), only 16 indicated that they were still experiencing one or more sleeping disturbances by Time II. McNemar Test produced differences at a high level of significance (p = .0001).
TABLE 18

COMPARATIVE DISTRIBUTION OF SLEEPING DISTURBANCES EXPERIENCED BY RAPE VICTIMS AT TIME I AND TIME II

<table>
<thead>
<tr>
<th>Sleeping Disturbances</th>
<th>Number</th>
<th>Percent of total (38)</th>
<th>Number</th>
<th>Percent of those that experienced disturbances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restlessness</td>
<td>31</td>
<td>81.6</td>
<td>16</td>
<td>51.6</td>
</tr>
<tr>
<td>Insomnia</td>
<td>25</td>
<td>65.8</td>
<td>14</td>
<td>56.0</td>
</tr>
<tr>
<td>Not being able to sleep in the dark</td>
<td>15</td>
<td>39.5</td>
<td>4</td>
<td>26.7</td>
</tr>
<tr>
<td>Not being able to sleep alone</td>
<td>14</td>
<td>36.8</td>
<td>7</td>
<td>50.0</td>
</tr>
</tbody>
</table>

6. Nightmares Experienced by Rape Victims

Forty percent (15 women) of the subjects interviewed reported having experienced nightmares after the rape occurrence. The nightmare content included rape recurrence, not being able to escape from threat or danger and being persecuted by monsters. The frequency of these nightmares were every night (18.4 percent), three or four times weekly (10.5 percent) or at least once a week (10.6 percent).

Ten out of the fifteen women who indicated having experienced nightmares immediately after rape had experienced nightmares before rape.
Experienced Nightmares

<table>
<thead>
<tr>
<th></th>
<th>BEFORE RAPE</th>
<th></th>
<th>AFTER RAPE ($T_1$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Yes</td>
<td>10</td>
<td>26.3</td>
<td>15</td>
</tr>
<tr>
<td>No</td>
<td>28</td>
<td>73.6</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
<td>38</td>
</tr>
</tbody>
</table>

Five women developed nightmares after being raped and changes were observed in those who reported having suffered nightmares before the rape in terms of intensity with which these nightmares were experienced after the rape.

Seven victims started experiencing nightmares every night (18.2 percent) or three or four times weekly (10.5 percent), which implies a very high frequency.

<table>
<thead>
<tr>
<th>Frequency of Nightmares</th>
<th>BEFORE RAPE</th>
<th></th>
<th>AFTER RAPE ($T_1$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>Every night</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>3 - 4 times weekly</td>
<td>2</td>
<td>5.3</td>
<td>4</td>
</tr>
<tr>
<td>Not more than once a week</td>
<td>3</td>
<td>7.9</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>13.2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>26.4</td>
<td>15</td>
</tr>
</tbody>
</table>
Slight differences could be observed in the frequency in which these nightmares were experienced by the victim at Time II in comparison to Time I. The following table presents frequency of nightmares experienced by the rape victims at Time I and Time II.

<table>
<thead>
<tr>
<th>Frequency of Nightmares</th>
<th>TIME I</th>
<th></th>
<th></th>
<th>TIME II</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Every night</td>
<td>7</td>
<td>18.4</td>
<td></td>
<td>6</td>
<td>15.8</td>
</tr>
<tr>
<td>3-4 times weekly</td>
<td>4</td>
<td>10.5</td>
<td></td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>once a week or less</td>
<td>4</td>
<td>10.5</td>
<td></td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>39.5</td>
<td></td>
<td>14</td>
<td>36.8</td>
</tr>
</tbody>
</table>

Sign Test analysis did not reveal significant differences in terms of nightmares between Time I and Time II (p = .6250, p > .05).

7. **Attitude towards Men**

At the first time of measurement (Time I), 28 of the 38 raped women interviewed (73.6 percent) reported experiencing some kind of change in their attitude toward men. The most relevant attitudes reported were distrust and fear, experienced by 12 women (42.9 percent), and combined reactions of distrust, fear and aggression expressed by seven women (18.4 percent).
From the 28 victims who revealed changes in their attitude toward men at the first time of measurement, only 14 victims indicated that their attitude toward men was still highly affected at the second interview (Time II). Significant changes were found at both times of measurement regarding this area ($X^2 = 13.54$, df = 2, $p = .0011$, $p < .05$).

8. **Attitude toward Sex**

Changes in the victim's attitude toward sex were indicated by 73.7 percent of the subjects interviewed. Twenty eight (28) out of the 38 subjects expressed having experiencing one or more of the following changes: strong phobic reaction toward sex (29.0 percent), feeling unable to have some sex in the future (10.3 percent) and lost of interest in sex (18.4 percent).

At the second time of measurement, ten victims out of the 28 (35.7 percent) indicated that their attitude toward sex was still highly affected. This implies that two out every three victims with a negative attitude toward sex (18 or 64.3 percent of the 28 victims) had modified their attitude by Time II. Significant differences were observed in terms of attitude sustained at Time I and at Time II toward sexual behavior ($X^2 = 6.0$, df = 2, $p = 0.05$; $p \leq .05$).
9. Sexual Activity

Data related to the sexual activity of the sample revealed that three out of every four victims were sexually active before being raped. However, this proportion was reduced significantly immediately after rape; only two of the 29 sexually active women had continued sexual activity. As a matter of fact, 27 of the 29 women indicated that they were not able to resume sexual activity due to the rape experience, thus a kind of involuntary abstinence. Six weeks (Time II) later, nine women were able to resume sexual activity, reflecting a significant increase over the previous stage, but still very low as compared to the trend prior to being raped. The category of "not able to resume activity" (involuntary abstinence) was reduced to two-thirds of its previous size, implying that certain adjustments had been in process during that time. On the other hand, more women entered a sexually abstinence trend, increasing the number to 13, or a 44.4 percent increase over the Time I figure. Some women claimed strong phobic reactions toward sex, rejecting any sexual approach made to them. Sexual activity trends reflected significant differences to a very high level of reliability ($X^2 = 85.2, \text{df} = 2, p \geq .001$), implying not only a decrease in performance but a shift toward inability. The recuperation process was very slow, although it was positive (see the following table).
### TABLE 19
TRENDS IN SEXUAL ACTIVITY OF RAPE VICTIMS BEFORE RAPE, AT TIME I, AND AT TIME II

<table>
<thead>
<tr>
<th>Sexual Activity</th>
<th>Before Rape</th>
<th>Time I</th>
<th>Time II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td>All subjects</td>
<td>38</td>
<td>100.0</td>
<td>38</td>
</tr>
<tr>
<td>Sexually active</td>
<td>29</td>
<td>76.3</td>
<td>2</td>
</tr>
<tr>
<td>Abstinent</td>
<td>9</td>
<td>23.7</td>
<td>9</td>
</tr>
<tr>
<td>Not able to resume activity</td>
<td>--</td>
<td>--</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>16</td>
</tr>
</tbody>
</table>
Further analysis revealed that only one victim maintained her pattern of sexual behavior at Time I, while one decreased it. These two women were the only ones who had resumed sexual activity immediately after the rape. By Time II, four women were as active as before the rape, four showed a decrease in sexual behavior, and one claimed an increase.

10. Enjoyment of Sex

Different reactions were also observed in relation to the enjoyment of sex by subjects at different times in the rape sequence. As already indicated, sexual activity was significantly reduced due to the rape experience. In addition, the enjoyment of sex was highly affected. Before the rape experience, 20 women were enjoying sex (69.0 percent) of out of a total of 29 who were sexually active. One out of every two sexually active women enjoyed sexual activity always. Four (13.8 percent) indicated that they enjoyed sex most of the time. Only two women had a lesser degree of enjoyment. However, once raped (Time I), only two women claimed that they had resumed sexual activity. One of those experienced joy all the time and the other half the time. Sexual enjoyment was attained by nine women at Time II, but this figure represented about one fourth of all subjects, in comparison to three-fourths who were sexually active before rape. This fact alone reflects a very low level of sexual recuperation, although six weeks had gone by. Of the nine women who had resumed sexual
TABLE 20

VICTIMS' LEVEL OF SEXUAL ENJOYMENT BEFORE RAPE, AT TIME I, AND TIME II

<table>
<thead>
<tr>
<th>Sex Enjoyment</th>
<th>BEFORE RAPE</th>
<th></th>
<th>TIME I</th>
<th></th>
<th>TIME II</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>All subjects</td>
<td>38</td>
<td>100.0</td>
<td>38</td>
<td>100.0</td>
<td>38</td>
<td>100.0</td>
</tr>
<tr>
<td>Sexually active</td>
<td>29</td>
<td>76.3</td>
<td>2</td>
<td>5.3</td>
<td>9</td>
<td>23.7</td>
</tr>
<tr>
<td>Sub Total Enjoy Sex</td>
<td>20</td>
<td>69.0</td>
<td>2</td>
<td>100.0</td>
<td>9</td>
<td>100.0</td>
</tr>
<tr>
<td>Always</td>
<td>14</td>
<td>48.3</td>
<td>1</td>
<td>50.0</td>
<td>5</td>
<td>55.6</td>
</tr>
<tr>
<td>Most of the time</td>
<td>4</td>
<td>13.8</td>
<td>-</td>
<td>0.0</td>
<td>3</td>
<td>33.3</td>
</tr>
<tr>
<td>Half the time</td>
<td>1</td>
<td>3.4</td>
<td>1</td>
<td>50.0</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td>Occasionally</td>
<td>1</td>
<td>3.4</td>
<td>-</td>
<td>0.0</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td>Has not enjoyed sex</td>
<td>-</td>
<td>0.0</td>
<td>-</td>
<td>0.0</td>
<td>1</td>
<td>11.1</td>
</tr>
<tr>
<td>No information</td>
<td>9</td>
<td>31.0</td>
<td>-</td>
<td>0.0</td>
<td>-</td>
<td>0.0</td>
</tr>
<tr>
<td>Does not apply</td>
<td>9</td>
<td>23.7</td>
<td>36</td>
<td>94.7</td>
<td>29</td>
<td>76.3</td>
</tr>
</tbody>
</table>
activity, five were enjoying sex always (55.6 percent),
three most of the time (33.3 percent) and one claimed
that she had not enjoyed sex since the rape experience.
Although sexual recuperation had been very slow, sexual
enjoyment showed no significant difference when comparing
the time before rape and six weeks after the rape experi-
ence (Time II).

11. Emotional Status and Distress

All the subjects reported having been upset at
the first time of measurement. Twenty women (52.6 percent)
were very much upset, while 47.4 percent (18 victims) were some-
what upset.

Findings regarding emotional status at Time II re-
vealed significant improvement. Sign Test analysis pro-
duced statistical results at the significance level of
p = .0000. Twenty-six women (68.4 percent) experi-
enced positive change in their emotional condition. Only
one woman reported negative changes.

The following table presents changes in emotional
status observed by the subjects.
### TABLE 21

**RAPE VICTIMS' EMOTIONAL STATUS AT TIME I AND TIME II**

<table>
<thead>
<tr>
<th>Emotional State</th>
<th>Time I</th>
<th></th>
<th>Time II</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Not upset at all</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>23.7</td>
</tr>
<tr>
<td>Somewhat upset</td>
<td>18</td>
<td>47.4</td>
<td>22</td>
<td>57.9</td>
</tr>
<tr>
<td>Very much upset</td>
<td>20</td>
<td>52.6</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Emotional status was classified into three categories to detect changes between Time I and Time II. Significant changes toward healthier emotional status were observed in all three categories, especially in the category of "very much upset". Of the 20 women who indicated being very much upset at Time I, only seven indicated being very much upset at Time II.

These 13 subjects shifted positions to the other categories where emotional status was not so strongly affected. Nine of the women were now located on the category of not upset at all, whereas there were none at Time I. The remaining four women indicated that they were somewhat upset, bringing the total of that category to 22. This changes toward lesser impact on the emotional condition of the victims is indicative of the process of recuperation that was taking place between Time I and Time II.
12. Emotional Distress

Emotional distress was felt by 31 of the 38 victims immediately after the rape experience. These reactions took a variety of forms. Twelve subjects reported frequent depression (31.6 percent), and five victims had constant flashbacks of the rape experience (13.2 percent). These victims also had difficulties in concentrating and reported becoming dependent. Some victims experienced a combination of two or more of these symptoms (13.2 percent) and nine women (23.7 percent) were highly apprehensive after the rape, becoming more aggressive and less communicative.

Significant changes were observed in the indicator of distress experienced by victims at the second time of measurement, in which the category of "frequent depression and anxiety" showed a decrease of 21.11 percent, and apprehensive behavior a decrease of 15.8 percent.

In summary, 24 of the 38 subjects indicated having no emotional distress at Time II. Changes in emotional distress proved to be highly significant, denoting a speedy recuperation in this aspect of human behavior ($X^2 (1) = 15.8; p = .001$).
### TABLE 22

**INDICATORS OF EMOTIONAL DISTRESS AT TIME I AND TIME II**

<table>
<thead>
<tr>
<th>Emotional Distress Indicator</th>
<th>TIME I</th>
<th>TIME II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Frequent Distress and anxiety</td>
<td>12</td>
<td>31.6</td>
</tr>
<tr>
<td>Constant flashback of rape</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>Combined symptom</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>Apprehensive behavior</td>
<td>9</td>
<td>23.7</td>
</tr>
<tr>
<td>Had no emotional reaction</td>
<td>7</td>
<td>18.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>38</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

13. **Feelings Experienced by Rape Victims**

Another significant area measured in this study was affective behavior. It included the feelings experienced by the rape victim immediately after being raped and then six weeks later. The following table presents the most common feelings experienced by victims and the level of intensity with which these were experienced at Time I and Time II.
### TABLE 23

FEELINGS AND LEVELS OF INTENSITY EXPERIENCED BY RAPE VICTIMS AT TIME I AND TIME II

<table>
<thead>
<tr>
<th>Feelings</th>
<th>Intensity</th>
<th>Time I</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Intense</td>
<td>Number</td>
<td>Percent</td>
<td>Moderately</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Fear</td>
<td>33</td>
<td>86.8</td>
<td>3</td>
<td>7.9</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Anger</td>
<td>17</td>
<td>44.7</td>
<td>6</td>
<td>15.8</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Anguish</td>
<td>25</td>
<td>65.8</td>
<td>4</td>
<td>10.5</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Anxiety</td>
<td>28</td>
<td>73.7</td>
<td>3</td>
<td>7.9</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Confusion</td>
<td>20</td>
<td>52.6</td>
<td>6</td>
<td>15.8</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Helplessness</td>
<td>13</td>
<td>34.2</td>
<td>5</td>
<td>13.2</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Shame</td>
<td>17</td>
<td>44.7</td>
<td>3</td>
<td>7.9</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Guilt</td>
<td>7</td>
<td>18.4</td>
<td>5</td>
<td>13.2</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>Depression</td>
<td>25</td>
<td>65.8</td>
<td>7</td>
<td>18.4</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>Averages</td>
<td>20.5</td>
<td>54.1</td>
<td>4.7</td>
<td>12.3</td>
<td>1.2</td>
<td>3.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Feelings</th>
<th>Time II</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear</td>
<td>17</td>
<td>44.7</td>
<td>10</td>
<td>26.3</td>
<td>10</td>
<td>26.3</td>
<td>1</td>
</tr>
<tr>
<td>Anger</td>
<td>12</td>
<td>31.6</td>
<td>7</td>
<td>18.8</td>
<td>11</td>
<td>28.9</td>
<td>8</td>
</tr>
<tr>
<td>Anguish</td>
<td>10</td>
<td>26.2</td>
<td>5</td>
<td>13.2</td>
<td>16</td>
<td>42.1</td>
<td>7</td>
</tr>
<tr>
<td>Anxiety</td>
<td>14</td>
<td>36.8</td>
<td>7</td>
<td>18.4</td>
<td>14</td>
<td>36.8</td>
<td>3</td>
</tr>
<tr>
<td>Confusion</td>
<td>8</td>
<td>21.1</td>
<td>7</td>
<td>18.4</td>
<td>6</td>
<td>15.8</td>
<td>17</td>
</tr>
<tr>
<td>Helplessness</td>
<td>2</td>
<td>5.3</td>
<td>4</td>
<td>10.5</td>
<td>4</td>
<td>10.5</td>
<td>28</td>
</tr>
<tr>
<td>Shame</td>
<td>4</td>
<td>10.5</td>
<td>3</td>
<td>7.9</td>
<td>5</td>
<td>13.2</td>
<td>26</td>
</tr>
<tr>
<td>Guilt</td>
<td>1</td>
<td>2.6</td>
<td>3</td>
<td>7.9</td>
<td>2</td>
<td>5.3</td>
<td>32</td>
</tr>
<tr>
<td>Depression</td>
<td>14</td>
<td>36.8</td>
<td>11</td>
<td>28.9</td>
<td>10</td>
<td>26.3</td>
<td>3</td>
</tr>
<tr>
<td>Averages</td>
<td>9.1</td>
<td>23.9</td>
<td>6.3</td>
<td>16.7</td>
<td>8.7</td>
<td>22.8</td>
<td>13.0</td>
</tr>
</tbody>
</table>
FIGURE I

BAR GRAPH OF PERCENT OF SUBJECTS EXPERIENCING FEELINGS AT DIFFERENT LEVELS FOR TIME I AND TIME II
The above distribution showed that, in general, more people experienced feelings and at a more intense level at Time I than at Time II. On the average, 21 subjects experienced nine different feelings in a very intense manner at Time I. However, less than half that number (9 subjects) experienced those same feelings at the same level of intensity at Time II. As a matter of fact there are significant differences between Time I and Time II in terms of the level of intensity in which subjects experienced the feelings ($X^2 (1) = 7.2$, $p = .01$). These results indicate that feelings were definitely felt more intensively at Time I than at Time II.

It is important to note that feelings of fear, anxiety, anguish and feeling depressed were reported by not less than seven out of every ten subjects at Time I (73 percent). These same feelings were felt by less than four out of every ten subjects at Time II (36 percent).

Trends regarding the level of feelings experienced demonstrate that at the "moderate", "less intense" and "not experienced" categories, Time II, showed a higher frequency, which implies a faster process of recuperation.

As can be observed in the previous table, fear was the most prevalent feeling experienced by subjects at Time I. A total of 33 victims (86.8 percent) experienced a very intense fear, while only one victim of the whole sample did not experience fear.
Anxiety rated as second in frequency, when 28 victims, out of the 38 interviewed, experienced intense anxiety (73.7 percent). Twenty-five victims revealed they had experienced anguish and depression (44.7 percent). It is important to emphasize that 24 victims out of the subjects (63.2 percent) did not experience guilt and 19 victims (50.0 percent of the sample) did not express feeling helpless at Time I of measurement.

Feelings of fear, anguish, anxiety, confusion and depression, which were very intensely experienced by an overwhelming majority of the sample at Time I, showed a significant decrease for Time II.

Sign Test analysis revealed strong significant differences regarding the feeling experienced by victims at both times of measurement. The most relevant changes were observed in the feeling of fear. Sign Test revealed a decrease of eighteen women from Time I to Time II; two victims increased their fear and 18 victims stayed in the same position at Time II (p < .05). In summary, of the 33 women who experienced very intense fear at Time I, 17 women were grouped in this category at Time II and 7 moved to a moderate position.

Significant differences were found regarding anguish: 20 women decreased (52.3 percent) and 5 increased (13.1 percent). The Sign Test analysis revealed significant differences in this particular trend (p = .0041).
Less women at Time II (50.0 percent less) suffered very intense feeling of anxiety. In addition, fewer women were experiencing intense feelings of confusion at Time II than at Time I. Sign Test analysis revealed significant differences ($p = .0041, p < .05$).

Being down or depressed was felt very intensively by 25 women at Time I, while only 14 were in the same category for Time II. Changes were observed toward the moderate and less intense category. However, the changes were not large enough to produce significant differences (Sign Test $p = .0522$). On the other hand, guilt feelings, experienced by 7 women as very intense at Time I, decreased to one woman at Time II. There was an increase of 8 women over the 24 that originally stated feeling some type of guilt feelings at Time I. Sign Test indicated significant differences in the changes observed in this particular feeling ($p = .0001$). Finally, Sign Test analysis demonstrated a highly significant decrease in feelings of helplessness ($p = .0072$).

14. **Victim's Own Assessment of the Level of Recovery Achieved at Time II**

The subjects' assessment of their own recovery process for Time II revealed that 94.5 percent of the sample felt recovered or in the process of recovering.
The following distribution illustrates the subjects' perception of their own recovery process.

**TABLE 24**

RAPE VICTIMS' PERCEPTION OF THEIR RECOVERY PROCESS AT TIME II

<table>
<thead>
<tr>
<th>Level of Recovery</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still in crisis</td>
<td>2</td>
<td>5.4</td>
</tr>
<tr>
<td>In process of recovery</td>
<td>26</td>
<td>70.2</td>
</tr>
<tr>
<td>Totally recovered</td>
<td>9</td>
<td>24.32</td>
</tr>
<tr>
<td>Total</td>
<td>37a</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*Missing information = 1 case*

15. Sense of Worth

The following distribution presents findings regarding how victims evaluated their sense of worth at Time I and Time II.

**TABLE 25**

SENSE OF WORTH OF VICTIMS AT TIME I AND TIME II

<table>
<thead>
<tr>
<th>Sense of Worth</th>
<th>TIME I</th>
<th></th>
<th>TIME II</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Very worthy</td>
<td>14</td>
<td>36.8</td>
<td>24</td>
<td>63.2</td>
</tr>
<tr>
<td>Worthy</td>
<td>18</td>
<td>47.4</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>Somewhat</td>
<td>2</td>
<td>5.3</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Little unworthy</td>
<td>4</td>
<td>10.5</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>
As can be observed in the preceding table, the majority of the women felt themselves worthy as persons at the first time of measurement; 32 subjects out of the 38 interviewed (84.2 percent) indicated they felt "very worthy." Six victims classified themselves in the two lowest categories; two victims (5.3 percent) in somewhat "worthy" and four victims indicated feeling a little "unworthy" (10.5 percent).

Significant improvement in the self-worth of the rape victims was revealed by Sign Test analysis \( p = .0043 \) at the second time of measurement. A Chi Square test applied to the data, comparing self evaluations of "very worthy" against all other categories showed that there were significant differences in self evaluation of worth between Time I and Time II, having a much higher evaluation at Time II than Time I \( (X^2 (1) = 5.26; p < .05) \). Eighteen women improved on self worth at Time II (47.3 percent). Victims were asked to evaluate why they felt as they did, and they expressed that, after the rape, they discovered and were aware of their own strength and self value, the support available to them, and (42.10 percent) also becoming more aware of the affection and support of family and friends.
16. **Victim's Self Esteem**

Subjects were administered Rosenberg's Self Esteem Scale in order to identify their overall self evaluation. Rosenberg's scale was administered at Time I and at Time II in order to register possible changes.

The results obtained at Time I revealed that victims ranged in self esteem from a low of 20 to a high of 39, with a mean of 29.68. A break down of the distribution revealed that 13 women (31.5 percent) had a high self esteem; 15 women (39.4 percent) had a moderate self esteem and 10 women (26.3 percent) had a low self esteem. Values obtained at Time II were much higher, revealing significant differences in self esteem evaluations ($t = 2.10; \text{df} = 74; p = .042$). As a matter of fact, the victims' self esteem at Time II ranged from a low of 24 to a high 40, and the mean score was 31.2. The highest differences were observed in the reduction of the "low esteem category", where there were only three women at Time II compared to 10 women at Time I. In addition, the "moderate esteem category" at Time II included 21 women, whereas that same category for Time I had six women less. A comparative table of self esteem scores best illustrates the differences between Time I and Time II.
TABLE 26
DISTRIBUTION OF VICTIM'S SELF ESTEEM SCORES
AT TIME I AND TIME II

<table>
<thead>
<tr>
<th>Scores</th>
<th>TIME I</th>
<th>TIME II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>20</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>21</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>22</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>23</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>24</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>25</td>
<td>6</td>
<td>15.8</td>
</tr>
<tr>
<td>26</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>27</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>28</td>
<td>6</td>
<td>15.8</td>
</tr>
<tr>
<td>29</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>30</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>31</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>32</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>33</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>34</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>35</td>
<td>3</td>
<td>7.9</td>
</tr>
<tr>
<td>36</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>37</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>38</td>
<td>2</td>
<td>5.3</td>
</tr>
<tr>
<td>39</td>
<td>1</td>
<td>2.6</td>
</tr>
<tr>
<td>40</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Significant differences at Time I and Time II were also found regarding items 2, 5 and 8, which, in accordance to Rosenberg's guidelines, were designed to express a negative orientation in self esteem. The Time I mean for item number 2 was 2.7368, while the Time II mean was 3.0000 ($t = 1.96, df = 74, p = .058$). According to Sign Test, there occurred 16 positives changes and six negative changes regarding subjects' positions towards the statement: "At times I think I am no good at all".

The Time I mean for item number 5 was 2.8158 while for Time II it was 3.1053 ($t = 2.73, df = 74, p = .010$). Sign Test analysis revealed that there were 11 positive changes and two negative changes in the positions of subjects on the item: "I feel I do not have much to be proud of". Significant changes were observed in this item ($p = .0225$).

Significant positive changes were also observed regarding item number 8, which states: "I wish I could have more respect for myself" ($p = .0352$). Time I mean for item number 8 was 2.5000, while Time II mean was 2.7368 ($t = 2.48, df = 74, p = .018$). According to Sign Test, there were observed three negatives changes and 12 positives changes.

For a detailed performance on the Self Esteem Scale at Time I and Time II, see the following distributions.
**TABLE 27**

**POSITIONS OF SUBJECTS ON THE SCALE AT TIME I**

<table>
<thead>
<tr>
<th>Statements</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Frequency</strong></td>
<td><strong>Percent</strong></td>
<td><strong>Frequency</strong></td>
<td><strong>Percent</strong></td>
<td><strong>Frequency</strong></td>
</tr>
<tr>
<td>1. On the whole I am satisfied with myself</td>
<td>10</td>
<td>26.3</td>
<td>20</td>
<td>52.6</td>
</tr>
<tr>
<td>2. At times I think I am no good at all</td>
<td>2</td>
<td>5.3</td>
<td>16</td>
<td>42.1</td>
</tr>
<tr>
<td>3. I feel I have good qualities</td>
<td>11</td>
<td>28.9</td>
<td>26</td>
<td>68.4</td>
</tr>
<tr>
<td>4. I am able to do things as well as others</td>
<td>11</td>
<td>28.0</td>
<td>23</td>
<td>60.5</td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud</td>
<td>3</td>
<td>7.9</td>
<td>8</td>
<td>21.0</td>
</tr>
<tr>
<td>6. I certainly feel useless at times</td>
<td>3</td>
<td>7.9</td>
<td>14</td>
<td>36.8</td>
</tr>
<tr>
<td>7. I feel personal worth equal to others</td>
<td>9</td>
<td>23.6</td>
<td>28</td>
<td>73.6</td>
</tr>
<tr>
<td>8. I wish I could have more respects</td>
<td>1</td>
<td>2.6</td>
<td>19</td>
<td>50.0</td>
</tr>
<tr>
<td>9. All in all I am inclined to failure</td>
<td>1</td>
<td>2.6</td>
<td>9</td>
<td>23.6</td>
</tr>
<tr>
<td>10. I take positive attitude toward myself</td>
<td>13</td>
<td>34.2</td>
<td>21</td>
<td>55.2</td>
</tr>
</tbody>
</table>
### TABLE 28

**POSITIONS OF SUBJECTS ON THE SCALE AT TIME II**

<table>
<thead>
<tr>
<th>Statements</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent</td>
<td>Frequency</td>
<td>Percent</td>
</tr>
<tr>
<td>1. On the whole I am satisfied with myself</td>
<td>10</td>
<td>26.3</td>
<td>25</td>
<td>65.7</td>
</tr>
<tr>
<td>2. At times I think I am no good at all</td>
<td>-</td>
<td>-</td>
<td>10</td>
<td>26.3</td>
</tr>
<tr>
<td>3. I feel I have good qualities</td>
<td>11</td>
<td>28.9</td>
<td>27</td>
<td>71.10</td>
</tr>
<tr>
<td>4. I am able to do things as well as others</td>
<td>9</td>
<td>23.6</td>
<td>28</td>
<td>73.6</td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud be</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>6. I certainly feel useless at times</td>
<td>-</td>
<td>-</td>
<td>11</td>
<td>28.9</td>
</tr>
<tr>
<td>7. I feel personal worth equal to others</td>
<td>11</td>
<td>28.0</td>
<td>26</td>
<td>68.4</td>
</tr>
<tr>
<td>8. I wish I could have more respects</td>
<td>-</td>
<td>-</td>
<td>16</td>
<td>42.1</td>
</tr>
<tr>
<td>9. All in all I am inclined to failure</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>13.2</td>
</tr>
<tr>
<td>10. I take positive attitude toward myself</td>
<td>14</td>
<td>36.8</td>
<td>22</td>
<td>57.8</td>
</tr>
</tbody>
</table>
Self esteem was further classified into three rank order categories, so as to be able to identify additional overall trends among the subjects studied. The categories used were low, moderate and high self esteem. The initial measure of self esteem (Time I) produced an inclination of moderate to low self esteem, while the last measure (Time II) reflected an inclination of moderate to high self esteem. A comparison of low self esteem at Time I and Time II revealed significant differences \( (X^2 = 7.32, df = 1, p = .01) \) which implies that a process of recuperation in terms of this personal characteristic was taking place from Time I to Time II.

It is relevant to indicate that, although the number of subjects classified as having high self esteem remained constant (9 or 23.6 percent), the figures for moderate esteem were almost doubled at Time II. However, changes were not high enough as to produce significant differences \( (X^2 = .85, df = 1; p > .05) \).

**TABLE 29**

SUBJECTS' SELF ESTEEM AT TIME I AND TIME II ACCORDING TO A RANK ORDER CLASSIFICATION

<table>
<thead>
<tr>
<th>Classification</th>
<th>TIME I</th>
<th></th>
<th>TIME II</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Low self esteem</td>
<td>14</td>
<td>36.8</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>Moderate</td>
<td>15</td>
<td>39.4</td>
<td>25</td>
<td>65.7</td>
</tr>
<tr>
<td>High</td>
<td>9</td>
<td>23.6</td>
<td>9</td>
<td>23.6</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
<td>100.0</td>
<td>38</td>
<td>100.0</td>
</tr>
</tbody>
</table>
F. Impact of the Informal Support System on the Recovery Process

One of the important research questions concerned the impact of the I.S.S. upon recovery. The question required analysis of the following feelings and behaviors:

1. Assessment of self recovery process
2. Resumption of habitual tasks
3. Resumption of religious activities
4. Emotional conditions
5. Sense of worth
7. Self esteem
8. Sleep disturbances: nightmares
9. Sexual activity
10. Eating disturbances

1. Victim's Assessment of Self Recovery Process

An overall assessment of the recovery process revealed that, with the exception of two victims, all the others assessed their condition as totally recovered (9 or 24.3 percent) or in the process of recovery (26 or 70.2 percent).

Self assessment of recovery revealed that there was no difference in terms of who the victims approached firsts ($X^2 = 5.33, df = 10, p = 0.8682, p > 0.05$). For all three subsystems (family, friends and others) close to seven
out of every ten subjects were in the process of recovery. Three out of every ten subjects that went either to the family or to others (Formal Support System) felt totally recovered.

TABLE 30
VICTIM ASSESSMENT OF SELF RECOVERY BY WHICH SUBSYSTEM APPROACHED: TIME II

<table>
<thead>
<tr>
<th>From Whom Help Was Requested</th>
<th>Still In Crisis</th>
<th>In Process of Recovery</th>
<th>Totally Recovered</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Family</td>
<td>1</td>
<td>5.9</td>
<td>11</td>
<td>64.7</td>
</tr>
<tr>
<td>Friends</td>
<td>1</td>
<td>7.7</td>
<td>10</td>
<td>76.9</td>
</tr>
<tr>
<td>Others</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>71.4</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>5.4</td>
<td>26</td>
<td>70.2</td>
</tr>
</tbody>
</table>

\(^a\) One subject missing

2. Resumption of Habitual Task

Data obtained revealed that five of every six subjects (31 or 83.3 percent) could not perform habitual tasks immediately after rape. Only six (16.2 percent) of the 37 victims were performing their usual tasks at Time I.

The recuperation process, examined at Time II, revealed that all of the victims (30) who requested help from their I.S.S. were able to resume their habitual tasks. Seventy one percent of the victims who approached other sources
of help (Formal Support System) were also able to resume their habitual tasks. Although there was a higher recuperation index among the victims who approached the Informal Support System, such differences were not large enough to be significant \((X^2 = 13.361, df = 10, p = .2042)\).

### Table 31

**Raped Victims by Support System Approached and Performance of Usual Tasks in Time I and Time II**

<table>
<thead>
<tr>
<th>Performance of Usual Tasks</th>
<th>SYSTEM-APPROACHED</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TIME I</td>
<td>TIME II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>I.S.S. Other</td>
<td>I.S.S. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number Percent</td>
<td>Number Percent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>4 13.2</td>
<td>2 28.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>26 86.7</td>
<td>5 71.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>30 100.0</td>
<td>7 100.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data was also analyzed in terms of the time between rape occurrence and rape reporting. Findings revealed that those victims who approached the Informal Support System (family and friends) within the first 24 hour period were more likely to resume their habitual tasks totally or partially by the second time of measurement (29 victims out of 30 or 96.7 percent) than those who went to other person or persons outside the I.S.S. during this same period of time (within 24 hours of occurrence). Only 42.9 percent of this group were able to resume their tasks totally or partially by Time II.
TABLE 32
RAPE VICTIMS BY WHOM THEY REQUESTED HELP AND
ABILITY TO RESUME HABITUAL TASKS AT TIME II

<table>
<thead>
<tr>
<th></th>
<th>RESUME HABITUAL TASKS</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES, TOTALLY: Number</td>
<td>YES, PARTIALLY:</td>
<td>NO: Number</td>
<td>TOTAL:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Percent</td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.S.S.</td>
<td>22</td>
<td>8</td>
<td>0</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>73.3</td>
<td>26.7</td>
<td>0.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>71.4</td>
<td>0.0</td>
<td>28.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>8</td>
<td>2</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td></td>
<td>73.0</td>
<td>21.6</td>
<td>5.4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Missing Information = 1

3. Resumption of Religious Activities

Data revealed that victims who requested help from the I.S.S. were able to resume religious activities in a higher frequency than victims who requested help from elsewhere. A statistical test showed that there was a significant divergence in this particular association ($X^2 = 9.904$, df = 4, $p = .04$).

4. Emotional Conditions

Emotional conditions of the subjects were still affected at Time II, independently of whom help was requested from. The victims who approached family and friends had a slightly lower incidence of total recuperation than those who approached others (Formal Support System). However, the difference observed was not significant, ($X^2 = 7.016$, df = 10, $p = .072$).
On the other hand, the 17 victims who approached their family for help were less likely to respond as "very much upset", which represents the lowest level of recuperation in emotional conditions.

**TABLE 33**

**EMOTIONAL CONDITIONS OF RAPE VICTIMS BY WHOM HELP WAS REQUESTED FROM AT TIME II**

<table>
<thead>
<tr>
<th>From whom help was requested</th>
<th>Not Upset</th>
<th>Somewhat Upset</th>
<th>Very Much Upset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Number</td>
<td>Number</td>
</tr>
<tr>
<td>Family</td>
<td>4</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Friends</td>
<td>3</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>21</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From whom help was requested</th>
<th>Not Upset</th>
<th>Somewhat Upset</th>
<th>Very Much Upset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Family</td>
<td>23.5</td>
<td>70.6</td>
<td>5.9</td>
</tr>
<tr>
<td>Friends</td>
<td>23.1</td>
<td>38.5</td>
<td>38.5</td>
</tr>
<tr>
<td>Others</td>
<td>28.6</td>
<td>57.1</td>
<td>14.3</td>
</tr>
<tr>
<td>Total</td>
<td>24.3</td>
<td>56.8</td>
<td>18.9</td>
</tr>
</tbody>
</table>

Total 37
5. Sense of Worth

Subjects' perception of their own worth was hardly affected by the rape experience. Only three subjects (7.9 percent) evaluated themselves as "little worthy" at Time II, while two subjects (5.3 percent) indicated that they felt "somewhat worthy". The remaining 33 subjects (86.8 percent) had a positive sense of worth, classified into two categories: 14 (36.8 percent) as "very worthy" and 19 (50.0 percent) as "worthy". A statistical test of the sense of worth related to the subjects' disposition of seeking help immediately and from whom, or keeping the experience to themselves, revealed that there was not a significant association among these categories: $X^2 = 14.0882$, $df = 15$, $p = 0.5219$.

6. Feelings Experienced by Victims

The emotional reaction of the rape victims was analyzed in terms of the following feelings experienced: fear, anger, anguish, anxiety, shame and guilt.

Fear was a commonly felt experience immediately after the rape occurrence. These feelings did not extinguished easily during the six weeks period. However, fewer victims experienced this feeling if they approached family members than if they approached friends and other Formal Support System representatives. Only 35 percent of those who approached family members were still experiencing this
feeling at Time II, as compared to 62.0 percent who approached friends and 43.0 percent who approached Formal Support System. Differences observed proved to be significant ($X^2 = 28.916, df = 15; p = 0.0165$).

The feeling of anger was still high at Time II, and there was no significant change from Time I by source of help sought. The Sign Test produced a result of $p > .05$.

Anguish followed a similar pattern as anger, which was still very high at Time II. Anguish was felt by 58 percent of the group who sought help from friends, 24 percent of the ones who sought help from family and 14 percent of those who approached members of the Formal Support System.

In terms of anxiety, the subjects reported similar reactions to that of anger and anguish. As a matter of fact, 54 percent of those that approached friends were still anxious at Time II, as well as 24 percent of the ones who approached family and 43 percent of those who went to others in the Formal Support Systems.

Significant changes and differences were observed in terms of the feeling of shame that had been experienced immediately after the rape. Sixteen women (42.1 percent) were feeling less shame at Time II than a Time I, while only two women, (5.26 percent) were feeling more shame at
Time II than at Time I. In addition it was found that those victims who sought help from their immediate family had a higher frequency in the less shame category than the other groups ($X^2 = 17.86, df = 10; p = .0057$).

Guilt feelings were hardly experienced by the rape victims, and most of those who experienced it at Time I did not experience it at Time II. Guilt feelings were still being experienced by only four persons (10.5 percent), equally divided among those who sought help from family and those who sought help from friends.

7. **Support System and Self Esteem**

The recuperation process of the rape victims followed a positive path from Time I to Time II. A trend toward moderate self esteem was observed together with a reduction in the frequencies of low self esteem. In fact, there were significant differences when Time II was compared to Time I ($X^2 = 13.7; df = 2; p = .01$). An analysis by support system showed that changes for either system alone did not produce enough differences as to be considered significant (I.S.S., $X^2 = 5.14; df = 2; p = .05$; F.S.S. did not qualify for $X^2$ due to low frequencies on various cells).

However, changes observed for I.S.S. victims were almost significant, showing a very high decrease in frequencies at the low level of self esteem (66.7 percent) and a high increase at the moderate level of self esteem (53.8 percent).
In regards to the Formal Support System, it can be seen that 5 victims were identified as having low self esteem at Time I. This frequency was reduced to only one victim at Time II (85.7 percent), while the moderate self esteem, which had two observations at Time I, increased to four women at Time II. In terms of high self esteem, that category had no frequency at Time I, but at Time II two women felt into that category.

### TABLE 34

RAPE VICTIM'S SELF ESTEEM SCORES BY INFORMAL AND FORMAL SUPPORT SYSTEM

<table>
<thead>
<tr>
<th>Support System</th>
<th>TIME I</th>
<th>TIME II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>All Subjects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>14</td>
<td>36.8</td>
</tr>
<tr>
<td>Moderate</td>
<td>15</td>
<td>39.5</td>
</tr>
<tr>
<td>High</td>
<td>9</td>
<td>23.7</td>
</tr>
<tr>
<td>Informal Support System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>9</td>
<td>29.0</td>
</tr>
<tr>
<td>Moderate</td>
<td>13</td>
<td>4.19</td>
</tr>
<tr>
<td>High</td>
<td>9</td>
<td>29.0</td>
</tr>
<tr>
<td>Formal Support System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>5</td>
<td>71.4</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
<td>28.6</td>
</tr>
<tr>
<td>High</td>
<td>0</td>
<td>--</td>
</tr>
</tbody>
</table>
An item analysis of the self esteem scale revealed that items 2, 5 and 8 experienced drastic changes from Time I to Time II in terms of the victims' reactions toward them. All changes indicated a healthier self esteem at Time II. Changes observed were not similar for the Informal Support System and the Formal Support System for item 2, where I.S.S. victims noted changes and F.S.S. victims did not. Meanwhile, for item 5 and 8, F.S.S. victims experienced a slightly higher degree of changes toward recuperation than I.S.S. victims.

Reactions to item number 2 - "At times I think I am not good at all" - for Time I and Time II, were the following:

<table>
<thead>
<tr>
<th>Subjects Position to the Item 2</th>
<th>TIME I</th>
<th>TIME II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td><strong>Informal Support System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>50.0</td>
<td>76.0</td>
</tr>
<tr>
<td>Agree</td>
<td>50.0</td>
<td>24.0</td>
</tr>
<tr>
<td><strong>Formal Support System</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>57.0</td>
<td>57.0</td>
</tr>
<tr>
<td>Agree</td>
<td>42.0</td>
<td>42.0</td>
</tr>
</tbody>
</table>
Reactions to item 5 which stated: "I feel I do not have much to be proud of", were the following:

ITEM FIVE

<table>
<thead>
<tr>
<th>Subjects' Position on Item 5</th>
<th>TIME I</th>
<th>TIME II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Informal Support System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>70.0</td>
<td>86.0</td>
</tr>
<tr>
<td>Agree</td>
<td>30.0</td>
<td>14.0</td>
</tr>
<tr>
<td>Formal Support System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>71.4</td>
<td>100.0</td>
</tr>
<tr>
<td>Agree</td>
<td>28.5</td>
<td>--</td>
</tr>
</tbody>
</table>

Item 8 stated: "I wish I could have more respect"; it had the following responses at Time I and Time II.

ITEM EIGHT

<table>
<thead>
<tr>
<th>Subjects' Position on Item 8</th>
<th>TIME I</th>
<th>TIME II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Percent</td>
</tr>
<tr>
<td>Informal Support System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>47.0</td>
<td>57.0</td>
</tr>
<tr>
<td>Agree</td>
<td>53.0</td>
<td>43.0</td>
</tr>
<tr>
<td>Formal Support System</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disagree</td>
<td>42.8</td>
<td>57.0</td>
</tr>
<tr>
<td>Agree</td>
<td>57.0</td>
<td>42.8</td>
</tr>
</tbody>
</table>
Victims' Sexual Activity and Support System

Of the group who approached friends within the first 24 hours, 6 out of 7 (85.7 percent) reported not being able to have any sexual activity afterwards and only one victim indicated that her sexual activity was the same as before the rape.

On the group that approached other persons outside the I.S.S. within the first 24 hours, none indicated that they had been able to have any sexual activity at Time I.

None of the victims who reported their rape experience 49 hours or later indicated being able to resume sexual activity at Time I.

The majority of the subjects (11 out of 14, 78.5 percent of those victims who reported being sexually active before the rape) reported that the rape had impacted on their sexual life very much; even when disclosing it within the first 24 hours to the I.S.S. or "others".

Changes in attitude toward sex were registered in 28 of the subjects (73.6 percent), independently of how soon the rape was reported or to whom it was reported.

Those women who approached family and friends in the first 24 hours were more able to resume sexual activity at Time II (54.4 percent) than those who sought help from other persons outside the I.S.S. (16.7 percent). More women of those who sought help from others could not resume
sexual activity at Time II, 50.6 percent compared with 45.5 percent of those who sought help from family during the same period of time.

Nine of the seventeen victims who reported their rape to family members within the first 24 hours revealed significant changes in their sexual activity, 64.7 percent indicating that their sexual activity decreased. In 88.9 percent (8 out of 9) of the cases, they had not been able to have any sexual activity by the time of the first interview.

9. Eating Disturbances and the Informal Support System

TABLE 35
PRESENCE OF EATING DISTURBANCES IN RAPE WOMEN AT THE SECOND TIME OF MEASUREMENT BY TIME AND SUPPORT SYSTEM APPROACHED

<table>
<thead>
<tr>
<th>How Soon Rape Was Reported (Hours)</th>
<th>Support System Approached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Family</td>
</tr>
<tr>
<td>Presence of Eating Disturbances (Time II)</td>
<td>Yes</td>
</tr>
<tr>
<td>24 Hours</td>
<td>47.1</td>
</tr>
<tr>
<td>25 - 48</td>
<td></td>
</tr>
<tr>
<td>49 - 72</td>
<td></td>
</tr>
<tr>
<td>73 - more</td>
<td></td>
</tr>
</tbody>
</table>
As shown above, fewer women of those who approached the I.S.S. immediately after being raped within the first 24 hours had eating disturbances at the second time of measurement (Time II), 52.9 percent of those who approached family and 69.2 percent of those who approached friends as compared with 42.9 percent of those who approached other persons outside the I.S.S.

**Nightmares and the Informal Support System**

A significant association was found between the emotional support from family and friends and the experiencing of nightmares by the victims. At the first time of measurement ($X^2 = 8.83928$, df = 3, $p = 0.0315$, $p < .05$), those who had emotional support from all friends and family members experienced less frequent nightmares immediately after rape. This association was consistent with findings at the second time of measurement. Most of the women who received emotional support from family and friends at Time I experienced a decrease in nightmares at Time II ($X^2 = 5.00$, df = 1, $p = 0.025$).

The above mentioned findings provided evidence to answer the minor research questions regarding the impact of the I.S.S. upon the recovery process of the rape victim.

10. **Victims Approaching an Agency for Help**

Data obtained was classified in terms of support system and help sought by victims. The I.S.S. was subdivided into family and friends categories. Of the 18 victims that first
requested help from family, 12 sought professional help from Rape Center (7) and from private psychologist and psychiatrist (5). Five of the 13 victims that initially approached friends also sought help from Rape Center. In a contrasting situation it can be observed that only one victim of the 7 associated with F.S.S. sought additional help from Rape Center and none from psychologist or psychiatrist.

Eighteen victims out of the 38 interviewed (47.3 percent) approached an agency in search of help. Of those, 13 women (34.2 percent) went to the Rape Center in Puerto Rico and 5 (13.5 percent) approached a private psychologist or psychiatrist.

Table 36 present the findings regarding which specific agency were approached by victims, as well as the relationship between which system was approached and the time elapsed for victims reporting their rape experience to these systems.

A statistical association was found between which system was approached and approaching any agency for help \( (X^2 = 18.55, \ df = 10, \ p = .0462) \). Those who requested help from family were more likely to approach an agency such as the Rape Center or a private psychologist or psychiatrist. Those who approached friends, boyfriends or others were not associated with approaching agencies for help.
### TABLE 36

**AGENCIES APPROACHED BY VICTIMS AND BY WHOM HELP WAS REQUESTED**

<table>
<thead>
<tr>
<th>How Soon Rape Was Reported (Hours)</th>
<th>Support System</th>
<th>Agency Approached</th>
<th>Formal Support System</th>
<th>Agency Approached</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 Hours</td>
<td>Family</td>
<td>6</td>
<td>35.3</td>
<td>7</td>
<td>11.2</td>
</tr>
<tr>
<td>25 - 48</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49 - 72</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>73 - more</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>6</td>
<td>35.3</td>
<td>7</td>
<td>11.2</td>
</tr>
</tbody>
</table>
The previously discussed findings showed a tendency that related the recovery level achieved by the group of victims to the presence of the I.S.S. These findings provided the evidence to answer the research questions concerned with the impact of an adequate I.S.S. upon the recovery process.

The findings concerned with the relationship between the recovery process and social demographic characteristics are presented in the next section.

G. Demographic Characteristics and Recovery

1. Age and Recovery

No statistically significant difference was found in age among the women and their perception of recovery. Nevertheless, substantively there definitely was a difference \((F = .9735, \text{df} = 2, p = .3878, p > .05)\). Although there was no significant differences, the mean age of those women who felt fully recovered was 29.4 years while the mean age of those who did not feel recovered was 22.5 years, which suggest a higher recovery process among older victims.

2. Marital Status and Recovery

No statistically significant association was revealed \((\chi^2 = 6.243, \text{df} = 8, p = 0.6200)\) between marital status and how victims felt after six weeks.
The following distribution presents the victims by marital status and how they felt after six weeks.

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Married</th>
<th>Widow</th>
<th>Divorced</th>
<th>Married But Separated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Still in crisis</td>
<td>6.3</td>
<td>-</td>
<td>-</td>
<td>14.3</td>
<td>-</td>
</tr>
<tr>
<td>In recovery</td>
<td>75.0</td>
<td>62.5</td>
<td>66.7</td>
<td>85.7</td>
<td>50</td>
</tr>
<tr>
<td>Totally recovery</td>
<td>18.8</td>
<td>37.5</td>
<td>33.3</td>
<td>-</td>
<td>50</td>
</tr>
</tbody>
</table>

100.0 100.0 100.0 100.0 100.0

3. Educational Level and Self Esteem

Educational level was found to be significantly related to the self esteem of the women interviewed. Higher educated women were better recovered. Significant educational differences were found in response to feelings of being satisfied with self (F = 4.63, df = 3/35, p = .016, p < .05). Higher educated women had higher self esteem (F = 6.24, df = 3/34, p = .002, p < .05).

The relation between highest grade achieved by women and self esteem is presented in the following table:
TABLE 37

RAPE VICTIMS BY MEAN EDUCATIONAL LEVEL AND SELF ESTEEM AT TIME I AND TIME II

<table>
<thead>
<tr>
<th>Self Esteem Items</th>
<th>TIME I</th>
<th>TIME II</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean Educational Level</td>
<td>Mean Educational Level</td>
</tr>
<tr>
<td></td>
<td>SA</td>
<td>A</td>
</tr>
<tr>
<td>1. On the whole I am satisfied with myself</td>
<td>14.80</td>
<td>11.55</td>
</tr>
<tr>
<td>2. At times I think I am no good at all</td>
<td>11.00</td>
<td>10.56</td>
</tr>
<tr>
<td>3. I feel I have good qualities</td>
<td>14.45</td>
<td>11.38</td>
</tr>
<tr>
<td>4. I am able to do things as well as others</td>
<td>14.45</td>
<td>11.34</td>
</tr>
<tr>
<td>5. I feel I do not have much to be proud</td>
<td>11.33</td>
<td>10.50</td>
</tr>
<tr>
<td>6. I certainly feel useless at times</td>
<td>13.33</td>
<td>10.71</td>
</tr>
<tr>
<td>7. I feel personal worth equal to others</td>
<td>14.22</td>
<td>11.78</td>
</tr>
<tr>
<td>8. I wish I could have more respects</td>
<td>10.00</td>
<td>11.00</td>
</tr>
<tr>
<td>9. All in all I am inclined to failure</td>
<td>10.00</td>
<td>11.28</td>
</tr>
<tr>
<td>10. I take positive attitude toward myself</td>
<td>14.46</td>
<td>11.04</td>
</tr>
</tbody>
</table>
Significant statistical differences were found in the mean educational level of women on items 1, 2, 4, 6, and 10. The evidence showed that those women who had higher self esteem also had higher education. Significant educational differences were found in the responses of women to feelings of satisfaction with themselves.

On item 1, ("On the whole I am satisfied"), the mean educational level was 14.8 years for those who strongly agreed to this statement and 11.6 years for those women who disagreed with the statement. The level of significance for this relation was $\text{P} = .016$ ($F = 4.63, \text{df} = 3/35$), which implies a highly significant association.

The mean educational level for those women who strongly disagreed with item 2 was 15.0 years as compared with the mean educational level of those who strongly agreed that was 11.0 years. Again a highly significant relationship was found, and the pattern was the same ($F = 6.24, \text{df} = 3/34, \text{P} = .002$): higher educated women had higher self esteem.

On item 3 the mean educational level of those who strongly agreed (14.4 years) and agreed with the statement, "I feel that I have good qualities" (11.3 years had a higher educational level even when it was not found to be statistically significant ($F = 6.05, \text{df} = 2/35, \text{P} = .06$), but it barely missed significance.
The mean educational level of those who strongly agreed with the statement in item 4: "I am able to do things as well as others", was 14.4 years contrasting with the mean educational level of those who just only agreed (11.3 years) or disagreed (13.0 years). A significant difference was found in the mean educational level of these women ($F = 4.37, df = 2/35, p = .020$). Those who had high self esteem as measured by this item had higher education.

Item 6 also ("I certainly feel useless at times.") corroborated the pattern. Again the mean educational level of those who strongly disagreed was 14.5 years contrasting with the mean educational level of those who agreed, which was 10.7 ($F = 3.13, df = 3/34, p = .038$).

On item 8: ("I wish I could have more respect"), the mean educational level of those who strongly disagreed was 15.0 years contrasting with the mean of those who strongly agreed 10.0 years. A significant level of $p = .017$, ($F = 3.92, df = 3/34$) was found.

A significant association was also found on item 9 ("All in all, I am inclined to failure"), where the mean educational level of those who strongly disagreed was 14.8 years contrasting with the mean educational level of those who strongly agreed which was 10.0 years. ($F = 3.85,$ $df = 3/34, p < .05$).
A highly significant association was again found on subjects' mean educational level and their self esteem as measured by item 10. Those who had higher self esteem had a higher educational level ($F = 6.11, df = 2/35, p = .005$). The mean educational level for those strongly agreed with the statement was 14.4 years contrasting with those who just agreed with a mean educational level of 11.0 years.

Findings regarding the relation between the self esteem of the women interviewed and their educational level revealed the same pattern at the second time of measurement. Those women with higher educational levels showed higher self esteem as shown in the subjects' position towards all items in the scale except on the items 9 and 10.

A highly significant association was found between the mean educational level of those women who strongly agreed to statement 1, at the second time of measurement. The mean educational level for those who just agreed was 11.4 years ($F = 7.01, df = 2/35, p = .003$).

The mean educational level of those who strongly disagreed to statement 2 was 14.8 years. Those who agreed had a mean educational level of 11.8 years. This relation had a level of significance of $p = .016$ ($F = 4.69, df = 2/35$).
A highly significant association was found on subjects position to item 3: \( F = 14.03, \text{df} = 1/36, \ p = .0006, \ p < .05 \). The mean educational level for those who strongly agreed was 15.0 years as compared with 11.3 years of those who only just agreed. Again the pattern was that women who had a better perception of themselves also were those with a higher level of education.

Item 4 revealed that women with higher mean educational level strongly agreed with the statement (14.7 years while those who disagreed had a mean educational level of 12.0 years \( F = 3.81, \text{df} = 2/35, \ p = .032 \)).

On item 5 a statistically significant difference in the mean educational level of those who disagreed (15.5 years) and those who strongly agreed (11.7 years was found with a level of significance of .005 \( F = 6.21, \text{df} = 2/35, \ p = .005 \)).

The level of significance for item 6 was \( p = .001, \) \( F = 8.21, \text{df} = 2/35 \). The mean educational level for those who strongly disagreed was 15.5 years and for those who agreed was 11.7 years.

The mean educational level for those who strongly agreed with statement 7 was 14.5 years. For those who disagreed it was 12.0 years with a level of significance of \( p = .025, \) \( F = 4.13, \text{df} = 2/35 \).
The level of significance for item 8 was \( P = .015 \), \((F = 4.73, df = 2/35)\). Those who strongly disagreed had a mean educational level of 15.7 years compared with 11.5 years of those who agreed with the statement.

Item 9 and 10 showed the same tendency even though a statistically level of significance in both items was not found. Item number 9 had a level of significance of .0627 \((F = 3.00, df = 2/35)\) and item 10 had a \( p = .0938 \) \((F = 2.53, df = 2/35)\).

4. Marital Status and Self Esteem

A statistically significant association was found between marital status and victim self esteem. Married women showed more positive attitudes towards themselves at the second time of measurement. In item 2 which stated, "At times I think I am not good at all", married women obtained a higher score than unmarried women choosing the strongly disagree position toward the statement \((X^2 = 17.92, df = 8, p = .022)\).

Also at the second time \((T_2)\) a significant association was found between marital status and item number 3 ("I feel that I have good qualities"). Married women had stronger positive feelings \((X^2 = 19.97, df = 4, p = .011)\). Single women were more likely to agree to that statement, but married women and widows are more likely to strongly agree \((X^2 = 12.966, df = 4, p = 0.0114)\).
A statistically significant association was also found on item 4 ("I am able to do things as well as most other people"). Where the relationship found was reversed: single women were more likely to strongly agree and married women to agree ($X^2 = 17.41$, df = 8, $p = .026$).

Single women's mean self esteem level was significantly lower than women who were married. The significant difference at Time II was ($F = 4.15$, df = 4/33, $p = .008$). Probably this situation is due to the feeling of loosing something very valuable in Puerto Rican society. That is, the victims perceive that this could affect their capacity to have a family in the future. They are not perceiving themselves as the same persons with intrinsic dignity as human beings but as raped women whose lives have changed and whose options are limited only to those men who can understand this situation and also accept it.

5. Occupational Status and Self Esteem

A significant statistical association was found between the occupational status and some self esteem items at the second time of measurement ($X^2 = 15.91$, df = 8, $p = .044$). Working victims as well as victims in the role of students felt more positive towards themselves. This significant association was found in the positions of women toward item 4 ("I am able to do things as well as most other people").
The Time II findings for item 3 revealed a significant statistical association ("I feel that I have good qualities"). Students were more likely to just agree to that statement and workers were more likely to strongly agree to that same statement ($X^2 = 9.47$, df = 4, $p = .050$).

6. **Age and Emotional State of Victims (Time II)**

No significant association was found between the age of the women and the emotional state at Time II ($F = .4943$, df = 2, $p = .6152$). The mean age of those who felt not upset at all was 28.44 while the mean age of those who didn't feel upset was 26.42.

7. **Highest Grade Achieved by Rape Victims and Recovery Level**

No statistical significance was found in relation to the highest grade achieved by victims and how they felt after six weeks ($F = .6490$, df = 2/35, $p = .5287$, $p > .05$). Results imply that victims in different categories of educational level were experiencing similar feelings about their recovery process six weeks after rape occurrence.

8. **Highest Grade Achieved by Rape Victims and Emotional State**

The emotional state of women at Time II was not found to be significantly related to the highest grade achieved by victims ($F = .8107$, df = 2/35, $p = .4527$).
9. **Highest Grade Achieved by Victims and Victims' Sense of Worth**

The sense of worth of victims at the first time of measurement was found to be almost significantly ($F = 2.5376$, $df = 3/34$, $p = .0729$) related with the school level of victims. Those who achieved higher school levels felt themselves more worthy. At the second time of measurement significant differences were found again ($F = 5.445$, $df = 2/35$, $p < .05$). Significant educational differences were found among women's feelings of worth ($F = 2.76$, $df = 5/29$, $p = .037$, $p < .05$). Those who reported they felt they had discovered strengths have a higher level of education as compared with those that were now aware of their self value.

10. **Age and Sense of Worth**

A significant age difference in feeling worthy as a person was found. It seems that as age increased, sense of worth increased. The young women felt more unworthy than the older women. The mean age of those who felt very worthy was 30.5 years and the mean age of those who felt unworthy was 18.5 years ($F = 3.15$, $df = 3/34$, $p < .05$).

H. **Worst Moment in the Process as Perceived by the Rape Victims**

For 26.3 percent of the victims, being exposed to police constituted their worst moment during the whole process. For the 18.4 percent, it was to be exposed to their family after been raped. (13.2 percent) reacted towards the court process and (13.2 percent) to the medical exam.
I. Victims' Perception Regarding the Most Important Contributing Factors to Their Recovery

Sixty-six percent of the subjects mentioned family and friend support as the most important contributing factor for their recovery. Other factors mentioned were: victims' own resources (10.5 percent) and professional help received from Rape Center in Puerto Rico (34.2 percent) and from private psychologists and psychiatrists (13.5 percent) support from husband and boyfriend; (11.0 percent) change of residence or environment, (10.5 percent) victims' involvement in constructive activities (10.5 percent). Factors related to change of residence and involvement in constructive activities were consistently mentioned as determinants in the victim's recovery.

J. Factors Not Contributing to the Recovery Process As Perceived by the Victims

The negatives attitudes and behaviors of the people with whom victim interacted after being raped were considered as important factors that did not contribute to the recovery process of 39.5 percent of the interviewed women. The persons who were included in this group were their own
Informal Support System and other persons, particularly some persons representatives of the Forma Support System (police officers that were part of the Unit of Sexual Offense). The over protection from the I.S.S. activated by the rape event was also considered by 13.2 percent of the subjects as a negative factor in their recovery. Some women (10.5 percent) indicated that for them, the most negative factor was their I.S.S. An additional factor reported by the group interviewed was not being occupied during the post rape period (7.9 percent), not being involved in any particularly constructive activity and too much time for thinking in the experience. Finally, a small group (10.5 percent considered staying in the place where the rape occurred or close to it as a very negative factor in their recovery.

K. Victims Recommendations to Other Rape Victims to Accelerate Their Own Process of Recovery

Victims contributed with their own personal experience motivating other rape victims to mobilize themselves positively, to share their rape experience with others, selectively, and to give others the opportunity to offer their best support and help. It was also suggested that victims change their physical and emotional environment.
CHAPTER VI
SUMMARY OF FINDINGS, DISCUSSION AND RECOMMENDATIONS

This study attempted to obtain quantitative and qualitative data regarding the experience of Puerto Rican women with being raped, their recovery process, and the impact of the Informal Support System (I.S.S.) on this recovery.

The general objectives were narrowed into specific research questions related to: a) general characteristics of the study population, b) victim responses to rape, c) what was happening during the recovery process, d) the way in which the I.S.S. of the family and friends affected the rape experience, e) the way in which the absence of support from family and friends affected the recovery process of the rape victims, f) the effect of an adequate I.S.S. on recovery, g) other significant variables intervening in the recovery process, and finally, h) whether there were relationships between recovery and any social or demographic characteristics.
The subjects in this study were 38 females, residing in the Metropolitan Area of San Juan and including the target areas of San Juan, Bayamon and Carolina Police Districts. The 38 rape victims constituted the total incidence of sexual offense victims who agreed to participate in the study and who were reported to the Unit of Sexual Offenses. They also had to meet the criteria of age (16 years old or over) and whose rape occurrence had not exceeded ten days.

The typical subject in this study was a young woman, approximately 27 years old, who was single and living with her parents. This young woman had a mean educational level of 12.4 years, which indicated that she had completed at least high school. Furthermore, she was a student at the time of the rape.

The rape victim was characterized by having extensive and strong family and friend relationship networks, maintaining daily or at least weekly contact with them and using them as locus of reference in case of emergencies.

The first major research question was developed to examine the experience of a Puerto Rican woman in a rape situation. This question was intended to establish some parameters for understanding the reality and needs of a Puerto Rican rape victim in order to provide a frame of reference for an effective professional intervention.
Victims showed a dramatic disruption in different areas of behavior, affective responses and attitudes regarding sex, men, self worth and self esteem as measured in this study. Changes were observed in several areas of behavior, such as 1) victim's ability to perform habitual tasks, 2) her participation in activities usually performed by her, 3) changes in sleeping and eating patterns, 4) victim's sexual patterns, and 5) feelings activated by the rape experience.

Time I data revealed that 31 of the 38 subjects interviewed (81.5 percent) were not able to perform usual tasks at Time I (about four of every five victims interviewed). The remaining 18.4 percent of the sample reported being able to perform their usual tasks, although with some difficulty.

Data showed significant changes in eating habits in terms of quantity and frequency. Time I findings regarding the quantity of food consumed revealed that 34 out of the 38 women interviewed (89.5 percent) presented some changes while 4 (10.5 percent) maintained their eating habits, the 89.5 percent that reflected changes were distributed as follows: 63.2 percent were eating less amount of food than before rape, 7.9 percent were eating more. Only 18.4 percent reported not being able to eat.
Data regarding frequency of food consumption in Time I showed that 86.2 percent of the subjects reported changes in the frequency of food consumption. The changes reported by the subjects included eating less frequently than before rape (78.9 percent) and eating more frequently (7.9 percent).

Other eating disturbances were also reported: lack of appetite (68.4 percent); nausea and/or vomiting (42.1 percent); diarrhea (31.6 percent); aversion to particular food (26.3 percent); and compulsive eating (10.5 percent). For every ten raped women, eight experienced one or more of these eating disturbances.

Thirty-four women (89.5 percent) reported having sleeping disturbances at Time I, including restlessness (81.6 percent); insomnia (65.8 percent); not being able to sleep in the dark (39.5 percent); or not being able to sleep alone (36.8 percent).

Forty percent (15 women) reported having experienced nightmares every night after the rape (18.4 percent); some three or four times weekly (10.5 percent); and some not more than once in a week (5.3 percent).

Victims reported experiencing some changes in their attitude toward men, amounting to 28 out of the 38 women interviewed (73.6 percent). These changes included distrust and fear (32.1 percent) and combined reactions of
distrust, fear and aggression toward men (25.0 percent).

Twenty-eight out of the 38 women interviewed (73.7 percent) reported changes in their attitude toward sex, such as strong phobic feelings, being unable to have some sex, and loss of interest in sex.

Time I findings regarding sexual activity revealed that 27 women of the 38 interviewed (71.1 percent) indicated being sexually active before the rape reported not being able to resume sexual activity. Victims also reported great difficulty in enjoying sex.

The totality of women interviewed reported being upset at the first time of measurement. Twenty women (52.6 percent) were very much upset and 18 (14.4 percent) somewhat upset. Victims reported one or more of the following symptoms: frequent depressions, constant flashbacks of the rape experience, difficulty in concentrating, becoming dependent and highly apprehensive and aggressive after the rape experience.

The most frequent feelings experienced by the rape victims interviewed were examined. Fear was the most prevalent feeling experienced by subjects at the first time of measurement, with 86.8 percent experiencing very intense fear.

Anxiety was the second in frequency. Twenty-eight (73.7 percent) of the women interviewed reported very
intense anxiety feelings. Anguish and depression feelings were reported by the remaining 44.7 percent. Guilt and helplessness did not rate high at the first time of measurement. Comparatively few women experienced these feelings.

Time I findings for sense of worth of victims showed that the subjects' perception of their own worth was hardly affected by the rape experience. Only three subjects (7.9 percent) evaluated themselves as "little worthy" at Time II, while two subjects (5.3 percent) indicated that they felt somewhat worthy. The remaining 33 subjects (86.8 percent) had a positive sense of worth, classified into two categories: 14 (36.8 percent) felt very worthy and 19 (50.0 percent) as worthy.

Subjects were administered Rosenberg's Self Esteem Scale in order to assess their overall self evaluation. Results at Time I revealed that victims ranged from a low of 20 to a high of 39 with a mean of 29.68. A breakdown of the distribution revealed that 13 women (31.5 percent) had a high self esteem; 15 women (39.4 percent) had a moderate self esteem and 10 women (26.3 percent) had a low self esteem.

The second research question was concerned with what was happening in the recovery process of rape victims in Puerto Rico. The following conclusions were revealed:
the findings related to the recovery indicators clearly indicated that some level of recovery was observed in the victims at six weeks after the rape occurrence even high or moderate. Significant improvement was observed in areas of behavior, including sleeping patterns, eating habits, victims' ability to perform usual tasks, emotional state at Time II, feelings precipitated after the rape, and sexual behavior. In addition, significant changes were observed in attitudes toward men, sex and self assessment of their sense of worth as well as self esteem.

Measurement at Time II provided evidence to the effect that 35 out of the 38 victims interviewed (94.5 percent) had resumed their usual tasks totally or partially. Only two victims expressed difficulty in resuming their habitual tasks six weeks after the rape occurrence.

Positive and significant changes were revealed by the subjects at Time II in terms of frequency of food consumed. Sign Test revealed a high level of significance for these changes.

Regarding eating disturbances, subjects again showed a highly significant improvement at the second time of measurement. Significant differences were observed in the patterns observed immediately after rape (Time I) and six
weeks later (Time II). More disturbances occurred and more frequently at Time I than at Time II. Six weeks after the rape, only 16.6 percent of the subjects were experiencing other eating disturbances, and of those, 73 percent were felt frequently ($X^2 = 39.5$, df = 2, $p = .001$).

Significant differences were observed in particular eating disturbances like food aversion. Ninety percent of the subjects diminished in frequency of their disturbances from Time I and Time II (Sign Test, $p = .00312$).

There were significant and positive improvements in the sleeping disturbances experienced by victims from Time I and Time II. The results obtained through a test revealed significant changes in terms of the victim's capacity to control sleeping disturbances ($t (8) = 2.58$, $p = .05$). The McNemar Test produced results at a level of significance of $p = .0010$. The changes indicated that fewer women (16 out of the 34 that reported at Time I), were experiencing sleeping disturbances at Time II. McNemar Test produced significant results for these changes of $p = .0001$, which implies a high level of reliability in the results obtained.

No significant differences were found in the frequency of nightmares between Time I and Time II, according to Sign Test Analysis ($p = .6250$, $p > .05$).
Regarding the victims' attitude toward men, significant changes were found ($X^2 = 13.54, \text{ df} = 2, p = .0011$).

Time II findings regarding victims' attitude toward sex revealed that two out of every three victims with a negative attitude toward sex had modified their attitude at Time II.

Significant differences were observed in terms of sexual behavior sustained at Time I and at Time II ($X^2 = 6.0, \text{ df} = 2, p = 0.05, p \leq .05$). Time II findings revealed that, of the 27 who reported at Time I not being able to resume sexual activity, at Time II only 16 were still having problems in resuming this type of activity. However, this difference was not found to be statistically significant, according to the McNemar Test ($p = .06$).

Changes were observed between the first and the second time of measurement in the capacity of some victims to enjoy sex. Time II findings revealed that only five women reported they were able to enjoy sex.

All the subjects reported having been upset at the first time of measurement. Twenty women (52.6 percent) were very much upset, and 18 victims (47.4 percent) somewhat upset.

Findings regarding emotional status at Time II revealed significant improvement. Sign Test analysis pro-
duced statistical results at the significant level of $p = .0001$. Twenty-six women (68.4 percent) experienced positive change in their emotional condition and only one woman reported negative change.

Regarding the area of feelings experienced by the rape victims, Sign Test analysis revealed strong significant differences for Time II ($p < .05$). Measurement of feelings at Time II showed significant differences in terms of the level of intensity with which subjects experienced feelings of fear, anxiety, anguish and being down ($X^2 (1) = 7.2, p = .01$). These results indicated that feelings were definitively more intense at Time I than at Time II.

It is important to note that these various feelings were felt by no less than seven out of every 10 subjects at Time I (73 percent). These same feelings were felt by less than four out of every ten subjects at Time II (36 percent).

Trends regarding the level of feelings experienced demonstrate that at the "moderate", "less intense" and "not experienced" categories, Time II showed higher frequencies, which implies a faster process of recuperation.

Fear was the most prevalent feeling experienced by subjects at Time I. A total of 33 victims (86.8 percent) experienced a very intense fear, while only one victim in
the whole sample did not experience fear.

The data regarding self worth for Time II revealed significant improvement in the self worth of the rape victims by Sign Test analysis in the second time of measurement. A Chi Square test applied to the data, comparing self evaluations of "very worthy" against all other categories, showed that there were significant differences in self evaluation of worth between Time I and Time II, with Time II a much higher evaluation than Time I ($X^2 (1) = 5.26; p < .05$). Eighteen women improved in self worth at Time II (47.3 percent).

The results obtained at Time I on the Rosenberg Self Esteem Scale revealed that victims ranged in self esteem from a low of 20 to a high of 39, with a mean of 29.68. Values obtained at Time II were much higher, revealing significant differences in self esteem evaluations ($t = 2.10; df = 74; p = .042$). As a matter of fact, victim self esteem at Time II ranged from a low 24 to a high 40. The mean score was 31.20. The highest differences were observed in the reduction of the "low esteem category," where there were only three women at Time II, compared to 10 women at Time I. In addition, the "moderate esteem category" at Time II included 21 women, whereas that same category for Time I had six women less. The initial measure of self esteem (Time I) produced an inclination of
moderate to low self esteem, while the last measure (Time II) reflected an inclination of moderate to high self esteem. A comparison of low self esteem at Time I and Time II revealed significant differences ($X^2 = 7.32; df = 1; p = .01$), which implies that a process of recuperation in terms of this personal characteristic took place from Time I to Time II.

The subjects' own assessment of recovery at the second time of measurement (Time II) revealed that 94.5 percent of the women interviewed were recovered or in process of being recovered.

The most relevant findings regarding the way in which the Informal Support System (I.S.S.) of family and friends operated for the 38 women interviewed can be summarized as follows. Taken as a whole, the findings tend to support the conclusion that Puerto Ricans seem to present a particular pattern of support. The majority of the women were supported by family, friends, or other persons outside the I.S.S. including the Police or Rape Center. With slight exceptions, victims were satisfied with the help and support offered to them by the individuals who were informed of the rape.

At the first time of measurement, there were 7 cases (18.4 percent of the sample) who approached a person outside the I.S.S. The persons approached by victims were
representatives of the Police Department (not necessarily from the Unit of Sexual Offense), the Rape Center, a private doctor or a priest or minister, among others. When subjects were interviewed at the second time of measurement, which was about six weeks after the rape occurrence, almost every person in this group had approached and were impacted by their I.S.S. Some family members and friends had known about the rape experience since the first interview.

A significant pattern of seeking help within 24 hours after being raped was observed in this group of 38 rape victims. Thirty-four I.S.S. (89.5 percent) sought some kind of help from their I.S.S. (family, friends or neighbors) or from any person outside the I.S.S. within this time span. Only four victims (10.5 percent) indicated that they kept the rape experience to themselves for at least 24 hours before reporting it.

The date revealed that family members were the first choice to be approached for help by the rape victims after being raped (44.7 percent). The second choice were friends and neighbors (34.2 percent), and the last choice were the Rape Center, hospitals, the police or any person outside the I.S.S. (18.4 percent).

The findings revealed that victims received emotional support (89.2 percent) independently from whom the help
was initially requested. The victims also assessed this support as very helpful: three out of every four victims (75.0 percent) felt satisfied with the reactions of the people they approached for help, 11.0 percent did not feel satisfied about the help received, and 13.0 percent felt rejected. No significant differences were found between the persons approached for help and the victims' assessment of the supporters' reaction.

One of every two subjects perceived changes in the family social relationship after the rape experience. Changes were of positive orientation for 18 subjects (90.0 percent of those who perceived changes), who said that this relationship became much more stronger.

Date revealed that 84.2 percent of the women interviewed received strong affection: moderate affection was reported by 10.3 percent, and 5.3 percent reported blaming or distrust. The affection was shown through one or more of the following behaviors: verbal and nonverbal communication, caring responses, and economic support.

Three out of every four victims (74.7 percent) reported that they felt they were understood by their family. One of every four victims felt they were not understood by their family. Of those that felt were understood by their family, 84.2 percent perceived such understanding as strong (10.5 percent), 10.5 percent as moderate, and
another 5.3 percent as poor.

Family behavior made victims feel accepted and supported in 94.7 percent of the cases; 84.2 percent of the subjects interviewed revealed they were satisfied with this support.

Regarding friends; support, the data revealed that no significant association was found between those persons from whom the victims requested help and the victims having good friends before the rape ($X^2 = 6.577, df = 5, p = 0.2540$). Although victims indicated that they had good friends before the rape, the major tendency was to inform some of the friends (44.7 percent): only 18.4 percent informed their rape to all friends. Sixty-three percent disclosed the rape experience to friends, even when not approaching them as the first option immediately after being raped.

Analysis of the findings clearly supported the idea that none of the women who informed the rape experience to friends felt that it wasn't of some help. All the victims whose friends were informed found emotional support and reported that they felt satisfied with the support received from friends.

A great variety of supportive and affective behavior was reported by victims, whether coming from male or female friends. Examples were verbal communication of affect
and support, awareness and caring responses such as phone calls, frequent visits, sharing residence, helping with tasks and economic support.

Another issue addressed by this research concerned the way in which the absence of family and friend support affected the recovery process of the rape victims and the effect of an adequate I.S.S. The findings previously reported lends support to the conclusion that victims were adequately supported by their particular I.S.S. The findings showed significant improvements at a high level of reliability in support of these results (p < .05) in the different areas considered by this researcher as indicators of recovery.

The data revealed that those victims who sought help from their I.S.S. were better recovered at the second time of measurement. Although no statistically significant difference was found between who victims approached for help immediately after being raped and the victims' ability to perform usual tasks, the analysis of the data suggests a strong relationship between the presence of the I.S.S. and resumption of habitual task.

A nearly significant statistical association was found between the emotional state of victims at Time II and from whom help was requested after being raped (p = 0.06). Family help seemed to be associated with a better
emotional state at Time II.

Although no statistically significant association was found between victims' own assessment of recovery and which support system was approached there were more women who requested help from the I.S.S. who felt totally recovered at Time II.

Regarding the area of common feelings experienced by the rape victims interviewed, findings at Time II revealed that those victims who sought help from their I.S.S. showed comparatively less anxiety, anguish, shame, anger and fear than those who sought help from other persons outside the I.S.S.

Time II findings for self esteem of victims did not find an association between the self esteem of victims and the presence of the I.S.S. Although victims who approached their I.S.S. scored higher on some items of the scale and showed more positive perceptions of themselves at Time II, this pattern was not consistent. Favorable changes in self esteem were also registered at Time II in the group who approached "others".

A significant association was found between the emotional support from the I.S.S. and experiencing nightmares at both time of measurement. Those who had emotional support from the I.S.S. experienced less frequent nightmares at Time I ($X^2 = 8.83$, df = 3, p = 0.03) and at Time
The data showed that those women who approached their I.S.S. immediately after being raped had eating and sleeping disturbances in Time II.

Another research issue examined concerned other significant variables intervening in the recovery process of the rape victims. Data showed that the educational level of victims was significantly related to their recovery. Higher educated women were better recovered when interviewed at Time II.

Significant educational differences were found in responses to feeling satisfied with self ($F = 4.64$, $df = 3/35$, $p = .016$). Higher educated women also had higher self esteem. Data showed consistently that those women who had higher self esteem also had higher education.

The victims' marital status was found to be significantly associated with self esteem. Married women showed more positive attitudes towards themselves at Time II.

The occupational status of the victims was found to be significantly associated with self esteem at Time II ($X^2 = 15.91$, $df = 3$, $p = .044$). The data showed that students felt more positive towards themselves, as well as working women, at Time II, as measured through items three and four of the Rosenberg Self Esteem Scale. Time II findings showed a significant association between
marital status and item three of the Rosenberg Scale, with married women having stronger positive feelings ($X^2 = 19.97; \text{df} = 4; p = 0.11$).

A statistically significant association was also found for item four, with single women more likely to strongly agree and married women to agree ($X^2 = 17.41, \text{df} = 8, p = .026$).

In addition, number two, married women tended to disagree more than single women ($X^2 = 17.92; \text{df} = 8, p = .022$).

Overall, single women's self esteem level was significantly lower than married women's ($F = 4.15, \text{df} = 4/33, p = .003$).

The last research question examined was the relationship between the recovery process and social-demographic characteristic, and some of these findings have already been discussed. In addition, several demographic characteristics, including age, educational level (highest grade achieved by them) and marital status, were examined and compared with the level of recovery achieved by the group of victims at the second time of measurement. No significant statistical relationships were found between any of these variables and the recovery level of the victims at Time II.
B. Discussion of Findings

The findings regarding the demographic characteristics for the group of 38 women were consistent with findings of other Puerto Rican researchers (Gonzalez, 1985; Angueira, 1980). In addition, the finding regarding age and marital status was validated in research conducted in the United States (Notman and Nadelson, 1976; Burgess and Holmstrom, 1979), where single women between the ages of 17 and 24 were the most frequently reported rape victims.

A review of the findings in this study supports the results of other research conducted with rape victims in the United States regarding their response to the rape experience (Southerland and Scherl, 1970; Burgess and Holmstrom, 1974, 1979; Nadelson and Notman, 1976, 1977; Ellis and Atkeson, 1981).

A general pattern of reactions occurred in the immediate post rape period, characterized by disorganization and disorientation immediately after the assault. The results obtained in this study confirmed findings published by other social science researchers regarding victims response to rape in the post-rape period (Southerland and Scherl, 1970; Burgess and Holmstrom, 1974, 1976, 1979; Symon, 1976, 1975; McCombie, 1975; Groth, Burgess and Holstrom, 1977; Ellis and Atkeson, 1981; and Notman and Nadelson, 1976).
The literature review revealed that reactions to rape can be separated into two and sometimes three stages. On the basis of personal interviews with young unmarried adult victims of rape, Southerland and Scherl (1972) divided the process into three predictable and sequential phases that apparently represent a normal cycle of emotional responses to sexual assault. These phases include an acute reaction, occurring immediately after the rape and usually lasting for several days. When the acute phase has passed, the victim generally returns to her usual tasks at home, school and work. This is called the stage of outward adjustment, where victims resume their normal activities and appear to adjust to the assault. Southerland and Scherl (1972) stated that this period of pseudo-adjustment does not represent a final resolution of the traumatic event and contains a considerable amount of denial and suppression. The last stage is integration of resolution. This stage is characterized, according to these authors (Southerland and Scherl, 1972), by depressive feelings and a need to talk. Two central issues are worked through during this stage: the victim's feelings about herself and her feelings about the assailant.

Medea and Thompson (1974) outlined a similar three-phase reaction pattern, they contended that only when a woman reestablishes a sense of security and resolves feel-
ings about the assailant, her world and herself will she return, psychologically, to where she was before the rape. Burgess and Holmstrom speak of the acute phase of disorganization and the long-term process of reorganization (Burgess and Homstrom, 1974). These authors reported an acute disorganizational phase, with behavioral, somatic, and psychological manifestations as well as a long term reorganizational phase with variable components, depending on the ego strength, social networks and specific experiences of the victims.

Research conducted by Burgess and Holmstrom (1974, 1979) reported a serious disruption in task performance for the rape victim immediately after the rape. These results were corroborated with the findings of this study. Burgess and Holmstrom (1974, 1979) measured the victims' capacity for resumption of social tasks as an indicator of recovery. They found a strong relationship between resumption of social tasks and achievement of a high level of recovery. In addition, Burgess and Holmstrom provide evidence in their research regarding the fact that those women who had been unsuccessful in gaining any personal achievement through performance of their usual tasks reported being distressed at their lifestyles and were unable to reorganize their lives in a meaningful way.

Victim response to rape has been carefully studied
by Burgess and Holmstrom (1974, 1975, 1978, 1979) in a very extensive and comprehensive way. After examining victims' adaptive responses to rape, they organized the data on coping and adaptation to rape under four major categories: self esteem, defense mechanisms, maladaptive responses and action (patterns of behavior exhibited by victim after being raped). Their findings regarding self esteem and action were supported by this research.

Burgess and Holmstrom (1979) found a clear association between self esteem and length of recovery. Among the victims who gave a positive statement, 65 percent recovered in a month, but those with a negative statement none recovered this quickly (Burgess and Holmstrom, 1979). In contrast, among victims who gave a positive assessment, none was still not recovered, but, among those who gave a negative assessment, 50 percent were not yet recovered.

Weis and Burgess (1975) arrived at the same conclusions already discussed regarding the self esteem of victims. These authors concluded that rape resulted in a decrease in their self esteem and their consequent inability to entertain a normal heterosexual relationship.

Changes in the self esteem of the victims and their own perceptions of their sense of worth were observed in this study as very similar to the changes reported by
Burgess and Holmstrom (1979). Forced sexual intercourse, apart from the loss of self determination in the choice of sexual partners, may furthermore result in a change of identity and loss of "ideal self". This situation is especially critical when the raped women hold the symbolic values of virginity, monogamous relationships, and sexual fidelity in high regard. Sometimes, unfortunately, traditional values promote an inverse relationship between the number of sexual partners and women's social esteem and worth. This situation increases the emotional stress upon rape victims and make very difficult the process of recovery for them.

Burgess and Holmstrom (1979) reported in their research that victims exhibited three patterns of behavior: increased action, no change in action, or decreased action. Increased action was associated by these authors with faster recovery. They found that the most common action taken by victims was to change residence or to travel or to an unlisted telephone number. These results were confirmed in this study. Similar findings were also reported by Binder (1981), who explained this behavior as an effort of the victim to gain control over the environment. Such a pattern was observed in some of the subjects in this research. It seemed interesting to observe that the group of victims in this study who reported having changed their
telephone number and/or address (when interviewed at Time II) assessed this decision as a very positive step towards their own recovery process. Such actions were suggested to other rape victims in order to accelerate their recovery process.

Burgess and Holmstrom (1979) reported findings that were compatible with the findings of this study regarding sexual activity of rape victims. Burgess and Holmstrom conducted a longitudinal study of 18 adult rape victims who were reinterviewed four to six years later, and the effect of the rape on subsequent sexual functioning was analyzed. Their findings showed that, following the rape, the victims were confronted with several issues regarding sexuality: the decision about resuming sexual relations, having to deal with their own responses (psychological and physiological) to sexual activity, and dealing with their partners reactions. Over two-thirds of the victims who reported being sexually active prior to the rape decreased their sexual activity (Burgess and Holmstrom, 1979). In that study, the most frequently reported change was abandonment of sexual activity. Following the rape, 38 percent of their sample gave up sex for at least six months. Changes were reported in the frequency of sexual activity as follows: abstinence (38 percent); decreased activity (33 percent); and increased
Ellis and Calhoum (1980) reported findings similar to those of Burgess and Holmstrom (1979). These authors conducted a longitudinal study with 116 rape victims in Atlanta, Georgia, from 1973 through 1979. These women volunteered to participate over a 15 month recruitment period. Three time periods of observation were recorded.

Ellis and Calhoun found that, among the group of victims who were sexually active prior to the rape, 29 percent had stopped having sex with their partner completely at the first time of measurement (four weeks after the assault), 32 percent were having sex less often, and only 39 percent said their sexual frequency had not changed.

Time II (16 weeks post-assault) findings in the Ellis and Calhoum (1980) study showed that 43 percent of the women had not been sexually active. Furthermore, many of those who were sexually active reported having sex less often. The picture improved by 16 weeks after the rape and was almost up to pre-rape levels at 48 weeks post-assault. Therefore, it appeared that arousal level was still lessened in the participants even at one year after the assault (Ellis and Calhoum, 1980). According to these authors, "Sexual disfunctions are so frequent immediately following rape as to be considered normal".
Another recent study (Fieldman, Summer and Gordon Meagher, 1979) also found reductions in sexual enjoyment in a small sample of victims at varying lengths of time after the assault. Results confirm that results related to sexual functioning are common and should be kept in mind by persons seeking to provide counseling for rape victim (Norris, 1981, Fieldman-Summer and other, 1979).

Ellis and Calhoum (1981) also reported that the rape victims were significantly more depressed and reported less pleasure in daily activities than matches non-victims controls. This interference with general enjoyment and the ability to get satisfaction from life may be one of the most common and lasting effects of the rape experience (Ellis and Calhoum, 1981; Fieldman and Summer, 1979).

Ellis and Calhoum (1981) also reported that virtually all victims reported having had nightmares, sleeplessness and extreme fearfulness soon after the assault. These same behavior manifestations were also observed in the subjects studied in this study.

Nadelson and Notman (1977) focused their description of the victim's responses on the feelings of self development and anger during the acute phase and feeling of fear and anxiety during the long term reorganization process. According to these authors, women's individual responses
are determined by life stages considerations, as well as their defensive structures: concerns about separation, individuation may be aroused in the young women: a divorced or separated woman may find her credibility questioned: older women's fears of sexual inadequacy may be compounded. Long term consequences according to these authors, includes mistrust of men, sexual problems, appetite and sleep disturbance. Results obtained by these authors were confirmed in this study.

A number of affective responses were well documented in this study. These affective responses included the most common feelings experienced by victim after being raped and then several weeks later. The findings in this study were consistent with findings conducted by Burgess and Holmstrom (1979); Notman and Nadelson (1976).

Despite the varying circumstances of rape and the different degrees of violence, surprise and degradation involved, feelings of fear, anxiety and depression are virtually universal (Burgess and Holmstrom, 1979). These findings were substantiated by this study.

Nevertheless, the feelings of guilt and shame considered by some researchers as universal (Notman and Nadelson, 1976; Dave Capuzzi, 1979; Burgess and Holmstrom, 1979) did not achieve a significant frequency in this research. This situation may be due to the presence of an adequate
I.S.S. A significant association was consistently found between the presence of the I.S.S. and presence of feelings like fear and shame. Regarding this subject, Notman and Nadelson (1976) commented on their experience in working with rape victims. They pointed out that there is a strong tendency to blame the victim by assigning responsibility to her. According to these authors, these reactions foster guilt and prevent victims from adequately working through the crisis. The assumption behind these attitudes is that women should or could have handled the situation better, that their unconscious wishes perhaps prevented more appropriate assessments and more adaptive behaviors (Notman and Nadelson, 1976; Burgess and Holmstrom, 1979, Amir, 1971). This position has been highly validated throughout the literature.

The findings regarding crisis and recovery were consistent with Crisis Theory which postulates that a crisis activates a period in which a high level of disorganization may be observed, followed by a rise in tension where individuals try to solve the crisis by using familiar patterns of problem solving behavior. (Galan, 1978, Parad, 1976; Kaplan, 1977; Dixon, 1979). This corresponds to the first stage of crisis clearly observed in this group of rape victims, where disruption in almost all areas of behavior as well as in attitudes towards themselves and
toward the rape event. A pattern of reintegration to normal life activities was clearly observed as well as regaining control over the feelings precipitated by the rape event.

The data gathered in this research regarding victims' response to the rape constitutes a profile of reactions at both behavioral and attitudinal levels. Nevertheless, the behavioral changes observed and changes in attitudes regarding themselves and their sense of worth has been found in subjects of different cultural backgrounds to the ones in this study (Ellis and Calhoum, 1981; Burgess and Holmstrom, 1973, 1979; Weis and Burgess, 1975).

A review of these study supports the assumption that rape precipitates intense emotional and psychic responses for the victims. These results emphasize the severity and duration of these types of problems arising from rape.

The findings reported in this study regarding the way in which the I.S.S. responded towards the victims and the rape experience suggested a particular pattern of providing support that does not necessarily correspond to the experience of rape victims found in other research conducted. Studies conducted in the United States have documented the extent to which rape victims are further victimized by the social service and criminal justice systems after first being victimized by the sexual assault (Burgess and Holm-
strom, 1978).

Those studies validated the attitudes held by society helpers (police, judges, hospital personnel counselor) and the general population and also by the potential support system of family and friend in which a pervasive tendency to blame victims and to show insensitivity to victim's needs has been reported.

Puerto Rico and its culture has been studied and significant findings have been reported. One of the best known and discussed studies was conducted by Oscar Lewis (1965). Lewis (1965) presented strong evidence that demonstrated the presence of a very strong feeling of familism in Puerto Rican family; both in the families living in Puerto Rico and also in those families living in the United States. Lewis' findings were corroborated years later by other Puerto Rican social researcher Dr. Pedro Vales (1978).

According to Dr. Pedro Vales (1978) Puerto Rico is characterized by a very intense, extensive and comprehensive interactive system that he denominated "familism". Dr. Vales defined the "familism" concept as:

"Tendency existing between persons united by blood or friendship ties towards mutual protection, economic and emotional support and affection. These ties make people belong to the same family group with all the obligations inherent to this notwithstanding the fact that they have their own family group".
According to Dr. Vales, the "familism" concept assumes a differential importance in the solution of the needs of the different social groups and classes that compose Puerto Rican society.

Findings reported by these two researchers were corroborated in the present study. The families and friends of the majority of the rape victims responded in a very supportive way to the victims' needs, and this help was well received.

The study provided significant data regarding how the I.S.S. operated in the 38 cases studied and its impact upon the victims' recovery process. Although the role of the support system has been clearly identified as an important factor contributing to the recovery process of victims in the literature regarding rape in the United States (Southerland and Scherl, 1972; Notman and Nadelson, 1976; Burgess and Holmstrom, 1978, 1974; Donna Ipema, 1979; Capuzzi and Hens ley, 1979; Norris, 1981), no specific research has been conducted relating the support system to the rape crisis or recovery. Nevertheless, enough evidence was found to support the prominent role of the I.S.S. and the need to capitalize on these potential benefits in professional interventions.

Regarding this subject, Burgess and Holmstrom commented (1975):
"If the victim detects a scepticism and lack of support by those to whom the report is made, her feelings of guilt and lack of self worth may be enhanced and the psychological impact may thereby be increased."

Four years later these same authors (Burgess and Holmstrom, 1979) made the following statement:

"The social network response is an important influencing factor upon recovery from rape."

Donna Ipema (1979) added:

"The length and intensity of the rape crisis can be reduced by the way grief is expressed within a supportive structure."

Silverman's (1978) clinical evidence indicates that a woman's significant support system must be involved in therapy if it is to be successful. If the parents are included and family resources are mobilized, the rape victim is able to use more adequate coping mechanisms. If they are not included, it is more likely that she will become increasingly burdened and victimized by her family as they attempt to deal with their own struggles over the experience, rather than functioning as a healthy support system.

The previous statement reveals an implicit finding in the present study; just as rape represents a traumatic event in the woman's life, it is also an assault to the family system. It produces an abrupt change in the balance of interpersonal relations and family functions.
Family members also experience their own individual trauma. Even when the individual is treated, the family issues are often left unresolved while retaining their impact on the family's ability to function as a unit or within the society (Leslie Feinauer, 1982).

The findings in this study support the assumption that an adequate support system is important in reducing the effects of a stressful event like rape. These findings were consistent with the position of writers, such as Parad (1966); Andrews (1978; Cobb and Kase1, (1977) and Dean, et al. (1980), who have stated that the role of support serves the function of buffering the physical and/or psychological impact of life events.

The researcher agrees with Gore (1978) and Thoits (1982), who see support as serving a coping function or acting as a moderating variable; it serves as a protection, "buffering" or cushioning the individual from the psychological consequences of exposure to the stressor situation, the rape itself (Cassell and Hendreson, 1976). Findings regarding the effect of support on the victims' recovery showed that women who had strong support from their immediate support system were better recovered and had better emotional status. In addition, they had a better image of themselves than those who did not have strong support or had poor support.
Significant data were obtained regarding the educational level of the victims and their self esteem. Higher educated women scored higher on self esteem. Burgess and Holmstrom (1979) reported findings that strengthen the ones described above. They conducted a follow up study with 81 victims and analyzed the effect of adaptive or maladaptive responses to rape on recovery over a 4-6 years period. They found a clear association between women starting or completing an educational program and having a positive perception of their lives and themselves. These same authors also differentiated between the several lengths of recovery in victims who identified no specific task performances and who reported being unsuccessful in gaining any personal achievements. These women showed strong tendencies to distress and, although they sought professional assistance (psychiatric services), they were unable to reorganize their lifes.

It seems evident that the results presented by Burgess and Holmstrom (1979) were consistent with this study. The frustration of being raped seems to be compensated by achievements in other areas of the victims' lives, such as the academic life providing neutralizing effects. Those women who were more academically trained also enjoyed better occupational states. These positive stimuli contributed to strengthening the victims efforts toward a
prompt recovery.

If the results obtained regarding the educational level of the victims are compared with the results obtained in the occupational area, it seems interesting to observe that the same relation is evident: students and working women felt more positive towards themselves than unemployed women.

These results corroborated what other researchers have found, such as Burgess and Holmstrom, 1976; and McCahill and others (1979). Regarding this subject, McCahill expressed (1979):

"The course of a victim's post rape adjustment often depends primarily on factors not related to the actual rape incident such as victim's marital status, occupational status, and education."

The data also revealed a significant relationship between marital status and victims' self esteem. Married women showed more positive attitudes towards themselves, and single women scored lower in self esteem than married women.

The single women seemed to be more vulnerable, often by virtue of being alone and unexperienced. Their sense of adequacy was challenged (Notman and Nadelson, 1976).

The divorced or separated women were in a particular difficult position. They were also more likely to be blamed and have their credibility questioned. They may experience
the rape as a confirmation of their feelings of inadequacy, and they may be specially likely to feel enormous guilt that can lead to failure to obtain aid or to report the crime (Notman and Nadelson, 1976).

For any woman, a rape experience is difficult but the experience in working with raped women suggests that there are attenuating factors for some victims. These factors contribute in some way to help the victims in tolerating the effects of the rape. Variables such as age, occupational status, and educational level were found to be significantly associated with victims' self esteem, level of recovery, and sense of worth at the second time of measurement.

C. Implications of this Study

The findings of this study have a variety of implications including: practice, curriculum development, research and social policy.

The findings of this study strongly support the assumption sustained by different authors (Burgess and Holmstrom, 1979; Donna Ipema, 1979; Ellis and Calhoun, 1980) that recovery from rape is complex and influenced by many factors where the social network support structure plays a vital role.

1. Implications for Practice

There are implications from these findings for practitioners providing counseling and supportive services
for victims of rape and their families. These findings serve as a guide to identify problem areas that are most likely to emerge for the victim. There are also implications for family-oriented intervention and issues that should be given special consideration in working with victims and their families in dealing with the crisis of rape. These findings also promote awareness of the use of family and friends as natural support systems. Practitioners often feel unprepared or unable to help groups of individuals whose problems are outside the boundaries of their professional skills. Rape victims represent one such group.

The researcher agrees with Sandra Southerland (1972), who pointed out:

"In any treatment situation a meaningful conceptual framework must be developed to understand the patients' emotional reactions so that the necessary counter measures can be applied."

The results also support the need to train potential professional groups (lawyer, nurses, teachers, social workers, psychiatrist or other mental health professionals), because they constitute a potential source of referral and treatment. Strong inservice training programs must be developed at preventive levels in regard to victims' needs and reality. This will promote a more humane and understanding treatment of rape victims at every level of the action system, avoiding myths and personal bias in any interven-
tions. This training must be definitively extended to the personnel who are currently working in direct and indirect roles with rape victims in Puerto Rico in order to make them aware of the impact of rape upon victims and their families. It will also include basic methods and concepts of crisis intervention and techniques.

Results about the impact of the Informal Support System upon the recovery process also document the need for intervention with the families of rape victims, when needed, as well as the need to attempt innovative approaches in the treatment of rape victims. Further practice efforts should seek to influence family interactional process as the unit of study and intervention rather than to be mostly focused on individually based treatment approaches.

The family of a rape victim can be of enormous help as a tangible source of support, or it can contribute additional problems (Everstine and Everstine, 1983). Moreover, it is important to be aware of the social system in which a victim lives and to draw as much support as possible from this system. Both relatives and friends can assist in the recovery process. Family members and others must be helped to understand what the victim is going through, what her needs are, and what the duration of the recovery cycle should be.

Practitioners need to be sensitive to research find-
ings (Southerland and Scherl, 1970; Burgess and Holmstrom, 1979; Nadelson and Notman, 1977, 1976) regarding the phases or stages victims may pass through after the rape. While the victims adjust, the families also cope and adapt to the rape event. Yet, that victim and her family may not move through these stages at the same rate or in the same ways. Practitioners also need to note that there may be regressions in the victim and her family while going through these stages. This should be expected and accepted by the practitioner.

Practitioners need to be aware to the importance of ongoing assessment of the progress of the victim and her family in treatment as the basis for recommendations, referrals, and decisions regarding follow-up and termination.

Rape victims and their families sometimes develop a sense of isolation and estrangement from others as a consequence of the rape experience. They may feel violated and different. Meeting of small groups of families who share similar feelings, fears and experiences provides a sense of support and shared experience. As Fernauer (1982) stated:

"Working as a group lessens some of the burden of facing the crisis alone and enables them to explore coping alternatives previously unknown to them."

Multiple family therapy can contribute positively to develop a sense of significance to other families and vic-
tims sharing their burden and the feeling that they are not isolated in their experience.

The findings of this study regarding the impact of the Informal Support System upon the recovery of rape victims has to be capitalized on by practitioners for the benefit of victims and their families. Any professional helper should be concerned with finding ways to complement rather than to ignore or compete with informal support networks. As stated before, these findings are of particular interest to practitioners, because of the implications that these findings have for preventive intervention. Social support appears to be one of the factors that is more amenable that others to change through intervention (Cassell, 1976).

Professional practitioners must be prepared to assume a variety of roles in aiding clients. Many of these roles have to do essentially with working through existing sources of social support.

As Whittaker (1983) pointed out:

"It appears evident that practitioners must incorporate informal helping strategies into their repertoire of professional behavior."

Whittaker and Garbarino (1983) suggest that one think about social support as an integral and pervasive component of the professional practice framework, rather than isolating it as a single strategy or method of helping. Similarly, it is desirable to think of social support and to ex-
ploit informal helping in relation to the multiple roles that human service practitioners perform, rather than confining it to any single helping role.

The information regarding the feelings activated by the rape event were well documented in this study. The feelings activated by the rape often do not dissipate easily or quickly, and they may find expression in the victim and her family in a number of predictable and problematic ways. Practitioners should be alerted to these coping strategies and be ready to help victims and families to understand these patterns and the problems that may result from them. Intervention must promote expression of these feelings, even recognizing that this may be a particular difficult process for the family. Feelings need to be acknowledged and expressed by both the victim and the family. Otherwise, these feelings may often be nondirected or expressed in ways that are counterproductive. It is important to help the family accept and externalize their feelings. The practitioner should be aware of this and make constructive attempts to help the victim and family to externalize feelings appropriately.

Silverman (1978) stated that familiar responses can be supported through intervention that promotes encouraging the open expression on the part of mates and family members of their affective responses to the rape crisis.
One must also facilitate cognitive understanding of what the experience of rape actually represents to the victim. In addition, one must educate people close to the victim about the nature of the crisis that she is experiencing and help them to anticipate future likely psychological and somatic sequels of the traumatic episode. Finally, one must provide direct counseling services to individual family members whose personal responses to the shared crisis are so profound as to affect their ability to cope adaptively.

Although the findings of this research support other findings that rape is a traumatic event, the proportion of victims in Puerto Rico that seek some kind of help is minimal (20 percent). It is understood by the researcher that the decision to approach the Rape Center must be done in a voluntary basis. It is also understood that many factors such as stigma, confidentiality, etc., affect the victim's decision to seek some kind of help in spite of knowing the services that the Rape Center provides. It is a matter of concern for this researcher that, even when the services of the Rape Center were developed on a comprehensive basis and directed towards reaching all rape victims in Puerto Rico, the ratio of action of this agency is highly limited.

The findings of this study lend support to the con-
elusion that specific guidelines at state and local levels of intervention must be developed and followed by all personnel who come in contact with victims at hospitals or Police Department levels in order to guarantee the most humane and effective treatment to all rape victims. These guidelines must include acquainting all rape victims with the necessary information regarding service options that are available for them such as the Rape Center. In addition, the researcher considers as a positive action the possibility of an automatic referral process to the Rape Center, always taking into consideration that the last decision lies with the victim regarding the acceptance or refusal of the help offered by the Rape Center. Actually, the referrals from both the Police and hospitals rest on the initiative of the personnel representative of both systems, depending primarily upon the awareness and disposition of these persons in motivating the victim to make and attempt to initiate a helping process.

The results of this study also provide evidence to alert rape victims to seek help early, in order to accelerate recovery. Immediate, positive intervention with rape victims as early as possible is convenient, because at this moment the victims' need makes her more receptive to outside help and more willing to enter into the helping relationship. On the other hand, lack of intervention or
help that comes too late or is inappropriate can result in a lifetime of emotional problems for victims (Golan, 1978).

The availability and accessibility of family-oriented support services in terms of medical, legal and counseling needs may greatly influence the crisis-meeting resources of the family. However, such programs are not available in all communities in Puerto Rico, particularly in those towns outside the metropolitan area of San Juan, where the only Rape Center in Puerto Rico is located.

Findings regarding the low rate of victim seeking of professional help can be used as data to revise actual rape related services in Puerto Rico. It is necessary to strengthen the existing coordination between all the action systems that are activated and that intervene on behalf of the victim in Puerto Rico (e.g., Police Department, hospital, Criminal Justice System, Rape Center).

The findings of this research supported Silverman's (1978) results that rape, even when it is recognized as a traumatic event, does not produce irreparable harm to victims or their families. Some victims discover their own strengths and also the availability of their families and they can then deal with the stress produced by the rape constructively.

This reality must be shared with victims and their
families. This can serve as a positive reinforcement to victims and their families' efforts to deal with the rape crisis positively. As Silverman (1978) suggested, rape certainly precipitates disruptiveness and stress for victims and their families, but also provides opportunities for re-evaluation and appreciation of strengths in the family system. These findings serve as a frame of reference for practitioners to operate, recognizing, as White (1980) suggested, that the ultimate goal of the intervention should be to help victims and their families focus on their strengths and to utilize them in adaptive ways as resources for change and growth.

2. Implications of these Findings for Curriculum

Curriculum in social work, as well as other helping professions assuming direct or indirect roles with rape victims, should be enriched with specific content related to rape victim needs, as well as the most appropriate strategies for dealing effectively with this particular client group.

Continuing education efforts must be coordinated with professional associations at the local, state and national levels in order to guarantee to those professional groups the opportunity to have access to the most relevant and helpful content regarding rape victims and strategies for working with them effectively.

It appears evident that some sort of conceptual scheme
is necessary to aid practitioners in the task of incorporating informal helping strategies into their repertoire of professional behavior (Wittaker and Galbarino, 1983). This implies a learning task of specific skills involved in engaging, supporting, and aiding social support networks. It demands some conceptual overview of the territory we are about to enter, in order to identify some old and familiar landmarks (professional roles, tasks and functions) in relation to new surroundings. Such a framework must be ecologically oriented, taking the person-in-situation as the primary unit of attention, and it must view environmental modification as an integral component of the helping process.

It seems desirable to construct a framework that incorporates social support as an integral part of curriculum and practice rather than separating it out as a distinct strategy or method of intervention:

The impact of the rape situation on a woman's life should be incorporated as a special topic in all university courses related to women's issues today, as well as in continuing education programs and in-service training activities at all levels where women are a concern.

Research about rape situations should be promoted in courses related to women's issues in order to help raise the students consciousness about this particular situation.
3. Implications for Research

As stated previously, research about rape is recent. Much of the available research has been conducted to identify the pattern of victim responses to the rape experience. The findings of this study imply the need for additional research. There are still many areas that have been relatively unexplored:

- familial disruptive patterns observed after a rape experience;
- relationships existing between some specific demographic characteristics (such as age and occupational status) and recovery;
- the effect of appropriate professional interventions upon rape recovery;
- characteristics of the crisis situation and recovery in rape victims who do not seek support systems and instead deal with the crisis by themselves;
- comparisons of recovery patterns between victims seeking help from Informal Support Systems and victims seeking immediate and primary help from agencies;
- the pseudo-recovery process in rape victims versus real recovery: factors intervening in both processes;
- the sexual effects on a rape victim and their patterns of recovery; and
- the effect of different types of formal support systems on rape victims.

4. Implications for Social Policy

The findings of this study as well as other research demand the enactment of social policies geared toward meeting the needs of raped women in Puerto Rico. Puerto Rico, just as other states of the Union, has been dealing with the problem of inadequate legislation regarding the rape offense. Some significant changes have been achieved in the last few years, thanks to the impetus and effort of well-organized feminist groups in Puerto Rico. They are:

1. The development of Sexual Crimes Units at the Police Department level which assume the total responsibility for all sexual crimes. The creation of these units (1977) promoted very significant changes in the management of rape cases in Puerto Rico such as:

   a. Every case of criminal activity produced by sexual crimes must be investigated by the special Sexual Crimes Units.

   b. In cases where the victim is a woman or child, the investigation must be carried out by a female officer. Under no circumstances is a male officer allowed to interview the victim of a sexual crime.

   c. When the victim complains to the police, the
patrolman will take down her name, address, place where the attack occurred, and any information necessary for the preparation of Type I reports. Under no circumstances will a detailed questioning about the details of the attack be allowed.

d. Under no circumstance will the press be allowed to photograph a victim of a sexual crime. As far as possible her name will remain confidential.

e. All interviews and investigations of sexual crime victims will remain separate from every other investigation that is being conducted. In other words, there will be an office prepared to conduct this investigation.

2. The penalty of imprisonment was increased to a minimum term of ten (10) years and a maximum of 50 years instead of one (1) year minimum and a maximum of 25 years (Camera Project #416, Emendation to the Article 99, Penal Code, 1974).

3. In March 1977, the Department of Justice Unit of Investigation and Processing of Sexual Crimes was formally initiated and subsidized by the Law Enforcement Assistance Administration (LEA). The major function of this Unit was to develop mechanisms of assistance at the investigation stage and the processing of cases which would attend to the legal aspect of a rape offense and which also tried
to lessen the impact of the judicial process. This was an excellent point of departure but very insufficient. This administrative structure operates only in the Metropolitan Area of San Juan and includes only the adjacent cities. A very structured and efficient process exists for victims with access to this Unit, but it is not available for every victim in Puerto Rico. Traditional methods are still followed throughout the rest of the island. This traditional method implies that various prosecuting attorneys come in contact with the victim, causing great amounts of emotional distress to the victim.

4. Puerto Rican Law requires the presentation of corroborating evidence in all rape cases until 1974. That is, besides the testimony of the victim, additional evidence, sufficient to prove all the elements necessary to the crime, was to be presented. In other words, the victim had to testify, and, additionally, there had to be testimony of other persons to whom she had told what happened in a spontaneous and contemporaneous manner. In some cases, it was difficult because the victim did not tell about the attack immediately, so it was impossible to present evidence. In 1974, a law was approved which eliminated this requirement, except where a previous amorous or friendship type of relationship existed between the victim and the attacker. Later on, in 1976, the Puerto Rican
Supreme Court interpreted this law as referring to those cases where the relationship was of such nature that it could provoke vengeance wishes in a woman because of the man's rejection. After a careful evaluation, this measure was eliminated in April 1980 as unconstitutional (Senate Project #399).

5. Another significant step was the approach of the amendment that permits removal from the courtroom of those persons who do not have a genuine interest in the case while the victim testifies (Senate Project #490, Emendation to the Rule #131 of Criminal Procedure).

6. The amendment to Law #115, Article #99, in which the name of the raped woman and the rapist will not be mentioned in the courtroom until the court process finishes and no doubt remains about culpability of the accused (Senate Project #398, July 1977).

7. The approval of a law that establishes as a right of the victim a preliminary hearing when the accused indicates that he is going to present evidence about the sexual conduct of the victim before or after the rape. After listening to the evidence, the court determines if the testimony is relevant to the facts of the case.

The approval of these laws has definitively been a great advantage in the battle to defend victims' rights. Nevertheless, in spite of these efforts, there exist areas that require adequate legislative reforms:
a. The re-definition of the rape offense in the law level in which women can be visualized not as men's property but as human beings. The crime of rape is established actually as follows:

"Every person who has carnal intercourse with a female who is not his wife".

This definition implies that in Puerto Rico a husband can rape his wife and his offense will not be considered as a rape offense.

b. Some policy guidelines must be developed to guarantee that every rape victim in Puerto Rico will have the same opportunity to have adequate and humane treatment through the different action systems that intervene in a rape situation, including hospitals, Police Department, and Court System, no matter where the case is evaluated. This procedure and guidelines must be developed as part of the social policies regarding the management of rape cases. Excessive time is spent in each phase of the process, too many activities are conducted at the same time and too many persons intervene with the victims. This situation demands a more effective and uniform process of intervention, in which knowledge about victim needs should be reflected. Every human being deserves appropriate treatment but a rape victim is a special human being who is experiencing a very traumatic moment and who needs the most appropriate attitude and behavior
of respect, support, and acceptance to increase her possibilities for going ahead in the process to achieve conviction of the rapist.

c. Special regulations should be implemented to guarantee that persons who intervene with the rape victims have the best qualifications of academic training, sensitivity, and respect for the victim.

Some kind of governmentally coordinated inter-agency polic that must be developed regarding public education about the rape problem, as well as sound preventive measures for common citizens to follow. Family agencies, as well as those government agencies catering to the family should promote public awareness activities and campaigns geared to rape prevention and education about rape issues.

New humane and rational legislation is expected to result in an increase of reported rape and prosecution. Hopefully, rape victims will not keep silent in fear of the trial that, even with present reforms represent a painful and often fruitless process.

The reform of sexual assault legislation should result in fair trials for both victims and assailant. An overall result of the improvement in legislation will be a healthier social attitude toward the victim and the rapist.
TABLE 38
RAPE BY FORCES IN PUERTO RICO BY YEARS (1976-1983)\

<table>
<thead>
<tr>
<th>Natural Years</th>
<th>Number of Rapes</th>
<th>Change</th>
<th>Percent of Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1983</td>
<td>214b</td>
<td>+10</td>
<td>+2.2</td>
</tr>
<tr>
<td>1982</td>
<td>473</td>
<td>10</td>
<td>2.2</td>
</tr>
<tr>
<td>1981</td>
<td>463</td>
<td>-106</td>
<td>-15.6</td>
</tr>
<tr>
<td>1980</td>
<td>569</td>
<td>-105</td>
<td>-18</td>
</tr>
<tr>
<td>1979</td>
<td>674</td>
<td>-10</td>
<td>-1.5</td>
</tr>
<tr>
<td>1978</td>
<td>684</td>
<td>-108</td>
<td>-13.6</td>
</tr>
<tr>
<td>1977</td>
<td>792</td>
<td>+145</td>
<td>+22.4</td>
</tr>
<tr>
<td>1976</td>
<td>647</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,516</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

aSource taken from the Office of Statistics Police Department in Puerto Rico. (Table concerning Type I Offense perpetrated in Puerto Rico per offense and years (1972-1982).

bThe statistic corresponding to 1983 only includes data for the period between January and June.
### APPENDIX B

**CRIMES OF PERSONAL VIOLENCE: 1982**

<table>
<thead>
<tr>
<th>Puerto Rico Police Districts</th>
<th>All Personal Violence Crimes</th>
<th>Rapes</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>All districts</td>
<td>15,168</td>
<td>473</td>
<td>100.0</td>
</tr>
<tr>
<td>San Juan</td>
<td>4,732</td>
<td>112</td>
<td>23.7</td>
</tr>
<tr>
<td>Bayamón</td>
<td>1,932</td>
<td>80</td>
<td>16.9</td>
</tr>
<tr>
<td>Carolina</td>
<td>1,898</td>
<td>68</td>
<td>14.4</td>
</tr>
<tr>
<td>Arecibo</td>
<td>942</td>
<td>42</td>
<td>8.9</td>
</tr>
<tr>
<td>Ponce</td>
<td>1,512</td>
<td>40</td>
<td>8.5</td>
</tr>
<tr>
<td>Humacao</td>
<td>797</td>
<td>36</td>
<td>7.6</td>
</tr>
<tr>
<td>Mayaguez</td>
<td>1,223</td>
<td>42</td>
<td>8.9</td>
</tr>
<tr>
<td>Caguas</td>
<td>1,456</td>
<td>27</td>
<td>5.7</td>
</tr>
<tr>
<td>Guayama</td>
<td>676</td>
<td>26</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Sub Total Target Area (San Juan, Bayamón, Carolina) 8,562 260 55.0

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*aSource: Statistics taken from the Division of Statistics Police Department, Puerto Rico. Table concerning Type I Offense perpetrated in Puerto Rico during the years 1972-1982.*

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**FIGURE 2**

**CRIME CLOCK - PUERTO RICO - 1982**
APPENDIX D

INTRODUCTION TO THE APPLICATION OF THE SCHEDULES
(To be shared with participants)

I am very grateful that you have accepted to collaborate in this study about the effects of rape on Puerto Rican Women.

I know it will not be easy for you to recall sad experiences related to your rape, and this will unfortunately occur as I start asking you the questions related to the study. I want it to be clear that I understand how you feel and in no way do I want to hurt you. I greatly respect your feelings and I want you to understand that the only way to obtain the information I need for this study is by interviewing rape victims such you.

I will have to ask some personal, intimate questions, but this will be a completely confidential process and your name and identity will be protected at all times. I will use only the information you give me. By providing me with this information, you will be contributing anonymously to increase scientific information in Puerto Rico regarding rape as a social problem. Now I will proceed to ask the questions as contained in the schedules.
RAPE AND AFTER RAPE EXPERIENCE: AN ANALYSIS OF THE ROLE OF
SOCIAL SUPPORT SYSTEMS UPON THE RECOVERY PROCESS
OF PUERTO RICAN WOMEN: 1984-85

RESEARCH CONSENT AGREEMENT

Upon being informed of the relevance of this research for the Puerto Rican Society, and of its confidentiality towards personal information and experiences; I voluntarily agree to collaborate with Mrs. Zulma Vélez de Urrutia's Research.

_________________________
Signature

_________________________
Date

Zulma Vélez de Urrutia
OHIO STATE UNIVERSITY
COLLEGE OF SOCIAL WORK
COLUMBUS, OHIO

SCHEDULE A

I. GENERAL INFORMATION

1. Date of birth:  ( )  ( )  ( )
   day   month   year

2. Marital status:
   □ 1. single
   □ 2. married
   □ 3. widow
   □ 4. divorced
   □ 5. married, but separated
   □ 6. single mother

3. Municipality: __________________________

4. Where does victim live?
   □ 1. in a house with family
   □ 2. house or apartment
   □ 3. institution

5. Highest grade achieved: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

6. Occupational status before rape:
   □ 1. student
   □ 2. paid full employment
   □ 3. employed part time
   □ 4. unemployed, looking for a job
   □ 5. unemployed, but not looking for a job
   □ 6. housewife

7. At this moment, are you performing the usual tasks that you were performing before rape?
   □ 1. yes
   □ 2. no

   (If the victim answers yes, do not ask question number 8)
Schedule A
Page 2

8. From the following list of activities that I will read to you, identify those activities that you are performing now after the rape experience.

☐ 1. is still attending school
☐ 2. is still working for pay
☐ 3. is still performing habitual chores as a housewife
☐ 4. is still unemployed, but looking for a job
☐ 5. is still unemployed, but not looking for a job

9. With whom were you living prior to the rape experience?

☐ 1. living alone
☐ 2. living with parents
☐ 3. living with husband and children
☐ 4. living with husband only
☐ 5. other arrangements, specify: _____________________________________

10. With whom are you living now, after you rape experience?

☐ 1. living alone
☐ 2. living with parents
☐ 3. living with husband and children
☐ 4. living with husband only
☐ 5. other arrangements, specify: _____________________________________

II. ABOUT THE VICTIM'S IMMEDIATE FAMILY

11. Do you have persons that you consider immediate family?

☐ 1. yes  ☐ 2. no

If the victim answer yes, whom do you consider your immediate family?

11a. Relation with the victim

<table>
<thead>
<tr>
<th>Persons</th>
<th>Do these persons live close to you</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1. husband</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 2. ex-husband</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 3. son (s)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 4. daughter (s)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 5. both parents</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 6. mother</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 7. father</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 8. brother (s)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 9. sister (s)</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 10. brother in law</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 11. sister in law</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ 12. other, specify</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>
12. Are you in contact with them?

□ 1. yes  □ 2. no

(If the victim answers no, do not ask question number 13)

13. How frequently do you contact them?

□ 1. daily  □ 4. every two months or more
□ 2. once or twice a week  □ 5. once a year
□ 3. monthly

14. In an emergency, would you request help from someone?

□ 1. yes  □ 2. no

15. If you answers yes to this question, then please indicate whom would you contact in case of an emergency?

□ 1. family member that live under the same roof
□ 2. other family members
□ 3. friends
□ 4. neighbors
□ 5. work mate
□ 6. professional helper (minister, priest, social worker)
□ 7. other, specify: _______________________

III. VICTIMS REACTION TO THE EXPERIENCE OF RAPE

16. Date of rape occurrence: (___) (_____) (___)

day  month  year

17. Did you know your assailant?

□ 1. yes  □ 2. no

(If the victim answers no, do not ask question number 18)

18. What type of relationship did you have with him?

□ 1. immediate or close family member  □ 5. acquaintance, know the name
□ 2. friend  □ 6. acquaintance, but not knowing the name
□ 3. boyfriend
□ 4. kin (relative)
□ 7. other (specify)
19. The following are feelings that a rape victim might or might not experience during the first days after rape occurrence. From the list I will read to you, please identify which you felt if any and assess its intensity as: not experienced; very intense; moderately intense or less intense.

| 1. fear | not experienced | very intense | moderately intense | less intense |
| 2. anger | | | | |
| 3. anguish | | | | |
| 4. anxiety | | | | |
| 5. confusion | | | | |
| 6. helplessness | | | | |
| 7. shame | | | | |
| 8. guilt | | | | |
| 9. down | | | | |
| 10. other, specify | | | | |

20. What was your first step to deal with the rape experience?
   □ 1. keep it to herself   □ 2. seek help
   If the victim indicates that she sought help then ask:

20a. What kind of help did she seek?
   □ 1. from an immediate family members
   □ 2. other family members
   □ 3. neighbors
   □ 4. friends
   □ 5. classmates
   □ 6. police
   □ 7. professional helpers (minister, priest, social workers)
   □ 8. others, specify: ____________________________

21. If your answers in question number 20 was that you sought help, how soon did you report your rape experience to this or these persons?
   □ 1. in the first 24 hours
   □ 2. within 25 - 48 hours
   □ 3. within the 49 to 72 hours
   □ 4. 73 hours or more

22. What did they do when they were informed about your rape?
   □ 1. took victim to CAAV (Rape Center)
   □ 2. took victim to the hospital
   □ 3. took victim Police Department Unit of Sexual Offense
   □ 4. took victim to a private doctor
   □ 5. other, specify ____________________________
23. Did you receive emotional support from these persons after learning about your rape?
   □ 1. yes  □ 2. no

24. How would you describe this emotional support?
   □ 1. of great help  □ 2. of little help  □ 3. some help  □ 4. no help at all

25. Describe briefly what these persons did to make you feel in that way?
   ________________________________________________________________
   ________________________________________________________________

26. How do you feel with the reactions of these persons toward you as a rape victim?
   □ 1. very satisfied  □ 2. satisfied  □ 3. dissatisfied  □ 4. very dissatisfied

26a. Can you explain your response?
   ________________________________________________________________
   ________________________________________________________________

27. How soon did you report the rape to the Police Department, Unit of Sexual Offense?
   □ 1. in the first 24 hours  □ 2. within 25 to 48 hours  □ 3. in the 49 to 72 hours
   □ 4. 73 hours or more

28. How do you feel about the services you received from the Unit of Sexual Offense at the Police Department?
   □ 1. very satisfied  □ 2. satisfied  □ 3. dissatisfied  □ 4. very dissatisfied

28a. Can you explain your response?
   ________________________________________________________________
   ________________________________________________________________

29. Do you consider that you had good friends before the rape experience?
   □ 1. yes  □ 2. no

29a. If yes, please indicate if they were predominantly of:
   □ 1. your same sex  (____) approximately number
   □ 2. both sexes  (____) approximately number
   □ 3. opposite sex  (____) approximately number
30. How frequently did you contact these friends before the rape experience?
   □ 1. daily  □ 4. every two month or more
   □ 2. once or twice weekly  □ 5. once a year
   □ 3. monthly

31. Were your close friends informed about your rape experience?
   □ 1. yes, all of them  □ 3. no, none of them
   □ 2. yes, some of them

32. If yes, please indicate if you received emotional support from them upon learning about your rape experience.
   □ 1. yes, from all of them  □ 3. no, none of them
   □ 2. yes, from some of them

   If the victim indicates that she received emotional support from them then ask the following question.

33. How would you describe this emotional support?
   □ 1. of great help  □ 3. of little help
   □ 2. of some help  □ 4. no help at all

34. Can you describe for me, what did these friends do to make you feel in that way?

35. Have you noticed any difference among the emotional responses that you received after your rape from your friends of your same sexes as compared with your friends of the opposite sex?
   □ 1. yes  □ 2. no

35a. If so, can you explain this difference?

36. How do you feel with the emotional responses of your friends towards you as a raped victim?
   □ 1. very satisfied  □ 3. dissatisfied
   □ 2. satisfied  □ 4. very dissatisfied

36a. Can you explain your response?
37. Did you usually participate in activities in your community before the rape experience?
   □ 1. yes □ 2. no

   If the victim answers affirmatively, ask in which and with what frequency?

<table>
<thead>
<tr>
<th>Existing Community Activities</th>
<th>Participation Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. church service or church meetings</td>
<td></td>
</tr>
<tr>
<td>2. social clubs</td>
<td></td>
</tr>
<tr>
<td>3. sporting</td>
<td></td>
</tr>
<tr>
<td>4. recreation group</td>
<td></td>
</tr>
<tr>
<td>5. political party meetings</td>
<td></td>
</tr>
<tr>
<td>6. educational</td>
<td></td>
</tr>
<tr>
<td>7. hobby'or special interest group</td>
<td></td>
</tr>
<tr>
<td>8. other, specify: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

III. AFTER THE RAPE

38. How would you compare your eating habits before and after the rape experience?

A. Quantity of foods consumed:
   □ 1. much more than before rape □ 2. less than before rape
   □ 3. about the same as before □ 4. not eating at all.

B. Frequency of food consumption:
   □ 1. about the same as before rape
   □ 2. more frequent than prior to rape experience
   □ 3. less frequent than prior to rape experience

39. Have you experienced any other eating disturbance after the rape experience.
   □ 1. yes □ 2. no

39a. If victim answers yes, then ask what kind of eating disturbance and ask the victim to assess the frequency of these changes

<table>
<thead>
<tr>
<th>Type of Eating Disturbance</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Seldom</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. lack of appetite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. nausea and/or vomiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. compulsive eating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. aversion to particular food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. diarrhoea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
40. Have you experienced any change in your sleeping habits after the rape experience as compared to your sleeping habits prior to the rape?
   □ 1. yes □ 2. no

40a. If the victim answers yes, then ask her to specify what changes and ask her to assess the frequency with which she experiences this or these changes if so.

   □ 1. sleeping excessively
   □ 2. sleeping less
   □ 3. insomnia
   □ 4. other (specify) ________

<table>
<thead>
<tr>
<th>Frequently</th>
<th>Sometimes</th>
<th>Seldom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

41. Are you experiencing any other sleeping disturbance after the rape experience?
   □ 1. yes □ 2. no

41a. If the victim answers yes, ask her to identify these and assess their frequency

   □ 1. restlessness
   □ 2. being unable to sleep alone
   □ 3. being unable to sleep with others
   □ 4. being unable to sleep in the dark
   □ 5. other (specify) ________

<table>
<thead>
<tr>
<th>Frequently</th>
<th>Sometimes</th>
<th>Seldom</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. Did you experience nightmares before rape experience?
   □ 1. yes □ 2. no

   If the victim answers no in the previous question do not ask question number 43 and go on with number 44.

43. If you have experienced nightmares, how frequently have these occurred?
   □ 1. every night □ 3. not more than once a week
   □ 2. three of four times weekly □ 4. other

44. Have you experienced nightmares after rape experience?
   □ 1. yes □ 2. no

44a. If answer is yes, please describe these nightmares.

-----------------------------------------------------------------------------------------------------------------------
If the answer to question number 44 is negative, do not ask question number 45.

45. How frequently do these nightmares occur after rape experience?
   □ 1. every night       □ 3. not more than once a week
   □ 2. three or four times weekly  □ 4. other

46. Prior to the rape experience, did you usually have some sexual activity?
   (To be asked if the victim is single, widowed divorced or separated)
   □ 1. yes       □ 2. no
   If answer is no, do not ask questions number 49, 50, 51, 52 and 53.

47. Do you feel your attitude towards men has changed in any way after the rape experience?
   □ 1. yes       □ 2. no

47a. Explain briefly:

48. Do you feel that your attitude towards sex has been affected in any way by your rape experience?
   □ 1. yes       □ 2. no

48a. If yes, please explain briefly:

49. Have you been able to resume your sexual activity after the rape experience?
   □ 1. yes       □ 2. no

50. Did you enjoy sex before the rape experience?
   □ 1. always       □ 4. occasionally
   □ 2. most of the time  □ 5. never
   □ 3. about half of the time

51. Now, after the rape experience, have you enjoyed sex?
   □ 1. always       □ 4. occasionally
   □ 2. most of the time  □ 5. never
   □ 3. about half of the time

52. After the rape experience, do you consider that you sexual life:
   □ 1. has been very much affected       □ 2. has not suffered any change
   □ 3. has been affected, but not too much
52a. Explain briefly:

53. Since rape experience, your sexual activity:
   □ 1. has decreased  □ 3. total abstinence
   □ 2. has increased  □ 4. is the same as before rape
   □ 5. does not apply

54. Now, at this moment, how do you feel emotionally after your rape experience.
   □ 1. not upset at all  □ 3. very much upset
   □ 2. somewhat upset  □ 4. terribly upset

54a. Can you please explain briefly your answer.

55. Are there some additional changes that you consider have been consequence of your rape experience that I have not asked and that you would like to add?

56. Try to think now about yourself after the rape occurrence, How do you feel towards you as a woman and your sense of worth as a human being?
   □ 1. you feel that you are still very worthy as a person
   □ 2. you feel that you are worthy as a person
   □ 3. you feel that you are somewhat worthy as a person
   □ 4. you feel that you are a little unworthy as a person
   □ 5. you feel that you are unworthy as a person

56a. Please explain briefly, why you feel as you do?

Thanks again for your cooperation!
Le agradezco mucho que haya aceptado colaborar en este estudio sobre los efectos de la violación en la mujer puertorriqueña.

Sé que no será fácil para usted revivir experiencias dolorosas relacionadas con su violación, y esto naturalmente ocurrirá a medida que yo le vaya haciendo las preguntas de la planilla. Quiero que tenga claro que comprendo como se siente, y en ningún momento me mueve el hacerle daño. Respeto mucho sus sentires y quiero que entienda que la única forma de hacer de mi estudio uno válido es entrevistándolo a víctimas de violación como usted.

Tendré que hacerle algunas preguntas personales e íntimas, pero este proceso es absolutamente confidencial y su nombre será protegido en todo momento. Yo utilizaré solamente la información que me ofrezca.

Al ofrecerme la información estará contribuyendo anónimamente a que haya más información científica en Puerto Rico sobre el problema de violación. Ahora procederé a hacerle las preguntas pertinentes.
Violación y Recuperación: Análisis del Impacto de los Sistemas de Apoyo Informal en el Proceso de Recuperación de Mujeres Víctimas de Violación en Puerto Rico: 1984-85

CONSENTIMIENTO DE PARTICIPACIÓN EN EL ESTUDIO

Después de haber sido notificada sobre la importancia de este estudio para la sociedad puertorriqueña, y de la confidencialidad que se me garantiza en cuanto a mi información personal y experiencias, voluntariamente acepto colaborar con la investigación científica de la Profesora Zulma Vélez de Urrutia.

FIRMA

FECHA

Zulma Vélez de Urrutia
I. INFORMACION GENERAL

1. Fecha de nacimiento: (______) (______) (______)

2. Estado civil:
   □ 1. soltera □ 2. casada □ 3. viuda
   □ 4. divorciada □ 5. casada, pero separada
   □ 6. otro ____________________

3. Municipalidad: _____________________________________________

4. ¿Dónde vive?
   □ 1. casa con familiares
   □ 2. casa o apartamento
   □ 3. institución

5. Grado más alto cursado: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

6. Situación ocupacional antes de la violación:
   □ 1. estudiante □ 2. empleada a tiempo completo
   □ 3. empleada a tiempo parcial □ 4. desempleada buscando empleo
   □ 5. desempleada pero no busca empleo □ 6. ama de casa

7. ¿Esta usted desempeñando en este momento las tareas usuales que desempeñaba antes de la violación?
   □ 1. sí □ 2. no.
   (Sí contesta en la afirmativa, omitir la pregunta que sigue)
8. De la siguiente lista de actividades que le leeré, seleccione aquellas que está desempeñando después de la violación.

☐ 1. continua asistiendo a la escuela
☐ 2. continua trabajando por paga
☐ 3. continua desempeñando tareas habituales de ama de casa
☐ 4. continua desempleada, pero buscando empleo
☐ 5. continua desempleada, pero no busca empleo

9. ¿Con quién vivía antes de la experiencia de la violación?

☐ 1. sola
☐ 2. con padres
☐ 3. con esposo e hijos
☐ 4. con esposo solamente
☐ 5. otros arreglos (especifique)

10. ¿Con quién vive actualmente después de la violación?

☐ 1. sola
☐ 2. con padres
☐ 3. con esposo e hijos
☐ 4. con esposo solamente
☐ 5. otros arreglos (especifique)

II. SOBRE FAMILIA INMEDIATA

11. ¿Tiene personas que considera familia inmediata?

☐ 1. tiene
☐ 2. no tiene

11 a. Si contesta en la afirmativa, indique a quién o quienes considera familia inmediata.

<table>
<thead>
<tr>
<th>Relación con la víctima</th>
<th>Viven Cerca</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sí</td>
</tr>
<tr>
<td>1. marido</td>
<td></td>
</tr>
<tr>
<td>2. ex-marido</td>
<td></td>
</tr>
<tr>
<td>3. hijo (s)</td>
<td></td>
</tr>
<tr>
<td>4. hija (s)</td>
<td></td>
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<td>5. padres</td>
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<td>6. madre</td>
<td></td>
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<tr>
<td>7. padre</td>
<td></td>
</tr>
<tr>
<td>8. hermano (s)</td>
<td></td>
</tr>
<tr>
<td>9. hermana (s)</td>
<td></td>
</tr>
<tr>
<td>10. cuñado</td>
<td></td>
</tr>
<tr>
<td>11. cuñada</td>
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</tr>
<tr>
<td>12. otros (especifique)</td>
<td></td>
</tr>
</tbody>
</table>

12. ¿Está usted en comunicación con ellos?

☐ 1. sí
☐ 2. no

(De contestar en la negativa, omitir la pregunta siguiente)
13. ¿Con qué frecuencia se comunica con ellos?

☐ 1. diariamente  ☐ 2. una o dos veces a la semana  ☐ 3. mensualmente
☐ 4. cada dos meses o más  ☐ 5. una vez al año

14. En caso de una emergencia, ¿le pediría usted ayuda a alguien?

☐ 1. sí  ☐ 2. no

15. Si su contestación es sí, ¿indique a quién recurriría en caso de emergencia?

☐ 1. algún familiar que vive bajo el mismo techo
☐ 2. otros familiares
☐ 3. amigos
☐ 4. vecinos
☐ 5. compañeros de trabajo
☐ 6. profesionales de ayuda (ministro, sacerdote, trabajador social)
☐ 7. otros (especifique) __________________;________________________

III. REACCION DE LA VICTIMA A LA EXPERIENCIA DE LA VIOLACION

16. Fecha de la violación ( ) ( ) ( )

17. ¿Conocía usted a su asaltante?

☐ 1. sí  ☐ 2. no

(Si contesta en la negativa, omita la pregunta siguiente)

18. ¿Qué clase de relación tenía con él?

☐ 1. familiar cercano
☐ 2. amigo
☐ 3. novio
☐ 4. pariente
☐ 5. conocido, le sabía el nombre
☐ 6. conocido, lo había visto, pero no le sabía el nombre
☐ 7. otro (especifique)

19. Los siguientes son sentimientos que muchas víctimas de violación pueden o no experimentar durante los primeros días después de la experiencia de la violación. De la lista que le voy a leer, por favor identifique cuáles si alguno usted sintió y evalúe la intensidad como: no experimentado, muy intenso, moderadamente intenso o menos intenso.

20. ¿Cuál fue su primer paso para bregar con la experiencia de la violación?

☐ 1. no se lo dijo a nadie
☐ 2. buscó ayuda

(Si indica que buscó ayuda, indique ¿qué tipo de ayuda buscó?)

20a. Buscó ayuda de:

☐ 1. un familiar inmediato
☐ 2. otros familiares
☐ 3. vecinos
☐ 4. amigos
☐ 5. compañeros de estudio
☐ 6. la Policía
☐ 7. profesionales de ayuda (sacerdote, ministro, trabajador social)
☐ 8. otro (especifique ________________________________)

21. Si contestó en la pregunta núm. 20 que buscó ayuda, ¿cuán rápidamente le informó a esta persona lo que le pasó?

☐ 1. en las primeras 24 horas
☐ 2. entre las 25 a 48 horas
☐ 3. de 49 a 72 horas
☐ 4. 73 horas o más

22. ¿Qué hicieron ésta o éstas personas cuando se enteraron de su violación?

☐ 1. la llevaron al Centro de Ayuda a Víctimas de Violación
☐ 2. la llevaron al hospital
☐ 3. la llevaron a la Unidad de Delitos Sexuales de la Policía
☐ 4. la llevaron a un médico privado
☐ 5. otro (especifique: ________________________________)

23. ¿Recibió usted respaldo emocional de estas personas al conocer su experiencia de violación?

☐ 1. sí
☐ 2. no

24. ¿Cómo describiría usted ese respaldo emocional?

☐ 1. de mucha ayuda
☐ 2. de poca ayuda
☐ 3. de alguna ayuda
☐ 4. de ninguna ayuda

25. Describa qué hicieron estas personas para hacerla sentir así?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

26. ¿Cómo se ha sentido usted con las reacciones de estas personas hacia usted como víctima de violación?

☐ 1. muy satisfecha
☐ 2. satisfecha
☐ 3. insatisfecha
☐ 4. muy insatisfecha

26a. ¿Podría usted explicar el por qué de su respuesta?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
27. ¿Cuán rápidamente informó usted la violación a la Unidad de Delitos Sexuales de la Policía?
   □ 1. en las primeras 24 horas □ 3. de 49 a 72 horas
   □ 2. entre las 25 a 48 horas □ 4. 73 horas o más

28. ¿Cómo se ha sentido usted con los servicios recibidos de la Unidad de Delitos Sexuales de la Policía?
   □ 1. muy satisfecha □ 3. insatisfecha
   □ 2. satisfecha □ 4. muy insatisfecha

28a. Podría usted explicar el por qué de su respuesta?

-------

29. ¿Considera usted que tenía buenos amigos antes de la experiencia de ser violada?
   □ 1. si □ 2. no

29a. Si su contestación es sí, indique si eran principalmente de:
   □ 1. su mismo sexo (____)núm. aproximado
   □ 2. ambos sexos (____)núm. aproximado
   □ 3. sexo opuesto (____)núm. aproximado

30. ¿Con cuánta frecuencia se comunicaba con estos amigos antes de la violación?
   □ 1. diariamente □ 4. cada dos meses o más
   □ 2. una o dos veces a la semana □ 5. una vez al año
   □ 3. mensualmente

31. ¿Se enteroan sus amigos allegados de su experiencia de violación?
   □ 1. sí, todos □ 2. sí, algunos □ 3. no, ninguno

32. Si la contestación es sí, indique si recibió usted respaldo emocional de ellos al conocer su experiencia?
   □ 1. sí, de todos □ 2. sí, de algunos □ 3. no, de ninguno

Si la víctima indicara que se sintió respaldada por sus amigos, proceda a preguntar lo siguiente:

33. ¿Cómo describiría usted ese respaldo emocional?
   □ 1. de mucha ayuda □ 3. de poca ayuda
   □ 2. de alguna ayuda □ 4. de ninguna ayuda

34. Describa qué hicieron estas personas para hacerla sentir así.
35. ¿Ha notado usted alguna diferencia en el respaldo emocional recibido de parte de sus amigos del sexo opuesto comparado con el recibido de parte de los amigos de su propio sexo?

- [ ] 1. sí
- [ ] 2. no

35a. Podría explicar usted esta diferencia:

__________________________________________________________________________

__________________________________________________________________________

36. ¿Cómo se ha sentido con las reacciones de sus amigos hacia usted como víctima de violación?

- [ ] 1. muy satisfecha
- [ ] 2. satisfecha
- [ ] 3. insatisfecha
- [ ] 4. muy insatisfecha

36a. Podría explicar el por qué de su respuesta:

__________________________________________________________________________

__________________________________________________________________________

37. ¿Participaba usted usualmente en alguna actividad en su comunidad antes de la violación?

- [ ] 1. sí
- [ ] 2. no

Si contesta afirmativamente, preguntar, ¿en cuáles y con qué frecuencia?

<table>
<thead>
<tr>
<th>Actividades Existentes en la Comunidad</th>
<th>Frecuencia de la Participación</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frecuentemente</td>
</tr>
<tr>
<td>1. servicios o reuniones religiosas</td>
<td></td>
</tr>
<tr>
<td>2. clubes sociales</td>
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<tr>
<td>3. deportes</td>
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<td>4. grupos recreativos</td>
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<tr>
<td>5. reuniones políticas</td>
<td></td>
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<tr>
<td>6. educativas</td>
<td></td>
</tr>
<tr>
<td>7. grupos de interés especial</td>
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<tr>
<td>8. otro (especifique)</td>
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</tbody>
</table>

III. DESPUÉS DE LA VIOLACIÓN

38. ¿Cómo compara usted sus hábitos de alimentación antes y después de la violación?

   a. Cantidad de alimentos que ingiere:

   - [ ] 1. come más que antes
   - [ ] 2. come menos que antes
   - [ ] 3. come igual que antes
   - [ ] 4. no está comiendo
246

b. ¿Con qué frecuencia come?

☐ 1. la misma frecuencia que antes
☐ 2. con más frecuencia que antes
☐ 3. menos frecuencia que antes

39. ¿Ha experimentado algún otro cambio respecto a su alimentación después de la violación?

☐ 1. sí
☐ 2. no

39a. (Si contesta en la afirmativa, especifique qué cambios y evalúe su frecuencia):

<table>
<thead>
<tr>
<th>Cambio</th>
<th>Frecuentemente</th>
<th>A veces</th>
<th>Casi Nunca</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. falta de apetito</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. náusea o vómitos</td>
<td></td>
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<tr>
<td>3. comer compulsivamente</td>
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<tr>
<td>4. aversión a ciertas comidas</td>
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<tr>
<td>5. diarrea</td>
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<tr>
<td>6. no aplica</td>
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</table>

40. ¿Ha sufrido algún cambio en sus hábitos de dormir después de la violación comparado con sus hábitos de dormir previo a la violación?

☐ 1. sí
☐ 2. no

40a. Si contesta en la afirmativa, especifique qué cambios y con qué frecuencia es experimentado.

<table>
<thead>
<tr>
<th>Cambio</th>
<th>Frecuentemente</th>
<th>A veces</th>
<th>Casi Nunca</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. duerme en exceso</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. duerme menos</td>
<td></td>
<td></td>
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<tr>
<td>3. insomnio</td>
<td></td>
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<tr>
<td>4. otro (especifique)</td>
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</tbody>
</table>

41. ¿Ha experimentado algún otro trastorno en sus hábitos de dormir después de la violación?

☐ 1. sí
☐ 2. no

41a. Si contesta en la afirmativa, indique qué otro trastorno y evalúe su frecuencia.

<table>
<thead>
<tr>
<th>Cambio</th>
<th>Frecuentemente</th>
<th>A veces</th>
<th>Casi Nunca</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. intranquilidad</td>
<td></td>
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</tr>
<tr>
<td>2. no puede dormir sola</td>
<td></td>
<td></td>
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<tr>
<td>3. no puede dormir con otros</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. no puede dormir en la oscuridad</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. otros (especifique)</td>
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</tr>
</tbody>
</table>

42. ¿Sufría usted de pesadillas antes de la violación?

☐ 1. sí
☐ 2. no
Si la víctima contestó en la negativa en la pregunta anterior, omita la pregunta número 43 y pase a la número 44.

43. ¿Ha sufrido de pesadillas, ¿con qué frecuencia ocurrían las mismas?

□ 1. todas las noches □ 2. tres o cuatro veces □ 3. no más de una vez a la semana □ 4. otro ____________________

44. ¿Ha sufrido de pesadillas después de la violación?

□ 1. sí □ 2. no

44a. Si su contestación es sí, describa esas pesadillas.

____________________________________________________________________________________

(Si la contestación a la pregunta núm. 44 es negativa, no proceda a hacer la pregunta núm. 45)

45. ¿Con qué frecuencia ocurren esas pesadillas después de la violación?

□ 1. todas las noches □ 2. tres o cuatro veces □ 3. no más de una vez a la semana □ 4. otro ____________________

46. Previo a la violación, ¿acostumbraba usted tener alguna actividad sexual? (si la víctima es soltera, viuda, divorciada o separada)

□ 1. sí □ 2. no

(Si contesta en la negativa, omitir preguntas núm. 49, 50, 51, 52 y 53.)

47. ¿Siente usted que su actitud hacia los hombres, ha cambiado en alguna manera?

□ 1. sí □ 2. no

47a. Explique brevemente:

____________________________________________________________________________________

48. ¿Cree que su actitud hacia el sexo se ha afectado en alguna forma por su experiencia de violación?

□ 1. sí □ 2. no

48a. Si su contestación es afirmativa, explique brevemente:

____________________________________________________________________________________
49. ¿Ha podido reanudar su actividad sexual después de la violación?
   ☐ 1. sí ☐ 2. no

50. Antes de la violación, ¿disfrutaba usted las relaciones sexuales?
   ☐ 1. siempre ☐ 4. ocasionalmente
   ☐ 2. la mayor parte del tiempo ☐ 5. nunca
   ☐ 3. más o menos la mitad del tiempo

51. Después de la violación, ¿ha disfrutado del sexo?
   ☐ 1. siempre ☐ 4. ocasionalmente
   ☐ 2. la mayor parte del tiempo ☐ 5. nunca
   ☐ 3. más o menos la mitad del tiempo

52. Después de la violación, considera que su vida sexual:
   ☐ 1. se ha afectado mucho ☐ 3. se ha afectado, pero no demasiado
   ☐ 2. no ha sufrido cambio

52a. Explique brevemente:

53. Después de la violación, su actividad sexual:
   ☐ 1. ha disminuido ☐ 4. abstinencia total
   ☐ 2. ha aumentado
   ☐ 3. es igual que antes de la violación

54. Ahora, en este momento, ¿cómo se siente usted emocionalmente después de su experiencia con la violación?
   ☐ 1. no está afectada ☐ 3. bastante afectada
   ☐ 2. algo afectada ☐ 4. muy afectada

54a. Podría, por favor, explicar brevemente su respuesta:

55. ¿Existe algún cambio adicional en usted como consecuencia de la violación sobre el cual no se le haya preguntado y que a usted le gustaría abordar?
56. En estos momentos, piense en usted, ¿cuáles diría usted que serían los sentimientos que mejor describen su apreciación de sí misma como mujer y su sentido de valor como persona:

☐ 1. cree que tiene mucho valor como persona
☐ 2. cree que tiene valor como persona
☐ 3. cree que tiene algún valor como persona
☐ 4. cree que tiene poco valor como persona
☐ 5. cree que no tiene ningún valor como persona

56a. Podría explicar brevemente por qué se siente así:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

¡GRACIAS POR SU COLABORACION!
### AUTO ESTIMA

A continuación hay unas frases que describen cómo la gente piensa y se siente con respecto a sí mismo. Marque la primera columna, si está totalmente de acuerdo con la frase; la segunda columna si está de acuerdo; la tercera columna si está en desacuerdo y la cuarta columna si está totalmente en desacuerdo con la frase.

<table>
<thead>
<tr>
<th>Número</th>
<th>Frase</th>
<th>Totalmente de acuerdo</th>
<th>De acuerdo</th>
<th>En desacuerdo</th>
<th>Totalmente en desacuerdo</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>En términos generales, me siento satisfecho conmigo mismo.</td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td>A veces pienso que no sirvo para nada.</td>
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<tr>
<td>3.</td>
<td>Siento que tengo buenas cualidades.</td>
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<tr>
<td>4.</td>
<td>Soy capaz de hacer las cosas tan bien como la mayor parte de la gente</td>
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<tr>
<td>5.</td>
<td>Siento que no tengo mucho de lo cual sentirme orgulloso.</td>
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</tr>
<tr>
<td>6.</td>
<td>Verdaderamente a veces me siento que no sirvo para nada.</td>
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<tr>
<td>7.</td>
<td>Soy una persona que vale o por lo menos soy tan bueno como otros</td>
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<tr>
<td>8.</td>
<td>Desearía sentir más respeto por mí mismo.</td>
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<tr>
<td>9.</td>
<td>En términos generales, tengo a sentir que soy un fracaso.</td>
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<tr>
<td>10.</td>
<td>Yo visto bien de mí mismo.</td>
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</table>
APPENDIX F

OHIO STATE UNIVERSITY
COLLEGE OF SOCIAL WORK
COLUMBUS, OHIO

SCHEDULE B

DATE: (   ) (   ) (   ) (   )
    day    month   year

1. At this moment, six week after the rape occurrence, how do you feel?
   □ 1. still in crisis
   □ 2. in process of recovery from rape experience
   □ 3. totally recovered from crisis

1a. Explain your answer:

________________________________________________________________________
________________________________________________________________________

2. Try to assess how emotionally upset are you feeling right now after rape occurrence:
   □ 1. not upset at all    □ 3. very much upset
   □ 2. somewhat upset      □ 4. very upset

2a. Can you please explain briefly your answer?

________________________________________________________________________
________________________________________________________________________

3. How does your present relationship with your immediate family compare with your relationship before rape?
   □ 1. they are as usual    □ 4. worse
   □ 2. much stronger        □ 5. worst
   □ 3. somewhat stronger

4. How much affection did most of your immediate family members show you during the past six weeks after the rape? In a scale from 1 - 5 assess the grade of affection you received using no. 1 to indicate poor affection and no. 5 great affection.

   1    2    3    4    5
Schedule B
Page 2

4a. Can you provide some examples for your answer?

5. To what extent have the members of your immediate family understood the severity of your experience as a rape victim?

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

5a. What in their behavior made you feel that they understood the severity of your experience as a rape victim?

6. To what extent do most of your family members accept and support you now? Please assess their support and acceptance in a scale from 1 - 5 using no. 1 to imply little support and acceptance and no. 5 great support and acceptance.

<table>
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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

6a. What specifically made you feel supported and accepted?

7. Are you satisfied with the amount of affection demonstrated and the support that you received from your family after the rape experience?

☐ 1. yes  ☐ 2. no

7a. How can you qualify your level of satisfaction.

☐ 1. very satisfied  ☐ 3. dissatisfied

☐ 2. satisfied  ☐ 4. very dissatisfied

7b. Can you broaden why you felt satisfied or dissatisfied?

8. How does your present relationship with your friends compare with your relationship with them before rape?

☐ 1. they are as usual  ☐ 4. worse

☐ 2. much stronger  ☐ 5. worst

☐ 3. somewhat stronger
9. How much affection did most of your friends show to you after the rape? Assess the grade of affection you received in a scale from 1-5 using no. 1 to indicate poor affection and no. 5 great affection.

1  2  3  4  5  

9a. Can you provide some examples for your answer?

__________________________________________________________________________

10. To what extent have they understood the severity of your experience as a rape victim? Please assess their understanding using a scale from 1-5 in which no. 1 indicate not aware at all and no. 5 very much aware.

1  2  3  4  5  

10a. What in the behavior of your friends make you feel that they understood your experience and were aware of it?

__________________________________________________________________________

11. To what extent did your friends accept and support you after being raped? Please assess their support and acceptance in a scale from 1 - 5 in which no. 1 indicates little support and acceptance and no. 5 great support and acceptance.

1  2  3  4  5  

11a. What specifically made you feel supported and accepted?

__________________________________________________________________________

12. Are you satisfied with the amount of demonstration of affection and support you received from your friends after being raped?

1. yes  2. no

12a. If yes, please indicate how satisfied you feel.

1. very satisfied  2. satisfied  3. dissatisfied  4. very dissatisfied
II. TRY TO ASSESS YOUR PERFORMANCE NOW AFTER SIX WEEKS OF THE RAPE OCCURRENCE.
HOW CAN YOU RATE THE FOLLOWING AREAS?

13. Have you been able to resume your habitual tasks?
   □ 1. yes □ 2. yes, partially □ 3. no

14. From the following list of activities, please identify those that you usually performed before rape and that you have resumed.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. is still attending school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. is still working for pay</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. is still performing habitual chores as a housewife</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. is still unemployed, but looking for a job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. is still unemployed, but not looking for a job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

15. In the first schedule we complemented I read you a list of feelings that a raped victim might or might not experience during the first days after rape occurrence. I will read the same list of feelings and I want you to identify those feelings that you are still experiencing now after six weeks of the rape. As in the first interview please assess the intensity of these feelings at this moment:

<table>
<thead>
<tr>
<th>Feelings</th>
<th>Not experienced</th>
<th>Very intense</th>
<th>Moderately intense</th>
<th>Less intense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. fear</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. anger</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. anguish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. anxiety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. confusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. helplessness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. shame</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. guilt</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. down</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. other (specify)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. From the following list of community activities that I will read to you identify those in which you usually participated and have resumed during the last six weeks?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. church service or church meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. social clubs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. sporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. recreation groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. political party meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. educational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. hobby or special interest group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
17. After six weeks of the rape experience, how are your eating habits as compared with your habits before rape?
   A. Quantity of food consumed currently
      □ 1. about the same □ 3. much more than prior rape
      □ 2. much less
   B. Frequency of food consumption:
      □ 1. about the same
      □ 2. more frequent than prior to the rape experience
      □ 3. less frequent than prior to rape

18. After six weeks are you experiencing any eating disturbance?
   □ 1. yes □ 2. no

18a. Please identify:

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Seldom</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. lack of appetite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. aversion to particular foods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. nausea and/or vomiting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. compulsive eating</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. diarrhoea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. After six weeks are you experiencing changes in your sleeping habits if so?
   □ 1. yes □ 2. no

19a. If the victim answer yes, ask her to identify what kind of disturbances and also ask her to assess frequency.

<table>
<thead>
<tr>
<th>Disturbance</th>
<th>Frequently</th>
<th>Sometimes</th>
<th>Seldom</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. sleeping as usual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. sleeping excessively</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. insomnia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. other (specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. not applicable</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. After six weeks are you experiencing other sleeping disturbances?
   □ 1. yes □ 2. no
20a. If the victim answer yes, ask her to indicate what kind of sleeping disturbance and also assess the frequency.

- □ 1. restlessness
- □ 2. being unable to sleep alone
- □ 3. being unable to sleep with other
- □ 4. being unable to sleep in the dark
- □ 5. other (specify)
- □ 6. not applicable

Frequently | Sometimes | Seldom
---|---|---
□ | □ | □
□ | □ | □
□ | □ | □
□ | □ | □
□ | □ | □

21. Are you experiencing nightmares now?
- □ 1. yes
- □ 2. no

22. How frequently are you experiencing these nightmares at the present time?
- □ 1. every night
- □ 2. three or four times weekly
- □ 3. not more than once in a week
- □ 4. other

23. In relation to your sexual life, how can you assess your attitude towards men now after six weeks of rape occurrence?
- □ 1. no change at all
- □ 2. has changed but not too much
- □ 3. has been highly affected

23a. Please explain:

24. How can you assess your attitude towards sex now?
- □ 1. no change at all
- □ 2. has changed but not too much
- □ 3. has been highly affected

24a. Please explain:

25. Have you been able to resume your sexual activity after the rape experience?
- □ 1. yes
- □ 2. no
- □ 3. not applicable

26. Have you noticed any change in your sexual response? Explain briefly in what way:


27. Do you enjoy sex now?
   □ 1. always
   □ 2. most of the time
   □ 3. occasionally
   □ 4. not sexually active since rape
   □ 5. about half of the time
   □ 6. never
   □ 7. not applicable

28. How is your sexual activity at the present time?
   □ 1. is the same as before rape experience
   □ 2. has decreased
   □ 3. has increased
   □ 4. total abstinence
   □ 5. not applicable

29. To what extent do you believe that you have recovered from the rape assault. Use for this a scale from 1-5 in which no. 1 implies that you feel that you are not recovered at all and no. 5 to indicate that you are completely recovered.

29a. Please explain what makes you think that you have or have not recovered from the rape experience:

________________________________________________________
________________________________________________________
________________________________________________________

30. If you consider yourself as being recovered or in the process of recovery, please mention the three most important factors that in your judgement have contributed to this recovery. Please mention these factors in order of importance for you.
   1. ______________________________________________________
   2. ______________________________________________________
   3. ______________________________________________________

31. Please mention those factors that you consider have not contributed to your recovery from the rape experience:
   1. ______________________________________________________
   2. ______________________________________________________
   3. ______________________________________________________

32. Have you approached any of the following agencies or services in search of help during the last six weeks? You can give more than one answer if it is necessary.
   □ 1. you have not requested any professional help
   □ 2. Rape Center in Puerto Rico
   □ 3. Puerto Rican Police Department, Unit of Sexual Offense
   □ 4. Mental Health Center
   □ 5. psychiatry or psychologist
   □ 6. other (specify) __________________________________________
33. If you could make some changes in the services given to rape victims in Puerto Rico, which one would you like to promote?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

34. After assessing the whole post-rape process, can you identify and describe the worst moment in this process?

☐ 1. being exposed to family and friends
☐ 2. being exposed to police interrogation
☐ 3. being exposed to the court process
☐ 4. dealing with your own feelings
☐ 5. dealing with the medical examination
☐ 6. other (specify) _______________________________________

35. Can you identify in yourself other areas of behavior affected since the rape experience that have not been included in any of the schedules? Please explain:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

36. What would you suggest or recommend that a rape victim do in order to accelerate and facilitate her own recovery process?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

37. After six weeks of the rape experience, try to think now about yourself after the rape occurrence, how do you feel towards you as a woman and your sense of worth as a human being?

☐ 1. you feel that you are still very worthy as a person
☐ 2. you feel that you are worthy as a person
☐ 3. you feel that you are somewhat worthy as a person
☐ 4. you feel that you are a little unworthy as a person
☐ 5. you feel that you are unworthy as a person

37a. Please explain briefly, why you feel as you do?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
APPENDIX G

OHIO STATE UNIVERSITY
ESCUELA GRADUADA DE TRABAJO SOCIAL
COLUMBUS, OHIO

PLANILLA B

1. En este momento, seis semanas después de haber ocurrido la violación, ¿cómo se siente?
   □ 1. aún en crisis
   □ 2. en proceso de recuperación de la experiencia de violación
   □ 3. totalmente recuperada de la crisis

1a. Explique su contestación:

2. Trate de evaluar, ¿cómo se siente emocionalmente en este momento después de la violación?
   □ 1. no está afectada
   □ 2. algo afectada
   □ 3. bastante afectada
   □ 4. muy afectada

2a. ¿Podría, por favor, explicar su contestación?

3. ¿Cómo compara su relación actual con su familia inmediata con la relación que tenía con ésta antes de la violación?
   □ 1. como siempre
   □ 2. más fuerte
   □ 3. algo más fuerte
   □ 4. más débil
   □ 5. peor que antes de la violación

4. ¿Cuánto afecto le demostraron los miembros de su familia inmediata durante las seis semanas posteriores a la violación? En una escala de 1 - 5 evalúe el grado de afecto que recibió, usando el núm. 1 para indicar poco afecto y el núm. 5 para indicar mucho afecto.

□□□□□
Planilla B

4a. ¿Puede ofrecer algunos ejemplos de su contestación?

5. ¿Hasta qué punto han entendido los miembros de su familia inmediata la severidad de su experiencia como una víctima de violación? Evalúe su comprensión en una escala de 1 - 5 usando el núm. 1 para indicar que no estaban conscientes de la severidad de su experiencia y el núm. 5 para indicar que estaban muy conscientes.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

5a. ¿Qué habla en la conducta de sus familiares que le hizo sentir a usted que ellos entendieron la severidad de su experiencia como víctima de violación?

6. ¿Hasta qué punto los miembros de su familia la aceptan y respaldan ahora? Por favor, evalúe su respaldo y aceptación en una escala del 1 - 5, usando el núm. 1 para implicar poco respaldo y aceptación y el núm. 5 para implicar gran respaldo y aceptación.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

6a. ¿Qué específicamente le hizo sentir respaldada y aceptada?

7. ¿Está usted satisfecha con la cantidad de afecto demostrado y el respaldo que recibió de su familia después de la experiencia de violación?

☐ 1. sí  ☐ 2. no

7a. ¿Cómo calificaría usted su nivel de satisfacción?

☐ 1. muy satisfecha  ☐ 3. insatisfecha
☐ 2. satisfecha  ☐ 4. muy insatisfecha

7b. ¿Podría explicar por qué se sintió satisfecha o insatisfecha?
8. ¿Cómo compara su relación con sus amigos antes y después de la violación?

☐ 1. como siempre
☐ 2. más fuerte
☐ 3. algo más fuerte
☐ 4. más débil
☐ 5. peor que antes de la violación

9. ¿Cuánto afecto le mostraron la mayor parte de sus amigos después de su violación? Evalúe el grado de afecto en una escala de 1 - 5, usando el núm. 1 para indicar poco afecto y el núm. 5 para indicar mucho afecto.

10. ¿Hasta qué punto han entendido sus amigos la severidad de su experiencia como una víctima de violación? Por favor, evalúe su comprensión usando una escala de 1 - 5, en la cual el núm. 1 indica ninguna comprensión y el núm. 5 mucha comprensión.

11. ¿Hasta qué punto le aceptaron y respaldaron sus amigos después de la violación? Por favor, evalúe su aceptación y respaldo en una escala del 1 - 5, en la cual el núm. 1 indica poco respaldo y aceptación y el núm. 5 gran respaldo y aceptación.

12. ¿Está usted satisfecha con la cantidad de demostraciones de afecto y apoyo que recibió de sus amigos después de la violación?

☐ 1. sí
☐ 2. no
12a. Si su contestación es en la afirmativa, por favor, indique, cuán satisfecha se siente?

☐ 1. muy satisfecha
☐ 2. satisfecha
☐ 3. insatisfecha
☐ 4. muy insatisfecha

II. TRATE DE EVALUAR AHORA SU FUNCIONAMIENTO SEIS SEMANAS DESPUÉS DE SU EXPERIENCIA DE VIOLACIÓN. ¿COMO CLASIFICARÍA LAS SIGUIENTES ÁREAS?

13. ¿Ha podido reanudar sus tareas habituales?

☐ 1. sí
☐ 2. sí, parcialmente
☐ 3. no

14. De la siguiente lista de actividades, por favor, identifique aquellas que desempeñaba corrientemente antes de la violación y que ha reanudado?

Actividades:           Sí No

☐ 1. continua asistiendo a la escuela
☐ 2. continua trabajando por paga
☐ 3. continua desempeñando tareas habituales de ama de casa
☐ 4. continua desempleada, pero buscando empleo
☐ 5. continua desempleada, pero no busca empleo
☐ 6. otros (especifique)

15. En la primera planilla, que ya completó, le leí una lista de los sentimientos que más comúnmente identifican y informan otras víctimas de violación haber experimentado después de la experiencia de ser violada. Le leeré la misma lista de sentimientos ahora y quise que identificara aquellos que aún continúa experimentando después de seis semanas de la violación. Igual que hicimos antes, trate de evaluar la intensidad de esos sentimientos en este momento.

No lo sintió Mucho Regular Poco

☐ 1. temor
☐ 2. coraje
☐ 3. angustia
☐ 4. ansiedad
☐ 5. confusión
☐ 6. impotencia
☐ 7. verguenza
☐ 8. culpabilidad
☐ 9. “down” (deprimida)
☐ 10. otros (especifique)
16. De la lista de actividades que le leeré a continuación, identifique aquellas en las cuales participaba usualmente y ha reanudado durante las pasadas seis semanas.

<table>
<thead>
<tr>
<th>Actividad</th>
<th>Sí 8</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. servicios o reuniones religiosas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. clubes sociales</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. deportes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. grupos recreativos</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. reuniones políticas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. educativas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. grupos de interés especial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. otros (especifique)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Después de seis semanas de la experiencia de violación, ¿cómo son sus hábitos actuales de alimentación, comparados con sus hábitos antes de la violación?

a. Cantidad de alimentos que ingiere actualmente:
   1. come igual que antes
   2. come menos que antes
   3. come más que antes

b. Frecuencia con qué come:
   1. la misma frecuencia que antes
   2. con más frecuencia que antes
   3. menos frecuente que antes

18. Después de seis semanas, ¿está usted experimentando algún disturbio en su alimentación?
   1. sí
   2. no

18a. Por favor, identifique:

<table>
<thead>
<tr>
<th></th>
<th>Frecuentemente</th>
<th>Algunas Veces</th>
<th>Casi Nunca</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. falta de apetito</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. aversión a comidas en particular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. náusea y/o vómitos</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. comer compulsivamente</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. diarrea</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. otros (especifique)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. no aplica</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
19. Después de seis semanas, ¿está usted experimentando cambios en sus hábitos de sueño?

- 1. sí   - 2. no

19a. Si la víctima responde afirmativamente, pídale que identifique estos cambios y evalúe la frecuencia con que son experimentados.

<table>
<thead>
<tr>
<th>Frecuentemente</th>
<th>Algunas Veces</th>
<th>Casi Nunca</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

- □ 1. durmiendo como siempre
- □ 2. durmiendo en exceso
- □ 3. insomnio
- □ 4. otros (especifique)
- □ 5. no aplica

20. Después de seis semanas, ¿está usted experimentando otros disturbios con el sueño?

- 1. sí   - 2. no

20a. Si la víctima responde afirmativamente, pídale que identifique estos disturbios y evalúe la frecuencia con que los experimenta.

<table>
<thead>
<tr>
<th>Frecuentemente</th>
<th>Algunas Veces</th>
<th>Casi Nunca</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

- □ 1. inquietud
- □ 2. no puede dormir sola
- □ 3. no puede dormir con otras personas
- □ 4. no puede dormir en la oscuridad
- □ 5. otros (especifique)
- □ 6. no aplica

21. ¿Está usted sufriendo pesadillas actualmente?

- 1. sí   - 2. no

22. ¿Con cuánta frecuencia está experimentando estas pesadillas en el presente?

- □ 1. todas las noches
- □ 2. tres o cuatro veces a la semana
- □ 3. no más de una vez a la semana
- □ 4. otro

23. En cuanto a su vida sexual, ¿cómo usted evalúa su actitud hacia los hombres ahora después de seis semanas de ocurrida la violación?

- □ 1. no ha habido ningún cambio
- □ 2. ha cambiado, pero no mucho
- □ 3. se ha afectado significativamente
23a. Favor explique:

____________________________________________________

24. ¿Cómo evalúa su actitud hacia el sexo ahora?
   □ 1. no ha habido ningún cambio
   □ 2. ha cambiado, pero no mucho
   □ 3. se ha afectado grandemente

24a. Favor explique:

____________________________________________________

25. ¿Ha podido reanudar su actividad sexual después de la violación?
   □ 1. sí  □ 2. no  □ 3. no aplica

26. ¿Ha notado algún cambio en su respuesta sexual? Explique brevemente en qué forma?

____________________________________________________

27. ¿Disfruta usted el sexo ahora?
   □ 1. siempre
   □ 2. la mayor parte del tiempo
   □ 3. ocasionalmente
   □ 4. no ha estado sexualmente activa después de la violación
   □ 5. más o menos la mitad del tiempo
   □ 6. nunca
   □ 7. no aplicá

28. ¿Cómo es su actividad sexual en el presente?
   □ 1. es igual que antes de la violación
   □ 2. ha disminuido
   □ 3. ha aumentado
   □ 4. no ha estado activa después de la violación
   □ 5. no aplica
29. ¿Hasta qué punto cree usted que ha recuperado de la violación? Uso una escala del 1 - 5, en la cual el núm. 1 implica que no está recuperada y el núm. 5 que está totalmente recuperada.

1  2  3  4  5

29a. Por favor explique, ¿qué le hace pensar que usted ha recuperado o no de su experiencia de la violación?

________________________________________________________________________

________________________________________________________________________

30. Si usted considera que ha recuperado o que está en proceso de recuperación después de su experiencia de violación, mencione los tres factores más importantes que a su juicio han contribuido a esta recuperación. Mencióñelos en el orden en que estos factores son importantes para usted.

1. _________________________________________________________________

2. _________________________________________________________________

3. _________________________________________________________________

31. Por favor, mencione aquellos factores que usted considera que no la han ayudado a recuperar de la experiencia de violación.

1. _________________________________________________________________

2. _________________________________________________________________

3. _________________________________________________________________

32. ¿Ha hecho usted algún acercamiento a las siguientes agencias o servicios en busca de ayuda durante las últimas seis semanas. Puede ofrecer más de una contestación si es necesario.

☐ 1. no ha solicitado ayuda profesional
☐ 2. ha acudido al Centro de Ayuda a Víctimas de Violación
☐ 3. ha acudido a la Unidad de Delitos Sexuales de la Policía
☐ 4. ha acudido al Centro de Salud Mental
☐ 5. ha acudido a algún psicólogo o psicoanalista privado
☐ 6. otro (especifique) _______________________________________________

33. Si usted pudiera hacer algunos cambios en los servicios que se ofrecen a las víctimas de violación en Puerto Pico, ¿cuáles quisiera usted promover?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
34. Después de evaluar todo el proceso que siguió a la violación, ¿puede identificar y describir el peor momento en dicho proceso?

☐ 1. estar expuesta ante familiares y amigos
☐ 2. estar expuesta a la interrogación policiaca
☐ 3. estar expuesta a procesos de corte
☐ 4. bregar con los sentimientos propios
☐ 5. enfrentarse con el examen médico
☐ 6. otros (especifique) ____________________________________________________

35. ¿Puede identificar en usted otras áreas de conducta afectadas desde la experiencia de violación que no han sido incluidas en las dos planillas que ha contestado en estas entrevistas? Por favor, explique brevemente.

__________________________________________________________________________

__________________________________________________________________________

36. ¿Qué usted sugeriría o recomendaría a una víctima de violación que hiciera para poder acelerar o facilitar su recuperación de esa experiencia?

__________________________________________________________________________

__________________________________________________________________________

37. Después de seis semanas de su experiencia de violación, al pensar en usted en estos momentos, ¿cuáles diría que son los sentimientos que mejor describirían su apreciación de sí misma como mujer y su sentido de valor como persona:

☐ 1. cree que tiene mucho valor como persona
☐ 2. cree que tiene valor como persona
☐ 3. cree que tiene algún valor como persona
☐ 4. cree que tiene poco valor como persona
☐ 5. cree que no tiene ningún valor como persona

37a. ¿Podría explicar brevemente por qué se siente así?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
SCALES

A-1 New York State Self-Esteem Scale (Rosenberg Self-Esteem)

The RSE is a 10-item Guttman scale with a Coefficient of Reproducibility of 92 percent and a Coefficient of Scalability of 72 percent. Respondents are asked to strongly agree, agree, disagree, or strongly disagree with the following items (asterisks represent low self-esteem responses):

1- On the whole, I am satisfied with myself.  SA  A  D*  SD*
2- At times I think I am no good at all.  SA*  A*  D  SD
3- I feel that I have a number of good qualities.  SA  A  D*  SD*
4- I am able to do things as well as most other people.  SA  A  D*  SD*
5- I feel I do not have much to be proud of.  SA*  A*  D  SD
6- I certainly feel useless at times.  SA*  A*  D  SD
7- I feel that I'm a person of worth, at least on an equal plane with others.  SA  A  D*  SD*
8- I wish I could have more respect for myself.  SA*  A*  D  SD
9- All in all, I am inclined to feel that I am a failure.  SA*  A*  D  SD
10- I take a positive attitude toward myself.  SA  A  D*  SD*
APPENDIX H

Rosenberg Self-Esteem Scale

The scale is a ten item Cuttman scale with items answered on a four point scale from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of 5,024 high school juniors and seniors from 10 randomly selected schools in New York State.

Scale Items and Scoring Procedure

The ten scale items were presented as below with these instructions:

BELOW IS A LIST OF STATEMENTS DEALING WITH YOUR GENERAL FEELINGS ABOUT YOURSELF. IF YOU AGREE WITH THE STATEMENT, CIRCLE A. IF YOU STRONGLY AGREE, CIRCLE SA. IF YOU DISAGREE, CIRCLE D. IF YOU STRONGLY DISAGREE, CIRCLE SD.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Agree</td>
<td>Agree</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
</tr>
</tbody>
</table>

(1) On the whole, I am satisfied with myself.  
   SA  A  D*  SD*

(2) At times I think I am no good at all.  
   SA* A* D  SD

(3) I feel that I have a number of good qualities.  
   SA  A  D*  SD*

(4) I am able to do things as well as most other people.  
   SA  A  D*  SD*

(5) I feel I do not have much to be proud of.  
   SA* A* D  SD

(6) I certainly feel useless at times.  
   SA* A* D  SD

(7) I feel that I'm a person of worth, at least on an equal plane with others.  
   SA  A  D*  SD*

(8) I wish I could have more respect for myself.  
   SA* A* D  SD

(9) All in all, I am inclined to feel that I am a failure.  
   SA* A* D  SD

(10) I take a positive attitude toward myself.  
    SA  A  D*  SD*
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