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PROBLEMS AND PITFALLS OF RAPE VICTIM RESEARCH:
AN ANALYSIS OF SELECTED METHODOLOGICAL,
ETHICAL AND PRAGMATIC CONCERNS*

Karen A. Holmes
Joyce E. Williams

Trinity University
San Antonio, Texas

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INTRODUCTION

In the past several years the issue of rape - viewed first as essentially a women's problem, then as a broader social issue - has garnered increasing attention from the mass media, service-delivery personnel and social scientists. While this increased attention has generated widespread interest, only recently have research studies begun to emerge which concentrate on the overall impact of the rape experience from the victim's perspective. Furthermore, few of these studies have attempted personal interviews with the victims except immediately following the rape (in the hospital setting) or shortly thereafter. This has not only resulted in a considerable gap in our knowledge and understanding of the impact of the rape experience over time, but it has provided few - if any - guidelines with regard to the methodology of research involving rape victims.

This work is part of a two-year, two-part research project which undertook the task of combining and comparing a public and a victim perspective on rape. The first phase of the project was a study of public attitudes about rape, rape victims and rapists. The second phase of the research was a study of a population of rape victims, with an emphasis on their definition of rape as a personal crisis, on the impact of this experience on their lives, and on their needs as victims. In retrospect, it was much simpler to interview a stratified sample of over 1000 persons in the city of San Antonio, Texas, for the public attitude portion of the project than to interview, as we finally did, 61 rape victims. This paper is an analysis of methodological issues and problems related to rape victim research. In some respects it is a very personal explication of the authors' (the Assistant Project Director and the Project Director, respectively) concerns and the professional dilemmas encountered in the process of locating, contacting and interviewing rape victims; however,

the issues identified as problematic in this study generalize in relevance to other types of victim research. The discussion which follows is focused on three areas of concern: (1) methodological problems related to locating potential participants and the importance of the initial contact person; (2) researcher versus service-delivery role conflicts for interviewers; and (3) moral-ethical concerns.

RESEARCH WITH RAPE VICTIMS

Before proceeding with this rather personal analysis and assessment of problems involved with victim research, it is important to recognize that the existing literature offers very little help. As noted previously, the general literature with regard to rape as a women's concern and as a broader social issue has increased dramatically in recent years. (See for example, Amir, 1971; Brownmiller, 1975; Burgess and Holmstrom, 1974a; Chappell, et.al., 1977; Connell and Wilson, 1974; Gager and Schurr, 1976; Griffin, 1971; Hilberman, 1976; MacDonald, 1971; Medea and Thompson, 1974; Rose, 1977a,b; Schultz, 1975; Walker and Brodsky, 1976; Weis and Borges, 1973.) However, research studies aimed at describing and/or exploring the actual experience and impact of rape from the victim's own perspective have been emerging at a comparatively slower rate, perhaps due to the complexity of this particular kind of research.

To date, the most comprehensive attempt to assess and describe the impact of rape from the victim's perspective is a study reported by Bart (1975). More than 1000 victims of rape and attempted rape responded to an extensive questionnaire which appeared in Viva magazine; however, the anonymous, self-administered questionnaire format presents a totally different set of methodological issues than the interview format used as the basis for this research. In a series of studies based on a population of 146 pediatric and adult victims of rape/sexual assault in Boston,

Burgess and Holmstrom (1974b,c; 1976a,b,) were successful in conducting follow-up research in the form of telephone counseling and home visits with 124 (86 percent) of their population (1974b:197). Studies by Sutherland and Scherl (1970), and Fox and Scherl (1972), have also indicated some success in follow-up research with rape victims. The Philadelphia Rape Victim Project (Peters, 1977) has conducted follow-up service-delivery and research from the point of hospital contact with rape victims since 1970. However, none of these studies has addressed methodological problems in a manner which might provide guidelines for other researchers. This paper focuses not only on some of the problems unique to victim research but also on how these were alleviated or resolved in the context of this particular work, thereby providing some direction for future victimology research.

METHODOLOGY

The Study Population

The design of the victim portion of the study most closely approximates a survey methodology in which the population was designated as all female rape victims seen through the Alamo Area Volunteer Advocate Program (AAVAP) in San Antonio, Texas. The AAVAP is a crisis oriented, support service available upon request to all rape victims who go to the Bexar County Hospital District facilities for medical treatment and collection of evidence; the AAVAP has been active since February, 1975, and is staffed by trained volunteer "Advocates" from all walks of life. The authors have been active volunteers in AAVAP since its inception, and as part of participation in the program have been responsible for record keeping, which essentially involves maintaining the files completed by Advocates as they provide services to victims. A total of 154 victim files were compiled between February, 1975 and the end of interviewing for this research

(October, 1977). The author's participation in AAVAP preceded any involvement in victim research; however, prior to submitting the research proposal for funding, the authors obtained permission from AAVAP to use these files for the victim portion of the study.

The research design called for interviews with 100 rape victims; that number was revised in the early stages of the research when it became apparent that 100 was unrealistically high. The final number of interviews completed was 61, 39 (64 percent) of which were from the AAVAP population. The other 22 interviews were secured through the cooperation of a rape crisis center in a nearby city and by victims who referred us to other victims. Although respondents ultimately came from several sources, this paper deals primarily with our efforts to locate, contact, and interview the AAVAP population - what appeared to be a deceptively simple task in the beginning.

It should be stated at the outset that no claim is made that the victims interviewed are representative or "typical" of all rape victims. As previously noted, over 60 percent of the study group was comprised of victims seen through AAVAP program, and this immediately presents some built-in bias. Although the services of the AAVAP are theoretically available to any rape victim who is seen in the Emergency Rooms of Bexar County Hospital District facilities, the reality of a volunteer being called is a function of one or more of the following variables: (1) ER personnel, their knowledge of and experience with the AAVAP, since they must explain the volunteer service to a victim and place the call for an AAVAP volunteer; (2) how busy the ER personnel are at a given time - i.e., do they have time to explain the AAVAP and call for a volunteer; (3) whether the victim (after being given the information about AAVAP) chooses to have an Advocate come to the ER; (4) idiosyncratic or unusual circumstances of a case - i.e., situations in which the ER staff suggest that an

Advocate be called (sometimes initiating the call without the victim's explicit consent). Some "unusual circumstances" are, for example, when a victim is alone and has no family or friends to call; when a victim is unusually upset; when there are extraneous circumstances requiring more time and energy than the ER staff has to devote to a patient. The latter category in the past has included a victim who was drunk and needed to be taken home; a deaf mute who needed an interpreter; a non-English speaking victim; and a runaway from a state mental hospital.

Although in theory and in purpose, AAVAP services are available to all, it is clear that the dynamics of the ER at any given time determine when AAVAP is called. Thus, it can easily be argued that the initial AAVAP population of victims may have been atypical even if all could have been located and interviewed. In addition to this fact, it can always be argued that there is something different about a person who agrees to be interviewed as opposed to the one who refuses. However, this research obviously added other biases, including our inability to locate a high proportion of persons and the fact that we interviewed rape victims from sources outside of the AAVAP population. While acknowledging that the victim study group is not representative, and that this may present problems for the "pure methodologist," the state of knowledge on rape victimology is such that we offer no apology for our work. The data collected are rich and will offer valuable insight into the trauma of sexual violation, and in spite of the variability of our study group, the patterns of responses to the experience of rape are undeniable.

Contacting Victims

Whenever possible initial contacts with potential respondents were made either by telephone or in person by the Advocate who originally worked with the victim. When this Advocate was not available, the contact was

made by one of the authors or by a Research Assistant who was also in the Advocate Program. This procedure insured that no one outside of AAVAP had access to the victim's name or other identifying information prior to the time she consented to an interview. However, like most volunteer programs, AAVAP has a high attrition rate, and the original Advocate was available to make the initial contact in only about one-fourth of the cases. This meant that most contacts had to be initiated by a member of the research team who was also an Advocate, but who was not known to the victim. Some initial contacts were made by telephone, but many potential participants had no telephone or could not be reached because the telephone number in the files was that of a relative. Consequently, we adopted a system of in-person contacts. After a period of trial-and-error with the Assistant Director attempting to make contacts, assign interviews, and keep records, a Research Assistant who was also an Advocate was hired specifically for the purpose of making personal contacts and doing some on-the-spot interviews. She worked alone or with someone else from the project, depending on the area of the city involved.

The critical role of this contact person whose task it is to locate potential respondents, educate them as to the purpose and mechanics of the research, and solicit their participation cannot be overstated. From this research experience, we have generated some essential characteristics of an effective contact person. (1) This role requires someone who can be trusted to carry and communicate the purpose and integrity of the research into the field without resorting to questionable, unprofessional tactics to secure interviews. (2) It requires assertiveness and a certain ease in meeting and talking with family, friends, and neighbors in order to track down potential respondents who have moved or who have transient lifestyles. (3) It involves tenacity in finding people; going back to the

same address when there is nobody home, time-and-time again; tenacity to keep knocking on the door when you know somebody is home but they think you are a bill-collector. (4) It involves, perhaps above all else, a need for flexibility, ingenuity, and the ability to cope with the unexpected. To illustrate, our contact person was attacked by a chicken, chased by several dogs, bitten by a retarded child, prayed for by a feverently religious grandmother, and propositioned by several men. (5) The role also requires caution and restraint in personal safety and in protecting the privacy of potential respondents. For example, when inquiries were made of relatives or friends about the whereabouts of a victim, we frequently did not know if these persons knew about the rape and we were always careful not to divulge any information to "unknowing others."

The Problem of Respondent Population Attrition

Before any contacts were initiated, a thorough review of all 154 victim files was undertaken, resulting in the loss or exclusion of 52 (33.7 percent) potential respondents for one or more of the following reasons: (1) victim files contained insufficient information to initiate contact; (2) the victim was under the age of 14 (the age limit established for participation) at the time of the assault; (3) the file indicated that no rape had occurred even though an Advocate had been called; (4) the victim did not reside in the area; (5) the file indicated that the victim was handicapped in a way that would make an in depth interview impossible (Refer to Table 1).

With the population of potential respondents reduced to 102, there were 30 Anglos, 19 Blacks and 53 Mexican Americans remaining to be contacted. As the contact phase of the research was initiated, several categories were established in order to determine the results of all attempts to contact potential respondents. Although this procedure was tedious

Table 1. Initial Exclusion of Potential Respondents From Total Victim Population by Year and Ethnicity*

Exclusion Categories	1975 (N=71)			1976 (N=47)			1977 (N=36)			Total 154 (100.0)
	A	B	MA	A	B	MA	A	B	MA	
Total N Cases %	22 (14.3)	13 (8.4)	36 (23.4)	14 (9.1)	7 (4.5)	26 (16.9)	16 (10.4)	4 (2.6)	16 (10.4)	
Lack of Data	4	2	1	3	0	3	1	0	1	15 (9.7)
Under Age	4	0	6	1	1	2	0	0	3	17 (11.0)
Not Raped	0	1	3	0	0	1	0	0	0	5 (3.3)
Out of City	4	0	2	1	0	0	2	0	0	9 (5.8)
Handicap	1	1	1	1	0	2	0	0	0	6 (3.9)
Total Exclusions	13 (8.4)	4 (2.6)	13 (8.4)	6 (3.9)	1 (.6)	8 (5.2)	3 (2.0)	0 (0)	4 (2.6)	52 (33.7)

Table 2. Summary of Contact Outcomes With Remaining Potential Respondents by Year and Ethnicity*

Contact Outcomes	1975 (N=41)			1976 (N=32)			1977 (N=29)			Total
	A	B	MA	A	B	MA	A	B	MA	
Moved	5	2	10	3	0	4	5	0	1	30 (29.4)
Unable to Locate	1	0	5	0	1	2	0	0	1	10 (9.8)
No Such Address	0	2	1	0	0	1	0	0	0	4 (3.9)
Denied	0	1	1	0	1	2	0	0	0	5 (4.9)
Refused	2	0	4	1	2	2	0	1	2	14 (13.7)
Interview	1	4	2	4	2	7	8	3	8	39 (38.2)
Total	9 (8.8)	9 (8.8)	23 (22.6)	8 (7.8)	6 (5.9)	18 (17.6)	13 (12.7)	4 (3.9)	12 (11.8)	102 (99.9)

*A = Anglo; B = Black; MA = Mexican American

at times, it yielded some significant informal findings with regard to attrition rates in a population of rape victims (Refer to Table 2).

It became apparent in the early stages of attempting to contact potential respondents that an inherent methodological problem had emerged; that is, rape victims seemingly have a tendency to change their residence following the assault. In order for a potential respondent to be categorized as having moved, this meant that our attempted contacts indicated that the residence was vacant, or the current occupant had information that the individual we were seeking had moved elsewhere. Of the 41 potential respondents from 1975, 17 (41.5 percent) had moved by the time contacts were begun in July, 1977. Of the 32 potential respondents from 1976, 8 (25 percent) had moved, and from the 29 potential respondents in 1977, 6 (20.7 percent) had moved within a few months following the assault. By comparison, the U.S. Census reports that in Texas 47.5 percent of the population moves in a five year period, whereas the maximum period for mobility in the AAVAP population was two and one-half years.

This examination of mobility over time suggests, not surprisingly, that the longer the time between the assault and the point of attempted contact, the more likely a victim was to have moved. Looking at mobility by ethnicity, proportionately more Anglos had moved, 43.4 percent compared with 28.3 percent of Mexican Americans, and 10.5 percent of Blacks; however, actual numbers indicate that 15 Mexican Americans had moved, compared with 13 Anglos and only two Blacks. Table 2 indicates that a total of 29.4 percent of the 102 potential respondents were known to have moved within a period of approximately two and one-half years.

Attempts were made to trace potential respondents who had moved. Both the telephone directory (of questionable value when dealing with low income populations or those likely to have unlisted numbers) and the city, criss-cross directory were utilized; in addition, an individual letter

was written to potential respondents who were categorized as having moved in the hope that it would still be forwardable. In an effort to protect victims' privacy, the letter was intentionally vague, avoiding any specific reference to the individual's having been a victim of rape. A self-addressed, stamped postcard was enclosed with the letter; the individual had only to check one of the responses and drop the card in the mail. The responses were: (1) I would like more information about the interview. Please contact me at _____. (2) I do not want to be involved because _____. Of nearly 30 letters mailed out, 9 were returned by the Post Office as "undeliverable," and there was no response whatsoever to the remaining 21 letters.

A separate outcome category of "unable to locate" was established for potential respondents who were believed to still reside in the area but with whom we were never successful in making direct contact. Placement in this category often meant that we had been able to locate a relative or friend, but not the victim herself. As indicated in Table 2, nearly 10 percent of the potential respondents were categorized as "unable to locate." Our method in handling these situations is discussed in some detail later in this paper.

Two additional categories of contact outcome - "no such address" and "denied" - represent the loss of four and five potential respondents respectively. The "no such address" category refers to situations in which the address as originally recorded by the Advocate simply did not exist when we attempted our contacts. It is possible that some of these addresses did exist at the time they were given, although it is also possible that the victim provided an inaccurate address to prevent subsequent contact with anyone having knowledge of the rape. The need to establish a "denial" category was something we had not anticipated; inclusion here meant that

we were able to contact the potential respondent based on our information, but the individual denied being the same person, or denied the rape incident. That is, in 5 cases we located a person with the correct name, at the correct address, who had gone to one of the Bexar County Hospital Emergency Rooms for medical treatment; however, when the purpose of the research was revealed, the individual denied having been raped, or stated that we had the "wrong person." One of two conclusions might be drawn in relation to these cases: either there was an amazing coincidence to have all correct information, but the wrong person, or there was a high degree of denial and self-protection operating for these women. Regardless of our speculative conclusions, when this happened we simply apologized for our mistake and terminated further contact.

One of the major concerns in any survey research centers on refusals. We had anticipated a high refusal rate in light of the subject matter of the research and the fact that a personal interview which took upwards from an hour to complete was required. However, as noted in Table 2, we received only 14 refusals (13.7 percent). Of interest, however, is the finding that Mexican Americans had the highest rate of refusals with 8 (57 percent), while Anglos and Blacks had only 3 refusals respectively (21.4 percent).

A follow-up letter was mailed to the potential respondents who had refused; this letter provided more information about the research in an attempt to alleviate anxiety with regard to confidentiality and legitimacy of the study, and further to alleviate fear that some unknown researchers would "keep after them." An abstract of the entire study was enclosed, as well as a self-addressed stamped postcard, again requiring only a checked response to the following; (1) I would like more information about the interview; please contact me at _____ (2) I do not want to

be involved because _____. The anticipated response to this follow-up was not necessarily to expect a change in the victim's decision, but in the hope that some assessment might be made as to why she did not want to participate. Twelve letters were sent out (two refusals came from parents of minors and no follow-up was attempted in these cases); one was returned by the Post Office, marked "addressee unknown," and there was no response from the remaining eleven. If one can generalize from these experiences with follow-up by mail, it seems clear that it is both expensive and time-consuming while yielding absolutely no results.

As shown in Table 2, 39 interviews were obtained from the 102 potential respondents; although this represents only a 38.2 percent interview completion rate, it is important to note that this took more than four months time and literally hundreds of attempted contacts (in person and by telephone) to achieve. We were able to obtain proportionately more interviews from 1977 potential respondents (65.5 percent); this is probably due to the fact that they were easier to locate, having had less time since the assault in which to move. From 1976 potential respondents we were able to obtain a 40.6 percent interview completion rate, and for the 1975 group, we obtained only a 17.1 percent rate of completion. We interviewed a total of 13 Anglos (33.3 percent), 9 Blacks (23.1 percent), and 17 Mexican Americans (43.6 percent); this ethnic distribution does not fare badly in comparison with the ethnic representation of San Antonio which is approximately 52 percent Mexican American, 39 percent Anglo and 8 percent Black.

DUAL ROLE DILEMMA

Each individual who conducted interviews for this study experienced a form of role conflict, or what we have termed the "dual role dilemma." That is, in the course of conducting the research interviews, it was not uncommon to uncover, or be confronted with, a variety of problems being

experienced by the respondent which had no direct relationship to the rape incident. For example, many of the respondents were from low income families where problems with unemployment, housing, medical care, the police and/or the judicial system were relatively commonplace.

The interviewers had been trained and were well-prepared to handle the respondent's emotional distress or discomfort in relation to the interview, and, in fact, emergency back-up counseling had been built into the research design. In the event that a respondent became upset as a result of the interview, there was an established procedure for quickly linking that respondent with a professional counselor. However, what the interviewers often discovered was a range of pre-existent problems which did not fit the referral criteria previously established. Repeated exposure to this kind of situation tended to create anxiety and frustration among the interviewers; although the role of the research interviewer was clearly understood (i.e., the collection of data was the assigned task), it was impossible to ignore the reality of many respondents' less than adequate life situations. Ultimately, this issue was resolved by attempting to dichotomize the interviewer role into that of researcher and liaison person. Specifically, when the interview was completed, the interviewer was able to put it aside and engage in efforts to link the respondent to appropriate service-delivery agencies in the community. For example, contacts were initiated on behalf of respondents with the housing authority; the county hospital district which had refused service to a woman in her eighth month of pregnancy for non-payment of a \$25 bill; the Department of Public Welfare (and the Food Stamp program); the Epilepsy Foundation; and, on several occasions, Bexar County Mental Health and Mental Retardation. In only one case was this contact initiated as a result of a respondent's having become distressed by the research interview.

Another important finding resulted in relation to the function of the Advocate Program and the need for additional follow-up. Specifically, we learned that few of the respondents who had filed charges against their assailants knew the current status of their cases; this clearly indicated that more long term follow-up was needed by Advocates whose role it is to assist victims throughout the legal-judicial proceedings. Frequently we were told by respondents that they had lost the Advocate telephone number, or that they were not aware that this service was available to them long after the initial hospital contact with the Advocate. Thus, some of the dual role dilemma was resolved by referring victims to an Advocate for continuing follow-up. We were also able to obtain information on the legal status of a number of cases, and we have provided a Spanish translator and an Advocate to accompany one respondent to court when her case was scheduled for trial.

ETHICAL-MORAL CONCERNS

On Invasion of Privacy

Hopefully, it will not sound too pompous to say that we believed the research to be important beyond this time and place or we could not have done it. It was very difficult to approach women, asking them to talk about what we knew was a painful, often disasterous, experience. Some of us who worked making contacts did it rather apologetically; hurrying through our explanations about the mechanics of the interview, we were anxious to justify what we were doing, to emphasize that it was needed, that eventually it could be used to help all rape victims. Still, in spite of our own commitment to the research, we tried not to coerce, not to be too persistent, not to "oversell." In all cases, we encouraged people to tell us outright if they did not want to participate in the research. Some women were able to say an unequivocal "no;" others told

us "no" behaviorally - that is, by not showing up for a scheduled interview, not once, but several times. A few women agreed to the interview only to tell us when we arrived at the scheduled time and place that they had changed their minds. On the other hand, some would finally do the interview after rescheduling as many as three or four times. These situations presented us with dilemmas. If a woman broke an appointment or failed to show up for an interview, did this mean that she did not, in fact, want to be interviewed? Were these women best left alone? Were they simply undisciplined persons who forgot the appointment, or spontaneous persons who decided at the last minute to do something else because the opportunity arose? We exercised "cautious persistence" with women who broke appointments or simply did not show up for them. We rescheduled appointments, each time asking, "Are you sure you want to do the interview"? thus allowing the respondent another chance to tell us "no," making it clear that there would be no ill feelings on our part. Persistence is evident, however, in the fact that twelve potential respondents were scheduled a total of 41 times, or an average of 3.4 times each. Of these twelve, seven were eventually interviewed; of the remaining five, two finally said they would rather not participate, and three, in effect, dropped out of sight.

When we were able to locate family or friends of a victim, but not the victim herself, we were presented with further dilemmas with regard to protection of the victim's privacy since we could never be certain who might or might not know about the assault. When this situation occurred we attempted to inquire about how we might contact the individual but without disclosing our purpose. As might be expected, our inquiries were met with a wide range of responses and degrees of openness. In low income areas, for example, families and/or neighbors tended to be quite open in giving us information as we were often thought to be from "the welfare."

In contrast, in more affluent areas we were frequently confronted with protective family members and/or neighbors who were suspicious and guarded, making it impossible for us to engage in any sort of conversation for fear of divulging confidential information.

In some cases when we located potential respondents, they were obviously frightened - that they could be located, that some unknown person (albeit an AAVAP member) knew about the rape. We found that most rape victims live with some degree of fear and we did not want to contribute to this. Our concern in this regard was exacerbated by the fact that some Advocates had done little follow-up and a few victims did not even remember seeing a volunteer at the hospital; thus there was no positive feeling toward AAVAP to alleviate the victim's fear or to make her receptive to the contact person. There were two incidents which particularly worried us and illustrate all too well our concerns with regard to invasion of privacy. An older woman refused, in no uncertain terms, to be interviewed; we knew from her Advocate file that she had lived at the address where we found her for at least two and one-half years. She moved shortly after our initial contact. Possibly, the move was unrelated to our in-person visit, but we cannot be sure. In another case, a victim scheduled an appointment for the interview, broke the appointment (for a seemingly legitimate reason), but rescheduled it for a later time. She was asked again if she really wanted to do the interview; she said simply that she would do it and set another time, asking that we call her just prior to the interview. This call revealed that her telephone had been changed to an unlisted number. Intellectually, we know that these two incidents could have been unrelated to our contacts; on the other hand, we know that there is a good possibility that they were related; and if they were, the message was very clear: "You have invaded my privacy and you had no right!"

On the Use of Back-up Referrals for Counseling

Although back-up counseling was available if a respondent became upset during the course of an interview, it was never immediately needed. Although, as indicated earlier, we made referrals, these were in relation to pre-existent problems. We know of only one case where there was a negative reaction to the interview and this was five months after-the-fact, when the respondent called the Project Director and said, "I need help." The respondent clearly did not want to "blame" the interview for her feelings; she explained that she had successfully "blocked out" the rape until the interview which she had agreed to for detached, intellectual reasons. After the interview, she unexpectedly found herself reacting and dealing with feelings which most victims experience shortly after the rape. As an added complication this respondent may have been suicidal - that is, she had attempted suicide once prior to the rape and the Advocate record indicated this. In retrospect, we question whether she should have been interviewed at all. However, two very positive things have resulted for her: she is now in therapy on a regular basis and she expressed an overwhelming sense of relief when the Project Director was able to say to her (based on empirical findings), "Your feelings are very typical for a rape victim."

On Being Both an Advocate and Researcher

Our interest in rape and our involvement in AAVAP preceded this research. However, as researchers who also happen to be actively involved in AAVAP, our most careful soul-searching has been with regard to this dual role - specifically in relation to the possibility of exploiting the AAVAP and inappropriately using Advocate data. To be very candid, because we both know that we may profit professionally from this work, we have probably been more conscientious in our role as Advocates, even though the program itself is at times frustrating and in terms of accom-

plishments for rape victims in the city, a disappointment.

It is not the purpose of this paper to deal with the problems of a volunteer program such as AAVAP; however, questions have no doubt been raised with regard to the strength and viability of a program which has only seen 154 victims in two and one-half years of operation. As described earlier, AAVAP service delivery is limited by dependence on hospital personnel, a tenuous link in this situation. Further, the politics of rape in San Antonio (and, no doubt, in other cities as well) points up poignantly the need for victim research which can identify specific problems and needs and provide direction for service delivery. San Antonio, like many cities, applied for and was granted federal funds (Law Enforcement Assistance Administration) to finance a Rape Crisis Center. Unfortunately, the Center in this case evolved for political expediency and because funds were available; there was never a committed plan to develop a program aimed at meeting the needs of rape victims. When the city's Rape Crisis Center was funded, the only direct services available for rape victims were through the AAVAP. During the two years the city's program was funded with a full-time staff, the AAVAP was still the only direct service available to victims. Attempts to monitor the city's program, to force service delivery, were met with political inaction or bureaucratic delays until the Center ceased to exist at the end of the two year grant. Volunteers were left depleted in number and disillusioned in spirit; liaison with medical personnel was weakened; and services for rape victims were still delivered by the AAVAP, but with volunteers being utilized less frequently in the hospital Emergency Rooms.

The irony in all of this is that we may have at this point in time the only program in the country that is so well researched and with findings available for immediate input to improve service delivery, follow-

up and training of new volunteers. Both the authors and one Research Assistant are still actively involved in AAVAP, and we have been able to make some positive suggestions with regard to follow-up and referrals and we will use the next volunteer training session to share some of the relevant findings from this research. However, the program is politically wounded and some recovery and revitalization is necessary before it can fully benefit from or utilize these findings.

CONCLUSIONS

These are very honest and very complex methodological issues which can be avoided only if one is without ethical concerns or if research is confined to a totally voluntary group - for example, advertise your research and have people come to you. The disadvantages of this are, of course, obvious and the limitations for generalizing to other rape victims even more restrictive than for a population such as the AAVAP. On the positive side, most respondents seemed to feel good about their participation in the research. The informal feedback attributes the positive response to four things: (1) The interview dealt very little with the actual rape and not at all with sexual details. (2) Respondents felt that they had been helped to "put it together" by talking about the experience, events which led up to it, and its aftermath. (3) Respondents were encouraged by the fact that someone was studying the problem of rape which meant that they were not alone, that others shared their experience, their emotions, their fears. (4) Respondents almost unanimously expressed their willingness to participate with the hope that something might be done to change attitudes toward rape and rape victims.

As for the authors' feelings at this point, we would do it again - hopefully with fewer mistakes - because we think it needed to be done, because it is important. The data - from a cursory review - appear to be

a researcher's dream in richness, but the administrative, methodological problems were a researcher's nightmare. We were never free of the knowledge that we were opening a very personal, volatile area of human emotion and that was a constant, heavy responsibility.

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