The Evolution of a Gendered Politics of Trauma: Challenging the Depiction of Rape as "A Fate Worse Than Death"

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ABSTRACT

Beyond its utility as a diagnostic category, the medical model of trauma has emerged as a powerful rhetorical and political tool. Trauma diagnoses have provided individuals with medical recognition and helped to catalyze social movements around issues such as armed conflict and sexual violence. Although originally thought to stem from an objective set of characteristics of an event, post-traumatic stress disorder (PTSD) is now seen as a combination of an exposure to a traumatic stressor and a personal, individualized reaction to that exposure. This shift from objective to subjective perception has challenged two assumptions underpinning early definitions of trauma. First, the departure from event-based to experientially-based definitions of trauma challenged the presumption that certain events are inherently more traumatic than others. Second, perceptions shifted from the belief that trauma is a fated outcome to an understanding that post-traumatic stress may or may not result, depending on individual factors. This paper traces the evolution of medical and social understandings of trauma and discusses the ways in which the treatment of sexual violence against women has failed to keep pace with this evolution. Rape continues to be regarded as an innately traumatic experience for women that will forever brand them as victims. The "one-size-fits-all" trauma narrative deployed to combat sexual violence against women has served to draw vital political, social, and medical attention to a previously neglected harm. While the medicalization of rape trauma has provided women with a common identity to draw attention to the prevalence of violence against women, it has also undermined efforts to construct a strong, rational image of women as political actors. I call into question presumptions about an objective form of rape trauma, arguing that such presumptions risk essentializing rape victims, leaving little room for agency and heterogeneity.

> "*Who has the authority to define reality remains a key arena of political struggle*."[1]

> *"Generally, it bothers me when someone says raped women . . . . [R]aped women —that hurts a person, to be marked as a raped woman, as if you had no other characteristic, as if that were your sole identity."*[2]

Researchers have long observed connections between traumatic life events and physical and psychological health outcomes. However, early trauma studies were hindered by vague definitions and unreliable measurement techniques; there was also no consensus on the etiology of trauma and its associated syndromes. A number of terms with disparate definitions were used interchangeably to describe trauma, such as stress, disaster, violence, and catastrophe.[3] The debate over whether to classify rape as a traumatic event is a poignant illustration of the ways in which trauma theorists have struggled to define and operationalize the construct.

I will examine the highly contentious diagnostic category of rape trauma syndrome to illustrate the ways in which medical trauma definitions have been inconsistently applied in practice. I argue that the evolution of trauma definitions has followed a gendered path reflecting societal norms regarding how men and women are expected to react differentially to events. The medical discourse around rape trauma has contributed to the perception that sexual violence is a "woman's issue" and has prescribed a strict set of behaviors that rape victims are said to enact. I seek to unpack this victim narrative and uncover the ways in which the definition of rape trauma has perpetuated gender stereotypes that paint women as victims and men as aggressors. I argue that the codification of rape trauma syndrome as a medical diagnosis oversimplifies reality, pathologizes rape victims, and may exacerbate the very symptoms it seeks to identify and treat.[4] Although originally conceptualized as an objective set of characteristics of an event, psychological trauma is now seen as a combination of an exposure to a traumatic stressor and a personal reaction to that exposure.[5] (See construct matrix on p.8 for more on the evolution of trauma definitions). This shift from objective to subjective perception shaped by social norms has challenged two crucial assumptions underpinning early definitions of trauma. First, the recognition that trauma is a uniquely individual experience calls into question the presumption of early theorists that certain experiences are inherently more traumatic than others. Second, the

departure from event-based to experientially-based definitions marks a transition from trauma as biological fate to identity formation and self-determination.

The discourse around rape trauma demonstrates that progress towards a subjective definition of trauma has yet to be fully realized. Rather than illustrating the two assumptions outlined above, rape continues to be regarded as innately traumatic.[6] Similarly, rape victims continue to be essentialized and pathologized rather than seen as actors capable of determining the degree to which their experiences with rape are traumatic or not. Social structures guiding gender and power relations have placed rape atop a hierarchy of traumatic events, the effect of which has been to mute the voices of victims who challenge this depiction of rape.[7] Our society has placed rape on an unstable pedestal where it is simultaneously abhorred and accepted as a normal part of life for women. Remnants of early trauma definitions which emphasized rarity and events "outside the range of normal human experience" remain a distraction from the emerging understanding of trauma as a uniquely subjective experience. As such, I argue that trauma definitions should not focus on the objective nature of events, but rather the ways in which post-trauma symptoms may manifest differentially within individuals based on their lived experiences and susceptibility to certain triggers.

Outside of clinical practice and research, the medical model of trauma has served as a powerful rhetorical and political tool.[8] In addition to providing individuals with medical diagnosis and treatment, the development of the medical model of trauma provided a legitimacy around which rights claiming could more effectively occur. It also provided an avenue for collective identity formation around issues such as armed conflict and sexual violence.[9] The medicalization of rape trauma syndrome – a specific form of PTSD believed to affect a majority of people who have experienced sexual violence – had profound implications for health intervention and political struggle.[10] Demonstrating the adverse health effects of sexual violence was a crucial tactic to draw attention to gender discrimination during second wave feminist

struggles of the 1960s and 70s. The international women's human rights movement in the 1980s and 90s pointed to sexual violence against women and girls as a "harm too horrendous to ignore," using it to garner attention to women's issues. As a result, great strides were made to increase the recognition of violence against women as a national and global epidemic. Altering perceptions of the social acceptability of violence against women is one of the greatest health and human rights victories of the 20th century, the effect of which cannot be understated. [11]

However, the strategic essentialism of rape and domestic violence victims, that many would argue was both necessary and effective for raising the status of women, also reinforced notions of women as weak and powerless. The resulting paradigm of women's vulnerability – which has emerged as the primary mode of understanding gender-based violence – embodies several challenges to the full realization of women's rights. The eminence of a universally traumatic definition of rape reinforces ideas about women as victims devoid of autonomy, and "real" men as aggressors, incapable of being raped.[12] Although most data suggest that women are disproportionately affected by rape, many studies demonstrate that men and boys under certain conditions – such as incarceration or military service – are also highly vulnerable to rape.[13,14] Additionally, research suggests that sexual minorities and those who do not fit within the gender binary may be even more susceptible to sexual violence than cis-women.[15]

Assumptions about women as the main or only victims of rape may explain the reductive claims made about victims' experiences. The understanding of rape as invariably traumatic fails to leave room for a range of "normal" reactions. A victim who was not "destroyed" by a rape experience may question the legitimacy of his/her feelings and may wonder if he/she secretly "asked for it." Advocates that have held strong to the notion that rape is universally traumatizing have inadvertently contributed to an atmosphere in which women that have ambiguous or ambivalent reactions to rape fall prey to victim-blaming and slut-shaming. As a result, it is

crucial that we move beyond the narrow understanding of rape victims as universally traumatized to include those that do not exhibit signs of psychological scars.

Finally, I argue that we should afford more room for varying personal experiences with rape rather than expecting all women who are raped to express signs of trauma in order to prove that they were violated.[16] Just as anti-rape activists have argued that women need not display signs of physical struggle (i.e., bruises, injuries) in order to prove that rape occurred, it is crucial that we expand our depiction of rape victims to include those that do not feel psychologically-damaged or traumatized by the experience of rape. The acknowledgment and recognition of women's experiences with sexual violence should not be dependent on the enactment of victimization. By expanding our restrictive understanding of rape trauma, we can allow women to define their own experiences and move beyond the uniform victim narrative cast upon them. Reframing the rape discourse will also create a space for individuals who have traditionally been excluded or overlooked in larger political movements against sexual violence, such as male victims, LGBT individuals, prisoners and detainees, civilians in times of war, and sex workers. A broader understanding of trauma will allow us to account for the diversity of experiences among these populations and improve strategies to meet the needs and strengthen the rights of those affected by rape.

Despite a progressive movement toward an emphasis on subjectivity in trauma, the medical paradigm which seeks a diagnosis from a set of objective, standardized criteria – usually measured by a symptom checklist – continues to prevail. Even a shift toward characterizing events as potentially traumatic still reinforces an implicit hierarchy of events thought to be more traumatic than others. This insistence on classifying some events as inherently traumatic (e.g. rape or war) has incredible political power for drawing attention to inequalities and atrocities committed against certain groups of people. However, it also has the potential to essentialize individuals by imbuing them with certain traits characterized by victimization.[17] The effect of

such definitions and political agitation reliant on them may be to marginalize rather than empower victims through psychiatric diagnosis.

Psychiatric trauma definitions have hushed the voices of "deviant" rape victims when attempting to draw attention to the injustice of gender-based violence. By reducing the experience of rape to a single trauma narrative, many anti-rape advocates have reinforced stereotypes of women as passive and powerless. In addition to limiting diversity in experience, this approach also has the potential to exclude rape victims from the discourse entirely if they do not view their experience as traumatic and show no signs of psychological distress. It is crucial that we open the rape discourse to those that refuse to classify themselves as victims, rather than view these individuals as repressed, pathological, or somehow to blame for their experiences.

Karen Engle uses fictional and nonfictional accounts of war to demonstrate how narratives can either perpetuate or challenges societal perceptions of sex, rape, and gender norms.[18] She challenges the assumption that rape carries with it a preordained set of psychological and social consequences, which construct the victim identity. By rejecting the inherent nature of rape as trauma, Engle opens the door for contradictory narratives about the experience of rape and its aftermath. This tactic allows for a multiplicity of voices from women (and others) who find alternative modes of coping that may not follow the path laid out for them by medical definitions of rape trauma.

Engle argues for the proliferation of competing narratives regarding rape, including those that involve denial and rejection of trauma. By blurring the stereotypical gender roles that paint men to be violent and women to be passive and helpless, women emerge as political actors – or even aggressors – rather than natural subordinates. By breaking down the medical and popular discourse regarding gender and power, Engle displays how structures intended to draw attention to the suffering of women can in fact perpetuate the power dynamics that posit violence against women as an inevitable consequence of gender inequality.

The psychiatric community has embraced the idea that those experiencing traumatic stressors in combat express a wide variety of reactions to the same exposure, with only a small proportion developing post-traumatic stress disorder.[19] It is time that the discourse around rape shift to include a panorama of reactions to meet people where they are, rather than prescribing where they should be. Just as we have progressively expanded the legal definition of rape to include events beyond those characterized by physical force, we must also broaden our understanding of varying responses to rape. If we reject monolithic rape and trauma definitions, then those that deny experiencing trauma from rape should not simply be regarded as repressed.

The medicalization of women's reactions to rape has unintentionally reinforced the view that violence against women is aberrational and apolitical rather than a common occurrence that reinforces power structures between the sexes.[20] Although trauma definitions have slowly moved away from the requisite that traumatic events must be unexpected, unusual or rare, much of the discourse around women's reactions to rape still describe the phenomenon as anomalous. The trope of a universally traumatizing experience tied to rape breaks down as women express varying reactions to their experiences of sexual violence. Not everyone who is raped will exhibit signs of trauma, yet we continue to view rape as not only universally traumatizing, but in many cases as a "fate worse than death". Restricting acceptable reactions to rape to those defined within rape trauma syndrome may lead those who do not feel traumatized to engage in self-blame (i.e. "If I wasn't traumatized, what's wrong with me? Am I promiscuous? Did I ask for it?"). I am in no way implying that rape is *not* traumatic, but simply suggesting that individuals have diverse experiences with rape and assessments of its severity. Suggesting that women can have varying reactions to rape draws attention to their ability to cope with violence and define their own realities.[21]

Women who do not see themselves as traumatized following rape or who defy the roles prescribed for them as trauma victims may find that their rape claims are disregarded or ignored;

even worse, they may be subject to slurs and criticism both from society at large, advocates, and other rape victims who feel that these women are undermining their claims. It is crucial that we illuminate the ways in which the unified victim narrative serves to infantilize rather than empower women. Only by moving beyond the strategic essentialism of the past can we begin to recognize women's ability to exercise agency in confronting violence. Many of the constraints under which anti-rape advocates of the 1950s and 60s no longer exist within this country, such as the legal and social sanctioning of wife rape.[22] This is not to suggest that equality has been achieved or that sexual violence has been eliminated. On the contrary, I call for a new approach that conceptualizes women as rational actors rather than simply the helpless recipients of injustice or paternalistic programs to rescue them from danger and violence. Many women experience serious mental health consequences as a result of rape, including PTSD, but this does not mean that women who are not traumatized did not also suffer. Nor does it mean that these women are any less deserving of services or legal recourse. We must recognize that a one-size-fits-all approach to rape creates an unrealistic image of women that risks minimizing the harm and adversity experienced by those that do not fit within this narrow portrayal. Worse yet, it maintains the illusion that rape is rare and exceptional rather than systemic within our society.

There has been significant progress towards a subjective definition of trauma, but we must ensure that the discourse on rape follows this same trajectory rather continuing in an anomalous way. Defining rape as universally traumatizing detracts from a more salient discussion about the ways in which a person's lived experience can intensify or reduce traumatic stress following a violation of bodily integrity.[23] Acknowledging the varied ways in which women experience and react to rape would validate and empower rape victims while also highlighting the prevalence and frequency of rape within American society. By refocusing the trauma debate away from the objective nature of rape, women with varying reactions to rape can retain their individual narratives rather than being painted unquestionably as victims.

Citation	Definition of Trauma	Operationalization	Assumptions	Notes
DSM – III –R, 1987 (revised)	"Experiencing an event that is outside the range of usual human experience and that would be markedly distressing to almost anyone, (e. g., serious threat to one's life or physical integrity; serious threat or harm to one's children, spouse, or other close relatives and friends; sudden destruction of one's home or community; or seeing another person who has been or is being, seriously injured or killed as the result of an accident or physical violence). The stressor...would be markedly stressing to almost anyone, and is usually experienced with intense fear, terror and helplessness."	Clinical diagnosis by a psychiatrist using symptom checklist for PTSD	Explicit: Focuses on gross trauma that are assumed to be stressful to everyone rather than subjective perceptions of experiences Implicit: Events are thought of in dichotomous terms, as either traumatic or usual. Implicit: Trauma *requires* an event but *may or may not* be coupled with a psychological response. Implicit: Responses to trauma *may* vary but are *usually* characterized by fear, terror, or helplessness.	Trauma is defined within the context of post-traumatic stress disorder. This was the first major diagnostic definition put forth by the American Psychiatric Association. It is still one of the most widely referenced definitions of trauma, though it is generally considered too restrictive.
DSM – IV – R, 2000 (revised)	"The person has been exposed to a traumatic event in which both of the following have been present: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; (2) the person's response involved intense fear, helplessness, or horror. **Note:** In children, this may be expressed instead by disorganized or agitated behavior."	Clinical diagnosis by a psychiatrist using symptom checklist for PTSD	Explicit: Trauma requires both an event and a psychological response. Explicit: Event *must* involve experience of death threat or threat to physical integrity of self or others. Explicit: Response *must* involve fear, helplessness, or horror to constitute trauma. Implicit: Responses to trauma may vary by age.	Trauma is defined within the context of post-traumatic stress disorder. This definition broadened the original definition from the DSM-III. There is no longer a requirement that trauma must be universally stressing for everyone. Nonetheless, this definition still does not explicitly account for subjective perceptions of trauma.

Citation	Definition of Trauma	Operationalization	Assumptions	Notes
Figley, 1985	"An emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience which shattered the survivor's sense of invulnerability to harm."	Several instruments were used to operationalize trauma and PTSD: the Impact of Events Scale, the Beck Depression Inventory, the Stress Assessment Questionnaire for PTSD from the Vietnam Era Stress Inventory, and the Sensation Seeking Scale.	Explicit: Trauma is caused by memories of experience, rather than the experience itself. Implicit: Trauma affects an individual's sense of self and psychological stability.	This definition is very popular. I find the language a bit hyperbolic (catastrophic, shattered, etc.), with too much emphasis on the extremeness of the experience.
Green, 1990	"[The terminology of trauma] appears to be an attempt to (1) indicate events of a serious, unusual nature, (2) include events	Not explicitly operationalized, but supported with empirical evidence	Explicit: Trauma results from unusual rather than ordinary events	I like that this definition maps out the elements of trauma. However, I'm

NOTES

[1] Kelly, L., & Radford, J. (1998). Sexual violence against women and girls: An approach to an international overview. In R. E. Dobash & R. P. Dobash (Eds.), *Rethinking violence against women* (pp.53-76). Thousand Oaks, CA: Sage.
[2] Judge Nusreta Sivac, in Calling the Ghosts, (1996) p.2, quoted in: Engle, K. (2008). Judging Sex in War. *Michigan Law Review*, 106:941-962.
[3] Green highlights the conflation of a number of terms related to trauma and the difficulty of objectively defining post-traumatic stress. See: Green, BL. (1990). Defining Trauma: Terminology and Generic Stressor Dimensions. *Journal of Applied Social Psychology.* 20(20): 1632-1642.
[4] For more discussion on the unexpected effects of homogenizing the experiences of women affected by rape see: Engle, K. (2008). Judging Sex in War. *Michigan Law Review*, 106:941-962.
[5] To see the gradual progression from an understanding of trauma as a manifestation of subjective perceptions rather than objective events, see: (1) American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.), (3rd ed. rev.), (4th ed.), (4th ed. rev.). Washington, DC: Author
[6] Karen Engle challenges the assumption put forth by many feminist scholars that rape is "a fate worse than death." For further discussion on this contentious subject, see: Engle, K. (2008). Judging Sex in War. *Michigan Law Review*, 106:941-962.
[7] For more on societal hierarchies of sexual practices, see: Rubin, G. (1984). Thinking Sex: Notes for a Radical Theory of the Politics of Sexuality. In *Pleasure and Danger: Exploring Female Sexuality* (Carole S. Vance, ed.), 267-319.
[8] Ibid.
[9] For further explanation on the political utility of a medical definition of trauma see: Stein, DJ, Kaminer, D, Zungu-Dirwayi, N, Seedat, S. (2006). Pros and cons of medicalization: the example of trauma. *World Journal of Biological Psychiatry*, 7(1):2-4.
[10] Burgess, A.W., Holmstrom, L.L. (1974). Rape Trauma Syndrome. *American Journal of Psychiatry*, 131(9):981–986.
[11] Miller, A. (2004). Sexuality, Violence against Women, and Human Rights: Women Make Demands and Ladies Get Protection. *Health and Human Rights*, 7(2):16-47.
[12] For more on the eminence of the women's vulnerability paradigm and its effect on HIV/AIDS prevention, see: Higgins et al., (2010). Rethinking Gender, Heterosexual Men, and Women's Vulnerability to HIV/AIDS. *American Journal of Public Health*, 100(3):425-445.
[13] Rape prevalence among women in the United States is estimated to be between 15-20%. See: Tjaden, P. & Thoennes, N. (1998). Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey. *U.S. Department of Justice, Office of Justice Programs*: Washington, DC.
[14] United States Department of Justice. (2011). Initial Regulatory Impact Analysis: Proposed National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA). Docket No. OAG-131, RIN 1105-AB34.
[15] "Cis-gendered" refers to a person whose biological sex at birth matches their current gender identity (i.e., female + woman). "Cis" is generally considered the opposite of "trans". See (1) Heidt, J.M. et al. (2005). Sexual revictimization among sexual minorities: A preliminary study. *Journal of Traumatic Stress*, 18(5):533-540; (2) Dean, L. et al. (2000). Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns. *Journal of the Gay and Lesbian Medical Association*, 4(3):102-105.
[16] A 1975 article on criminal rape investigations reported the sentiments of a police detective: "It should be borne in mind that except in the case of a very young child, the offence of rape is extremely unlikely to have been committed against a woman who does not immediately show signs of extreme violence." (Firth, 1975 quoted in: Jordan, J. (2004). Beyond Belief?: Police, Rape, and Women's Credibility. *Criminal Justice*, 4(1):29-59.
[17] Kapur, R. (2002). The Tragedy of Victimization Rhetoric: Resurrecting the "Native" Subject in International/Post-Colonial Feminist Legal Politics. *Harvard Human Right Journal*, 15(1).
[18] Ibid.

[19] See: (1) Kulka, RA, Schlenger, WE, Fairbank, JA, Hough, RL, Jordan, BK, Marmar, CR,Weiss, DS. (1990). *Trauma and the Vietnam war generation: Report of findings from the National Vietnam Veterans Readjustment Study*. New York: Brunner/Mazel. (2) Hoge, CW, Castro, CA, Messer, SC, McGurk, D, Cotting, DI, Koffman, RL. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *New England Journal of Medicine*, 351:13-22.
[20] McGlynn, C. (2008) Rape as 'torture'? Catharine MacKinnon and questions of feminist strategy. *Feminist Legal Studies*, 16(1):71-85.
[21] Stefan, S. (1994). The Protection Racket: Rape Trauma Syndrome, Psychiatric Labeling, and the Law. *Northwestern University Law Review*, 88(4):1271-1344.
[22] Such legal advances are not universal. Some of these tactics remain necessary in areas where the power of law remains void or unenforceable, such as the DRC and Sudan.
[23] Petchesky, R. (2005). Rights of the body and perversions of war: sexual rights and wrongs ten years after Bejing. *UNESCO*, Blackwell Publishing Ltd: Oxford, UK.