

Reflection

ANN WOLBERT BURGESS

The fact that rape occurred and was an act of conquering has been documented in the Bible as well as war annals. But in 1972 when Lynda Lytle Holmstrom and Ann Wolbert Burgess launched their research, there were very few clinically-based articles that dealt with the incidence of rape or the impact of rape on the victim and family. And there was little information on the offender.

Holmstrom, in the early 1970s, was searching for a topic to study that had some impact on women's lives and on the relationship between the sexes. She remembered having heard many reports by women at consciousness-raising groups in the late 1960s about physical assaults that had been made on them by men. And yet, it seemed that despite its common occurrence and its apparently strong impact on the people involved, researchers seldom picked up on this assaultive behavior as a research topic. Thinking about this phenomenon led Holmstrom to the idea, initially only vaguely formulated, of studying rape and especially rape victims. The next step was to meet with Burgess, with whom she had done some interdisciplinary teaching, to discuss how to go about such a study. Burgess's immediate response was to suggest that, if Holmstrom added a counseling aspect to the study, she would be interested in going in on it with her. They discussed how the academic skills of a sociologist and the clinical skills of a nurse psychotherapist might well complement each other and decided to form a team.

Although the violent acts and the suffering of women and children had been noted since the origins of humankind, few considered it from a health standpoint. Little existed in the scholarly literature on rape victims and little existed in the way of counseling services for victims. There was literature on sexual offenses, including rape, but it had overlooked the victim.

Our access to a sample was provided by the nursing hierarchy at a large municipal hospital where a percentage of rape victims were taken, Boston City Hospital. Anne Hargreaves, Executive Director of Nursing Services and Nursing Education of the Department of Health and Hospitals for the City of Boston, paved the way for us to be put "on call" every time a rape victim was admitted to the Emergency Services of the hospital. Our primary sample consisted of 146 persons who were admitted to the emergency wards of Boston City Hospital during a one-year period from July 1972–July 1973 with a complaint of rape.

The study that began at Boston City Hospital in July of 1972 sought to document the "career" of the rape victim through institutional systems: the police, the hospital, and the courts. And while psychosocial research of this type was unfunded in those days, the important act that opened the door to begin to educate the professional community about rape was the publication in the *American Journal of Psychiatry* on rape trauma syndrome. That article established the impact of rape as having psychiatric sequelae and supported the idea of crisis intervention being effective as a first step in reducing the consequences of a violent act. The identification of the trauma of rape linked with a plausible intervention launched

the creation and activities for further research at the Center for the Prevention and Control of Rape. This research was followed by publications and the creation of not only interest and additional research questions, but challenged the need for instrumentation and clarity of definitions and contributed to the establishment of traumatology and the general investigation of traumatic life events.

What started as an isolated experience in the emergency room of a large city hospital has now become one piece in this huge unfortunate tapestry of human indiscretions and the joining together of science, clinical practice, and human social organization to take account of and for human acts of violence and their ultimate impact on society.