Fighting Back Works: The case for advocating and teaching self-defense against rape.

by Marge Heyden, Tiel Jackson, Billie Anger, and Todd Ellner

From the Journal of Physical Education, Recreation, and Dance, May/June 1999

This article is designed to encourage educators to teach their students self-defense skills applicable to rape resistance. Sexual assault is a serious problem, particularly for the young, and forceful resistance can be effective in preventing rape. Self-defense training can also contribute to psychological health. We believe that educators can have a significant role in preventing sexual assault through promoting self-defense training.

I. Physical and psychological impacts of rape

Rape resistance is a poorly researched area. While the effects of rape on the individual have been described, and fairly good data are available on the prevalence of sexual assault against women, not much research has been done on the use and effectiveness of various anti-rape strategies. The studies that are available tend towards small sample sizes. Probably assault survivors, even those who resisted successfully, are reluctant to share their experience with strangers (including researchers).

According to the U. S. Department of Justice's Uniform Crime Report (1994), a woman is raped once every five minutes. A Seattle study (Seattle Rape Relief, 1991) indicated that roughly half of all women and 1/5 of men will be sexually assaulted at some point in their lives. One female in four and one male in six will suffer assault before age 16. Sixty percent of forcible rapes occur before the victim is 18 (Koss, 1993). Half of these are perpetuated against children less than 11 years old (Bateman, 1991; Kilpatrick, 1990; National Victims' Center, 1992).

Physical effects of rape, besides the physical trauma of the rape itself, may include pregnancy and sexually transmitted disease. Murphy (1990) estimates that there is disease transmission in 4% - 30% of rapes. About one female rape survivor in twenty conceives as a result of the rape, and bears the consequent health risks of pregnancy (Koss, 1993).

Scrapes and lacerations to the rectal and vaginal lining are not uncommon, and rapists may inflict other injuries as well in the course of an assault (Kleck and Sayles, 1990).

While the physical effects of rape can be very serious, the psychological devastation is often much worse and far longer-lasting. Common symptoms include difficulties with interpersonal relations, fear of sex and intimacy, major depression, alcohol or drug abuse, anxiety, obsessive-compulsive disorders, and posttraumatic stress disorder (PTSD) (Koss, 1993). Kramer and Green (1991) report that 73% of rape survivors were diagnosed as having PTSD six to eight weeks after the rape and that these effects can continue for years. A study of rape survivors, three years or more post-trauma, showed that they experienced more anger, anxiety, and relationship problems including insecurity and lack of trust than did a control group (Parks, 1990).

The fear of assault affects women who have not themselves been raped (Henderson and Bialeschki, 1993), inhibiting many women from engaging in activities such as jogging or taking classes at night. Fear of crime in public places limits women's ability to participate effectively in public life (Gardner, 1990).

Rape of men is much less well documented than rape of women. Male victims of sexual assault exhibit many of the same symptoms as do female victims; however, they express more hostility and anger than do their female
counterparts (Frazier, 1993). The trauma of the event may cause them to lose faith in their masculinity and lead to sexual dysfunction (Masters, 1986).

II. The effectiveness of forceful resistance to attempted rape

A thorough review of the available literature has led us to some surprising conclusions about the effectiveness of traditional anti-rape advice. Women are often advised to use non-aggressive strategies against sexual assault (Storaska, 1975; Channing L. Bete Co., What every woman should know about rape, 1989; Channing L. Bete Co., What women and men should know about date rape, 1989). Research suggests that this is poor advice. According to one study (Zoucha-Jensen and Coyne, 1993), women who used non-forceful verbal strategies, such as crying or pleading with the assailant, were raped about 96% of the time. In the same study, women who did nothing to protect themselves were raped about 93% of the time.

Forceful verbal resistance, including yelling and loud screaming, was more effective than non-forceful verbal resistance. These strategies were associated with completion of rape from 44% - 50% of the time (Quinsey and Upfold, 1985). This study is particularly interesting because the data were collected from rapists in maximum security psychiatric hospitals, showing that forceful verbal strategies can be effective even against the violently insane.

Running worked even better than verbal resistance. Although researchers who relied on rape crisis center records and police records (Zoucha-Jensen and Coyne, 1993) report a 55% rape completion rate against those who attempted to flee, broader studies such as Bart and O'Brien (1985) indicate that only 15% of women who attempted to flee were raped. Running was also associated with a lower rate of injury (Kleck and Sayles, 1990; Siegel et al., 1989; Ullman and Knight, 1991).

Forceful physical resistance was an extremely successful strategy. The completed rape rate dropped to between 45% and 14% when the rapist's attempt was met with violent physical force (Kleck and Sayles, 1990; Siegel et al., 1989; Ullman and Knight, 1992; Zoucha-Jensen and Coyne, 1993). Striking was more successful than pushing or wrestling (Quinsey and Upfold, 1985). Physical resistance also appears to be more effective when assault occurs outdoors (Quinsey and Upfold, 1985).

Women are sometimes advised that fighting back will increase their risk of injury. There are two problems with this argument.

First, research shows that physical resistance does not cause further injury to the resister. While there is a correlation between resistance and a somewhat higher rate of physical injury (at most 3%) (Kleck and Sayles, 1990; Marchbanks et al., 1990; Siegel et al., 1989), researchers who examined the sequence of events found that injury usually occurred before resistance. In other words, resisters were not injured because they had resisted: rather, being injured motivated them to fight back (Quinsey and Upfold, 1985). After the initial injury, forceful resistance did not increase the resister's risk of further damage.

Second, this argument overlooks the fact that a woman who does not resist is virtually guaranteed to suffer the emotional and physical injury of the rape itself. Even when resisters are injured, the injury is typically much less severe than a completed rape would have been (Kleck and Sayles, 1990; Marchbanks et al., 1990; Siegel et al., 1989; Ullman and Knight, 1991). Of those 40% of resisters who suffered physical damage, only 7% suffered injury as severe as a dislodged tooth. A woman who fights back incurs no demonstrable chance of additional injury, but she gains a 55-86% chance of avoiding rape altogether (Kleck and Sayles, 1990).

When resistance does not prevent rape it can still yield important benefits. A woman who does not resist may not be viewed as sympathetically nor her trauma be treated as seriously as one who does fight back, because nonresistance may be viewed by others as acquiescence (Galliano, Noble, Travis and Puechl, 1993). In Oregon and some other states, evidence of "earnest resistance" is required for rape prosecution (ORS 163.305(2);
Criminal Code of Oregon, 1996). Women who follow the traditional advice not to resist may find that they have no legal standing to press charges against the rapist.

Women who used knives or guns in self-defense were raped less than 1% of the time. Defensive use of edged or projectile weapons reduced the rate of injury to statistical insignificance (Kleck and Sayles, 1990).

While many of these strategies were very successful by themselves, combinations such as yelling and fighting or yelling, fighting and fleeing further increased the chances of avoiding rape (Bart and O’Brien, 1985).

The studies we have cited have used a wide variety of research techniques. This suggests that the effectiveness of forceful resistance against rape is a robust result.

III. Psychological benefits of self-defense training

From a health education standpoint, the clearest benefit of self-defense training is that it teaches girls and women to use the most effective means to reduce their risk of rape and avoid threats to their physical and psychological well-being. There are other reasons to take instruction in this subject as well.

Pava, Bateman and Glascock (1991) conducted an extended study of the effects of self-defense instruction on visually impaired women. All of these women had a more realistic perception of risks of crime, had improved physical skills in areas such as balance and strength, and felt less vulnerable after training. Harding and Nelson (1985) report that self-defense students become more confident, analytical, and aware. They also indicate that concrete advice and skills lead to empowerment, while vague warnings and an exclusive reliance on avoidance lead to fear. Insofar as fear is a constraint to an active and healthy lifestyle, any activity such as self-defense training which decreases fear and apprehension is beneficial (Henderson and Bialeschki, 1993).

Self-defense training has many similarities to martial-arts training. A review of martial arts and psychological health concludes that increased assertiveness, confidence, self-esteem, relaxation and concentration as well as decreased anxiety all result from such training. These effects, along with decreased aggression and better social adroitness, were apparent in two studies of adolescent boys who were exposed to relatively short courses of instruction (Fuller, 1988). Regrettably, we are aware of no comparable studies involving girls.

Perhaps the most interesting and heartening results were reported by Boudreau, Folman and Konzak (1995). Surveys of the parents of over 270 children enrolled in karate classes in Toronto suggested that while boys received significant benefits from instruction, the positive effects enjoyed by girls exceeded their own and parental expectations. There was a universal improvement in self-confidence and self-discipline. Female students experienced physical and academic improvement at a rate of about twice that of boys.

IV. The role of educators

We believe that self-defense training can be particularly beneficial for the young. Children and teens are the age groups most at risk for sexual assault. Adolescents make up less than 10% of the American population, but constitute 20-50% of all rape survivors (Goodchilds, Zellman, Johnson and Giarruso, 1988; National Victim’s Center, 1992). The impact of rape on the young can be particularly severe, and has been found to be associated with an increased risk of re-victimization later in life (Gidycz, Hanson and Layman, 1995; Mandoki and Burkhart, 1989; Wyatt, Guthrie and Notgrass, 1992). For instance, college rape prevention programs are more effective at preventing first victimizations than at reducing the rate of re-victimization in women who had previously been sexually abused (Hanson and Gidycz, 1993; Himelein, 1995). Thus, self-defense training for children and teens both reduces their immediate risk of becoming rape victims, and places them in lower-risk categories in adult life (Asdigian and Finkelhor, 1995; Baier, Rosenzweig and Whipple, 1991).
Rape prevention programs generally stress discussion and education about rape myths, prevalence of sexual assault, situational factors associated with sexual assault and sexual assault prevention. They often include films, depiction of sexual assault scenarios and mixed-group discussion about acquaintance rape, sex-roles and the rape-supportive culture in which these crimes occur (Borden, Karr and Caldwell-Colbert, 1988; Gilbert, Heesacker and Gannon, 1991; Gray, Lesser, Quinn and Bounds, 1990; Hanson and Gidycz, 1993).

The lack of any emphasis on forceful verbal or physical resistance to rape in these programs may be due to several factors. There has traditionally been some antipathy between the anti-rape movement (which stresses political action and the delivery of social services) and the self-defense community (Searles and Berger, 1987).

Kleck and Sayles (1990) have described the reluctance of academics to advocate the use of physical force in self-protection. Perhaps this is because of a limited (but evolving) academic research base. Studies on the effectiveness of self-defense strategies (such as those referenced in this article) typically appear in criminology and law-enforcement journals, where they may easily be overlooked by health educators.

Finally, there have been many educators in rape prevention who believe that a woman who resists will provoke the rapist into further violence and that she will end up worse off than if she had acquiesced. Many programs and teaching materials have advised passive resistance, cognitive approaches such as arguing or pleading with the rapist, self-humiliation (e.g. vomiting or urination), and attempting to involve others (Storaska, 1975; Channing L. Bete Co., What every woman should know about rape, 1989; Channing L. Bete Co., What women and men should know about date rape, 1989).

Should educators advocate active resistance to sexual assault? Current research indicates that vigorous verbal and physical resistance significantly increases the chances that a woman will not be raped. It should be stressed that the choice to resist assault is not the only correct choice, and it is a personal decision that can only be made by the individual under attack: we feel the role of an educator is to present enough information so that one’s students can make an informed decision.

Sexual assault is, of course, a complex phenomenon which has no simple solution. Legal reform, a generational change in attitudes, the uprooting of rape-supportive myths and much else will be required to permanently reduce the incidence of this crime. Self-defense training alone will not solve the problem. However, self-defense training offers a chance to do something significant for students, something that may provide benefits long after most of them have completed secondary or even higher education.

Flight, fighting back, and the powerful use of the voice are the strategies which will best help students avoid the grave long-term effects of rape victimization (Bart and O’Brien, 1985; Kleck and Sayles, 1990; Marchbanks et al., 1990; Quinsey and Upfold, 1985; Siegel et al., 1989; Ullman and Knight, 1991, 1992; Zoucha-Jensen and Coyne, 1993). This is of particular concern to women between the ages of sixteen and twenty-four, as this is the age group most at risk (Goodchilds et al., 1988; Koss, 1993; National Victim’s Center, 1992; Seattle Rape Relief, 1991). We hope that this article will spur further interest in teaching and research into self-defense and rape-prevention skills.
References


American Psychologist, 48 (10), 1062-1069.


Violence and Victims, 4, 179-190.


American Journal of Epidemiology, 132 (3), 540-549.


National Victim's Center. (1992). Rape in America: A report to the nation. A nationwide study in conjunction with the Crime Victim Research and Treatment Center at the Medical University of South Carolina.


Public Policy. New York: Garland Publishing


Gender and Society, 1 (1), 61-84.


