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Using CNF to Teach the Realities of Sexual Assault to First Responders: An Annotated Bibliography

Introduction

We run an advocates program at a small liberal arts college in upstate New York. We are often a survivor's first point of contact in the aftermath of a sexual assault, and we need to prepare our advocates for dealing with the realities of sexual assault. As advocates, we shepherd survivors through the process of dealing with police, medical personnel, and university administration in the aftermath of an attack. These systems are often distrustful and outright hostile to survivors.

90% of survivors who seek help after an assault experience secondary victimization, a retraumatization that increases the chances of developing post-traumatic stress disorder (PTSD), from police or medical personnel.¹ It is vital that our advocates empathize with the survivor and not contribute to that trauma. Advocates' programs such as ours have been shown to decrease the distress caused by contact with the legal system, increase the chances of a report being taken by police, and increase the likelihood of medical personnel offering contraception and sexually transmitted disease prophylaxis in the aftermath of an assault.

As such, it is critical that our advocates be fluent in not only the academic literature surrounding sexual assault, but also the emotional difficulties that accompany helping survivors through the process. If advocates are overwhelmed by the visceral experience of helping survivors, they will not be effective in

¹ Campbell, Rebecca, and Sheela Raja. "The Sexual Assault and Secondary Victimization of Female Veterans: Help-Seeking Experiences with Military and Civilian Social Systems." *Psychology of Women Quarterly* 29.1 (2005): 97-106.

their duties. Thus, as part of our training before we allow advocates to work directly with survivors, we require them to read relevant scientific literature alongside memoir and personal essays that deal with sexual assault.

The result is a marriage of the head and the heart. The academic literature provides a basis for answering the interrogations of police, medical personnel, and university administrators—why can't she remember what happened to her? why didn't s/he fight back or run away?—while the creative nonfiction allows our advocates-in-training to empathize with survivors and deal with the emotions that accompany providing direct service in the aftermath of a sexual assault. The pairing of the two deepens our advocates' understanding of both sets of texts.

The Neurobiology of Sexual Assault, Part I: Almost No Memory

- Campbell, Rebecca. "The Neurobiology of Sexual Assault." National Institutes of Justice. Webinar.
- Cambron, Andrea. "I Am the One in the One in Five." *The American Prospect*. June 25, 2014.
- Talbot, Jill. "What I Learned in Homemaking." *The Rumpus*. September 13, 2012.

Survivors of sexual assault are often unable to recount the details of their experience. Their narratives can be circular, lacking in a clear chronology. Their memories are dotted with lacunae, frustrating the efforts of law enforcement who want a clear statement.

To police (and often, to medical personnel who lack specialized training), it appears that the survivors are lying. Given that police estimate the number of false reports of rape to be around 40%², while independently verified analyses of false reports put the number between 2-8%³, 40% may be a better

² Kanin, Eugene J. "False Rape Allegations." *Archives of Sexual Behavior* 23.1 (1994): 81-92.

³ Levitt, Allison. "Charging Perverting the Course of Justice and Wasting Police Time in Cases Allegedly Involving False Rape and Domestic Violence Allegations." *British Home Office*. 2013.

estimate of the number of survivors who experience memory loss and are branded as liars. (It should be mentioned here that even false reports rarely involve a false accusation. A British Home Office study found that only .4% of rape reports falsely named a specific perpetrator.)⁴

There is a clear neurobiological basis for this lack of memory. As psychologist Rebecca Campbell explains in a lecture for the National Institutes of Justice, there are two opposing processes happening during a sexual assault. Before the assault begins, as soon as the amygdala detects a threat, it alerts the hypothalamic-pituitary-adrenal (HPA) axis, which begins to coordinate a response to that danger. It releases four main chemicals—catecholamines, such as adrenaline, which are responsible for the fight/flight/freeze response; cortisol, a steroid, decreases, which produces the freeze response; opioids, a painkiller, are produced before any violence begins to deal with the imminent threat and keep the body functioning in the event of harm; and oxytocin, which helps to calm the body in dangerous situations.

However, at the same time, two structures in the brain—the hippocampus and the amygdala—are working to encode and consolidate the sensory information of the attack into memories. Both structures are very sensitive to hormonal fluctuations such as the kind being produced by the HPA axis. As a result, the sensory information isn't properly encoded and consolidated into memories. Survivors often distrust their own experiences because the memories don't feel like other memories. If the hippocampus is unable to organize the sensory information, the result may be hazy and lack a clear chronology. The amygdala specializes in attaching emotions to particular sensory information. If it's not working properly, the result may be a cold, overly clinical description of what happened.

Social psychologist Jonathan Haidt describes the brain as an elephant with a rider.⁵ Most of the time, the elephant follows the commands of the rider. But sometimes, the elephant does whatever it wants.

⁴ Ibid.

⁵ Haidt, Jonathan. *The Happiness Hypothesis: Finding Modern Truth in Ancient Wisdom*. Basic Books, 2006.

The body is working at cross-purposes here, and the result is that the sensory information of the assault simply isn't encoded and consolidated into what we recognize as memories.

However, the information can be eventually encoded and consolidated. If survivors feel safe and are sufficiently removed from the trauma, they can begin the process of consolidation. (The exception to this is if alcohol was consumed by the survivor, as is the case in approximately two-thirds of college assaults.)⁶

As Andrea Cambron states in "I Am the One in the One in Five," she simply didn't remember her own assault until she was triggered by a male colleague literally laughing at the idea that one in five women are sexually assaulted in college. "I don't know if it was just a repressed memory or dissociative amnesia, but it was some kind of survival mechanism that kept that memory pushed down: Why relive traumatic events in your life over and over again?"

As both repressed memory and dissociative amnesia are psychological constructs that lack biological evidence, it's more likely Cambron experienced a lack of sensory encoding and consolidation. While as advocates, we never attempt to dictate survivors' experiences to them, explaining the science behind their experience often helps them to feel more in control, less alone, and less crazy.

Similarly, essayist Jill Talbot recounts her own memory loss when attempting to recall the details of a middle school gang rape:

I do not remember getting free from those boys. Maybe that's why when I think of it, I do not exist in two places at once—I'm nowhere but in that bathroom, struggling.

I do remember that the punishment for the boys in the bathroom was running extra miles at practice.

Some of them, I knew, loved to run.

⁶ Anderson, Nick and Clement, Scott. "One in Five Women Say They Were Violated." *Washington Post*. June 12, 2015.

Both Cambron and Talbot vividly illustrate the kind of memory loss often experienced by survivors of sexual assault. Because the concept is so counterintuitive—how could one not remember an experience that affects one so deeply?—the concrete illustrations are invaluable for training our advocates to deal with situations of memory loss.

Part II: “Why Didn’t She Fight Back?”: Tonic Immobility

- Hale, Kathleen. “Prey.” *Hazlitt*. June 26, 2014.
- Harrigan, Sharon. “Stain.” *The Rumpus*. December 13, 2014.
- Kozłowska, Kasia; Walker, Peter; McLean, Loyola; and Carrive, Pascal. “Fear and the Defense Cascade: Clinical Implications and Management.” (2015). *Harvard Review of Psychiatry*. 2015.
- Marx, Brian P., et al. “Tonic Immobility as an Evolved Predator Defense: Implications for Sexual Assault Survivors.” *Clinical Psychology: Science and Practice* 15.1 (2008): 74-90.

Another seemingly counterintuitive notion that we impress upon our advocates is that of “tonic immobility.” The human response to danger is generally understood as “fight or flight.” However, to be more accurate, it should be labeled as “fight, flight, or freeze.” This misunderstanding is why many police officers and even medical personnel retraumatize survivors by demanding to know why they didn’t fight back, try to escape, or scream for help.

When the amygdala detects a threat, it activates the HPA axis, which triggers a hormonal flood. Catecholamines (like adrenaline), opioids, and oxytocin increase, while cortisol decreases. Adrenaline increases the energy available to fight or escape an impending threat, but impairs rational thought. The victim cannot follow simple if/then statements.⁷ The victim cannot formulate or execute if/then

⁷ Rothschild, Babette. “Applying the Brakes.” *Psychotherapy Networker* 28.1 (2004): 42-45.

statements such as, “If I take out my phone, I can use it to call for help.”⁸ The increase in opioids and oxytocin combined with the sudden decrease in cortisol can trigger a paralysis of the body. If efforts to fight, escape, or seek help are stymied, even momentarily, the body will begin to conserve energy by simply shutting down, a state known in the scientific literature as “tonic immobility” or “rape-induced paralysis.” As Marx and Kozłowska, et al. observe, this is an evolutionarily mechanism for survival. Human beings aren’t fast and have few natural defenses. When confronted by an animal predator from whom escape or defense may be impossible, the safest solution may be to play dead and show you’re not a threat.

It is the animal metaphor that Kathleen Hale relies on in “Prey,” an essay detailing her experience with sexual assault: “He was tugging at my tits and working his way down to my thighs. Unlike the hognose snake [*beterondon platirhinos*] I didn’t shit myself or spit blood to make my lifelessness appear more real, but I did lie there frozen, with a detached sense of shock at my own paralyzed reaction.”

Similarly, in “Stain,” Sharon Harrigan describes her experience with tonic immobility after a man grabbed her shoulders and held a knife to her throat: “I froze. If I didn’t move, maybe I could pretend this wasn’t happening.”

In the aftermath of an assault, many survivors blame themselves and question their reactions. Knowing that tonic immobility is a scientifically recognized phenomenon allows many of them a sense of relief. It’s deeply important that our advocates be able to not just describe tonic immobility to survivors, but also be able to point to examples. As literature and as examples of tonic immobility, Hale and Harrigan’s contributions are invaluable to our program.

⁸ Campbell, Rebecca. “The Neurobiology of Sexual Assault.” National Institutes of Justice. Webinar.

Self-Defense: Disputing the Myth that Resisting an Assault will Incur Additional Injury

- Schorn, Susan. "The Shark Has Pretty Teeth, Dear: Why I teach women self-defense" *The Hairpin*. January 7, 2014.
- Tark, Jongyeon, and Gary Kleck. "Resisting Rape The Effects of Victim Self-Protection on Rape Completion and Injury." *Violence against women* 20.3 (2014): 270-292.
- Zoucha-Jensen, Janice M., and Ann Coyne. "The effects of resistance strategies on rape." *American Journal of Public Health* 83.11 (1993): 1633-1634.

In our program, we are responsible for not only providing direct service to survivors of sexual assault, but also outlining effective strategies for the prevention of sexual assault. However, some safety tips offered by universities are not only condescending, but ultimately ineffective.

Telling young women not to trust strangers ignores that nine out of ten women assaulted in college know their attacker.⁹ Alcohol-related programming typically assumes that men commit sexual violence because they've had too much to drink, which misunderstands the relationship between alcohol and sexual violence. A group of Canadian researchers measuring acts of unwanted sexual aggression in bars found that they correlated not with how much the perpetrators had to drink, but how much the victims did.¹⁰

This is because sexual predators, like all predators, select their victims on the basis of vulnerability. Alcohol consumption is only one possible vector of vulnerability. Women with serious mental illness are 16 times more likely to be sexually assaulted in a 12-month period than the general population.¹¹ 84.4% of

⁹ Fisher, Bonnie S., Francis T. Cullen, and Michael G. Turner. "The Sexual Victimization of College Women. Series: Research Report." *NCJ* (2000).

¹⁰ Graham, Kathryn, et al. "'Blurred Lines?'" Sexual Aggression and Barroom Culture." *Alcoholism: Clinical and Experimental Research* 38.5 (2014): 1416-1424.

¹¹ Teplin, Linda A., et al. "Crime victimization in adults with severe mental illness: comparison with the National Crime Victimization Survey." *Archives of General Psychiatry* 62.8 (2005): 911-921.

survivors assaulted in college report that the attack happened when they were freshmen or sophomores, when they lack the life experience to judge people and situations as safe or unsafe.¹² The single biggest predictor of first-time victimization for college students is what researchers call a low “sexual refusal assertiveness”—the inability to stand up for one’s own wants and needs.¹³

The answer, at the level of the victims, is to reduce their vulnerability. Self-defense training is a promising approach. Yet as author and self-defense instructor Susan Schorn writes in “The Shark Has Pretty Teeth, Dear: Why I Teach Women Self-Defense,” this approach is frequently derided by Twitter activists as “victim-blaming.” Following the publication of an article advocating self-defense as a rape-prevention strategy, the blog *Everyday Feminism* was bombarded by tweets accusing it of “victim-blaming.”

“The myth that rape can/should be fought off causes HUGE amounts of harm. I say this as a rape survivor myself,” tweeted one. Another wrote, “you [sic] know what would prevent rape? If rapists stop raping. How about a piece on ‘how not to rape’ Shame [sic] on you.”

Schorn responds:

I love the idea of tasking men with the dismantling of rape culture. I’ve even read about the concept online, in fact. However, making that the *only* acceptable strategy for dealing with rape culture seems naive and, frankly, dangerous. It requires a faith in male chivalry that I’m afraid I don’t share, not to mention a firm belief in men’s competence at solving large-scale social problems. Don’t get me wrong: I’m sure men can end rape culture eventually—maybe even before they abolish the military-industrial complex—but aren’t we allowed to have a back-up plan in the meantime? Can’t we, in other words, do both? Teach men not to rape, and teach women to fight back against rape?

¹² Gross, Alan M., et al. “An examination of sexual violence against college women.” *Violence against women* 12.3 (2006): 288-300.

¹³ Katz, Jennifer, et al. “Sexual revictimization during women’s first year of college: Self-blame and sexual refusal assertiveness as possible mechanisms.” *Journal of Interpersonal Violence* (2010).

Intervention at the level of the offender has been disappointing at best. An analysis of a rape prevention program aimed at high-risk men found that the programming actually made them *more* likely to commit sexual assault.¹⁴ Until strategies that don't actually make the problem worse can be developed, we need a backup plan.

A recent study found that a 12-hour training that featured self-defense not only reduced completed rape by 46.3%, but also attempted rape by 63.2% in a twelve-month period.¹⁵ Not only were young women more likely to successfully resist a sexual assault, but they were less likely to be selected as victims in the first place. In other words, self-defense reduced their vulnerability.

The continued resistance to self-defense programs is what Schorn (quoting self-defense expert Lynne Marie Wanamaker) calls the "self-defense paradox":

- No one but the attacker bears responsibility for an attack.
- The attacker does not hold all the power. The person targeted has power, too.

Schorn holds that Empowerment Self-Defense differs from the old, male-designed-and-taught self-defense models of the 1950s and 1960s in that ESD teaches practical skills within the context of rape culture; it addresses the mental, emotional, physical, spiritual, and cultural components of self-defense.

In practice, ESD specifically addresses the vulnerability of at-risk women. Every session begins with "The No Game," in which students pair up and take turns asking each other questions for a full minute. The goal is to respond with "No," loudly and forcefully, to each question.¹⁶ It's hard not to see how efforts like the No Game clearly addresses the low sexual refusal assertiveness that is the single biggest risk factor for first-time victimization among college women.

¹⁴ Stephens, Kari A., and William H. George. "Rape Prevention With College Men Evaluating Risk Status." *Journal of Interpersonal Violence* 24.6 (2009): 996-1013.

¹⁵ Senn, Charlene Y., et al. "Efficacy of a Sexual Assault Resistance Program for University Women." *New England Journal of Medicine* 372.24 (2015): 2326-2335.

¹⁶ Schorn, Susan. *Smile at Strangers: And Other Lessons in the Art of Living Fearlessly*. Houghton Mifflin Harcourt. 2013.

Critics of teaching women to defend themselves have two final charges to levy—that a woman could not possibly win in a fight against a man and that fighting back against an attacker will only incur additional injury. However, studies have determined that those assumptions are invalid. Janice A. Zoucha-Jenson and Ann Coyne, authors of “The Effects of Resistance Strategies on Rape,” conducted research to determine which resistance strategies were associated with rape avoidance and whether physical resistance in particular was associated with additional injury. They conclude, “We analyzed resistance strategy by outcome of the assault using a chi-squared test. Forceful verbal resistance, physical resistance, and fleeing were all associated with rape avoidance. No resistance and non-forceful verbal resistance were associated with being raped.”

In turn, the most effective resistance strategies are fundamentally forceful. More specifically, forceful verbal resistance, physical resistance, and fleeing offered the best chances of successfully avoiding an assault. Victims who offered no resistance were raped in 93.5% of cases studied, while those who offered nonforceful verbal resistance were raped in 95.8% of cases. Running away was successful in 45% of cases, forceful verbal resistance was successful in 50% of cases, and women who chose to fight back successfully resisted rape in 54.5% of cases.

Tark and Cleck’s study, “Resisting Rape the Effects of Victim Self-Protection on Rape Completion and Injury” had similar findings. They summarize that “actions such as attacking without weapons, struggling, running away or hiding, and trying to attract attention or help appear to reduce the risk of rape completion more than 80% compared to nonresistance.” Further, the only self-protective (SP) tactics associated with an increased risk of rape completion were non-forceful tactics—cooperating with the offender, or arguing and pleading with the offender. Additionally, the evidence does not support the notion that resistance increases the victim’s chances of suffering additional injury beyond the rape itself.

Fighting works. In fact, it is the single most effective method of rape prevention. The results from the two studies prove that forceful resistance tactics through self-defense mechanisms are inherently

valuable when it comes to warding off a rape attempt, without the increasing risk of further injury beyond rape itself. In addition to the two studies, Schorn's essay demonstrates the value of Empowerment Self-Defense by invalidating the myth that women should not be taught self-defense.

While we never tell anyone what they *should* do, we strive to offer an at-risk population the best information available on which they can make their own decisions. Forceful verbal and physical resistance, of the kind advocated by Schorn, provides the best chance of evading a sexual assault, and incurs no risk of additional physical injury.

Vicarious Trauma

- Rox, Deb. "Truth is a Fire I Couldn't Hold." *The Toast*. December 9, 2014.
- Schauben, Laura J., and Patricia A. Frazier. "Vicarious Trauma: The Effects on Female Counselors of Working with Sexual Violence Survivors." *Psychology of Women Quarterly* 19.1 (1995): 49-64.
- Trippany, Robyn L., Victoria E. White Kress, and S. Allen Wilcoxon. "Preventing Vicarious Trauma: What Counselors Should Know when Working with Trauma Survivors." *Journal of Counseling & Development* 82.1 (2004): 31-37.

Vicarious trauma is a condition in which persons who provide direct service to survivors of sexual assault (e.g. advocates, counselors, therapists, etc.) begin to experience the symptoms of post-traumatic stress disorder (PTSD) themselves. Although studies have found that approximately half of clinicians treating sexual assault survivors experience vicarious trauma, it is a generally underdiscussed phenomenon.¹⁷

¹⁷ Way, Ineke, et al. "Vicarious Trauma A Comparison of Clinicians Who Treat Survivors of Sexual Abuse and Sexual Offenders." *Journal of interpersonal violence* 19.1 (2004): 49-71.

Because it is so unknown, it is difficult to explain to new advocates along with why they should take it seriously.

Deb Rox's "Truth is a Fire I Couldn't Hold" documents her "burnout" and "compassion fatigue" while she worked for a sexual violence advocacy program. Though she never uses the phrase "vicarious trauma" in the essay itself, Rox's essay is a perfect illustration of the effects of vicarious trauma. It serves as a vivid example of the effects of vicarious trauma for our advocates.

Symptoms of post-traumatic stress disorder (PTSD) are also common among sexual violence counselors. Frazier and Schauben's study "Vicarious Trauma the Effects on Female Counselors of Working with Sexual Violence Survivors" aims to (1) assess the effect working with sexual violence survivors has on counselors and (2) to identify effective coping strategies used by counselors. The study found that "Counselors who work with a higher percentage of survivors report more disrupted beliefs about themselves and others, more PTSD-related symptoms, and more 'vicarious trauma' than other counselors who see fewer survivors." The researchers found that the schemas that are commonly altered are those involving the goodness of other people.

Additionally, when working with survivors, counselors mention emotional distress (anger) and changes in beliefs (loss of trust). Most counselors learned to cope using both instrumental and social support. Qualitative research showed that common strategies included exercising, meditation, and participating in leisure activities.

Rox states, "The myth that rape victims lie has become a fetish. Rape is about power, and this myth makes us all feel like we fall on the side of power. This was a huge factor in my burnout. All those system players—the university administrators, the cops, attorneys, you name it—were accustomed to protecting power, their own included." As an assault survivor herself, Rox discusses that primary trauma has led many, including herself, to social service careers because survivors are often drawn to people who have gone through similar experiences.

She continues that this involvement often leads to a special kind of burnout called “compassion fatigue.” One of the behaviors associated with compassion fatigue is called the “Silencing Response” and it refers to the way counselors and clinicians keep their distance from traumatic material. All of these factors contributed to Rox’s vicarious trauma and eventual burnout. Although it is rarely discussed, vicarious trauma is relatively common among clinicians, advocates, and counselors that work with survivors and traumatic material. Rox’s essay makes the feelings, symptoms, and behaviors associated with vicarious trauma more palpable to those who are unfamiliar with advocacy work and its potential effects.

Rox’s essay could potentially help advocates determine if the traumatic material associated with sexual violence advocacy work affects them as well. For counselors and advocates, acknowledging the effects of working with survivors could lead to the development of effective coping strategies.

While scientific documents are a wonderful enterprise, they often lack the brutal reality of their subject matter. The clinical literature is valuable, but survivors are often only able to articulate their experience in response to a preset list of questions. Both science and literature are essential for training our advocates in the work that they do, but it is only through nonfiction that we are able to present our advocates-in-training with the voices of survivors themselves, unfiltered by clinical protocols. We are deeply grateful to the writers of these works for helping to fill the gaps in the scholarly literature.

Authors’ Note: There are certainly gaps in our bibliography— the unique experiences of male and LGBTQ survivors, as well as the experiences of survivors of college stalking and dating violence. It is our hope that this piece becomes a living document. If you have written or know of a piece that would help to elucidate the lived experiences of survivors, please email Christian Exoo (ceexo0@stlansu.edu). It is our hope to make this list as comprehensive as possible and with your help, we will update this page accordingly.