

**RESEARCH INTO VIOLENT BEHAVIOR:
OVERVIEW AND SEXUAL ASSAULTS**

HEARINGS
BEFORE THE
**SUBCOMMITTEE ON
DOMESTIC AND INTERNATIONAL SCIENTIFIC
PLANNING, ANALYSIS AND COOPERATION**
OF THE
**COMMITTEE ON
SCIENCE AND TECHNOLOGY**
U.S. HOUSE OF REPRESENTATIVES

NINETY-FIFTH CONGRESS
SECOND SESSION

JANUARY 10, 11, 12, 1978

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STATEMENT

BY

ELIZABETH S. KUTZKE

NATIONAL INSTITUTE OF MENTAL HEALTH

Before The

Subcommittee on Domestic and

International Scientific Planning and Analysis

Committee on Science and Technology

House of Representatives

Thursday, January 12, 1978

Mr. Chairman. My name is Elizabeth Kutzke, Chief of the National Center for the Prevention and Control of Rape, which is part of the Department of Health, Education, and Welfare's National Institute of Mental Health. I appreciate the opportunity to participate in these hearings on research pertaining to sexual assault and to provide information to the Committee on the research and related activities of the National Center for the Prevention and Control of Rape.

I. Overview and Perspective

Rape is a crime of violence and sexual humiliation which has consequences and implications that extend beyond the immediate physical and psychological impact on the victim. Rape is a significant health, mental health, and social problem which results in physical and emotional trauma for its victims, disruption in their lives and the lives of their families and friends, and has an economic impact on the community. Efforts to prevent sexual assault and to treat the problems associated with it go well beyond traditional law enforcement and related criminal justice activities. All social institutions dealing with health, mental health, social service and education which influence social attitudes and shape behaviors share responsibility in dealing with this issue.

During the past decade, sexual assault has emerged as a subject of serious discussion, study and social action. There are now close to one thousand independent State and local programs offering services related to sexual assault. According to the FBI Uniform Crime Reports, more than 56,000 forcible rapes were reported to the police during 1975. Law enforcement officials recognize that rape is probably one of the most under-reported crimes, suggesting that the actual incidence is substantially higher than these statistics show. While there are no accurate measures of the incidence or prevalence of rape, some authorities have estimated that the actual number ranges from two to ten times the reported number.

In response to growing public concern, a new National Center for the Prevention and Control of Rape was authorized by Congress under P.L. 94-63, and established on April 1, 1976. Located within the National Institute of Mental Health's Division of Special Mental Health Programs, the Center is the focal point for Federal activities related to the social problem of sexual assault. This legislation charges the Secretary of Health, Education, and Welfare, through the Center, with the responsibility to develop, implement, and evaluate promising models of mental health and related services for rape victims, their families and offenders. Additionally, the legislation authorizes the Center to encourage and support research into the legal, social, and medical aspects of rape, as well as develop and provide needed public information and training materials related to efforts to prevent and treat the problems associated with rape. Such research and information dissemination efforts can play an important role in increasing community awareness, in developing methods of prevention, in improving laws, in developing and testing new strategies to address sexual assault in institutional settings and among special population groups, and in improving the delivery of victim and offender services. It is expected that these activities will make important contributions toward the ultimate goal of controlling and eliminating rape in our society.

In establishing the National Center for the Prevention and Control of Rape, the Congress recognized that research is an important means to achieve a clearer understanding of the causes of sexual assault, and to develop a foundation upon which to build effective prevention and treatment efforts. It is intended that research funds will be used to generate and share specific

knowledge relevant to improve policies and practices. This research is important only if it can be made more readily available to State and local governments, agencies, organizations, and concerned citizens who are attempting to improve policies, services and programs directed at rape prevention and treatment. Consequently, the Center will develop and disseminate educational, training, and other materials and facilitate the utilization of such information through conferences, technical assistance, and through a national information clearinghouse.

II. Legislative History

The mood of the early 1970's was one of rapidly growing national concern about the problem of sexual assault, and increasing awareness of the need for Federal support and resources. In response to this mounting public concern, legislation was introduced by Senator Charles McC. Mathias in September, 1973, to establish a new National Center for the Prevention and Control of Rape. No action resulted that session. In 1974, the bill was reintroduced as part of a larger legislative package containing a number of health related issues. The entire act was passed by both houses of Congress but was vetoed by the President. The legislation was introduced again in the 94th Congress and became P.L. 94-63 in July 1975. The legislation authorized \$7 million for FY 76 and \$10 million for FY 77. A one-year extension of the authorizing law, P.L. 95-83, including the National Center for the Prevention and Control of Rape, was enacted in August 1977, and \$7.88 million was authorized for FY 1978. Congress appropriated \$3 million in FY 1976 and \$5 million in FY 1977. The FY 1978 Continuing Resolution provides \$4.436 million for the National Center for the Prevention and Control of Rape.

III. Program Implementation

The legislation authorizes the Center to undertake the following:

1. Conduct a continuing study of rape.
2. Compile, analyze and publish summaries of this study.
3. Submit to Congress an annual report.
4. Develop and maintain an information clearinghouse.
5. Compile and publish training materials.
6. Encourage research-demonstration efforts to develop, implement, and test models of innovative services and alternative approaches for rape prevention and treatment.
7. Assist Community Mental Health Centers in meeting the costs of providing consultation and education services regarding rape.
8. Appoint an Advisory Committee to advise, consult with and make recommendations to the Secretary of the Department of Health, Education, and Welfare regarding implementation of the legislation.

The Center, which was formally established on April 1, 1976, has implemented a program to address the requirements outlined in this legislation. The Rape Center has initiated work in five main areas: (1) to support research and research-demonstration projects; (2) to disseminate information; (3) to develop and distribute training materials; (4) to hold conferences and provide technical assistance; and (5) to establish a Rape Prevention and Control Advisory Committee. These activities are intended to complement many private and public initiatives, preserve local options and control, assist those seeking new and better information, provide tested models for improving policies and services, and improve our understanding of the problem of sexual assault.

In keeping with the legislation the Rape Center has broadly defined rape as a criminal sexual assault, which may include vaginal penetration, oral and anal

sodomy or penetration of an instrument or device. Victims of attempted or completed sexual assault include males and females of all ages. The purpose of this broad definition is to reflect other categories of sexual assault now being considered by many States as constituting a form of rape. While this definition includes men as victims of sexual assault, particular priority has been given to efforts which address serious criminal sexual assaults committed against women and youth.

The following sections describe the activities of the Rape Center.

(A) RESEARCH

Research grants supported by the Center are divided among three categories, basic and applied research, research-demonstration, and research-demonstration on consultation and education. The projects supported cover a wide variety of areas related to sexual assault, from investigations on the causes of rape to techniques to improve services for rape victims.

Basic and Applied Research Studies

The Rape Center encourages basic and applied research in the following areas: law and social policies and their impact on rape; actual incidents of rape in relation to reported incidences; studies of high-risk groups and situations potentially vulnerable to sexual assaults; special problems of those least able to care for themselves in the rape situation, such as children and the elderly; sexual assaults in correctional institutions; social attitudes and motivations giving rise to sexual assaults; studies of offenders and implications for treatment; and organization and activities of programs dealing with the prevention and treatment of victims and offenders.

The Center is currently supporting 15 basic and applied research studies. These studies focus largely on the causes of sexual assault, including studies of rape reporting, cross-cultural analyses, studies of victim response, and studies of differences between victims and non-victims. For example, a researcher is investigating the extent to which American culture contains attitudes and values which might encourage rape. The findings may pinpoint attitudes amenable to change through public education, and may aid in the rehabilitation of sex offenders. In another project, a researcher is exploring factors which determine whether or not a rape victim decides to report the assault. She is assessing the psychological impact of reporting and not reporting and the extent to which the circumstances surrounding the rape contribute to the victim's decision to report.

Research-Demonstration Projects

The Center has encouraged research-demonstration projects which develop, test, and evaluate models of innovative services and alternative approaches to rape prevention and treatment. These include a variety of mental health counseling, social and legal services to rape victims and their families; programs concerned with appropriate medical treatment of rape victims; models of community-wide and regional efforts directed at improved programs and services with regard to rape; models of community education to achieve community, citizen and professional awareness of the problems of rape; evaluation of treatment methods for offenders; and prevention programs and intervention strategies to deal with sexual assaults in correctional institutions.

Thirteen research-demonstration projects are currently being supported. Largely victim oriented, these studies focus on a variety of rape related prevention

and treatment approaches. For example, a primary prevention program in an Ohio community is testing and evaluating the effectiveness of a community education program with two components: community awareness, which offers education about the causes of and myths surrounding rape; and action programs, which offer training designed to help women respond to threats of sexual assault and to foster community cooperation. These action programs are Women's Distress Shelter Houses, Whistle Alert, and women's self-defense training. Recognizing that most offenders avoid incarceration and remain in the community, another project is developing methods for evaluating and treating non-incarcerated rapists and child molesters who wish to change their behavior.

Research-Demonstration on Consultation and Education

Public Law 94-63, Title III, Part A, Sec. 201 directs Community Mental Health Centers to establish consultation and education services for the prevention and control of rape and the proper treatment of the victims of rape. A specific category of research-demonstration grants has been designated by the Rape Center to assist Community Mental Health Centers in establishing these services. The Rape Center encourages investigators to submit applications for grants to develop, test, and evaluate models of consultation and education services. While other areas are considered, priority is given to projects which address one or more of the following: strategies to identify mental health needs and community resources to plan consultation and education services; techniques of consultation for coordinating community services; the effectiveness of different approaches to increase community awareness of the problem of sexual assault; consultative and working relationships with agencies and groups dealing with prevention and treatment; and consultative strategies to influence direct services provided by Community Mental Health Centers.

Five projects in this category are currently active. For example, an investigator in Arizona is developing a consultation and education program for the prevention of rape and treatment of victims in a rural poverty area with a mixed ethnic population. Staffs of seven member clinics of the Community Mental Health Center are being educated and sensitized regarding rape, its incidence, prevalence, effects, and techniques needed for coordinating local resources to identify and assist victims. Another researcher is testing a consultation model for professionals dealing with sexual abuse of children. The long-range objective is prevention of sexual assault by mobilizing key adults in the social system for early identification and treatment of children, particularly sexually abused boys who may become high risks for committing sexual assaults later in life. Five types of agencies have been selected for consultation: police, juvenile courts, welfare departments, schools and hospitals.

(B) INFORMATION DISSEMINATION

An important aspect of the public service function of the Center is its responsibility to disseminate research findings and to improve communications within the field of rape prevention and treatment. To fulfill this responsibility, the Center is authorized to establish a National Clearinghouse to compile and distribute information on the problem of rape to both the general public and the professional community.

The National Rape Center awarded three contracts to establish an information base for the clearinghouse. One contractor has developed an annotated bibliography of the professional literature on rape. This review encompasses health, mental health, criminology, corrections, law enforcement, legal and feminist literature, as well as important unpublished studies. A second contractor has

prepared comprehensive guides to printed education, information and training materials on rape currently in use by various rape-related service programs and agencies, and a directory of rape programs. The third contractor supported by the Center has developed a guide which identifies and evaluates audiovisual materials on rape produced in the United States and Canada since 1968. These materials are being prepared for publication in 1978. In addition, these materials are being entered into the Clearinghouse's computers which will be capable of conducting searches in response to specific questions or research concerns.

(C) TRAINING MATERIALS

The Center's training activities are directed toward developing, publishing, and distributing public information and training materials to personnel who are involved or who intend to become involved in programs designed to prevent and control rape. Training materials developed will be appropriate for use by a wide variety of personnel who come into contact with rape victims and their families, or offenders. These include, among others, hospital personnel, police, mental health workers, and crisis counselors.

The Center is currently developing a variety of training materials. One contractor is developing, testing, and refining self-evaluation models for rape prevention and treatment programs to assist them to improve the quality and effectiveness of their services. Under a second contract, training materials are being developed for professional, paraprofessional, and volunteer personnel at medical facilities to improve their treatment and care of rape victims.

Another contractor is devising and implementing model rape prevention programs for the elderly living in various types of urban congregate housing facilities, such as public housing projects, senior citizen housing, boarding homes, hotels

for the elderly and welfare hotels. Finally, a monograph is being prepared on consultation and education for use by Community Mental Health Centers. The Center expects to have these materials available for distribution in late 1978 or early 1979.

(D) CONFERENCES AND TECHNICAL ASSISTANCE

The Center aids the exchange of research ideas and educational materials and encourages the use of such information through conferences and technical assistance programs. The Center sponsored a series of four conferences in the Spring of 1977, on the unique aspects of sexual assault pertaining to special populations. The goals of these conferences were to promote and facilitate the exchange of information among persons working on this problem area and to address gaps in research and services in the field of sexual assault. The Center has also put into place added technical assistance and consultation to work with organizations and individuals who are interested in developing research and research-demonstration projects in areas related to sexual assault. Emphasis is given to projects to develop, implement, and evaluate a range of service models. Of particular importance are programs affecting special population groups, including children, minorities and the elderly.

(E) RAPE PREVENTION AND CONTROL ADVISORY COMMITTEE

As required by the enabling legislation, a Rape Prevention and Control Advisory Committee was chartered in 1976 to advise the Secretary of the Department of Health, Education, and Welfare, the Administrator of Alcohol, Drug Abuse, and Mental Health Administration and the Director of the National Institute of Mental Health regarding needs and concerns associated with rape in the United States, and to make recommendations about activities to be undertaken by the Department to address the problems of sexual assault.

The Committee has met four times and has provided valuable advice on research areas and informational gaps that are needed in the field. Such priority areas identified by the Committee to which program activities need to be developed include: (1) the need for operational support for service programs for both victims and offenders; (2) a need for more extensive public education on sexual assault through a great variety of programs; (3) a serious need for the delivery of appropriate treatment services to family units in cases of incest; (4) a major gap in victim services for minority victims and sexual abuse of children; (5) a need for technical assistance to victim service programs; (6) a need for more information on victim's rights including health care and legal proceedings; (7) a need for more extensive communication networks among practitioners in sexual assault and related fields; (8) the need for identification and differentiation of sex offenders including the development of effective rehabilitation programs; and (9) the need for more public information concerning the structure and activities of the Rape Center.

III. Summary

The legislation establishing the National Center for the Prevention and Control of Rape mandated a program for basic and applied research, research-demonstration and creation of an information clearinghouse that would address the problems of rape prevention and control. Through these efforts we are looking at underlying attitudes in our society which may give rise to sexual assault and related violent acts. Other projects are trying out new treatment methods for victims of sexual assault, counseling for families, and intervention with offenders. Consultation and education techniques are being developed and tested by Community Mental Health Centers. The Center is also involved in developing resource and training

materials to assist local rape prevention and treatment programs to better address the problem of sexual assault and its aftermath in their own communities. In addition, the Center has undertaken efforts to establish an information base for a clearinghouse on sexual assault, and to disseminate this information to people working in the field.

The research program of the National Rape Center is essential to developing knowledge and information on the causes of sexual assault and for providing a basis for improved prevention and treatment programs. Because the field of sexual assault is new, the number of research and service persons addressing the problem is just beginning to increase. There remain major gaps to be filled in our knowledge of the problem and ways to improve services. Additional technical assistance is needed to enhance the skills of the researchers and service providers working in this area. However, through the efforts of the National Rape Center and the programs it supports, a base of knowledge is developing which will help dispel myths about sexual assault and provide the foundation for improved education and prevention efforts and services to victims and offenders. Through the work of the Center and the dedication of people in this field, we are moving toward the ultimate goal of reducing sexual assault and related acts of violence in our society.

END