

Anyone could be a rape victim

Scott McIntyre
Staff Writer

Glance around and find three women and 12 men. One out of each group has been raped. Which one, the slattern in the mini skirt, the orthodox woman in the wool suit, the tough jock, or the passive nerd? All are potential rape victims.

An estimated 400,000 to 2,000,000 rapes occur every year in the United States. That equals out to be a rape every 15 seconds to 1.3 minutes. Only 100,000 of these attacks will be reported to the police, making rape the most under-reported violent crime.

To understand rape is to be able to better protect yourself from an attack. Eighty percent of rape victims know their attacker. Friends, family or acquaintances are the typical perpetrators. The majority of attacks occur in the victims home or the residence of the attacker.

Rapists are usually men with sensations of anger and rancor towards people or society. Offenders who begin their victimization careers in their teenage years commit an average of 380 sexual crimes by the time they are caught as adults.

Some potential warning signs of a typical rapist are: men who do not listen to you or ignore your personal space boundaries, and those who express anger or aggression toward woman as individuals or in general. Certainly, trust your instincts and be careful when dealing with people that you are unsure about.

In addition to these signs, it is prudent to confine some outdoor activities to more populated areas. Avoiding excessive drinking or drug use at all times is a good idea, especially when in unfamiliar environments. Finally, never put yourself in a position where you are completely alone with someone you are not completely comfortable with, or have recently met.

In the unfortunate event that you are raped, please remember that it is not your fault. If you are a man, it does not mean that you are any less of a man. If you are a woman, a rape doesn't indicate in any way that you are a promiscuous person. The important thing is to make sure that you are safe and then follow these basic steps:

- Do not wash or wipe any part of your body or change clothes. Any items on your person or surrounding the area of the rape can be used for evidence.

- Find a safe ride to the nearest hospital. At the hospital expect some personal questions and tests done to intimate parts of your body. Although this is uncomfortable, it is extremely crucial for authorities to obtain the necessary facts surrounding the rape.

- Contact the police and seek professional help to discuss the matter as soon as possible.

- Finally, take any actions necessary to help the police arrest and prosecute this person. Don't be afraid that no one will believe you. The FBI estimates that only two percent of rape cases are fraudulently reported. Remember, you are probably not the only victim, others may come forward if they see you take a stand, and others may be attacked if you don't.

Several services are offered at PSH. An escort service is available from 6 p.m. to 11:30 p.m. Recently, a seminar on rape prevention was given by Officer Beard of the Penn State Police Force.

A pamphlet has also been put together in cooperation with Rape Crisis & Domestic Violence Services on defense techniques, prevention techniques, and what to do if you are attacked.

Questions on the pamphlets and requests for escort service can be obtained by calling 948-6632. Rape Crisis also has a 24 hour hot line which is 1-800-654-1211.

A twist on domestic violence

Tina Marie Fields
Staff Columnist

- For every two women and children accepted into a shelter, five women and eight children are turned away.

- 85 percent of homeless women and children are fleeing domestic violence.

- If every woman victimized by domestic violence would hold hands, a line would form from New York to Los Angeles and beyond.

- In 1993, domestic violence caused 100,000 days of hospitalization, 30,000 trips to the doctor and 40,000 trips to the emergency room.

- There are 1500 shelters for battered women in the United States.

- In Boston in 1990, for every two women and children given access to a shelter, five women and eight children were turned away.

- 50 percent of all homeless women and children are fleeing domestic violence.

- Domestic violence causes almost 100,000 days of hospitalization, 30,000 emergency room visits and 40,000 trips to the doctor every year.

- If all women victimized by domestic violence in 1993 would join hands, the line would stretch from New York City to Los Angeles and beyond.

As stated in Ms. Magazine October, 1994

I want to talk to you about abusers, centers and workshops at the centers. Yeah, I know, it might sound like the same old subject pounded daily by the media. But recently there are new findings, new victims, new abusers, and new centers. In talking to workers from ten Dauphin County crisis centers, they have come in contact with two types of domestic violence: men who batter women, and a newer yet rising case, women who batter women.

Men may batter because they have been trained to. This is because we live in a society where the exploitation of people with less social and personal power is acceptable. In a patriarchal society, boys are taught to accept violence as a "manly" response to real or imagined threats, but they get little or no

training on intimate relationships. And, all too many men believe that they have the right to control or expect certain behavior from "their" women and children. If they have difficulties, they view it as a threat to their manhood and respond with violence.

Awareness of lesbian domestic violence is rising. Violence between women occurs at about the same rate as it does with heterosexuals. As with heterosexuals, race, class, education and age do not seem to be significant factors. And, to confuse some stereotypes, neither has the butch/femme roles, physical size or marital status been found to figure into domestic violence cases among women.

Trying to understand lesbian domestic violence is a growing, complex issue. The tactics may look the same as a heterosexual couple, but despite the superficial similarities, lesbian domestic violence is different. It appears that lesbians fight back more often than do heterosexual women. This issue can confuse the case-workers as to who is the battered and who is the batterer. And, an even more complex issue, is that lesbians who are battered in one relationship, may go on to become batterers in another. The most significant difference was that lesbians are more likely to go into treatment on their own, and heterosexual men go because they are court mandated.

There are a number of organizations developing programs specifically designed to work with batterers on changing their abusive behavior. Even here, in Harrisburg, they are working together. The Dauphin County Women's Crisis Center and AMEND, Abusive Men Exploring New Directions, are two of them. These specific organizations are devoted to community education, stopping male violence, racism, and homophobia. The workshops are designed to encourage participants to examine gender roles, violence, discrimination, and alternatives to violence. If you want to volunteer or you need help, there are pamphlets available in the nurses office, the student assistance center and several organizations are listed in the phone book in the blue pages under abuse, women, shelters or volunteer services. It is important to remember that the only way things can change is through education.

Theatre troupe addresses sexual miscommunication and date rape

Matt Fisher
Staff Writer

At 9:00 p.m. on Tuesday, September 13th, the Metamorphosis Performing Company gave a presentation regarding sexual miscommunication and the occurrence of acquaintance rape. The theme of the program focused on the existence of sexuality as a drive to be known, accepted, and loved by another person in addition to the apparent physical connotations. The program also stressed the importance of how well we relate to ourselves and others through body language and verbalization and how miscommunication can cause discomfort and unpleasant situations.

The program was broken up into three 4-5 minute scenes involving awkward social circumstances in which miscommunications led to discomfort for the female who was either being pressured into sexual contact with a man or becoming a victim of an angry man in a sexually suggestive context. After each scene, the members of the group remained on stage to answer questions or listen to comments from the crowd.

The first scene was set at a party, where an intoxicated young man invited a young woman to go see how he had decorated his room for the party. Although she only vaguely knew the young man, she never really tells him directly that she is not interested. On the other hand, he never makes his intent clear either. The scene ends with the two walking up to his room.

The discussion following the scene was plagued by a highly opinionated talk show environment, reflecting socialized roles of the man as an untrustworthy and aggressive pervert and the woman as a kind innocent victim. For example, several questions along the lines of "he said... but did he mean something else?", were raised.

The second scene presented featured a young couple who had been dating for months and the woman found herself sleeping with another man while drunk at a party. The perfect soap opera scenario emerged. After discovering this, the man she was originally involved with became aggressive and told her to leave him alone several times in spite of her attempts to apologize and try to work out the problem.

After this scene was completed, the primary question raised was regarding the definition of what constitutes commitment. When asked if three months of sexual involvement constituted a commitment, the crowd answered unanimously that it did not.

What a crowd. If it were possible to embarrass me, I would have been embarrassed just by being present.

Scene three involved an after the party scenario in which a woman invites a man into her apartment. As the evening progressed, they became involved, but when she asked him to stop he became very aggressive.

Once again, I found the scenario to be slightly offensive in that it clearly portrayed the young man as being driven purely by instinctive physical motivation and the young woman as a victim who, in this case, was partially at fault for the miscommunication. She did invite him in, but she also made the first move.

Ironically, although many of the women in the crowd seemed to be able to identify with the young woman in the scene, I encountered some difficulty in imagining myself playing the role of the young man. As the program went on, I encountered feelings of alienation and accusation.

My contention here is not that most sexual assaults are not carried out by men, but rather that if men are portrayed, and therefore socialized to be double-faced rebels, and women as innocent victims, what else should the people of their society expect of them? I suspect that men are expected to become prototypes of the model. And, as long as this socialization continues, I don't really believe that we should expect the incidence of acquaintance rape to decrease.

It is also just as important that we realize men should not all be viewed as potential rapists or imprisonment candidates for assault. Most of the men I am familiar with not only have never been accused of rape, but also probably will never find themselves in either of the three scenarios portrayed. It isn't fair that such a stereotype be socialized into a societal awareness, and I find it to be particularly offensive when this image is portrayed publicly.

I would still like to applaud the efforts of this highly skilled group of performers for spreading awareness regarding the issue of acquaintance rape. If their efforts limit the occurrence of rape, they deserve to be applauded. They have my respect, if not my concordance.



How to talk more personal to your doctor to avoid health risks

Tish Whitman
Staff Writer

Seventeen-year-old Cynthia woke up hemorrhaging. A searing pain ripped through her abdomen as she fumbled for the phone beside her bed. Confused and disoriented, doubled over in agony, Cynthia struggled to dial 9-1-1.

Lying in the ambulance some minutes later, Cynthia's mind flashed back to a week earlier when she had been in her doctor's office. She'd been diagnosed with a bladder infection, her third one that year.

It had become somewhat routine—call the doctor, make an appointment, and have her urine tested. No pelvic exam was necessary to test for a bladder infection (only a urine sample was required), and once the urine would test positive for the infection, Cynthia would be given a prescription and sent home.

But minutes before the appointments concluded, the doctor would ask Cynthia if she was pregnant; Cynthia would always answer "no". But that morning, the morning before her third appointment, Cynthia's home pregnancy test confirmed her worst nightmare: Cynthia was pregnant.

Afraid that her doctor would tell her parents, Cynthia lied about not being pregnant. As nagging doubts crept into her mind about the medication's effect on her unborn child, Cynthia pushed them away, convincing herself that everything would be fine as long as her parents remained ignorant of her pregnancy.

Cynthia risked her own life, as well as the life of her unborn child, by not being completely honest with her doctor. Her medication nearly caused her to miscarry, and her dishonesty to her doctor nearly cost her life.

Cynthia's story is a common one. She, like many others, failed to communicate with her doctor, and as a result did not receive the proper medical treatment.

Ann has also experienced difficulty in communicating with her physician. Ann had prepared a mental list of questions for her doctor the night before her appointment. But the longer she waited in the waiting room, the more nervous she became.

When her name was finally called to go back and see the doctor, Ann had completely forgotten her list of questions.

Feeling rushed and jittery with a prescription for antibiotics shoved in her hand, Ann found herself being propelled out of the doctor's office by the no-nonsense nurse before she could utter a single word.

That night, feeling stuffy and miserable, Ann called her doctor to ask if her antibiotics and allergy pills could be mixed. The doctor had already gone home and would not be in until the next morning.

Because she had allowed herself to be rushed, and hadn't written her questions down beforehand, Ann suffered unnecessarily with a runny nose and a stuffy head.

Communication is the key to a successful doctor/patient relationship.

"Communication is vital in a patient/doctor relationship," says Dr. James Christman of the Lebanon Women's Health Center. "I find that the patients I can help the most are those who are very specific, ask many questions, and work with me to cure them."

According to the *New York Times*, the doctor/patient relationship has gone drastically awry with the warm and caring relationship being replaced by distrust and leanness.

In a 1992 *New York Times* opinion poll, 67 percent of approximately 2000 people believe that doctors are too interested in making money. Fifty-seven percent agreed that doctors no longer care about their patients.

According to the *New York Times*, many patients complain that doctors act more like aloof business people. To ensure good treatment, some patients say they must learn everything possible about their disease and treat themselves.

Some people get nervous in a clinical

setting and miss important pieces of information. According to *McCall's Magazine*, women seem to have a harder time communicating with doctors than men.

Women are dissatisfied with the medical care they receive because of communication problems, such as the doctor's talking down to them, minimizing their symptoms, and failing to provide crucial health information.

According to *McCall's Magazine*, a woman's gender can hamper her medical care. Men have been the subjects of more medical studies than women, and doctors don't know as much about women's risk factors, symptoms, and responses to treatment. Some doctors may miss medical clues in women because the symptoms don't agree with what the doctors learned in medical school.

Scientists are just beginning to discover that perfectly valid conclusions for one gender may not be good medicine for the other. Heart disease, for example, is often misdiagnosed in women the symptoms are different from men's.

"Communication is extremely vital in a doctor/patient relationship," says Dr. Christman. "I can't stress that enough. Patients should be completely open with their doctors, and relate their symptoms in a calm and business-like manner."

Patients should be as specific as possible—there is nothing worse than to have a patient who can't remember what they're allergic to or who refuses to follow your instruction precisely," he added.

Some ways to communicate more effectively with your physician include:

TAKE LISTS ALONG TO YOUR APPOINTMENT

- Make a list of your personal and family medical history.
- Make lists of family illnesses or allergies to medications.
- Make a list of all the medications you are taking.

- Make a list of all the herbs and vitamins you are taking. Some herbal preparations contain toxic materials. Vitamins can sometimes interfere with lab tests and medications (i.e. Vitamin C can give a false negative for blood in the stool).

HAVE THE PROPER ATTITUDE

- Relate your symptoms in a business-like manner without being emotional or dramatic. (Studies have shown that doctors are more likely to order proper diagnostic tests when patients related their symptoms in a calm manner.)

- Plan what you're going to say before your appointment.

- Explain your symptoms in a logical manner.

TREAT YOUR PHYSICIAN AS AN EQUAL

- Treat your doctor as a person, not as an authority figure. The doctor will be more open about your condition if you treat him/her as an equal.

- Form a partnership with your doctor.

ASK QUESTIONS

- Ask detailed questions so that it's clear to your doctor that you're trying to understand as much about your problem as you possibly can. (The more concerned you are about your problem, the more seriously the doctor will take you, and the more willing the doctor will be to do all that she/he can do to help.)

- By asking the right questions, you can improve your odds of a quick recovery.

- Ask as many questions as you need to, feel free to repeat questions if necessary. (You have every right to know what your doctor is looking for, what tests she/he is ordering, and why.)

- The earlier you notice and speak up about your problems (painful defecation, shooting pains in your sides, missed periods, etc.) the sooner they can be treated more inexpensively and painlessly.

- Some questions to ask:

- Does this drug have side effects?
 - Do I take it with food or on an empty stomach? How to talk to your doctor
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