WHO IS THE RAPIST?
A SERIES OF CASE STUDIES

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The following case studies are taken from the West Australian Department of Corrective Services Sex Offender Branch. The Sex Offender Branch is a part of the Department's Community Based Corrections Division and is responsible for the provision of advice and consultancy to the courts, the releasing authorities and the Department on the management and deposition of sex offenders. The Branch also provides assessment, treatment and development services to sex offenders in prison and community settings. For recidivist high-risk offenders who are motivated, an intensive (six to twelve months) therapeutic community program is available at the maximum security Casuarina Prison. At the minimum security Karnet Prison Farm, a twenty-seven session (minimum) group work program is provided for those assessed as lower risk or as needing a pre-release program. In the community, a twenty-seven session (minimum) group work program is provided for those sex offenders on community-based orders (parole or probation). Group work is the core of all the programs but individual and family counselling is provided as assessed.

The term 'rape' is embedded in our cultural lexicon and has powerful evocative and descriptive qualities. It evokes feelings of fear and loathing as it is essentially about people who force themselves sexually upon others, often in very violent ways. Technically, the term 'sexual assault' is probably a more correct label as the act of rape is often associated solely with sexual penetration and sexual penetration is only one form of sexual assault.

The term 'rape' also has strong labelling qualities. Two aspects of the labelling process are of significance to this workshop. The first is that the term is highly reductionist and serves to belie the heterogeneity of the population of people who rape. Researchers have put much effort into trying to develop a profile of the 'typical rapist', largely to no avail. This effort is perhaps a reflection of a desire to find simple explanations for a complex human behaviour that is determined by the interactions of many intrapersonal, interpersonal and social variables. The second aspect of the labelling process is that, being reductionist, it dehumanises and objectifies those who are so labelled. No doubt this is useful in that it
reassures us 'normal people' that these perpetrators of violence are not like ourselves or our loved ones. It is perhaps analogous to blaming victims for their misfortune in that it makes the accusers feel more secure and helps them deny their own vulnerabilities.

This paper seeks to encourage reflection upon the diversity of individuals who rape and upon the fact that until the time of their assaults they were, in most cases, normal people with normal life difficulties and, if undetected, continue to present as such. However, having made the above qualifying comments, through their very behaviour people who sexually assault others are identified as a sub-population of our society.

Who is the Rapist?

The study and treatment of sexual offending behaviour is a developing area and, as such, the theoretical and research focus has shifted in recent years beyond the notion that rape behaviour is primarily in service of sexual needs. This has happened particularly in response to the feminist critique of sexual assault. Sexual assault has come to be understood as sexual behaviour in service of non-sexual needs, and violent sexual behaviour such as rape is often conceptualised as being used by the perpetrator to achieve a sense of power and control through domination (Groth 1979). At a macro theoretical level this can be a self-evident truth. However, at the individual case level for perpetrators being evaluated or undergoing treatment, the twin issues of how did the behaviour develop and what maintains the behaviour once established takes us back into the complex psychological and social worlds of individuals.

For some individuals the behaviour seems to manifest itself in response to an acute developmental life crisis, such as grief and loss to do with death or a failing relationship. The rape behaviour, in such cases, can be conceptualised as a regressive maladaptive coping response in which the most salient features are of anger and/or a desire to restore a sense of power and control. However, in other cases, research into that sub-population of men who rape has found that a large percentage have long-standing paraphilic interests (sexual activities unusual in nature) in conjunction with a general deficit of control over deviant behaviour. Many rapists do report recurrent and compulsive urges and fantasies to commit rapes. In addition, many also engage in a range of other deviant and non-consensual sexual behaviours, such as child molestation, exhibitionism and peeping (Ables et al. 1988). Therefore, for some rapists their behaviour would seem to be a chronic condition.

At the level of psychological motivation there are obvious differences between the reactive, acute rapist and those with a career of chronic behaviour and arousal problems. The commonality is that they deal with their problems by violating the rights of others in sexualised and extremely intrusive ways. Criminological and clinical researchers have noted that sexual offenders generally have a relatively high incidence of convictions for non-sexual crimes and the overlap between sexual and non-sexual crimes becomes stronger when aggressive and violent sexual offenders are considered alone. That is, many rapists are generalist, criminal offenders. Typically, these generalist violent sexual offenders show a patterns of aggressive behaviour through their lives 'suggesting that aggression rather than perversion is the more salient characteristic of some sex offenders' (Broadhurst & Maller 1992, pp. 72–3). Therefore, while an individual may or may not hold deviant sexual interests, it may be the cognition (attitudes and beliefs) they hold which predispose them to act out violently. For example, aggressions and violence may be held to be legitimate ways
of getting needs met and perhaps they accept the cultural legitimization of the male domination of females.

Both sexes perpetrate sexual assault as broadly defined but the common saying is that only males rape. However, there are enough isolated cases encountered in clinical practice and the correctional system to indicate that females can and have resorted to assaulting other adults sexually, either with sexual intent or in service of some non-sexual need.

Therefore, to attempt to answer the question 'Who is the rapist?' definitively is to fail. He would most likely be male but possibly female, an upstanding member of the community or part of an alienated subculture. He may be a specialist offender with a particular interest in deviant, aggressive sexual behaviour, or a generally criminal person who is inclined to take what he wants when he wants, or an individual who acts out when overwhelmed by life difficulties. Some may be psychologically over-controlled, closeting away their feelings until their ability to repress is exceeded and all their feelings and emotions come flooding out in destructive ways, or they may be under-controlled, impulsive and poorly socialised with sociopathic tendencies, having little regard for the rights and needs of others. Some rapists have problems with chronic substance abuse and dependence, and others do not. The disinhibiting effect of psycho-active substances features heavily in aggressive sexual assaults but not in all.

It is the position of this paper that the question of 'Who is the rapist?' can only be answered in reference to the individual cases. The cases to be presented have been selected to highlight the similarities and differences between cases both in terms of the individual rapist and their behaviour and the social context in which it occurs. The social context of the behaviour often leads to treatment and management dilemmas.

Before moving onto a consideration of the individual cases, some people may contest both the worth and efficacy of providing treatment services to sexual assault perpetrators. It is argued here that in a judicial system where, but for exceptional circumstances, prison terms are finite, the evaluation and treatment of perpetrators must be part of the community's response to dealing with sexual assault. It must be viewed as a tertiary prevention strategy in accord with primary prevention via community education, and secondary prevention via treatment and support services to victims. Services to perpetrators can be philosophically victim-orientated in that the intent of the services is to prevent future sexual assaults and thereby protect potential victims. If in some cases the sole outcome of treatment is to delay relapse into sexual assault, this may in fact have saved some victims. Sex offender recidivism (that is, returning to prison) is not a good measure of treatment success.

Case Studies

Case 1: Mr A

Offender details. Twenty-nine-year-old slightly-built Melanesian male in a de facto marriage of five-years standing with two children. He reported a history of violence in his family of origin and peer group violence in gang settings through his childhood and adolescence. He was of normal intelligence and articulate but suspicious and controlled. His criminal record revealed a history of property offences, damage and break and enters.

Offence details. Aggravated sexual assault (rape) upon his estranged de facto wife.
Mr A and his wife had separated because of his domestic violence. They had had several separations in the past for similar reasons but had always reconciled. On the night of the offence he had gone out with her and friends and he was hoping to effect a reconciliation. Alcohol was consumed during the evening. His wife rejected his attempts to reconcile whereupon an argument ensued. He violently physically assaulted her and raped her.

He was arrested, pleaded guilty, was imprisoned and eventually released to parole. He engaged in no development programs while in prison, but a condition of his parole was that he participate in the West Australian Department of Corrective Services Community Based Sex Offender Program (CBSOTP). This recommendation was made on the basis of then available information that he was a low-risk re-offender. His offending behaviour appeared power related, situational, victim specific and influenced by the disinhibiting effect of alcohol.

During the crisis following his arrest and court appearances, he and his wife reconciled and upon release resumed their relationship.

Mr A complied with all parole conditions and he had almost completed the twenty-seven group work sessions (seven months) of the CBSOTP when he and his wife presented for couple counselling. The domestic violence had recommenced. During the first session she revealed that the issue of most concern was his rape of her; there had been three episodes since his release. She wanted the violence to stop and the relationship to continue. She wanted help for him and for them as a couple. It would seem he had presented at the sessions under a threat from her.

The practice dilemma presents itself. Who is the client? The offender, the victim or society?

Mr A, while on parole and engaged in a treatment program had continued to perpetrate domestic sexual violence of the very form that took him to prison. However, he and his partner were presenting for help with expectations of professional confidentiality and service. The fact that the secrecy of the extent of the behaviour was broken and his partner was presenting seemed to offer an opportunity for effective therapeutic intervention.

However, at a clinical case discussion, it was decided that his parole should be revoked and that he should return to prison on the grounds that he had breached his parole contract not to re-offend. His treatment contract made the distinction between confidentiality and secrecy and stated that when someone was put at risk through his behaviour then action would be taken to ensure that his behaviour ceased. Further, it was felt that the new information showed he had not assumed full responsibility for his behaviour and had minimised it while in treatment and, therefore, his motivation and commitment to getting control of his violence was questionable. Generally, it was felt that to form a new treatment contract was to collude with the violence through inaction. The position taken is that the client is ultimately society.

When the recommendation for breach was presented to the Parole Board it was queried in that the Board members thought it a positive indication that he should present for counselling. Eventually, the recommendation was accepted but six months later he still avoids the police. In that time he has presented himself at a Domestic Violence Counselling Centre. They concluded that he essentially believes that it is his prerogative to sexually take his wife when he chooses and that he sees nothing wrong with his behaviour.
His prognosis for change is poor.

Case 2: Mr B

Offender details. Thirty-three-year-old Caucasian male. The youngest of three siblings, he described a stable and nurtured childhood in an intact family. Gender roles in the family were traditional. A poor student, he left school at fifteen years of age to seek work and is now a skilled labourer. His adolescence was uneventful and his sexual and social developmental history evidenced no disturbances. A theme through his life was that of sudden separations via death and lack of permission to grieve for the loss. In his twenties he entered a heterosexual relationship which lasted twelve years. They lived together but it would seem the relationship was characterised by tension about issues of closeness and individuation. Conflict over their respective commitment to the relationship, poor conflict resolution skills, and poor communication led to a cycle of separations and reconciliations.

Offence details. Aggravated sexual assault, deprivation of liberty. There was no previous criminal record.

While drunk at a sporting club function he followed a woman into the female toilets in the club house, loitered in a cubicle, attacked her when the opportunity presented itself, dragged her into adjoining rooms and proceeded to sexually assault her. She called for help when a friend came looking for her and she broke free. He was caught immediately and summarily punished by her friends.

A week prior to this assault he had discovered his de facto wife in bed with another man. He had come home to talk out some problems that they had been having. In a blind rage he had beaten the man until the man was able to make his escape, leaving him and his wife alone. He did nothing but contain himself and leave without talking to her.

For the rest of the week he drank heavily, full of resentment and hurt, harbouring thoughts of revenge but at the same time wanting to go back and work things through but too proud to do so.

The day of the assault he had again been drinking heavily, mulling over his feelings of anger, resentment and grief. He claimed to be so drunk as to have little recollection of the events.

He was imprisoned and released to parole with a condition that he attend the West Australian Community Based Sex Offender Program. This he did in an unqualified manner. His shame and remorse for his sexually assaultive behaviour was evident. He was observed to employ skills gained in the program (conflict resolution, anger management) and to gain insight into his behaviour.

His prognosis for remaining offence free appears good.

Case 3: Mr C

Offender details. Twenty-year-old Caucasian male. The youngest and only male of four siblings. He was assigned the label of 'the baby' of the family. His childhood was stable, nurtured and there were no reported life crises. His family remains intact but it would seem
his parents were disengaged and his mother had formed a close, perhaps enmeshed relationship with her only son and 'baby'. In adolescence, as he attempted to separate and individuate from the family, tensions arose. This was evidenced most strongly in his parents finding fault with his girlfriends. He was pushed to end each relationship, of which there became a succession. One girlfriend became enamoured with him and, when it seemed he was going to end the relationship, it is reported she deliberately fell pregnant to hold him. He was eighteen years of age.

He found himself in a double bind, wanting to break with his girlfriend and being encouraged to do so by his family but feeling himself responsible to support his girlfriend and unborn child. He decided to stay with her and marry. However, his mother refused to acknowledge her. Throughout the pregnancy and after the birth of their child he resided in his family home, she in hers as they saved money. His parents described him as normally a placid and good natured person who was popular and a good worker.

Offence details. Aggravated sexual assault.

Mr C pursued and attacked a sixteen-year-old girl walking across a darkened park. He demanded money, restrained her, dragged her into the park and raped her. He was wearing dark clothes and a mask. He claimed to have a knife. Following the assault he returned to his car, which was in a side street, removed identifying clothing and approached her in his car as she made her way home. He pulled up alongside her and offered assistance as she looked distressed. She ran off.

Several weeks later, wearing dark clothing and a mask, he again attacked a girl in a park at night but only robbed her. He claimed both assaults were impulsive acts, happening when he saw the unaccompanied women as he drove home from seeing his fiancee and child.

At the time of the assaults his child was four months of age and he was very worried about providing financially for his fiancee. Psychological assessments described an immature and anxious individual with a poor self-concept. He also seemed to have limited psychological resources to handle everyday stress and was inclined to give way to his emotions.

He was sentenced to prison, his fiancee left him, and he was granted parole with a special condition to complete the West Australian Community Based Sex Offender Program. Initially resistant, he was eventually successfully engaged and completed the program. In the program he evidenced significant distorted thinking and misperceptions regarding females and the sexual harassment of women. His world view was simplistic and egocentric. He was sensitive to perceived criticism and reacted immaturely (childishly) when he felt rejected. While on parole he described a series of melodramatic relationship conflicts with a new girlfriend which coincided with family pressures to end the relationship.

Mr C's unresolved family issues, poor sense of self, his immaturity, his poor stress tolerance, in conjunction with his distorted thinking about women, suggest he remains a risk of acting out against women when his psychological resources are stretched.
Case 4: Mr D

Offender details. Thirty-two-year-old Caucasian male. Reports a normal childhood in an intact family and a good relationship with his parents except for a general inability to confide in them.

He reports no sexual interest in early adolescence. However at fifteen years of age he approached a neighbour for sex after breaking into the house. He was caught, went to the Children's Court and was put on probation.

Since his entry to prison, his family report that he was caught cross-dressing in early adolescence but he denies any memory of this.

At seventeen years of age he and a friend were peeping on a regular basis at a woman on their way home from sport training. After some weeks he reports they decided to stop before they were caught but thought they would take some of her underwear off the clothesline as a memento. He was caught in the act. Shortly after this he commenced to break and enter into houses for money. He did this for several years but then his pattern changed.

Offence details. Aggravated sexual assault - four victims.

Over a six-monthly period he broke and entered four houses, attacked, restrained and raped the women he found there. The victims were all near in age and had similar physical characteristics. After each rape he would vandalise the house.

He describes the rapes as break and enters gone wrong despite his apparent careful selection of victim type. He denies any fantasies or urges to commit rape despite a pattern close in time and the absence of any precipitating life crisis that may have overwhelmed his psychological coping mechanisms. He claims not to know why he stayed in the houses once he became aware of someone else's presence. He denies any premeditation in the assaults. He is currently engaged in treatment.

He claims to be wanting treatment services but does not like to think of himself as a rapist.

Case 5: Mr E

Offender details. Non-Caucasian male, aged in his late-twenties. Reports a normal childhood in an intact family with supportive parents. He did have to cope with racism in the wider community.

In his early teens he formed a relationship with a white Australian female but this relationship was vigorously resisted by her parents on grounds of race. They remained together, lived together at his parent's home, married in their early twenties but continued to cohabit with extended family members for financial reasons. Her family continued to treat him with disdain and arrogance.

Their first child was born with a degenerative, terminal disease. The child never left hospital and a few weeks after the birth it fell to Mr E to approve withdrawal of the life support. Their relationship and their extended families were full of grief and stress.

A short time after these events, her family had a gathering. One of his wife's female relatives pointedly told him that his family were rejected by theirs because of their race. He
left their home and went to the hotel where he drank. His wife’s female relative followed, confronted him and blamed him for his child’s illness and death.

He stayed in the hotel, containing his rage, but drinking and ruminating with thoughts of revenge against people in his wife’s family who had provoked and rejected him for years through racial slurs.

**Offence details.** Aggravated sexual assault.

Alcohol affected and heavily disguised he broke in upon the woman who blamed him for the death of his child with intent to humiliate and degrade her through rape. Mr E is in treatment. He is very ashamed, remorseful and motivated to engage treatment.

His prognosis appears good.

**References**

