Christine E. Gudorf, *Body, Sex, and Pleasure: Reconstructing Christian Sexual Ethics* (Pilgrim 1994)
Ch. 6: 160-204.

6. Getting Clear About Bodyself and Bodyright

Many writers in the Western world over the last quarter-century have emphasized the need to end body/mind dualism. But most of us still have difficulty understanding that the body is the self, that the mind is a part of that body, and that emotions, too, emerge from the bodyself. We resist adopting views of ourselves which incorporate the historically demonized body and its sexuality. Over 20 years ago, Harvey Cox characterized sex in *The Secular City* in terms that are still well recognized today:

No aspect of human life seethes with so many unexorcised demons as does sex. No human activity is so hexed by superstition, so haunted by residual tribal lore, and so harassed by socially induced fear. Nowhere are the mythical denizens more obvious and nowhere the humanization of life more frustrated.[1]

For many U.S. women, the first, and for some the only, influence in their lives which has encouraged them to understand their bodies as themselves was the Boston Women's Health Book Collective's *Our Bodies, Ourselves*.[2] Its clear, informative, easy-to-read format and lists of resources helped women understand their female bodies and regain control of their bodies from both their sexual partners and the medical profession. For women and men interested in religion, Jim Nelson's books—beginning with *Embodiment: An Approach to Sexuality and Christian Theology* and including *Between Two Gardens: Reflections on Sexuality and Religious Experience*; *The Intimate Connection: Male Sexuality, Masculine Spirituality*; and *Body* Theology[3]—have all woven increasingly tight connections between body, emotion, relationship, and religious experience. The work of Beverly Wildung Harrison *(Making the Connections*, as well as dozens of other seminal articles and speeches) has insisted both on treating family, sexuality, and relationship within specific sociohistorical contexts and on the need to analyze the specific forms of these relationships with regard for justice.[4] Carter Heyward (*Touching Our Strength: The Erotic as Power and the Love of God*)[5] has further connected body, pleasure, and relationship with both justice and religious experience.

Other writers outside religious ethics, such as Linda Gordon and Betsy Hartman, have connected embodiment to moral responsibility. They describe the sociopolitical limitations on women's sexual and reproductive rights as not only restricting, endangering, and often damaging the concrete welfare of women, but also as seriously and illegitimately restricting the scope of their moral agency.[6]

This chapter will examine research findings on physical violence in sexual contexts and the process of recovering from it, and the role of Christian teaching in recovery from such violence. The thesis of the chapter is that social recognition of bodyright is a prerequisite for full personhood and moral agency in humans. Human persons have a moral right to control their own bodies because the inability to exercise that control, as demonstrated in victims of violence, especially sexual violence, seriously hampers their ability to become responsible moral agents.

---

[1] Harvey G. Cox, *The Secular City: Secularization and Urbanization in Theological Perspective* (New York: Macmillan, 1966), 167.
[2] Boston Women's Health Book Collective, *Our Bodies, Ourselves* (New York: Simon and Schuster, 1976).
[3] James B. Nelson, *Embodiment: An Approach to Sexuality and Christian Theology* (Minneapolis: Augsburg, 1978); *Between Two Gardens: Reflections on Sexuality and Religious Experience* (New York: Pilgrim, 1984); *The Intimate Connection: Male Sexuality, Masculine Spirituality* (Philadelphia: Westminster, 1988); and *Body Theology* (Louisville: Westminster, 1992).
[4] See specifically Beverly Harrison's presidential address, "The Dream of a Common Language: Towards a Normative Theory of Justice in Christian Ethics," in Larry Rasmussen, ed., *The Annual of the Society of Christian Ethics 1983*, as well as *Our Right to Choose:Toward a New Ethic of Abortion* (Boston: Beacon, 1983) and *Making the Connections: Essays in Feminist Social Ethics* (Boston: Beacon, 1985).
[5] Carter Heyward, *Touching Our Strength: The Erotic as Power and the Love of God* (San Francisco: HarperCollins, 1989).
[6] For example, see Linda Gordon, *Women's Body, Women's Right: Birth Control in America*, rev. ed. 1990 (New York: Penguin, 1977), and Betsy Hartman, *Reproductive Rights and Wrongs: The Global Politics of Population Control and Reproductive Choice* (New York: Harper and Row, 1987).

Social Recognition of Bodyright

In some ways, the notion that all persons have a right to control their own bodies is taken for granted in our society. Modern philosophers such as Immanuel Kant and John Stuart Mill, working from very different understandings of the human person, society, and moral life, agreed on the centrality of personal autonomy.[7] There is no question that some version of autonomy remains important in many practical areas of contemporary ethics, though much of contemporary theology and philosophy begins with a critique of autonomy as having been overstressed in the modern period to the point that human sociality has been ignored and neglected. Torture is understood as criminal as well as immoral, regardless of the purpose of the torture or the identity of the torturer. Health care professionals are regularly required to obtain permission from patients before treating or experimenting on those patients' bodies or even on parts of those bodies after their removal.[8] Deliberate and unauthorized touching of the bodies of others constitutes a legal injury, whether that touch is the sexual touch of a boss on a secretary's rear end,[9] the assault of a mugger, or physical restraint of bystanders by protestors.

Not only does the law in our society protect citizens from other individuals who claim or seize control of our bodies, but the courts have recognized that society should not force us to use or care for our bodies in ways that either risk or save our lives or health.[10] For example, law cannot compel citizens to go into burning buildings to rescue persons trapped there, or to join rescue teams in mountain storms, or to donate blood, bone marrow, or organs. To do any of these things is virtuous, but supererogatory—they are goods that cannot be commanded. Even prisoners convicted of serious crimes cannot be involuntarily enrolled in medical experimentation on their bodies aimed at benefiting the common good.[11] In the same way, adults cannot be compelled to accept medical treatment, even when its refusal will cause their death. Some religious groups regularly refuse blood transfusions and surgery at the risk of death; the courts have generally allowed their refusals to stand, intervening only in the case of minor or incompetent patients.[12]

Regardless of these examples, I would argue that one of the most serious negative consequences of the heritage of mind/body dualism in the Christian West is the failure to recognize bodyright. The absence of bodyright in our

---

[7] As Beauchamp and Childress point out, Kant's view of autonomy was much more restricted than Mill's in that only reason was allowed to direct the autonomous will; desire or habit was regarded as direction from outside the personal will. (Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics* [New York: Oxford, 19791, 59). Kant and Mill, from their different approaches to modern thought, illustrate the centrality of the isolated, autonomous, unrelational human person in modernity. While post-modem thought has severely criticized and rejected the idea of human autonomy in favor of an understanding of human persons as inherently social and interdependent, the language available to discuss bodyright in the post-modem age has inevitably been infected with modern notions of autonomy. Here I have continued to speak of respect for individual "control" over one's body. No one is ever in total control of one's own body, since the body exists within a community, where its existence and activities affect the bodies and lives of, and are affected by those of, others. Beverly Harrison, in the Ethics Section of the November 1993 AAR meeting, suggested that "integrity" replace language of "control over one's body," which reflects notions of autonomy and domination. But I am not sure within this specific context that "integrity" conveys to contemporary audiences the primacy of decision-making regarding one's body and its activity that is implied in bodyright. Therefore, I have continued to use, despite its clear problems, control language.

[8] See the discussion of autonomy and especially informed consent in Beauchamp and Childress, *Principles*, Chapter 3, especially the discussion of U.S. court cases and decisions (65ff).

[9] Title VII of the 1964 Civil Rights Act, which prohibits discrimination in employment on the basis of sex, has also been interpreted by the courts as prohibiting unwelcome advances or requests for sexual favors. In 1980 the Equal Employment Opportunity Commission, using the Civil Rights Act as a source, issued guidelines which impose punitive liabilities on companies and institutions for harassment by supervisors unless the companies/institutions have acted to prevent and punish such activity. Those guidelines were revised in 1986.

[10] See the distinction between moral obligation and moral value in Hans Jonas, "Philosophical Reflections on Experimenting with Human Subjects," in Thomas Shannon, ed., Bioethics, 3d ed. (New York: Paulist, 1987), 264-266.

[11] Karen Lebacqz and Robert Levine, "Respect for Persons and Informed Consent to Participate in Research," in *Bioethics*, 340-341.

[12] See Beauchamp and Childress, *Principles*, 82-85.

culture is directly attributable to patriarchy. The absence of bodyright is clearest and most acute in the cases of children, of women, and of men who are in the military, especially when these are also racial/ethnic groups from lower economic classes. This fact supports the understanding of patriarchy as responsible for the absence of bodyright, for in full-blown patriarchies, the lives of women, children, slaves/servants, and warriors are owned by the patriarchs, whose interests they serve.

Even today persons in the military do not enjoy all of the rights guaranteed to citizens, beginning with the basic right of controlling their bodies. Military drafts periodically force an embodied person upon pain of incarceration or death to leave his ordinary life for the military, often to risk bodily injury or even life itself. The military does not legally require permission from soldiers in order to medically immunize, test, or treat their bodies. Soldiers can be ordered from one location to another, or reassigned from one job to another, some of them dangerous, without their consent. There is no recourse against such commands, and soldiers are punished for attempting to leave military service without authorization from military superiors. Within war, there are always situations where groups of soldiers are ordered to undertake action in which it is known from the beginning that their lives will be sacrificed, in order to allow others to succeed[13] All aspects of one's body life are regulated in the military, from the clothing one is obliged to wear, to the salutes and responses one is obliged to make to superior officers, all upon threat of dire physical coercion. Bodyright is one of the many rights that are forfeited upon entry into the military.

In the lives of women in our society, there remains a great deal of patriarchal appropriation of women's bodyright. This has been especially true in terms of marriage, sexuality, reproduction, and medicine. Within marriage, Western Christian culture has understood women as called to submission to their husbands. St. Paul in I Cor. 7:3-4 wrote:

> The husband should give to his wife her conjugal rights, and likewise the wife to her husband. For the wife does not rule over her own body, but the husband does; likewise the husband does not rule over his own body, but the wife does.

Yet equal sexual rights over the spouse's bodyself were never effectively enforced. In practice, only husbands had ownership of wives' bodyselves because the context of the spousal relationship was general acceptance of the Roman household code so frequently but inconsistently quoted in the New Testament:

> Wives, be submissive to your husbands as to the Lord. For the husband is the head of the wife as Christ is the head of the church, his body, and is himself its Savior. As the church is subject to Christ, so let wives also be subject in everything to their husbands. Husbands, love your wives as Christ loved the church and gave himself up for her, that he might sanctify her, having cleansed her by the washing of water with the word, that he might present the church to himself in splendor, without spot or wrinkle or any such thing, that she might be holy and without blemish. Even so husbands should love their wives as their own bodies. He who loves his wife loves himself. (Eph 5:21-28)

This equation of loving of self with loving of one's wife seems scant protection for wives when we remember that loving oneself within the framework of body/soul dualism was understood as compatible with mutilation of one's body:

> And if your hand or your foot causes you to sin, cut it off and throw it away; it is better for you to enter life maimed than with two hands or two feet to be thrown into the eternal fire. And if your eye causes you to sin, pluck it out and throw it away; it is better for you to enter life with one eye than with two eyes to be cast into the hell of fire. (Mt. 18:8-9)

This particular understanding of self-love informed much of the tradition, from the practices of the early ascetics, through the procedures of the Inquisition and the conquest of the Americas. Love was not understood to forbid one from inflicting pain and suffering on the love object, but, in fact, love, whether of self or other, frequently *demanded* inflicting pain in order to produce virtue in the other. Inflicting body pain was legitimated because the body was *not* the self, but only the dangerous shell that the real self, the spiritual soul, inhabited.

Within the household code's understanding of the spousal relationship men were to use their headship to make women "holy and without blemish," which usually meant to make them better able to serve their masters as the

[13] Hans Jonas uses the example of conscripted soldiers in suggesting that there is always a kind of trade-off of individual lives for the many in any society, and that this fact should not be used to justify unjust exercises of power, but rather recognized as a limit on the achievement of any common good. Hans Jonas, "Reflections," Bioethics, 257-258.

Lord, as Ephesians 5:22 demanded. Appropriate subjection on the part of wives was *not* compatible with the exercise of the wife's conjugal rights referred to in I Cor. 7. But male headship over wives was compatible with the exercise of *husbands'* conjugal rights. In fact, male responsibility for overseeing proper submission in wives was understood to require punishing lack of meekness in wives. To this end, from the ancient world up to the present time, virtually all Western cultures have approved some physical chastisement of wives by husbands, with restriction limited only to the severity of the chastisement. For example, husbands were seldom allowed to kill their wives with chastisement,[14] and sometimes, as in much of the U.S. in colonial times through at least the late nineteenth century, husbands were restricted by law from beating their wives with a rod thicker than a man's thumb.

It is this heritage which so undermines the enforcement of legal statutes against conjugal battery today. Much of our population is still influenced, at least to some extent, by the understanding that it is the responsibility of men to discipline wives, that such discipline sometimes takes physical forms, that such discipline demonstrates a husband's ongoing care for his spouse, and that such discipline is private, within the sphere in which the husband is head. This attitude is basic for understanding why so many neighbors, relatives, friends, and police hesitate to intervene in family violence, citing "A man's home is his castle," in spite of concerns for the welfare of wives (and of children, too, who have been subject, like wives, to this same justification of battering as loving discipline).

Within patriarchies, women were/are given or sold between fathers and husbands. The purpose of women in patriarchies is both sexual and reproductive—as sexual object for the male, and as reproductive source of his heirs. To this end, women have not historically been allowed to control completely either their sexual or their reproductive functions. In our society until very recently, there was no legal recognition of marital rape, since sexual consent was permanently conferred with a woman's consent to marriage. The legalization of contraception and abortion in the twentieth century in our society conferred on women a degree of reproductive control over their bodies which until then husbands and the nation had held. Ongoing political attempts to prohibit legal abortions in the U.S. reflect this instrumental view of women paired with a sentimental absolutization of fetal life. In effect, women's reproductive bodyright is not only shared with social institutions which by law limit the exercise of that right, but that limited, legally recognized degree of bodyright is not secure.

The 1991 *Rust v. Sullivan* decision by the Supreme Court was perhaps the most egregious example of this instrumental view of women. That decision upheld a regulation forbidding institutions receiving federal funding from mentioning abortion to clients, thus eliminating the ability of medical personnel in those institutions to meet their professional obligation to treat women patients only after providing to them the full information, upon which informed consent to treatment depends. Governmental restrictions on women's access to abortion in the U.S. since the 1973 *Roe v. Wade* decision steadily increased up to 1993. Existing restrictions at the time of the January 1993 Clinton inaugural included:

1) exclusion of abortion from the list of medical reproductive services paid for by the government for government employees, the military, and those on public assistance,[15]

2) allowing private insurers to exclude abortion from the list of medical reproductive procedures covered by group and private policies,

3) claiming that governmental interest in fetal life in the third trimester normally overrides the woman's right to abortion,

4) failing to ensure that all regions of the country provide abortion services as a part of the medical services provided to the population,

5) prohibiting federally funded clinics from discussing abortion with patients,[16] and

---

[14] Rosemary Radford Ruether, "The Western Religious Tradition and Violence Against Women in the Home," in Brown and Bohn, eds., *Christianity, Patriarchy*, 34-35; R. E. Dobash and R. Dobash, *Violence Against Wives: A Case Against the Patriarchy* (New York: Free Press, 1979), 137; Elizabeth Badinter, L'un et L autre, Des Relations Entre Des Hommes et Femmes (Éditions Odile Jacob, 1986), 191-205.

[15] In July 1977, passage of the Hyde Amendment stopped the use of Medicaid funds for abortions for women on public assistance, who had been the recipients of approximately one-third of abortions in the U.S. (Crooks and Baur, *Our Sexuality*, 367). The decision to exclude abortion from the medical care provided for military and other government employees was an executive decision under Presidents Reagan and Bush which is being reversed under President Clinton.

6) requiring waiting periods, parental notification, mandatory information programs, or other restrictions.[17]

The government limits women's right to contraception through the Federal Drug Administration's processes for controlling the sale of new drugs or health technologies. For example, the Reagan and Bush administrations prevented the FDA from considering the French drug RU-486, which acts as a contraceptive/abortifacient by preventing/terminating the implantation of the fertilized ovum. The government also limits women's access to contraception by maintaining a public climate of sexual ignorance. The failure to provide comprehensive sexual education in all schools of the nation, and the continued timidity of states and the federal government in the face of agitation by the religious right's opposition to sex education, together create a climate ripe for a variety of reproductive abuses by the medical profession.

The medical profession limits women's reproductive bodyright in a number of ways. The abuse of coercive sterilization of minority populations in this nation is well documented. Over a third of the Native American women of reproductive age who live on reservations have been sterilized, many of them without informed consent, some of them without their knowledge.[18] Public hospitals in urban centers have long practiced semi-routine sterilizations on African American, Chicana, and Puerto Rican welfare patients after delivery. Sometimes hysterectomies are used as sterilization procedures on poor minority women for purposes of providing surgical practice to interns and residents, even though the risk of death from hysterectomy is 10-100 times higher than from tubal ligation, the normal sterilization procedure in females.[19] Though there have been federal guidelines since 1979 designed to end such sterilization abuse, the guidelines are frequently ignored because there is no process for routine monitoring or enforcement. "Mississippi Appendectomies," in which the fallopian tubes are tied or the uterus removed without the patient's knowledge, are still practiced, and not only in the South.[20]

But sterilization is not the only area of contraception in which there is medical abuse. There is a strong tendency in both the medical establishment and the organizations which monitor and maintain the state and federal welfare establishment to treat minority women as incompetents incapable of controlling their own reproduction. For this reason, there is strong preference for the use of relatively permanent methods of contraception which do not require user initiative.[21] At the present time the five-year Norplant patch seems to be the path of choice within the medical and welfare establishments. Not only is Norplant one of the chemical methods of contraception against which there is more criticism because they are less safe over the long term than barrier methods, but it is even newer and less tested than other chemical means of contraception. Yet in many areas it is not only the most common prescription

---

[16] The 1991 *Rust v. Sullivan* decision by the Supreme Court upheld the legislation imposing a gag rule on all the 4000 clinics which received federal funding. The clientele of these clinics is largely low-income women. One of President Clinton's first actions as president was to order the lifting of the gag rule.

[17] The Supreme Court decision in *Planned Parenthood v. Casey* in June 1992 allowed all these restrictions to stand, though it rejected the requirement of spousal consent.

[18] Boston Women's Health Book Collective, *The New Our Bodies, Ourselves* (New York: Simon and Schuster, 1984), 256-257.

[19] Ibid.

[20] Ibid.

[21] It is necessary to be very careful in making this criticism, for although the same charge can readily be made against contraceptive services made available to poor women in other nations by U.S. funded programs, the situations are not necessarily the same. Medical providers tend to assume that women, and especially poor, nonwhite women, are not competent to oversee any contraceptive methods which require agency. In populations where women have possibilities for some degree of autonomous agency, such attitudes impede the exercise of responsibility by women, and undermine women's health. But in many areas of the world, health workers report that women who want contraception demand long-term, physician-controlled methods because they can obtain neither the spousal cooperation required for barrier methods nor spousal permission for shorter-term chemical means such as the pill. Both spousal violence against women and lack of legal and social recognition of women's bodyright underlie women's demands for methods such as Norplant. With a Norplant patch she will not have to worry about becoming pregnant for five years, and there are no pills, diaphragms, or condoms to be refused or destroyed by a spouse. Women's lack of sexual and reproductive autonomy is becoming much better understood through the social scientific research emerging from the attempt to track and contain the AIDS epidemic around the world. See, for example, Christopher J. Elias and Lori Heise, *The Development of Microbicides: A New Method of HIV Prevention for Women*, Working Paper No. 6 (New York: The Population Council, 1993), 22-33.

for welfare patients during the last year, but is often doctors' choice for minority women who are private, not welfare, patients.

After reading of this phenomenon last year, I asked two sections of my class in sexual ethics at a private religious university in the Midwest to respond to a confidential survey about contraceptive use. Of the 43 women in the two sections of the class, 28 reported that they had used some form of contraceptive at least once in the previous year. Of those 28, six women had had Norplant prescribed and implanted. All six of those women were African American; they constituted over two-thirds of the eight African Americans. Three of the six on Norplant were married with one or two children; one of the three single African American women on Norplant had never been sexually active, was not on welfare, and had seen her (white) doctor only for help in regulating heavy and irregular menstrual bleeding. A five-year dose of Norplant to regulate the menses in a 20-year-old? Few of the white women had ever heard of Norplant; among the white women using contraceptives, the majority used the pill, with a few using either condoms, condoms and sponge, or a diaphragm. The failure to educate the general population about sexuality, conception, and contraception allows such racist manipulation to continue unchecked in the medical/public assistance establishments.

But medical practitioners seem to understand minority women as only exaggerated versions of normally incompetent women. That is, they urge most women seeking birth control in this country to go on the pill, despite its known risks. Yet research shows that the majority of medical practitioners choose barrier methods for themselves and their spouses.[22]

The medical profession is guilty of more than ignoring bodyright in women in reproductive areas of care. The way contemporary private medical care is organized, medical education of the population is left to busy doctors contending with one to three patients every 15 minutes. Education loses out to treatment, and the patient is more or less dismissed with a probable cure, but with little personal understanding of his/her health problem or of the therapeutic process prescribed, and is sometimes sent off without warnings about possible physical reactions to the treatment itself.

While inadequate care is the rule for the entire patient population, it is even more true of *women* as patients. Women see doctors more frequently, and are consequently diagnosed with serious diseases and conditions at much earlier stages than are comparable male populations. Yet Robert J. McMurray's 1990 Report to the AMA, which reviewed studies on gender disparities in clinical decision-making,[23] reported that while women undergo more medical procedures than men for the same symptoms and conditions, they have less access to some of the major diagnostic and therapeutic interventions considered medically appropriate for their conditions. Compared to men with similar diagnoses, women were 30% less likely than men to receive kidney transplants, 50% as likely to be referred for diagnostic testing for lung cancer, and 10% as likely to receive cardiac catheterization. Also, the survey showed medical research to have largely ignored the study of diseases and medicines in women.[24]

Childhood is another area of human life in which bodyright is often slighted. It is clear that very young children cannot exercise the same degree of bodyright as adults. Children cannot be left to decide what they will eat and wear, where they will go, and what they will do from the moment of birth, for they are not capable of either making these decisions or of carrying them out by themselves. But one must ask what rights children are understood to have over their own bodies in our society. It is difficult to name them. Neither churches nor governments who present themselves as advocates for children take up bodyright beyond demanding basic food, shelter, education, and medical care.[25] Children are not understood to have any legitimate voice in the form that the food, shelter,

---

[22] Alexandra Dundas Todd, *Intimate Adversaries: Cultural Conflict Between Doctors and Women Patients* (Philadelphia: University of Pennsylvania Press, 1989).

[23] Robert J. McMurray, "Gender Disparities in Clinical Decision-making," Report to the American Medical Association Council on Ethical and Judicial Affairs, 1990, as reported in Susan Sherwin, *No Longer Patient: Feminist Ethics and Health Care* (Philadelphia: Temple University Press, 1989), 223-224.

[24] Ibid.

[25] For example, see Randall J. Hekman, "The Attack on the Family: A Response," in William B. Ball, ed., *The Search for a National Morality* (Grand Rapids: Baker/Ignatius, 1992), 131-143. Hekman argues an evangelical/Catholic case against divorce, working mothers, income taxes, gay rights, and the green movement on the basis of the interests of children, but he is not open to the idea of children's rights, and in fact opposes efforts to end corporal punishment, without making any attempt to delineate how legitimate and abusive corporal punishment should be separated.

education, or medical care take. Though most Americans are of the opinion that the "best interests of the child" govern decisions in court cases regarding child custody, the recent case of Jessica DeBoers forcibly pointed public attention to the many cases in which the property rights of biological parents are decisive. There could be little other explanation for removing a two-and-a-half-year-old child from the adoptive parents who have cared for her since birth. No child welfare sources, psychologists, or social workers would argue that this move is in Jessica's best interests. Furthermore, it is difficult to make a case for justice as requiring her return to biological parents when the biological mother had surrendered her own rights, failed to inform the child's father of the pregnancy, and named as father an unrelated man who also signed surrender papers.[26]

Children in general are understood to be controlled by parents in all aspects of bodily life. Parents can be and are defended as acting appropriately in regulating what, when, and how children eat and dress, who they touch and don't touch, how children touch themselves, where they go to school, who they play with, what city and neighborhood they are moved to, and what activities they should be employed in at all times. In addition, parents are given the right to physically chastise children so long as that chastisement does not risk serious injury. Our society generally grants to children only the right not to be abused, but does not allow the child a voice in deciding what constitutes abuse.

In Defense of Bodyright

It is ironic that Western societies have for centuries developed understandings of political and economic rights which both found and limit modern social institutions, and yet the most foundational human right of all, that to bodyright, remains a relatively late one to be developed, at least for the majority of the population. There are a variety of ways to ground arguments for bodyright. Here, I will principally look to research on sexual victimization and particularly to the process of recovery from sexual victimization.

Much of the theological/ethical advice that has been traditional for victims of sexual violence has revolved around forgiveness, reconciliation, and trust. For the most part, pastoral counselors, mostly clerical, encouraged women, children, and male victims to heal through an act of will. That is, the pastoral advice was to forgive and be reconciled with the perpetrator, and, through reconciliation, the victim would regain trust both in the specific perpetrator and in all the other possible perpetrators whom the victim fears. This has especially been the case when sexual violence has occurred within a family. Battered wives and children sexually or physically abused by parents have been urged to love, and to forgive their grievance against, the family member who abused them, especially when the alternative was to risk breaking up the family, as in jailing the abusive parent/spouse, or putting the victimized child in foster care. Battered wives are sometimes still encouraged, "Wives, be submissive to your husbands as to the Lord,"[27] and abused children still hear pastoral advice to "honor thy father and mother."[28]

Increasingly a consensus has formed among psychologists, social workers, counselors, and concerned pastoral workers who deal with victims of sexual violence. They have come to recognize that sexual violence is not only an assault against an individual's pride and a source of fear for one's future safety. Sexual violence can also seriously alter both an individual's sense of the surrounding world and its degree of safety or danger and can even more deeply damage its victims by seriously altering the victim's understanding of who she[29] is, of what her purpose and goals are, and of what she and others can expect of her. This should not be surprising if all instances of sexual violence have at their core a violation of bodyright.

Acts of sexual violence, whether we speak of a casual pat on the fanny from a boss to a secretary or a brutal rape, make a clear statement to the victim that "You are not in control of your body; I am." The more times the act is

---

[26] "Who's Looking After the Interests of Children?: A Devastating Tug of War Highlights the Need for Child-Friendly Custody Laws," *Newsweek* (August 16, 1993): 54-55.

[27] See "Letter from a Battered Wife" in Del Martin's *Battered Wives* (San Francisco: Glide, 1976), one of the earlier treatments of conjugal violence. But even recent church statements on conjugal violence, such as the the U.S. National Conference of Catholic Bishops' "When I Call for Help: Domestic Violence Against Women," October 1992, and the Social Affairs Committee of the Assembly of Quebec Bishops' "Heritage of Violence: A Pastoral Reflection on Conjugal Violence," Montreal 1989, acknowledge this inadequate pastoral response as still occurring.

[28] See Marie Marshall Fortune's *Sexual Violence: The Unmentionable Sin* (New York: Pilgrim, 1983).

[29] While it is certainly not the case that all victims of sexual violence are female, since the overwhelming majority are, I will refer to the victim as "she."

repeated, the more this claim is reinforced. The more the victim's resistance is overcome, either by physical coercion or threat, the more likely the victim is to accept the claim. Women who have been in situations of conjugal battery for decades learn not to contest their spouses' claim to own and control their bodyselves, and even come to accept their spouses' wishes and preferences because to do otherwise is to invite violence against themselves and sometimes against their children as well. Not only have such women been denied bodyright, but in that denial they have also been deprived of their right to the pleasures, aspirations, and preferences that make their lives their own. Women and children who suffer long-term violence are deprived of control of their bodies and lives and of the pleasure to be derived from securing one's wants and needs. They frequently come to lose any awareness of what their own needs and wants are. Their very feelings and emotions have been stolen from them by their abuser, who has forced them to respond to his wants and needs in place of their own. Over time they lose touch with their own emotions, with the very core of themselves. For this reason, many victims of physical/sexual abuse, upon being finally released from the situation of abuse, are unable to respond appropriately. Often feelings of relief that they can safely shed the false self the abuser forced them to adopt are tempered by feelings of emptiness and loss rooted in their inability to reclaim an authentic self.

Children who are sexually abused have the already restrictive social limits on children's bodyright even more strongly reinforced by their abuse. Abuse seems to rob children, and even the adults they become, of significant capacity for responsible moral agency if that abuse continues over long periods of time, or if the abuser was in a relationship of great intimacy and trust with the victim, or if the abuse involved clear coercion such as physical force or threats.[30] Sheila A. Redmond writes:

> Even if there appears to be little immediate negative impact, depression often results. Child sexual abuse is now being discovered as one of the initial traumatic causes behind such illnesses as multiple personality disorder and eating disorders such as bulimia and anorexia. It is included in the history of prostitutes and of the abusers themselves. These problems can surface immediately or, if the act is blocked from memory, the impact of the abuse may not be recognizable until the teen years or even later. Victims of child sexual abuse often show the same lack of self-esteem and inability to be involved in trusting relationships as do the children of alcoholics and children from backgrounds of physical violence.[31]

Psychologists Ronnie Janoff-Bulman and Irene Frieze state that sexual victimization in general exacts a severe psychological toll on victims by shattering common, basic assumptions about self and world, including: 1) the belief in personal invulnerability, 2) the perception of the world as meaningful and comprehensible, and 3) the view of self in a positive light.[32] This loss allows victims to easily foresee themselves as victims in the future, creating an

---

[30] R. Krugman, J. Bays, D. Chadwick, C. Levitt, M. McHugh, and J. Whitworth, "Guidelines for the Evaluation of Sexual Abuse of Children," *Pediatrics* 87 (1991): 254-260; J. Beitchman, K. Zucker, J. Hood, G. LaCosta, D. Akman, and E. Cassavia, "A Review of the Long-Term Effects of Child Sexual Abuse," *Child Abuse and Neglect* 16 (1992): 101-118; and L. Young, "Sexual Abuse and the Problem of Embodiment," *Child Abuse and Neglect* 16 (1992): 89-100. Two of these four variables have been minimized by Finkelhor and Browne (D. Finkelhor, *Sexually Abused Children* [New York: Free Press, 1979] and D. Finkelhor and A. Browne, "Risk Factors for Childhood Sexual Abuse: Review of the Evidence," unpublished ms.) but their arguments are severely undermined by the rebuttals of Diana E. H. Russell in *The Secret Trauma: Incest in the Lives of Girls and Women* (New York: Basic, 1988), 142-150.

These same general conditions seem to be the relevant variables in predicting severe trauma in adult victims of sexual abuse as well. (P. Frazier and B. Cohen, "Research on the Sexual Victimization of Women," *The Counseling Psychologist* 20 (1992): 141-158.)

[31] Sheila A. Redmond, "Christian 'Virtues' and Recovery from Child Sexual Abuse," in Joanne Carlson Brown and Carole R. Bohn, eds., *Christianity, Patriarchy, and Abuse: A Feminist Critique* (New York: Pilgrim, 1989). Redmond cites Alice Miller's *For Your Own Good: Hidden Cruelty in Childrearing and the Roots of Violence* (New York: Farrar, Straus, and Giroux, 1984), 131-132; F. R. Schreiber, *Sibyl* (New York: Warner, 1973); Carolyn Black, *It Will Never Happen to Me* (Denver: M.A.C. Printing and Publications Division, 1982); and "Emotional Hangover: Growing Up with an Alcoholic Parent" *McCalls* (October 1984): 161-163.

[32] Ronnie Janoff-Bulman and Irene Frieze, "A Theoretical Framework for Understanding Reaction to Victimization," *Journal of Social Issues* 39 (1983): 2, 1-17.

anxiety which can be paralyzing. Janoff-Bulman and Frieze argue further that because victims learn to see themselves as "weak, helpless, needy, frightened, and out-of-control,"[33] their vulnerability is intensified.

Finkelhor and Browne studied one form of sexual victimization, child sexual abuse, and arrived at similar findings. They analyzed child sexual abuse in terms of four trauma-causing factors: traumatic sexualization, betrayal, powerlessness, and stigmatization.[34] They suggest that these "alter children's cognitive and emotional orientation to the world and create trauma by distorting children's self-concept, world view, and affective capabilities." Traumatic sexualization can produce compulsive sex play, frequent masturbation, sexual knowledge and interest inappropriate to age, promiscuity, inclination to prostitution, understanding of sex as a commodity, or sexual aversion. Betrayal often produces inability to evaluate the trustworthiness of others, and results from sexual abuse by intimates (the more intimate, the greater the betrayal)[35] or from the refusal of intimates to believe or act on, and sometimes from their punitive responses to, the child's report of abuse

Feelings of general powerlessness result from the repeated invasion of a child's body space against the child's will. When familial or official disbelief allows the abuse to continue, the child's powerlessness is further demonstrated. Powerlessness from repeated victimization can cause children to expect abuse. Running away from home is a common response to repeated sexual abuse; tragically it, too, renders girls and some boys vulnerable to repeated sexual victimization.

Feelings of stigmatization in the victim may begin with the abuser's blaming the victim for the abuse, either by referring to the abuse as punishment for previous bad behavior or by accusing her of inviting sexual abuse by sluttish, seductive, evil behavior. Feelings of stigmatization may also result from the victim's awareness of public attitudes toward sexual abuse, or from the victim's experience of public stigmatization and avoidance after her abuse became known. However, Finkelhor and Browne suggest that nondisclosure does not necessarily lessen stigmatization, since the secrecy can itself heighten the victim's sense of being different and set apart. This sense of being different and shamed sometimes encourages victims to later seek out stigmatized levels of society, such as drug or alcohol abusers, criminal activity, or prostitution.[36]

Diana E. H. Russell suggests that the types of trauma reported in studies such as her own or those of Finkelhor/Browne and Janoff-Bulman/Frieze explain why it is that victims of child sexual abuse, and especially of child incest, are (re)victimized later in life at much higher rates than those who were not child sexual victims. She suggests that child victims learn to see the world as a place in which victimization is common, and to see themselves as likely victims of inevitable and unpreventable abuse. Feeling this way, child victims do not learn or use ordinary methods of self-protection, and even become unable to evaluate different degrees of danger in persons and situations.[37]

Russell further suggests that research on offenders and potential offenders adds another dimension to understanding the revictimization of child sexual victims. She notes that not all adults sexually involved with children are pedophiles in the strict sense, and quotes from K. Howells on research findings that "normal males show sufficient

---

[33] Ibid.

[34] D. Finkelhor and A. Browne, "The Traumatic Impact of Child Sexual Abuse: A Conceptualization," *American Journal of Orthopsychiatry* 55 (1985): 4, 530-541.

[35] Betrayal by persons one loves and trusts is also severely traumatic for adults. It undermines victims' ability to preserve any sense of being worthwhile selves who deserve care and protection. Wives raped by their husbands and women raped by their dates experience a similar sense of betrayal and often come to doubt their own ability to judge who can be trusted. (N. Rynd, "Incidence of Psychosomatic Symptoms in Rape Victims," *Journal of Sex Research* 24 (1987): 155-161; S. Mumen, A. Perot, and D. Byrne, "Coping with Unwanted Sexual Activity: Normative Responses, Situational Determinants, and Individual Differences," *Journal of Sex Research* 26 (1989): 85-106.) Parent/child incest seems to be the most traumatic variety of incest, because, in addition to other sources of trauma, the child is betrayed by someone in whom she has trusted for love and protection; in fact, her very love and respect for her parent have been manipulated to abuse her. (Russell, *Secret Trauma*, 148-150.)

[36] Finkelhor and Browne, "Traumatic Impact of Child Sexual Abuse"; Russell, *The Secret Trauma*, 148-150; V. Felitti, "Longterm Medical Consequences of Incest, Rape, and Molestation," *Southern Medical journal* 84 (1991): 328-331; M. Massie and S. Johnson, "The Importance of Recognizing a History of Sexual Abuse in Female Adolescents," *Journal of Adolescent Health Care* 10 (1989): 184-191.

[37] Diana E. H. Russell, *The Secret Trauma: Incest in the Lives of Girls and Women* (New York: Basic Books, 1988), 172-173.

penile response to children to allow that children might become 'surrogate' partners when an adult partner is not available."[38] Some adults are titillated and even sexually aroused by knowing of a child's sexual victimization. Such adult sexual interest in child victims may be further increased by those victims who react to abuse by adopting sexually precocious behavior, which then further undermines adult internal inhibitions against acting out desires. Some adults who may not know of a person's previous victimization may still choose to prey on previous victims because they are attracted by the behavior cues of vulnerability in victims, cues such as low self-image or strong but unsatisfied need for affection, approval, and attention. Victims of child sexual abuse often display social vulnerability as well as emotional vulnerability (few friends and lack of closeness to family), which make them attractive prey to would-be offenders. Incest victims appear to be particularly at risk of being revictimized by male therapists and psychiatrists, according to Russell.[39]

Research on battered women and children has indicated similar patterns of revictimization. The U.S. Bureau of Justice conducted a National Crime Survey from 1978 to 1982. The study initially located and then tracked 2.1 million women who had been victimized by husband or partner violence at least once. During the first six-month period of the study, 32% of those women were attacked again by that same husband or sexual partner. Fifty-seven percent of the original assaults followed in the study were themselves repeat incidents.[40]

Research has indicated that there is a cycle to domestic violence, whether that violence takes the form of verbal assault, physical attack, or both.[41] The cycle of violence has three phases, all of which emanate from the offender: 1) the tension-building phase, 2) the assault, and 3) the contrition phase.[42] As the cycle continues, the offender's contrition phase shortens, and his apologies and pleas for forgiveness become rarer.[43] As the cycle repeats, it often becomes more intense, with verbal or psychological violence escalating into physical violence, and physical violence escalating sometimes to the point of homicide.

The cycle of violence continues because it satisfies the desires of the offender who wants to feel in control of his spouse and/or children. When he doesn't feel in control of the spouse or children he "loses control" of himself, and uses violence to regain control. Having regained control of the spouse and/or children through violence, he attempts to regain her/their good will through his contrition. Even during the contrition phase, however, the offender almost always blames his loss of control, his violence, on the spouse or children. In order to avoid any behavior that might trigger such violence, wives and children typically accede to even the most restrictive wishes of the batterer, which leaves the victims feeling alone and under siege. Children who remain in such patterns do so most often from a lack of alternatives. Women who stay in such cycles of violence sometimes truly lack alternatives, but often remain because the offender's periods of contrition bind them to the relationship. They learn to look forward to this stage of contrition when they feel loved, when "he is nice."[44]

It is well known that women who are murdered by their sexual partners had often been battered for years before the final homicide. A woman is beaten in her home every 15 seconds in the U.S. Violence in the home is the single largest cause of injury to women in the U.S.;[45] it is also the single largest cause of injury to pregnant women. A major portion of the medical difficulties of newborns are suspected to result from domestic violence against pregnant women. Breasts and pregnant bellies are a favorite target of wife/partner beaters.[46] Arias and Beach report that some degree of physical abuse of a spouse occurs in one marriage out of three, and at a similar rate in

---

[38] K. Howells, "Adult Sexual Interest in Children: Considerations Relevant to Theories of Aetiology," in M. Cook and K. Howell, eds., *Adult Sexual Interest in Children* (New York: Academic Press, 1981), 80, as quoted in Russell, *Secret Trauma*, 170.
[39] Russell, *Secret Trauma*, 171.
[40] *Bureau* of *Justice Statistical Special Report*, 1986, 3.
[41] Many sources also include psychological violence in the cycle of violence. The Quebec Assembly of Bishops' "Heritage of Violence" treats psychological violence as one aspect of the cycle of violence, and presents it as part of an often escalating cycle of violence (16-18).
[42] Lenore Walker, *The Battered Woman* (New York: HarperCollins, 1980), and *Terrifying Love: Why Battered Women Kill and How Society Responds* (New York: HarperCollins, 1989).
[43] Constance A. Bean, *Women Murdered by the Men They Love* (New York: Harrington Park Press, 1992), 139.
[44] Ibid., 140.
[45] National Coalition Against Domestic Violence Fact Sheet, 1991.
[46] Del Martin, *Battered Wives*, 60-61.

nonmarital sexual relationships.[47] Nor is domestic violence exclusively the province of the lower economic classes. At least one in ten professional men beat their wives.[48]

Women who are beaten by their husbands or lovers are also at risk to be murdered by them. The FBI estimates that one-third of all women homicide victims between 1976 and 1987 were murdered by husbands or ex-husbands.[49] The National Woman Abuse Prevention Project Report on Understanding Domestic Violence (1990) claims that 52% of all women murdered are killed by husbands, ex-husbands, or lovers. Local counts differ greatly from place to place. A Norfolk, Virginia, women's shelter counted 69 dead battered-women clients within the first nine months of 1987.[50] During the first two months of 1987, seven women were murdered by abusive spouses in the metropolitan Denver area. By the end of the year, the number was 19.[51] American homicide statistics compiled by the Centers for Disease Control in Atlanta were analyzed by psychologist Angela Browne and sociologist Kirk Williams. They found an increase during the 1980s in the number of women being killed by abusive partners in 35 states; in 25 states, most of the murdered women were killed after they separated from or divorced their male partners.[52] Because the general purpose of domestic violence is male control of women, the most severe violence—homicide—seems to be prompted by occasions or situations in which women reject and begin to distance themselves from control by their partners, such as separation and divorce.

Healing from Bodyright Violations

Violence against women and children has many effects, and numerous examples have been mentioned in the above descriptions of this abuse, its incidence, and effects. There is a separate literature on the process of treating, and on the healing process in, victims of sexual violence. The process of healing in victims of sexual violence varies according to a number of factors. The starting point of the healing process, and the type of initial intervention recommended, will depend upon whether the rape, battery, harassment, or child sexual abuse was very recent, and whether there was an isolated incident or a long-term pattern of sexual victimization. Since the majority of sexual abuse is not reported, and occurs within existing relationships—families, sexual relationships, work relationships, or more general social relationships such as neighbors—a great deal of victimization is not interrupted by outside intervention, and continues over time. Such extended forms of sexual abuse as are found with marital rape, conjugal battery, child incest, and sexual harassment are often brought to an end by historical factors which may be independent of the victimization, such as family breakup, a move, work transfers, firings, layoffs, or resignations, or by various changes in the situation introduced by the increased age of a child victim. It is not surprising, then, that a great deal of the literature concerning healing from sexual violence focuses on adults whose sexual victimization occurred years ago, often when they were children or young adults.[53]

---

[47] I. Arias and S. R. H. Beach, "The Role of Social Desirability in Reports of Marital Violence," paper presented at April 1986 meeting of the Eastern Psychological Association in N.Y.C.; also see A. Sachs, "Swinging—and Ducking—Singles," *Time* 132 (1988): 10, 54.

[48] C. Fedders, *Shattered Dreams* (New York: Harper and Row, 1987).

[49] National Institute of justice, *1990* Fact Sheet on Domestic Violence Murders.

[50] It is significant that Norfolk's population includes a large military population. Shupe/Stacey/Hazelwood's research indicates that while the *rate* of domestic violence does not differ significantly between military and civilian populations, the *degree* of violence varies a great deal. They say: "Instances of violence in military families tend in the more lethal direction. In fact, three-fourths of the military cases were in the dangerously life-endangering category, compared to only about one-third of the civilian cases." (Anson Shupe, William A. Stacey, and Lonnie R. Hazelwood, *Violent Men, Violent Couples: The Dynamics of Domestic Violence* [Lexington, MA: Lexington Books, 1987], 79.)

[51] Bean, *Women Murdered*, 6

[52] A. Browne and K. Williams, "Exploring the Effect of Resource Availability and the Likelihood of Female-Perpetrated Homicides," *Law and Society Review* 23 (1989): 1, 76-94.

[53] There are, however, some useful recent materials about sexual abuse of children. For example, Joan Golden Mandell and Linda Damon, *Group Treatment for Sexually Abused Children* (New York: The Guilford Press, 1989), deals with child victims, while Kathryn Goering Reid and Marie M. Fortune, *Preventing Child Sexual Abuse: A Curriculum for Children 9-12* (New York: United Church Press, 1989), aims at preventing child sexual abuse by educating children themselves.

The earliest form of sexual violence to receive contemporary attention was rape. Descriptions of rape trauma syndrome and its healing process now have an extensive literature. Much of the early literature focused on stranger rape, largely because the most identifiable population of research subjects were victims who had reported rapes to the police and offenders who had been convicted of rapes. Because of that focus it was not originally clear that the vast majority of rapists are not the stranger rapists who are most likely to be reported, tried, and convicted. Nor was it clear that the pseudosexual motivation of stranger rapists may not hold nearly so true for date or marital rape, and that silent rape syndrome is a more common response to rape than reporting rape.

More recently a great deal of attention has been paid to both marital rape and date/acquaintance rape and to the ways in which both the motivation of offenders and the effect on victims can differ from those in stranger rape, and may require modifications in therapy. Also recently, a large literature about healing adult victims of child sexual abuse, especially incest, has arisen, with an ensuing controversy over the claimed incidence of, methods of detecting, and professional expertise in child sexual abuse. Nevertheless, there are some agreed-upon commonalities in the healing process in all these types of sexual violence.

Counselors, pastors, and therapists who deal with victims in the immediate aftermath of sexual violence are counseled that they are dealing with persons who either may be feeling great pain and anxiety, or may be numb and disoriented. Whether they have just survived a beating, a rape, child sexual abuse/incest, or sexual harassment, the first thing survivors require is safety. Fear, especially of losing one's life, is the most widely reported feeling following rape, and fear of being still at risk lingers in other forms of sexual assault as well.[54] Only from a position of safety can victims feel free to tell their story and receive the support that they require.

Victims must not only be safe—they must be made to feel safe. Their perceptions of safety should be supported, even if those perceptions require arrangements which may not seem necessary and may even seem irrational to others. For example, some victims feel unsafe in the presence of any male after a violent attack by either a strange male or a date or male relative. Victims attacked in their homes may not feel safe in their homes, even in the presence of police or friends and relatives, both immediately after the attack and later. The first step in recovery is to make the victim feel safe. That may mean removing the victim to another location temporarily, or even in assisting her to move to another home or work location if serious fear persists. It is not helpful to tell victims that such fears are irrational and should be overcome when those fears are limited and more or less easily avoided by activity such as moving. The energy required to overcome such fears may be better expended on other things. Of course, if the victim's fears—of men, of being alone, of being in public—persist, and interfere in her relationships with husband, sons, father, coworkers, or neighbors, then she will need to work on overcoming those fears after the immediate crisis has passed. Within this process, her feelings should be respected, and she, not some outside "rational" judge, should set the pace.

While it is obvious that a victim who has been physically damaged should receive timely medical attention, it is also sometimes the case that a victim of sexual violence needs to be reassured by medical personnel concerning her survival and condition. To this end, it is important in cases of rape or child sexual abuse that information or preventative treatment for sexually transmitted diseases (STDs) or pregnancy be given in such a way as to reassure the victim, and not raise fears of new, previously unenvisioned dangers. Sometimes medical examination can also have the effect, and sometimes for the victim the intention as well, of pointing out that the attack was truly violent and did leave bruises, lacerations, or other evidence of violence. In a society which tends to distrust or dismiss the word of women about violence aimed against them, many women need to be able to point to corroborating evidence of the violence visited on them.

Once the victim has been made to feel safe, the next step should be dictated by the victim. Some victims have a need to tell their story immediately; for others, shock may persist and interfere with their ability or desire to communicate clearly. If a criminal investigation of the incident(s) is occurring, the police will insist on an account and, in the case of rape and sometimes in child sexual abuse, on an immediate physical exam.

Police officials, counselors, victim advocates, and pastors of victims are trained to keep in mind at all times that the victim has sustained a major injury, and that healing entails restoring to the victim her sense of being in control of the activities and treatment of her bodyself. If it is necessary to subject a disoriented victim to interrogation and medical exam, those processes should be conducted with the utmost care in order to return to the victim control of her bodyself and her life. She should be given as much choice as possible in the ordering of these activities. Ideally, she should be given choices as to who should do the interrogation (male or female), who should be present (one or

[54] Fortune, *Sexual Violence*, 143-144.

many, including a friend or advocate), and where it should be done. In cases of domestic violence against women, effective police policy dictates that police, having interrupted an attack, not attempt to interrogate the victim and batterer together.[55] The victim needs not only to feel safe from the batterer, which is difficult in his presence, but she needs to be reassured that the batterer is the offender and she the victim. When police understand their role in domestic violence scenes as mediators of the couple's "spat" or as judges whose role is apportioning blame between the husband and wife, the wife is often not protected enough to fully tell her story, partly because she must anticipate what will occur when the police leave, but also partly because the police, by their initial impartiality, have supported the batterer's claim that the wife shares part or all of the blame for the beating.[56]

Similarly, victims of sexual violence should not be forced to undergo medical exam by someone to whom they object (a male, for example), or without a friend or relative present. Victims should be informed as to each step in the procedure and the purpose of each step, and whenever possible should be invited to take part in the procedure, should they so desire. Many victims report terrible alienation after experiences of having a strange doctor, usually male, give them a physical exam, including a pelvic exam, after a sexual assault. Some doctors act as if the patient were not present, as if it were not her ravaged body being explored for damage, but only a thing. It has become a truism for many victims that such examinations feel like a repeat of the original violence.

Whether the victim is a young child or an elderly woman, the physician should introduce herself/himself, explain the purpose and procedure for the exam, give the victim all the personnel options possible, and obtain her consent to procedure and personnel before she is asked to undress. Male physicians, of course, should have female medical personnel present with the victim at all times. During the exam itself, the examining physician should speak to the victim, both describing to her what the exam is disclosing about the condition of her body and asking her cooperation whenever possible. For example, appropriate questions during the exam might include: "I know this is a terrible thing to put you through right now, Sally (to a child), so I'll be as quick and as gentle as possible. You need to tell me if anything hurts or makes you feel uncomfortable, OK? Would you like someone to hold your hand while we do this? Can you feel any pain anywhere on your body now? Where were you most aware of pain during the attack?" Or, "You have a large purple bruise on your right hip, Mrs._____. It looks recent. Do you know how you got that bruise? There is a little dried blood in the folds of the labia, but I don't see any external cuts. When was your last menstrual period? Two weeks ago? Were you aware of any bleeding anywhere on your body during or after the attack? I'm going to have to insert this instrument into your vagina (or anus) to check for bleeding or tears in the tissue. It's a little cold. Can you hold very still for just a minute? Do you want to wait a few minutes before we do this? We could take the blood specimen first, if you prefer. How about a cup of coffee? Would you like your sister to come in now?"

While the most important need is to demonstrate that control of the exam is at least shared with the victim, and that the victim's bodyself is respected, some victims will benefit from conversation that distracts them from feelings of powerlessness and anxiety, while others may find such conversation demeaning, a denial of the seriousness of the attack. The individual victim's responses are the best clues for anticipating her needs.

The response of many medical personnel to requests for more enlightened treatment of victims of violence is that they do not have the time to do this kind of "hand-holding" and have not been trained to do it, either. But though victims of sexual violence can be additionally traumatized by the absence of such care, the absence of such care in the lives of ordinary patients who have never been sexually victimized also has the cumulative effect of undermining bodyright. All persons, not just victims of sexual violence, need hospitals, doctors, and nurses to acknowledge that our bodies are us, that we are in charge of the care of our bodies, that we are entitled to all information about our bodies, and that their role is to care for the welfare of the patient's embodied self—not for some (body)machine that is merely owned and possessed by the patient. It should not be a matter of rearranging medical care to spare the tender feelings of victims of sexual, violence, but of rearranging medical care in general to respect the bodyselves and bodyright of patients.

---

[55] It is, of course, not always easy for police to discern amidst the noise whether they are dealing with a male batterer and a female victim, or two drunken batterers, or even a female batterer and a male victim attempting to defend himself. There has been increasing realization among police that the "typical" case is *not* a spat in which two persons are equally either responsible for assault or likely to be injured.

[56] The basic problem in treating batterers is that they refuse to see themselves as responsible for their violence. Bean, *Women Murdered,* 159-161.

If the medical establishment in this nation really respected bodyright, then it would train doctors both in humane interpersonal response to various kinds of suffering, and to be better medical educators of their patients; it would not schedule two or three patients every 15 minutes, hospital emergency rooms would be better staffed, and hospital nurses who are increasingly occupied with paperwork, not personal care, would have assistants trained to do more than deliver trays and change beds.

Men as Victims of Sexual Violence

Men are sometimes the victims of sexual violence by other men, especially in situations such as prisons, where male access to women is restricted. Men are also sometimes the victims of sexual violence by female partners, most often in domestic battery. There are no conclusive statistics on male battery by women. Since the violence of one partner frequently begets violence in the other, research frequently fails to disclose original or principal batterers. Present research suggests that 10-11% of family violence is female on male,[57] though all research makes clear that male violence against females is much more likely to cause serious injury.[58] Women's violence against men is not only less likely to inflict serious injury or death, but is also less likely to be reported. Because men are socialized to be in control, they are often too embarrassed to report violence against them by women, lest it give the impression that they require protection against a woman. In cases of male-male rape, men are even less likely to report than are women because they feel tainted by the stigma attached to homosexuality, despite the fact of their coercion. There is less research on the recovery process for male victims of sexual violence. Both male rape and female battery of males tend to produce crises around masculinity. Some male rape victims fear that their rapist was responding to unconscious homosexual "signals" from them; others fear that having been degraded and "feminized" will have made them into homosexuals despite their wishes. These fears are not rational, and do not necessarily disappear with more accurate explanations of gender identity and sexual orientation. Male victims of female battery sometimes feel a similar emasculation, especially if their battery included a serious injury that became public. For some men, masculinity is so closely tied to mastery over women that full recovery from sexual victimization entails extensive reconstruction of sexual identity. Male victims of rape, whether by males or females, especially those who experience erection or ejaculation, share the impaired sexual functioning, confusion, self-disgust, and emotional distress of women suffering from rape trauma syndrome.[59]

For these reasons, when sexual violence occurs against men, it can be just as devastating as sexual violence against women and children. Because Western society encourages men to exercise greater control over their bodies, and especially their sexual selves, than women, forcible loss of that bodily control more easily undermines a man's sense of masculinity and agency. While therapy for male victims must also revolve around restoring to men a sense of being in control of their bodies, that restoration is often different than for women, since many men—especially white middle-class men in this society—have been socially conditioned to expect levels of control, especially sexual control, that few women can envision. While sexual assault of a woman is often perceived as the final blow in a long series which undermined her sense of autonomy and agency, sexual assault of a man is more likely to be experienced as a solitary and unforeseen knockout punch which obliterates his sense of bodyself and publicly denies his bodyright.

There is a growing body of evidence demonstrating that when physical violence is divided into categories of more and less severe, women may match men in the demonstration of less severe violence, especially in throwing or breaking objects.[60] Psychologists interpret violence by women as due to many of the same causes as male violence, such as lack of communication skills, possessiveness, the absence of stress-relief, and social permission. The difference between male and female social permission is that, while men have historically had permission to "discipline" women and to lose their tempers, women have been taught to see themselves as weak and ineffective,

---

[57] *Texas Crime Clearinghouse News* 2 (Spring 1985): 2; Shupe et al., *Violent Men*, 48-49.
[58] Marvin E. Wolfgang, "Husband-Wife Homicides," *Corrective Psychiatry and Journal of Social Therapy* 2 (1976): 263-71.
[59] Robert Crooks and Karla Baur, *Our Sexuality* (Indianapolis: Benjamin Cummings, 1993): 648-649; A. Burgess and L. Holmstrom, "Rape: Sexual Disruption and Recovery," *American Journal of Orthopsychiatry* 49 (1979): 648-657; C. Safran, "What Men Do to Women on the job: A Shocking Look at Sexual Harassment," *Redbook* (November 1976): 148ff; Felitti, "Longterm Medical Consequences of Incest, Rape, and Molestation," 330-331.
[60] Suzanne K. Steinmetz, "The Battered Husband Syndrome," *Victimology: An International Journal* 2: 3 and 4 (1977-78): 499-509.

incapable of hurting men. This feeling of powerlessness is a source of great frustration to some women. Paradoxically, because the social definition of women as powerless nullified the need to train women to use physical power responsibly, some women feel free to express their anger and frustration in violence which they do not believe can cause serious harm.[61]

Victims' Innocence and Rage

Alongside the immediate need to begin restoring to victims of sexual violence control over their bodies, there is a need to support feelings of rage and convictions of innocence in victims. Whether the abuse has been repeated or not, whether the abuser has blamed them for the abuse or not, victims of sexual violence live in a society in which they are regularly blamed for their own abuse. Victims of conjugal battery are blamed for provoking the husband's anger, victims of rape are blamed for provoking a man's sexual desire, victims of sexual harassment are accused of overreacting to attention meant to be complimentary, and sexually abused children are even accused of seducing their offenders. The fact that sexual violence is seldom, if ever, addressed by churches conveys the idea that sexual violence does not happen to good church members. The silence of churches regarding both the sinfulness and the pervasiveness of sexual violence in our society confirms feelings of shame, alienation, and guilt in the victims of sexual violence. Those who deal with victims throughout the healing process need to constantly be on guard not to reinforce these feelings in any way. Questions such as "What were you wearing when he attacked you?" "Why *hadn't* you made his dinner?" "Why *didn't* you leave him?" or "Why *didn't* you tell your mother?" all serve to imply that the victim was in some way responsible for her own abuse.

Victims of sexual violence need to be reassured of their own innocence. They need to hear that nothing that they said or did, short of violence, could have legitimated the violence against them, and that even their own use of violence would only have justified a proportional, defensive violence. Victims need to be treated as victims, as persons unjustly treated. The essence of the injustice perpetrated on them is the violation of their bodyright.

Therapeutic interaction with victims of sexual violence will inevitably involve the victim's attempt to make sense of the abuse by asking why it happened and what she could have done to avoid it. It is important to distinguish four different messages that the victim needs to hear, and not to conflate them. Those four messages are:

1) The victim is not responsible for the rape/beating/sexual molestation/sexual harassment. Unless she first attacked the bodyright of the perpetrator, she did not invite or deserve any violence. Walking home from the gym alone at night, or believing a parent's threat to kill you if you tell, might not be wise, but they are neither crimes nor sins.

2) The sexual violence visited on victims is socially supported. Victims need to understand the complicity of our society in sexual violence if they are to move beyond victimization and heal from their injuries. That healing will require rejecting major aspects of the sexual socialization process in our society. This is true for children as well as for adults. Child victims must be told that social complicity takes forms such as blindness to child sexual abuse and to the signals put out by victims, as well as failure to teach children to recognize and report sexual abuse.

3) Victims need not be powerless and easily violated in the future.[62] There are many things that an individual can do to protect herself, and many ways that society can be pushed to better protect victims by altering socialization processes. However, victims have no obligation to restrict their life and activities in significant ways in order to protect themselves from future abuse. Not every potential safeguard is worth its cost to one's quality of life; insist that the burden of assuring individual safety be understood as a social, not merely an individual task.

4) Though victims need not be powerless, no one can be invincible. There is no absolute protection against sexual violence or any other kind of evil. The more communal our protection, the stronger it will be, but in the end, our very humanity makes us vulnerable to suffering and injustice. There is a certain degree of randomness in evil which, like rain, falls on the innocent and the guilty.

[61] Shupe et al., *Violent Men*, 56-60.
[62] Mandell and Damon, *Group Treatment*, 76.

Frequently victims will walk through their abuse time and time again, attempting to discover what they could have done to avoid the violence. It is important for them to realize that though there are things they could have done to lessen the risk of their victimization, not having taken those precautions does not make them responsible for their victimization. A nurse who accepted a transfer onto the night shift rather than lose the job she needed to support her children is not therefore responsible for being raped at gunpoint in the hospital parking lot after her shift ended. We are not always free to make the choices we think are the safest. Also, since the majority of sexual violence takes place in the home or at the hands of family members, the very existence of a "safe" place from sexual violence is in doubt.

For many victims, reflection on what they could have done to avoid the sexual violence reveals that precautions would not have *prevented* the sexual violence but only changed the identity of the victim, reminding us again of the randomness of sexual violence. While this is clear for cases of stranger rape and stranger child abuse, it is often more difficult for other sexual victims to see. But research often shows that a battering spouse battered previous spouses and lovers, and will batter future spouses; when circumstances snatch one child from the clutches of a perpetrator of child incest, frequently another sibling or cousin is substituted; when one sexually harassed secretary is fired, quits, or transfers, the harasser will usually harass another.[63] While perpetrators of sexual violence are frequently without criminal records, and may not be known for violence in any nonsexual contexts,[64] they are, much more often than not, *habitual* perpetrators of sexual violence.

Victims' Rage

Rage is another reaction common in victims. There has been a great deal written over the past few years about the positive nature of anger and rage. Perhaps best known is Beverly Wildung Harrison's essay "The Power of Anger in the Work of Love: An Ethic for Women and Other Strangers,"[65] which makes the point that anger arises as a response to injustice, injustice perpetrated against the self or someone or something dear to the self, and functions as a source of energy for redressing the injustice.

It is this understanding of righteous anger that many therapists refer to when they insist that victims be encouraged to express anger. The understanding is that anger which is not expressed will eventually be turned toward the self. The self will accept the blame for the victimization, which will be interpreted as appropriate treatment. This self-blaming saps the energy of the self, and is frequently expressed as depression.

It is clear that victims need to be encouraged to express anger, but especially in the early stages of recovery anger must be carefully and explicitly directed toward the victimizer. The expression of anger in itself is often, but not necessarily, therapeutic. Withholding anger and blame at serious injury can over time lead to self-blame and the creation of deep depression; expression of anger can prevent such depression. But some expressions of anger can be used to maintain a situation of injustice by allowing victims to periodically blow off some steam in ways that serve neither to call the offender to account nor to restore the bodyright of the victim. Sometimes the expression of rage only heightens rage by rehearsing initial but mistaken interpretations of the victimization, which then become unchangeable.[66]

The expression of rage is healthy when it is appropriately directed at the perpetrator of the injustice, so that the victim is absolved and the perpetrator publicly accused of responsibility for the abuse. This should be a first step in redressing the injustice of sexual violence. *Within a therapeutic process,* expressions of anger; even frequent venting of anger in very visceral ways (punching a bag, primal screams, etc.), even when not aimed specifically at the perpetrator, can serve a very useful purpose in combating depression. But this expression of anger is only useful when the injustice is already being addressed, when the perpetrator has already been named and accused, so that the source of the anger is clear and accepted.

Sometimes victims may express what seems like anger toward the person who hears their account of the violation, whether that is a family member, a friend, a therapist, or a therapy group. Many times that anger—or its equally

---

[63] Fortupe, *Sexual Violence,* 186-189.
[64] Bean, *Women Murdered,* 51-55; Quebec Bishops, "A Heritage of Violence," 16.
[65] Harrison, "The Power of Anger," in *Making the Connections,* 1.
[66] Carol Tavris, "Anger Defused," in Kieran Scott and Michael Warren, eds., *Perspectives on Marriage: A Reader* (New York: Oxford, 1993), 227-228.

likely flip side, withdrawal—is really a reaction to fear that those who hear the story of their abuse may dislike, be repulsed by, or fail to believe them after hearing their story. Some victims, especially child victims of incest, *expect* to be disbelieved or even punished for telling their stories; their expression of anger at the hearers of their story masks their hurt and pain and their need to be believed and supported.

This response of anger toward those who hear the story of abuse is also common among victims of sexual harassment. Victims who acquiesced to demands for sexual favors in order to save their jobs, or grades, often project onto others not only rage which should properly be aimed at the harasser, but also rage stemming from feelings of guilt for having capitulated to the demands of the harasser. Such rage is not therapeutic; it is not the first step in the healing process described by Harrison or Fortune.[67] Progress through the healing process requires that victims honestly face their feelings of guilt, come to see that the offender—not the victim—is the guilty party, and gradually come to learn and trust that others will place blame appropriately. Of course, in many situations, the victim's fear that others will blame her are, unfortunately, very realistic. In such cases, hearers may have to struggle to convince the victim that they believe and support her, and that there are many other people who will listen, believe, sympathize, and not condemn.

When the perpetrator of the violence was someone in an intimate relation with the victim, the feelings of the victim are likely to be very ambivalent. It is important that both positive and negative feelings be supported. That is, an adolescent girl sexually abused by an uncle may have years of happy memories of her special interaction with this uncle before the abuse began. Those memories should be acknowledged and not denied, though they do not mitigate the later abuse by the uncle. To repress real and positive memories of abusers is to radically oversimplify for the victim the reality of abuse and evil. Dealing with this level of emotional complexity may be difficult for very young children, whose conceptual framework may not be large enough to understand that they are at risk from "good people" as well as "bad people." Even for many adult victims, reaching an accurate understanding of their relationship with an intimate abuser may take some rather sophisticated analysis, because hindsight often suggests that some positive memories of the perpetrator may have been deliberately designed by the perpetrator to create trust and confidence in the victim, which the perpetrator could call on to aid in the continuation of the abuse and the maintenance of secrecy concerning the abuse.

Selfhood and Recovery from Sexual Violence

All the above treatments of victimization and recovery from sexual violence make clear that sexual violence transforms the victims' relationship to others, world, self, and often God, but that the principal injury is to victims' self-concept. The victim feels stripped of self-esteem, dignity, strength, the love and respect of others, the ability to trust others, the ability to feel secure, and even the ability to trust herself and her own judgment. For many victims, the inability to trust themselves and their own judgment reflects self-blame. They remind themselves that they did decide to marry this man who beat and/or raped them, to trust this parent or relative who abused them, to leave open the door through which the rapist entered. Many of them feel additional guilt because they experienced involuntary sexual response to the abuse, which makes them feel complicit in their abuse.[68]

Victimism

All these aspects of human personhood which have been stripped from the victim must be restored to her. This restoration requires certain kinds of treatment from the persons around them during the healing process. One of the great dangers of both the initial crisis period and the long-term recovery process after sexual violence is that the

---

[67] Harrison, "The Power of Anger," in *Making the Connections,* Fortune, *Sexual Violence,* 204-208.

[68] Crooks and Baur survey studies confirming Kinsey's claim that "the physiologic mechanism of any emotional response (anger, fright, pain, etc.) may be the mechanism of sexual response" (Alfred Kinsey et al., *Sexual Behavior in the Human Male* [Philadelphia: Saunders, 1948], 165; Crooks and Baur, *Our Sexuality,* 648-649). Included in those confirmatory studies are: J. Bancroft, "Psychophysiology of Sexual Dysfunction," in M. Dekkar, ed., *Handbook of Biological Psychiatry* (New York: Dekkar, 1980); P. Sarrell and Wm. Masters, "Sexual Molestation of Men by Women," *Archives of Sexual Behavior* 11 (1982): 118; G. Mezey and M. King, "The Effects of Sexual Assault on Men: A Survey of 22 Victims," *Psychological Medicine* 19 (1989): 205-209. All of these references deal with this phenomenon in both sexes.

friends and family of the victim, as well as the victim herself, succumb to "victimism." While it needs to be made clear to victims that they are victims of sexual violence—they are innocent, and the perpetrator is guilty—it is a mistake to understand victimhood as a permanent part of their identity. Their victimization was a historical event, like a car accident, or the death of a friend, or the end of a relationship. It was tragic, it caused great damage and suffering, but it can and should be left behind. It can be overcome. It will probably never be forgotten, but it need not remain a source of trauma.

When friends and family insist on treating victims of sexual violence as fragile dependents in need of protection, on tip-toeing around them and taking on victims' routine decision-making out of a perception of victims as necessarily preoccupied with their victimization, friends and family do those victims no favors, but rather help perpetuate their injuries.

Just as all initial interaction with victims of sexual violence, even in the crisis phase, needs to focus on providing simple short-term options to the victim so that she can begin to reexert control over her body and her life, so the long-term recovery process must structure a process within which the victim, a piece at a time, conquers her fears, regains a sense of being strong, in control, worthwhile, and capable of wise judgment and deep trust in others.

Real support from family and friends will not take the shape of deciding for the victim that "It has been three months now, Mary, don't you think you should be recovered enough to be able to ride in an elevator with a strange man?" Rather, real support will take the form of helping the victim clarify for herself the shape of the healing process going on within her, and what should be its next step: "Jane, you expected to have a lot of fear about returning to school and facing your friends, but you say the teachers and kids made you feel welcome and special. Do you think there is anything else you may be dreading that might turn out to be not so hard? What do you think might be your next step in getting your life back to normal? No, you don't need to see your father (uncle, grandfather) if you don't want to. What do you want to do? Are you thinking about him? What are you feeling about him Is there anything you want to do with those feelings, or is there something else you want to talk about or do first?"

Nor should the primary focus in recovery be on getting back to one's normal routine. All too often we reassure ourselves that things are fine when victims have gone back to work or school, when housewives take up their housework again, when the time schedules of our daily routines are reestablished. Routines in themselves are not sufficient to heal victims, and may not allow the time and energy that must go into healing. On the other hand, many recovering victims of sexual violence find that when all the areas of damage and pain have been probed and understood, and when a series of steps toward healing have already been made, resuming partial or even full routines (returning to school or work, to responsibilities as principal caretaker of children, etc.), can be helpful to, and not a flight from or obstacle to, the final stage of healing.

The *immediate* resumption of these routines not only may hide great traumas that may become disruptive and destructive of victims' lives in the future, but simply may not be possible. Sometimes the only way to truly heal from the trauma of sexual violence is to resist the adoption of former routines, because those routines include some of the structural aspects of the abusive relation. For example, a friend of mine had adopted a three-year-old, Elizabeth, who she discovered almost immediately had been repeatedly sexually abused by an adult male friend of her neglectful parents., Elizabeth began seeing a child therapist, both with and without her new mother, and heard in many different ways that she was good, that the adult had done wrong, that he had no right to touch her at all, much less to hurt her and threaten her. Six months later, having heard my friend despair of Elizabeth ever losing. the belligerence and contrariness which seemed the result of the abuse, I visited them. Immediately after I arrived my friend instructed Elizabeth, who knew me but not well, to greet me with a hug and kiss. Elizabeth refused rather defiantly—and continued to refuse. After five minutes of vain coaxing, her mother finally sent her to her room until she would change her mind.

I tried to explain to my friend that her message to Elizabeth in this incident was that Elizabeth did not have the right to say who she kissed and touched, or who kissed and touched her, and that this undermined the message she had been given about her abuse. But my friend's perspective was that she was only insisting that Elizabeth respect her elders and be appropriately affectionate. It was, she argued, "good for her, since too much of her experience of touch was painful and sexual." My friend was focusing on abuse as bad because it inflicted pain, suffering, and physical damage, or violated sexual taboos, instead of abuse as the theft of a person's right to control her own body, her own self. The problem is that our society does not recognize a child's bodyright—and that failure not only sets children up for child sexual abuse, but also makes children's recovery from child sexual abuse virtually impossible.

What Elizabeth needed to hear was adult permission and even encouragement for her to set the limits concerning access to her own bodyself. And she needed adults to respect those limits. Ideally, Elizabeth's permission should be necessary for anyone to touch her bodyself, whether the proposed touch is a matter of grooming, affection, medical or dental care, or instruction in motor skill development. Sometimes with children we must violate their wishes for their own good—to inoculate them, to give emergency medical treatment, to prevent them from running into the street after a ball, for example. But violations should be infrequent, very brief, in the clear and immediate interest of the child, and in some way necessary, as well as always explained to the child.

Children and Bodyright

A great deal of the adult coercion of children occurs because adults do not understand children as sufficiently important to warrant the adult spending time to explain why the child should agree to and cooperate with some proposed activity. It is simply easier to restrain children when they refuse the shot from the nurse, or to dress them in the outfit the adult thinks is more appropriate, or to threaten them with punishment if they refuse Aunt Bessie's kisses and cheek-pinching. But when adults act in this way, they send the message that bodyright is not respected, that only physical power has rights—and that children, too, can exert power over the bodies of others when they get bigger and more powerful.

According to Alice Miller, a Swiss psychotherapist, the more punitive and violent the parenting, the greater the tendency for children to distance themselves from their real pain, projecting it onto others by punishing their own children or other more vulnerable persons, and to be unable to empathize or identify with victims of oppression.[69] But in some ways, she says, the parent who treats the child with both abuse and affection creates even more destructive responses in the child, for such children cannot separate love and abuse, and will give others, including their own children, a fusion of love and abuse because they have no capacity for love that is nondestructive. The emotional intensity constructed by this fusion of love and abuse is so strong that treatment is difficult; the fusion of love and abuse for many is more compelling and attractive than even supportive, nonabusive love and intimacy.

It is important to recognize that while Miller describes abusive patterns of child-rearing, she sees them reflected to a lesser degree in normal child-rearing practices. A severe critic of childrearing, Miller describes parenting in Western culture as control-oriented. Parents shape the child into a being who reflects the parents' needs or wishes by forcing the child, whether through reinforcement or physical coercion, to minister to the needs of the parent.[70] For example, for some years I forced my children to dress for church in ways that met my image of how the church community should see my family. In so doing, I refused to allow my children to present to the community the self they felt they were or wanted to be. When parents control large parts of children's lives over long periods of time, children learn to bury their own feelings and needs, and to rely on the false selves that mirror their parents' needs and wishes. Just as my friend declared that the problem with Elizabeth was Elizabeth's refusal to be polite, parents often feed their own interpretations back to the child. Eventually, after many such incidents, a child comes to accept that the issue at stake is one of courtesy and respect for elders, and not one of body control: whose body is it, and who should control it.? The child is increasingly distanced from her own feelings, her own perspective, and substitutes over time the feelings and perspectives of the parent. The primary cost to the child and to the adult the child will become is capacity for intimacy.

This lack of capacity for intimacy is crippling. It can take the form of disliking and avoiding genital sex, which in itself can cause a great deal of suffering for persons in sexual relationships, since sexual activity can both express and sustain, and also feed and multiply, love between persons. But lack of capacity for intimacy also takes nonsexual forms. Lack of capacity for intimacy has negative effects on the ability to become intimate with God, as well as on ability to create and sustain close friendships. Personal lack of capacity for intimacy allows individuals no escape from loneliness and solitude. Among Christians, called by Jesus' two great commandments to love God and neighbor, lack of or diminished capacity for intimacy can prevent true Christian discipleship. Without the capacity

---

[69] Alice Miller, *For Your Own Good: Hidden Cruelty in Childrearing and the Roots of Violence*, and *Thou Shalt Not Be Aware: Society's Betrayal of the Child* (New York: Farrar, Straus, and Giroux, 1984), and *The Drama of the Gifted Child: How Narcissistic Parents Form and Deform the Emotional Lives of Their Talented Children* (New York: Harper and Row, 1981), 9-17.

[70] Miller, *The Drama of the Gifted Child*, Chapter One.

for intimate love, it is difficult to develop the interest in and empathy for others which call us to work for justice. Diminished capacity for love and justice certainly undermine any potential for moral agency.

Denial of Bodyright in Work

The repression of bodyself and the denial of bodyright are not only disturbingly present in child-rearing practices, but are also present in many other aspects of our culture, including that part of our lives which occupies our largest block of time, work. Repression in work has many sources. While the denial of bodyself and bodyright is clearest in the structure of work in the working class, other forms of repression are present even in some of the best-paid, most respected forms of work.

Bodyright is denied to much of the working class in much the same way that it is denied to children. Industrial workers are controlled in terms of when they come to and leave work, a control that is exacerbated by many companies' insistence on mandatory overtime; what they wear on the job; when they may use the bathroom; what tasks they perform, the speed at which they perform the tasks, and the order in which they do them. Some companies restrict workers' ability to talk with other workers; others require exposure to toxic materials without informing workers of the risk to their health, their reproductive capacity, or the health of their offspring. Our capitalist society tends to interpret hourly work in terms of employer's temporary ownership of the bodyself of a worker as if it were a machine or a tool. Salaried employees' retain more control of their bodyselves, surrendering to employers only the production of those bodyselves. However, salaried workers whose work is intellectually creative are often shackled by contract clauses which assign all ideas of the employee to the employer as "intellectual property." Restrictions on hourly workers are usually more numerous and petty. Many clerks, typists, and telephone personnel are frequently subject to dress codes and directives about haircuts and facial hair, even individual orders to wear make-up, usually in the name of corporate image or morale. This kind of appropriation of bodyright by those holding authority in the workplace sets the ground for sexual harassment in the workplace as well, both by causing workers to be unsure of the location of the line between legitimate and illegitimate prerogatives of superiors over the bodyselves of workers, and by encouraging workplace authorities to take for granted their control of employee bodyselves.

Christian Theology: Support for Abuse, Obstacle to Healing?

Sheila A. Redmond suggests that Christianity has taught five beliefs which both encourage child sexual abuse and inhibit healing from it or from other forms of sexual violence. Those five are:

1) the value of suffering,
2) the virtue of forgiveness,
3) the necessity—especially for females—of remaining sexually pure,
4) individual need for redemption, and
5) the virtue of obedience to authority.

Because Christian children accept these values and beliefs, Redmond asserts, their process of recovering from sexual violence is obstructed. Redmond writes of the Christian value of suffering as understood by child victims:

> Victims of sexual assault suffer from self-destruction of the ego. One suffers because one has done something bad and is being punished. If one becomes truly repentant and humble, gives over one's soul to the control of the deity, then everything will be all right. Implicitly, the assault is destroying the integrity of the self. What better way to empty the soul and become humble than by being sexually assaulted as a child? This attitude toward suffering can then be used as a reason for not admitting the damage caused by the molestation. One can be blessed by stoically accepting this kind of assault. [71]

According to Redmond, the problem with emphasizing forgiveness to child victims of sexual abuse is that

[71] Sheila A. Redmond, "Christian Virtues and Recovery from Child Sexual Abuse," in Brown and Bohn, eds., *Christianity, Patriarchy*, 74.

> a necessary component of resolving the trauma of the assault is articulation of rage, anger, and hatred at being used, at the powerlessness of their positions as children. This militates against any demand for too early an emphasis on forgiveness and understanding the perpetrator and his crime as anything but unjustified and unforgivable.[72]

Premature demands that the victim forgive the perpetrator are often the rule in cases of family violence, including cases of incest, marital rape, and conjugal battery. There are a variety of reasons. One is concern for the stability of the family. Often there is pressure both from inside and outside the family for the victim to forgive as a way of minimizing, resolving, and disposing of the abuse in ways that preclude criminal prosecution or other intervention of the law. It is frequently argued that the family will not be helped by having the father sent to prison, or having the child removed to a foster home, or having the marriage break up and the husband receive a police record. Premature forgiveness by victims is often demanded by both family members and friends who do not want to have to take sides between the accused and the accuser and by other relatives who not only do not want to take sides but who also do not relish the notoriety by association that can accompany more official and/or therapeutic approaches to sexual victimization. Sometimes family members even argue that early forgiveness is the best solution for the victim herself, in that she is spared the trauma and embarrassment of having her "shame" become known and her virtue and reputation impugned.

The third Christian teaching attacked by Redmond, sexual purity, is one particularly aimed at women. Women have historically been understood in Christianity as having a carnal, specifically reproductive purpose which not only makes them more vulnerable to sins of the flesh, especially sexual sins, but makes those sins of the flesh more horrendous, since they impinge upon her God-given purpose. The emphasis on virginity, especially in Roman Catholicism, and on chastity in Christianity in general, is of special relevance to women. For much of the tradition, a woman who had lost her virginity had lost her virtue, which was of much more importance than her life. As late as the 1950s Maria Goretti was canonized a saint in the Catholic church because in 1902 she had chosen to forfeit her life rather than her virginity.[73] For a girl child, exposure to such teaching ensured that experience of child sexual abuse or rape would carry implications of permanent uncleanness and evil for the victim.

Redmond's fourth Christian teaching charged with obstructing healing from child sexual abuse is the universal human need for redemption. The understanding that each of us is born with sin and needs to be justified can easily produce feelings of guilt and unworthiness in individuals. When feelings of guilt and unworthiness are understood as normal, and as confirming Christian doctrine, it becomes difficult to understand the guilt and feelings of unworthiness stemming from sexual violence as negative and in need of resolution.

Lastly, Redmond represents Christianity, especially the biblical tradition of Christianity, as both encouraging obedience to authority figures, and presenting patriarchal models of authority. Christianity has taught children to "honor thy father and thy mother," wives to "be submissive to their husbands as to the Lord," Jesus as the meek child of God who accepts an order to die on the cross, and persons with power as representing God's own position of power vis-à-vis the individual human. Within this framework, resistance to sexual violence against an authority figure—a parent, a husband, a priest or minister, a boss, a teacher—becomes rebellion against God.

Rita Nakashima Brock focuses on christological aspects of Christian support for abuse.[74] This christological focus of Brock's is closely related to Redmond's critique of Christian teaching on the value of suffering, since the passion and death of Jesus Christ has been paradigmatic for Christian understanding of suffering. Of Redmond's five problematic Christian teachings, the goodness of suffering does seem to demand the closest attention. There is at least some basis in traditional Christian revelation for resisting premature forgiveness and making forgiveness dependent upon contrition and reparation, and for differentiating forgiveness and reconciliation. In the same way, it is possible to use liberatory aspects of the Christian tradition to partially offset both the sexist cult of purity for women and the tradition's support for authoritarianism. Contemporary treatment of original sin as sin of the world, or social sin, rather than as a major moral flaw in the individual (a nurture rather than nature approach to original sin) similarly avoids much of the problem Redmond describes as resulting from the need for redemption.

---

[72] Ibid.

[73] See Pius XII, Allocution to "Very Young Girls" of Catholic Action, October 2, 1955, in The Monks of Solesmes, ed., *Papal Teachings: The Woman in the Modern World* (Boston: St. Paul Editions, 1959), 246.

[74] Rita Nakashima Brock, "And a Little Child Will Lead Us," in Brown and Bohn, eds., *Christianity, Patriarchy,* 54-56.

But there is no way to avoid the centrality of the Christian belief that Jesus Christ suffered and died before resurrecting, and that he is the incarnated Word, the exemplar for Christians. If his suffering itself were not good in itself, Christians still must affirm the virtue of his willingness to risk suffering and death by continuing his liberating activity on behalf of the reign of God, despite opposition from all organized parts of his society.[75] We can make distinctions between voluntary and involuntary suffering, between suffering as an end and suffering as a means, but these only mitigate and do not remove the problem, and are distinctions not easy to convey to a laity untrained in theology.

Brock suggests that Christians shift their focus from trinitarian doctrines and doctrines of atonement to focus on the child as the primary image of divinity. But she does not explain what to do with scripture and tradition regarding the crucifixion, death, and resurrection of Jesus Christ. I agree with Brock that understanding the presence of God in the ministry of Jesus demands a focus on the effect of Jesus' interaction with those he healed, exorcised, fed, and otherwise aided, rather than on the person of Jesus himself. But I suspect that, while much of our world, especially white, middle-class America, may be in drastic need of an emphasis on divine vulnerability, the image of the vulnerable child is not sufficient to support the needs and hopes of suffering humanity. As James Cone often points out in contemporary theological debate, the religious needs and faith of the wounded and oppressed peoples of the world are not filled by a God who is dead, or by a God who is powerless and cries at their suffering. These wounded and oppressed need and want a God who not only cries with them, but is powerful enough to save them when they cannot save themselves by themselves.[76] Cone does not defend all depictions of God's uses of power within Christian tradition; he is sensitive to the complexity of Jesus' rejection of dominion as a model for the exercise of power. But he insists that Jesus' rejection of dominion was supported by a ministry of empowerment, of enabling, which finds its locus in a God of power, even if that divine power is not the power to intervene in human history independent of historical human persons.

At the level of individual spirituality, I suspect that human experience of divinity includes as much of the God of power as it does the vulnerable child. How many persons and groups plagued by crushing poverty, cruel oppression, addictions, or despairing depression have been enabled to continue the struggle against sin and evil by reminding themselves that the power to resist is "not I, but God in me"?

On the other hand, many who have worked in spiritual direction with victims of sexual violence have discovered that the God of Christianity is permanently tainted for these victims by the images of divine domination in the tradition. Many victims of father-daughter incest can never respond positively to God as father. For many other victims of sexual violence, the images of divine power (king, lord, master, judge) are offensive and the notion of God is itself negative because they represent power over human persons. While this is understandable, it is not inevitable or necessary. Christians need to purge the tradition of images of God as dominion, as autonomous power over others. We have alternative visions in the tradition: God, the loving parent, who created our bodyselves and calls them into full adulthood as co-creators of the universe, and Jesus the Christ who suffered the violation of his bodyself out of commitment to dignity, justice, and love for other bodyselves. If the image of God were so purged, then God as parent could be a resource for victims of their parents, rather than a support for the abuse and an obstacle to healing. A purged image of God could assure the child victim that her/his parent is not acting in accordance with God's model of a good parent, and is offending against both God and the child. The present ambiguity in the image of the divine, and the consequent support for abuse, does not require our choosing between a powerless and a powerful God, but rather our choosing between a God who both knows vulnerability and shares power, directing it toward justice and healing, and a God who jealously hoards power, using it for purposes of exercising dominion over and exploiting others.

Conclusion

The phenomenon of sexual violence and recovery from its victimization point to two areas of necessary change in Western Christian culture:

1) recognition and respect for bodyright, and

[75] I have dealt with this issue at some length in my *Victimization: Examining Christian Complicity* (Philadelphia: Trinity Press International, 1993), Chapter 3, "Ending the Romanticization of Victims."
[76] For example, see James H. Cone, *Liberation: A Black Theology of Liberation* (New York: Lippincott, 1970), Chapter 4.

2) insistence that the image of God includes only creative, collaborative, enabling, and therapeutic power oriented to life and its fullness.

These are not minor changes in our religious tradition or our secular culture. Purging the image of God will be a long, gradual affair of sifting through scripture and the theological tradition piece by piece and self-consciously rejecting divine images of domination for use in prayer, song, or liturgy, while making a point at all levels of Christian education to indicate the inadequacies of divine images of domination, and how they entered the tradition without serious critique because they were tied to prevailing social structures and institutions.

Moving our culture toward more complete respect for bodyright will require even more massive changes. A starting point would be for ordinarily competent individuals to be understood to have complete control over their own bodies, and for such individuals to understand themselves as part of an integral human community and a common biosphere. Individual decisions regarding personal bodyselves could be overruled by properly authorized persons, after consultation with the individual, only: 1) when it did the individual no harm, 2) when it benefited the common good, and 3) for very temporary periods.

Such a reform would require a thorough reform of military life to restore to members of the armed services their basic civil rights regarding the body. If members of the military were accorded the same rights as civilians over their bodies, then, for example, soldiers irreversibly injured by being required to handle hazardous materials such as Agent Orange would be entitled to the same legal and medical recourse as civilians injured on the job; they would also have the same right to know in advance the dangers of handling those materials, as right-to-know laws are increasingly guaranteeing to civilians in cities and states across the nation.

In such a reform, a military draft would be impossible, dangerous military actions would require volunteers, and the peacetime military would no longer unilaterally control the health, dress, relationships, job details, or location of members of the armed services. It would be no more serious an offense for an enlisted person to strike an officer than for an officer to strike an enlisted person. Members of the armed services would need to give permission, after informed consent, for experiments or tests to be done on their bodies or body products, just as civilians must. In the temporary emergency of war, bodyright would need to be abridged, but abridgment would be limited as situationally necessary and bodyright not abolished altogether.

If bodyright were respected, sexual relationships, including marriage, would also change. There would be no more owning of the other's body, no more understanding sex in terms of the marital debt, no more acceptance of domestic battery as fulfilling an obligation to discipline wives or children. Sex would occur when mutually desired by both partners. All decisions and methods of decision-making would be negotiated by the partners. Traditional sex roles would be without authority; roles would be mutually agreed upon by the partners. All sexual unions, including marriage, would be based in mutuality.

Work would also be structured differently, so that workers exercised a great deal more responsibility over their bodies and body activity. Petty types of control over the bodies of workers which are not necessary to the work would be eliminated. In many types of work, policies would be negotiated with workers. Mandatory overtime in which the employee has no scheduling authority would be a thing of the past. On the other hand, there might very well be mandatory drug and alcohol testing in forms of work in which users endangered the lives of others and/or themselves, so long as just provisions were made for promulgation of policy dealing with false positives and mistaken reporting.

But the greatest challenges in such a reform would occur in child-rearing practices. The emphasis in child-rearing would radically shift from the present focus on achieving socially desirable behavior in one's children to successfully transferring power and responsibility to one's children. For most parents today, the process of parenting is understood as one in which the parent makes the decisions—what the child should eat, learn, wear, say, desire to be—for the duration of the child's minority, in the hopes that during these years the child will accept piece by piece the values, style, skills, and aspirations which have been inculcated. Somewhere between the ages of 18 and 25, most children become independent of the parent's power. In the dorms of college campuses all over the nation, this sudden coming into power over one's bodyself and life has been for decades celebrated with months/years of drunkenness and experimental sex—though drunkenness and experimental sex are certainly not limited to college students. For most young people there has been no gradual preparation for responsibility for their bodyselves.

Recognition of bodyright would dictate that beginning with the very first years of a child's life a child's wishes should be solicited, heard, and considered in any decision about the child's bodyself. Children should always have explained to them what is occurring to their bodyselves and why. They should not be made to eat when they are not

hungry, but neither should they be allowed to consistently substitute nonnutritious snacks for meals. Children should not be made to adopt a parent's dress choices, but neither should they be allowed to wear shorts in the snow. Young children need to be given a range of options they can comprehend in as many areas of their lives as possible, and their choices in these areas should be respected. They may not have the right to decide not to go to Grandma's at Easter, but they do have the right to say no if Grandma wants to hold them on her lap all afternoon. As children get older, they should have more choices in more areas of their life. When children cannot be allowed to decide an issue involving bodyright, such as whether or not blood should be drawn for testing, adults should take care to explain why it is necessary to overrule them, and offer them as many choices as possible regarding the blood test. There is no question that granting children bodyright will complicate parenting. But if children are to develop moral self-esteem, personal and social responsibility, and the ability to engage in self-giving, intimate relationships with others, they need to have their bodyright widely respected. If adults treat the bodyself of the child as a thing, and not a person, adults teach the child to see herself as a thing, and to see other persons as things, and to imagine. that God, too, sees her and other persons as things to be manipulated.