

A Social Problem: Individual and Group Rape

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Abstract

The terms that describe a non-consensual sexual behavior such as rape, sexual abuse or sexual violence are very different, as are the negative effects on a victim of a physical and psychic nature, taking into account the different approaches of the attacker. The consent of the victim is absent or obtained by the attacker with physical and/or psychological violence; but it is also possible that the victim is unconscious or incapable of understanding. Those guilty of sexual offenses fall into a special category that is called “sex offenders” within which there is a diversification of ways concerning the manner, degree and motivations. Research has shown that attackers acting in a group and those who are an individual attacker differ in their attitude towards the victim.

Keywords

Sexual Behavior, Sexual Abuse, Rape, Sexual Violence

1. Introduction

Rape is defined in most jurisdictions as sexual intercourse, or other forms of sexual penetration, initiated by a perpetrator against a victim without their consent (Smith, 2004). The definition of rape is inconsistent between governmental health organizations, law enforcement, health providers and legal professions (Maier, 2008). It has varied historically and culturally. Originally, rape has no sexual connotation and is still used in other contexts in English. In Roman law, it or raptus was classified as a form of *crimen vis*, “crime of assault” (Berger, 1953). Raptus described the abduction of a woman against the will of the man under whose authority she lived, and sexual intercourse was not a necessary element. Other definitions of rape have changed over time. In 1940, a husband could not be charged with raping his wife. In the 1950s, in some states, a white woman having consensual sex with a black man was considered rape (Urbina, 2014). Until 2012, the Federal Bureau of Investigation (FBI) still considered rape a crime solely committed by men against women. In 2012, they changed their definition from “The carnal knowledge of a

female forcibly and against her will” to “The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.” The previous definition, which had remained unchanged since 1927, was considered outdated and narrow. The updated definition includes recognizing any gender of victim and perpetrator and that rape with an object can be as traumatic as penile/vaginal rape. The bureau further describes instances when the victim is unable to give consent because of mental or physical incapacity. It recognizes that a victim can be incapacitated by drugs and alcohol and unable to consent. The definition does not change federal or state criminal codes or impact charging and prosecution on the federal, state or local level; it rather means that rape will be more accurately reported nationwide (Russo, 2012). Health organizations and agencies have also expanded rape beyond traditional definitions. The World Health Organization (WHO) defines rape as a form of sexual assault (Krug, 2002), while the Centers for Disease Control and Prevention (CDC) includes rape in their definition of sexual assault; they term rape a form of sexual violence. The CDC lists other acts of coercive, non-consensual sexual activity that may or may not include rape, including drug-facilitated sexual assault, acts in which a victim is made to penetrate a perpetrator or someone else, intoxication where the victim is unable to consent (due to incapacitation or being unconscious), non-physically forced penetration which occurs after a person is pressured verbally (by intimidation or misuse of authority to force to consent), or completed or attempted forced penetration of a victim via unwanted physical force (including using a weapon or threatening to use a weapon) (Markovchick, 2016). Some countries or jurisdictions differentiate between rape and sexual assault by defining rape as involving penile penetration of the vagina, or solely penetration involving the penis, while other types of non-consensual sexual activity are called sexual assault (Kalbfleisch & Cody, 2012; Plummer, 2002).

In criminology, the term “serial rapist” indicates a subject who repeatedly performs the same serious crime of rape, against multiple victims. What many serial rapists have in common is primarily high hostility toward women. A rapist is a subject who is violent and angry and markedly aggressive. In addition to these strong violent tendencies, serial rapists may have specific sexual difficulties (Bryden & Lengnick, 1997). The attacker is totally lacking in empathy and emotions, and social relations are almost absent. They can show bizarre behavior and treat the victim as an object that must give pleasure. They bind or gag the victim, take off their clothes, or use weapons to increase the level of control. The victim has the function of bearing the frustration and sense of failure of the aggressor. The attacker feels anger toward himself, and events he has experienced have precipitated the subject in a desolate situation; these are the central themes of his life story. He perceives himself as the tragic hero of an endless drama. Sexual assaults are characterized by active and passive oral sex, verbal abuse, and prior knowledge of the victim (Greig, 2005). The victim is assaulted by a person who believes, in a distorted way, that they have a privileged bond; for example, the rapist could, af-

ter the attack, warn the victim to pay attention to someone who might be dangerous. The assailant urges the woman to participate verbally and physically in the relationship, by making compliments and asking personal questions, which are not sexual. Other attackers are motivated by anger and vengeance on women (Newton, 2000). Rape may be the only way that these individuals can have a sexual relationship; often the subject has previously established contact with the victim. It's very important the research on violence and rape against women in Italy (2013-2015 University of Enna "Kore"). The results are to be widely disseminated also among migrant women. More specifically, 6,788,000 women have been victims of some forms of violence, either physical or sexual, during their life, that is 31.5% of women aged 16 - 70. 20.2% has been victim of physical violence; 21% of sexual violence and 5.4% of the most serious forms of sexual violence such as rape and attempted rape: 652,000 women have been victims of rape; and 746,000 have been victims of attempted rape. Further, foreign women are victims of sexual or physical violence on a scale similar to Italian women's: 31.3% and 31.5%, respectively. However, physical violence is more frequent among the foreign women (25.7% vs. 19.6% 2012), while sexual violence is more common among Italian women (21.5% vs. 16.2% 2012). Specifically, foreign women are more exposed to rape and attempted rape (7.7% vs. 5.1% 2012) with Moldavians (37.3%), Romanians (33.9%) and Ukrainians (33.2%) who are the most affected ones. 62.7% of rapes is committed by the current or the former partner while the authors of sexual assault in the majority of cases are unknown (76.8%). As for the age of the victim, 10.6% of women have been victims of sexual violence prior to the age of 16. As for women's status, women separated or divorced are those far more exposed to physical or sexual violence (51.4% vs. 31.5% 2012). It remains of great concern the situation of women with disabilities or diseases. 36% of the women with bad health conditions and 36.6% of those with serious limitations have been victims of physical or sexual violence. The risk to be exposed to rape or attempted rape doubles compared to women without any health problems (10% vs. 4.7% 2012). On a positive note, sexual and physical violence cases result to be reduced from 13.3% to 11.3% (2012). This is the result of an increased awareness of existing protection tools by women in the first place and the public opinion at large, in addition to an overall social climate of condemnation and no mercy for such crimes. More specifically, physical or sexual violence cases committed by a partner or a former partner is reduced (as for the former, from 5.1% to 4% 2012; as for the latter, from 2.8% to 2% 2012). Also the forms of violence by a non-partner are more serious. 3,466,000 women (=16.1%) have been victims of stalking during lifetime, of whom 1,524,000 have been victims of their former partner; and 2,229,000 from other person that the former partner.

2. Scientific Notes on Human Aggression

To understand the violence and rapes against women, the research analyzed the human aggression. The term "aggression" may indicate a great energy of the personality seen as survival and reproduction, or provision geared to hostilities and to destructive capacity (Luchterhand, 1971). The forms of aggression which are known

are: a) hostile or emotional associated impulsivity, defined reactive; b) instrumental, defined proactive; c) defensive or provoked; d) offensive, closely linked to anti-social development; e) relational, which consists in the attitude of oppression and relational difficulties with peers. Longitudinal studies (Nagin & Tremblay, 1999) have shown that violent behavior is expressed with greater frequency and intensity in the first three years of life, because, afterwards, socialization allows for moderation till adolescence, and then it falls again. In particular, if the first evolutionary phase of the diagnosis of oppositional defiant disorder is measured more in boys and less in girls, then it is not found during adolescence. The risk factors and resilience factors (Ingrassia, 1998): develop as early as conception, when the genes start to develop and the report-fusion with the mother are physically carried by the umbilical cord where the possibility exists that the fetus suffers trauma, fetal suffering or infections. The risk factors can be divided into:

1) *Individual, organic and/or psychological*, including: temperamental difficulty, impulsive behavior, substance use, hyperactivity, disruptive behavior with early onset, withdrawn behavior or closure behavior, low intelligence, and neurological deficits;

2) *Family*, including: low socio-economic status, poor educational competence, parental anti-social behavior, abuse or violence suffered, and family disintegration; from a psychosocial point of view parenting appears to be the major contributing factor along with child abuse in predicting anti-social behavior;

3) *School*, including: inadequate academic performance, lack of academic aspirations, lack of interest, and low motivation;

4) *Friendships*, including: deviant peers, and rejection of the subject.

Among the protective or resilience factors, there are:

a) *Endogenous factors*, including: high levels of behavioral inhibition (harm avoidance) linked to apprehension, anxiety, fear and shyness or conversely lower levels of behavioral activation linked to impulsivity, hyperactivity, aggression or the search for novelty and sensations (novelty and sensation seeking);

b) *External factors*, including: a strong attachment bond to at least one caregiver and a community situation and support from the school. These factors, of risk or protection, can be the basis of development of many healthy or pathological psychological frameworks; for example, as transgression is a characteristic of adolescence, one must be careful not to confuse it with a deviant anti-social behavior because the reasons and stability of delinquent behavior are different. In this context, anti-social behavior of an adolescent during childhood can be explained by the basis of behavioral problems, cognitive, ethical (moral disengagement), narcissistic (low self-esteem) or related to attachment (the resulting emotional difficulties, and in particular the lack of development of the sense of guilt). Narcissism and anti-social behavior (Kernberg, 1998) are considered as a continuum. Operated discrimination is also interesting (Hare, 1996) regarding the two factors of the psychopathic anti-social behavior nucleus: aggressive narcissism (egocentricity, callousness, lack of remorse and guilt, which are related to low anxiety and low empathy) and an anti-social lifestyle (irresponsibility, impulsivity,

sensation seeking, which are related to low intelligence, impaired symbolization, low socio-economic level and low level of education). Aggression, therefore, can be considered in two axes; one is cold and unfeeling predatory-sadist (psychopathic), the other is impulsive in which the aggression is reactive (anti-social). A criminal career (Walters, 1990) includes the following stages: a) pre-criminal phase (between 10 and 18 years old), where the offenses are not specialized, are less severe, and are usually committed in a group looking for excitement; b) initial criminal phase (between 18 and 20 years old) when a criminal career begins for those who continue to commit crimes; the subject starts attending deviant groups whom they often met in prison and acquires new techniques. The frequency of the crimes decreases but the severity increases; the reasons behind such crimes are to satisfy economic needs; c) advanced criminal phase (between 20 and 40 years old), are those who continue to commit crimes and lose the ability to control themselves; d) stage of maturity (over 40 years old).

3. Neurobiology of Violent Behaviour

In *The Error of Descartes*, emotions are seen as an expression of the animal part, instinctual-residual in human beings (Damasio, 1995); in recent years, in the same field of neuroscience (LeDoux, 2014) the difference between emotions and feelings was stressed. The study of aggression cannot ignore the neural circuits involved, but, for purely experimental reasons, these circuits are not studied as a whole, but investigated as if they were isolated centers; therefore, circuits of forms of aggression have been found; in this regard (Moyers, 2007) has distinguished different forms of anger: affective, maternal, dominant on the territory (predominantly male), linked to gender (masculine). At a cerebral level the brain reward system is linked to states of addiction and aggressive brain systems; in this sense the gratification block increases aggressive behavior. The first neurological studies on anti-social behavior were conducted by Gall, who was the founder of phrenology, which is a theory that assigned specific mental functions to specific brain areas (Azouvi, 1997). Thanks to studies on animals, and specifically to the search patterns of injury (electric, neurochemical or genetically induced), electrical stimulation and the recording of electrical activity, the limbic system was detected, consisting of amygdala, cingulate gyrus, hypothalamus (especially in mammillary bodies), and thalamus (especially the anterior nuclei); and hippocampus, which regulates the endocrine, autonomic, and emotional and instinctive activities. The limbic system is linked to the prefrontal and temporal cortex. The frontal cortex, the hypothalamus and the amygdala are linked to aggressive and docile behavior (Sabatello & Stefanile, 2016). The study of developmental psychopathology can be approached on the basis of two modes: 1) assuming the continuity/discontinuity of changes in the behavior that provides the continuity of anti-social behavior with different manifestations and behavior during development, which can be considered heterotypic because the various manifestations have a psychological coherence at their base and meet the functional matching criteria; 2) Assuming the continuity/discontinuity in the development of psychopatho-

logical features, anti-social behavior persists more if it starts in childhood (with attention, emotional and social deficits) rather than in adolescence. Research by the Pittsburgh Youth Study (Loeber, Stouthamer-Loeber & Raskin White, 1999) argues that the onset of anti-social behavior may range from 14 to 15 years old, often in association with the use or abuse of substances, delinquency and persistent internalization problems. The Pittsburgh Youth Study Group indicated the following types of behavioral problems: a) *mixed type*: those with internalizing symptoms such as anxiety and depression, and destructive behavior (externalizing) with onset in middle and late childhood; b) *internalizing type*: those with internalizing symptoms such as anxiety, but especially depression, persistent with onset in late childhood or early adolescence; c) *delinquency type*: individuals who abuse substances, and persistently commit delinquent acts in the absence of internalizing symptoms with onset in late childhood or early adolescence; d) *undeviating type*: adolescents who abuse substances without particular internalizing or externalizing symptoms.

4. Sexual Offenses Committed by Children

The implementation of sexual abuse by a child may be due to sexual exploration of a personality that is emerging and is not yet mature, or can have a coercive and violent nature. Those over 10 years old (in England this is the minimum imputable age) who commit sexual offenses are defined as juvenile offenders or juvenile sex offenders; below this age children are defined as abusers or perpetrators. Sexual Offences (Shaw, 2002) can be divided into: *sexual assault*, which may be accompanied by threats, intimidation, use of force and/or authority; *sexually abusive behavior*, committed without consent as a result of coercion; *sexual crimes*, when the abuser violates the law but does not implement physical or psychological harm; *paraphilia*, recurring sexual fantasies; *rape*, which is sexual gratification obtained through the use of violence; *sexual harassment*, which is unwanted sexual conduct. Sexual offenses committed by children are divided into sexual behaviors that involve the presence or absence of physical contact (American Academy of Child and Adolescent Psychiatry, 1993), taking into account that, a person needs to understand what is proposed in order to give consent, and be able to assess the alternatives, have the same decision-making power of the interlocutor and is free to choose; forensically it defines any abusive behavior that occurs without consent. Recent statistics have shown that 60% of abuse involves penetration in England and about 35% of sexual offenses are committed by teenagers with a mean age of 14 years old in Germany, although in recent years this is declining. The victims are usually women. Adolescent sexual offenders grow in multi-problematic families. Sexual diseases are frequent among parents and there is often family violence, therefore, due to inadequate parenting (family models) these adolescents do not learn to inhibit aggression (Keog, 2012). All these factors, together with abuse and neglect suffered, social difficulties, impulsiveness and lack of intimate relationships, may be at the root of the crime and the personality of sexual offenders. Juvenile sex offenders are usually socially withdrawn, not asser-

tive, unable to form intimate relationships especially with the opposite sex, have little empathy and inadequate social skills, have learning difficulties, display disruptive behavior in class and truancy. Regarding psychiatric disorders, juvenile sex offenders may have a narcissistic, borderline, anti-social personality or conduct disorders; according to other authors, they may have mood disorders such as depression, substance dependence and the dissociative spectrum disorders, particularly important in the legal sphere. The classification of sex crimes made by adolescents is: sexual aggression against other adolescents or women, sexual behaviour against children, vaginal penetration, jerking off in the presence of victim, rape, pet lady parts victim's, vaginal victim's penetration with finger, exhibit genitals to the victim, kiss the victim against her will, oral sex against the will of victim, seizure the victim to a few hours, group rape, stalking and individual rape; cyber-bulling; cyber-stalking (Rich, 2003).

5. Rapists and Victims

The terms that describe a non-consensual sexual behavior are quite different: rape, sexual abuse or sexual violence; each of them has negative repercussions, both of a physical and psychic nature, on the victim, but the approaches of the aggressor are different (Walters, Chen, & Breiding, 2013). There is no single definition of rape. Generally, it identifies a non-consensual sexual act in which the aggressor penetrates parts of the body of the victim, whether the vagina, anus or mouth, with various objects. The consent of the victim, as such, is absent or obtained by the attacker with physical and/or psychological violence; but it is also possible that the victim is unconscious or incapable of understanding (Anderson & Doherty, 2007). Studies show that rape victims rarely turn to the police. This not only limits the possibilities to offer help, but at the same time makes it difficult to study this phenomenon (Finkelhor, 2008). Unlike rape, sexual abuse does not involve penetration, but describes any non-consensual sexual contact and includes (Jewkes, Sen, & Garcia-Moreno, 2002): a) use of derogatory words; b) refusal to use contraception; c) inflict physical pain to the partner during sexual intercourse; d) deliberate infection of partners with infectious diseases or sexual infections; e) use of objects that cause pain or humiliation to non-consenting partners. Even more general is the concept of sexual violence, describing any sexual activity with a person who is unwilling or unable to consent to the sexual act because of alcohol, drugs or other conditions. The term describes different behaviors including rape, unwanted sexual contact or undesired exposure to naked bodies or sexual acts, sexual abuse and incest, sexual harassment and all other various forms of behavior in which an individual is abusing their power or the condition of the victim, even without using forms of expressed violence. Often the victim of sexual assault is manipulated (Kelly, 2013).

a) Rapists: personality and approach

Studies seem to show that there are several contributing factors to the rapist's behavior, including: childhood trauma (Dhawan & Marshall, 1996), aggressive behavior patterns (Longo, 1982), taking non-inhibiting drugs (Norris & Cub-

bins, 1992) and the desire to control (Hanson & Morton-Bourgon, 2005). There are three different theories, which were developed between the seventies and eighties, that tried to explain the personalities and motivations of the rapist: feminist theory; social learning theory; and evolutionary theory. According to feminist theory, sexual assault is motivated by the desire to control, dominate and humiliate the other person (Schwendinger & Schwendinger, 1983). Social learning theory, however, argues that the behavior of the rapist is imitative, therefore, the subject has learned aggressive behavior and has gradually become desensitized to the consequences of it, and subsequently believes that sexual gratification can be obtained quickly through the use of coercion (Malamuth, 1981). The theory of evolution claims that men possess an urge to impregnate as many women as possible in view of their heightened instinct of survival of the species, and in the search for such women, he omits their consensus (Ellis & Symons, 1990). The research group at the Massachusetts Treatment Center (MTC) classified six different types of rapists after collecting clinical and experimental data (Knight & Prentky, 1990): 1) The “*opportunist criminal*” who is characterized by a lack of impulse control and lack of empathy; 2) The “*non-sexual and non-sadistic criminal*”, characterized by distorted representations about women and sexuality, feelings of inadequacy with respect to their sexuality and to the image of himself; 3) The “*criminal with pervasive anger*”, who is characterized by high levels of anger and intense hostility, not directed exclusively towards women and for these reasons, commits crimes of a different nature and has no particular sexual fantasies, unless linked to violence, which they use even if it is not necessary. This profile is the criminal most likely to kill after committing rape; 4) The “*non-vindictive criminal*”, whose anger is directed exclusively towards women and is expressed through forms of psychological and physical violence designed to humiliate, degrade and injure the victim; 5) The “*blatantly sadistic*” criminal, where sexual assault is often premeditated, driven by violent sexual fantasies, which can also lead to causing serious physical injury to the victim; 6) The “*non-sadistic latent criminal*” who only turns his rage against women, but does not express it. The category of sex offenders is divided according to the mode, the degree and motivations, and are identified as the individual rapist, group rapists, pedophiles, molesters and, finally stalkers. Sex offenders are different from “normal” people, since there is less control of inhibitions. Simon identified four basic motives, as to why a sex offender acts (Simon, Knight, & Prentky 1990): a) for domination; b) out of anger; c) for compensation; d) sadism. Therefore, four basic profiles were drawn up:

1) *Exploiter profile*, who implements a sexual behavior as an impulsive and predatory act. He sees rape as an act that depends on the occasion or situation, which stimulates and excites him. This type of sex offender looks for a fickle prey, which is easy to exploit and subdue. Within this category of rapists there are two sub-levels: a) those who implement such behavior as a response to a hypothetical threat to their manhood; b) those who act in this way because they are pushed by an impulsiveness which is closely linked to their personality; to that effect, studies have

shown that the two dominant personalities are anti-social and psychopathic.

2) *Angry profile*, which means having a sexual behavior that tends to express anger and rage. The type of rape falls within the maximum expression of displacement of their own feelings of anxiety and frustration towards the designated object, the victim. Sexual performance is aggressive since the attacker harbours feelings of contempt and hatred of the female sex.

3) *Compensator profile*, whose sexual behavior is a mere expression of sexual fantasies. Regarding the rape which is carried out, this turns out to be highly premeditated and/or planned. With regard to the motivations that led him to act, they refer to the sexual perversions as exhibitionism or extravagant masturbation. It is also an intrinsic feature of this type of sex offender to start seeing the victim after the attack.

4) *Sadist profile* is the one who carries out a sexual behavior as an expression of aggressive sexual fantasies and reaches the maximum level of excitement by causing suffering to his victim. Among the behaviors and practices there is mistreatment, humiliation and in extreme cases, it may lead to murder. In some cases, it implements a wide range of torture such as flogging, mutilation and strangulation.

b) Victims: psychological and physical consequences of sexual assault

The likelihood that a person suffers suicidal or depressive thoughts increases after sexual violence (Yuan, Koss, & Stone, 2006). 94% of women who are raped experience post-traumatic stress disorder (PTSD) symptoms during the two weeks following the rape: a) 30% of women report PTSD symptoms 9 months after the rape; b) 33% of women who are raped contemplate suicide; c) 13% of women who are raped attempt suicide. Approximately 70% of rape or sexual assault victims experience moderate to severe distress, a larger percentage than for any other violent crime. People who have been sexually assaulted are more likely to use drugs than the general public: a) 3/4 times more likely to use marijuana; b) 6 times more likely to use cocaine; c) 10 times more likely to use other major drugs. Sexual violence also affects victims' relationships with their family, friends, and co-workers: a) 38% of victims of sexual violence experience work or school problems, which can include significant problems with a boss, coworker, or peer; b) 37% experience family/friend problems, including getting into arguments more frequently than before, not feeling able to trust their family/friends, or not feeling as close to them as before the crime; c) 84% of survivors who were victimized by an intimate partner experience professional or emotional issues, including moderate to severe distress, or increased problems at work or school; d) 79% of survivors who were victimized by a family member, close friend or acquaintance experience professional or emotional issues, including moderate to severe distress, or increased problems at work or school; e) 67% of survivors who were victimized by a stranger experience professional or emotional issues, including moderate to severe distress, or increased problems at work or school.

7. Are We Predisposed to Criminal Aggression?

Is one born a rapist, or does one become a rapist? Lombroso identified human

violence in biological and genetic models. When his studies about physiognomic finished, his interest turned to the brain areas. Lombroso is also remembered for having developed one of the first lie detectors in the legal field for measuring changes in blood pressure to detect untruthful responses during interrogation (Ingrassia, 1998). Therefore, a new biological explanation of violence was identified. Some genetic polymorphisms would be able to modulate the reactions to environmental variables, among which, in particular, exposure to stressful events and the tendency to react to them with impulsive behaviors. Some studies also conducted in very aggressive populations such as the Maori in New Zealand noted a significant increase in the risk of violent behavior development which could lead to murder in low-activity allele carriers, or could make the subject more prone to expressions of violence, whether provoked or socially excluded. The results of these studies are contradictory and not replicated. According to environmental theories it is social learning which determines the expression of aggressiveness in everyday life, for example, upbringing, learned examples, and not shared models.

8. The Tendency to Falsify (Simulation or Dissimulation)

Disease simulation is to invent symptoms that do not exist, or exaggerate those that exist, in order to reap benefits on a clinical and forensic legal level. Dissimulation is to otherwise hide the disease and pretend normality to avoid negative measures (disqualification and loss of parental rights). The cognitive and personality tests allow the benefits of some indices that make us suspect that a subject is falsifying (Galati, 2002).

In recent times, psychodiagnostic instruments (IAT) have been created to discover hidden emotions and attitudes, beyond the will of the person to reveal them. Based tools are not the interpretation of stimuli and responses, but rather on the differences between the response times to certain stimuli and their association. The basic assumptions of lie detectors are considered important as a result of research in neuroscience, and can record electroencephalographic responses. Larson created the first lie detector, which was then reworked by Reid (Alder, 2007). Is it enough to prove that a person is aware of a fact, to declare them guilty of having caused it? The latest frontier of neuroscience applications of the law is that of reading the mind by recording brain electrical activity or fMRI (an Italian study which monitored the brain activity of subjects who could answer questions by lying or telling the truth, and it noted that when lies were told, the frontal and prefrontal regions, and the anterior cingulate cortex were activated). When a person subject to questioning lies, it seems that different brain areas are activated and are more numerous than when telling the truth, due to having to actively suppress truthful information. The Brain Fingerprinting Lab founded by Farwell shows images while recording brain function (Farwell & Makeig, 2005). If a familiar image is recognized, the brain emits faster signals and this “brain fingerprinting” filed in the memory is decoded, using it for deductions relating to the sincerity of the answers provided orally by the person. However, there are

plenty of technical problems to consider. Just move a muscle or the tongue too much, can create variations that make the test unreliable. For the purposes of relations between neuroscience and judicial areas, it can be concluded that certain techniques aimed at discovering the incidence of memories and emotions are currently not as reliable and valid enough to be used without reservations in forensic investigations; and there are strong doubts that they can never be so. They are often based on studies that provide too many variables to obtain accurate results, or that rely on groups rather than on the individual.

9. Sociological and Scientific Profiles of Individual and Group Rape

In 2009, an important research on sexual offenses was carried out and compared with those committed by individual attackers, and those committed by groups (Hauffe & Porter, 2009). The two researchers, Hauffe and Porter, examined one hundred and twenty cases of rape and the judicial reports, including four cases where the victim had died. The scholars had found some consistent features in the group of individual rapists and those who had acted as a group, as well as the victims of their choice, in particular: a) *victims*: the average age of the victims attacked by an individual aggressor was 26 years old, while the average age of the victims attacked by groups was 18 years old; b) *aggressor*: the average age of the attackers in the group was 21 years old compared to the average age of 29 years old of the individual attackers. The individual behavior of sexual assault (Bennell, Alison, Stein, Alison, & Canter, 2001) was deepened by analyzing the statements of the victims, based on the dichotomous model of interpersonal relationship called “Leary’s Interpersonal Circumplex”, also called the circumplex model, which identifies the relational style of a person (Conte & Plutchik, 1981), developed by T. Leary in 1957. Leary’s model can be regarded as part of the structural models because it was built on personality traits (Wiggins & Broughton, 1985). The Leary model assumes that people interact on the basis of a complex continuum of two different dimensions: Cooperation/hostility “this typology is presented in **Table 1**” and dominance/submission “this typology is presented in **Table 2**”. In 1993, Benjamin, proposed to represent each of these dimensions as diagonals of a circle, in which the behaviors at opposite ends are divided geometrically, but also from the conceptual point of view; for example, dominant behavior is placed on the opposite side to submissive behavior. Similar to the self-fulfilling prophecy, according to the circumplex model, the person who believes with conviction to be the victim of the other’s hostile attitude, unconsciously motivates (with the intent to defend one-self), the other to implement the expected hostile attitude of which she is afraid (Alberti, 2000).

This model has proven useful in assessing the manner in which a person interacts with others and has also proved valid for explaining the interaction between the aggressor and the victim. Alison and Stein applied this circumplex model, initially, to study the behavior of individual sex offenders and, later, the model was applied to cases of gang rape.

Table 1. Individual rape: Aggressor’s behavior. (a) Dominating aggressor/Subjugated victim; (b) Co-operative aggressor/Co-operative victim; (c) Hostile aggressor/Hostile victim.

(a)	
Transport	The aggressor binds the victim’s hands or feet and uses a gag to have more control
Other criminal activities	Causes physical harm to the victim and steals personal belongings
(b)	
Threats	Threatens the victim to obtain obedience
Rape	Rapes the victim several times
Kissing	Kisses or tries to forcibly kiss the victim
(c)	
Violence	The aggressor uses more physical violence than necessary
Violence	Uses a single act of violence
Violence	Uses multiple acts of violence
Violence	Uses physical violence to scare the victim
Violence	Immobilizes the victim with his hands
Violence	Removes the victim’s clothes using his hands or a weapon
Violence	Kicks the victim
Violence	Slaps or punches the victim
Violence	Pushes the victim
Violence	Cuts the victim
Violence	Burns the victim
Violence	Drags the victim
Violence	Suffocates the victim or tries to
Violence	Strangle the victim or tries to
Violence	Stabs or shoots the victim
Violence	Keeps his hands around the victim’s neck
Weapons	User a weapon often during the attack
Weapons	Uses knives, blades, scissors
Weapons	Uses a baseball bat, wood, a brick
Weapons	Uses weapons found at the site of the attack

Table 2. Individual rape: where the attack place. (a) Dominating aggressor/Subjugated victim; (b) Subjugated aggressor/Subjugated victim; (c) Co-operative aggressor/Co-operative victim.

(a)	
Place	The aggression takes place in a isolated place
(b)	
Place	Attacks the victims indoor
Home	Attacks in the victim’s home
Room	Attacks the victim in the bedroom
(c)	
Place	Leads the victim to a different place from where the approach took place
Transport	Uses a vehicle to move the victim from one place to another

Studies have shown that the attackers acting as a group, compared to those who act alone, differ with respect to cooperation. Group aggressors, in fact, show “affectionate” behaviors more frequently, such as kissing, caressing and gently undressing the victim, to make her “work” (Holmstrom & Burgess, 1980). Alison and Stein found that submissive behavior by the aggressor is not common. The victim has the sensation of controlling the aggressor, which justifies the abuse the attacker is carrying out on the victim “this situation is presented in **Table 2**” (Porter & Alison, 2004).

Following the principle of complementarity, studies have outlined a relationship between the resistances by the victim (which indicates a dominant position) with the subjugation of the aggressor. Other investigations have shown that the implementation of an abuse-resistant behavior by the victim can be found more frequently in cases of individual aggression than those who act in groups.

Gang rape is driven by complex processes, including interpersonal dynamics of the group members, the social rules of the group, and the arrogance of the group and the typically shared responsibility of group contexts, which minimizes or removes the feeling of guilt; on the contrary, the aggressions of single men reflect the attacker’s disease. The hostility of an aggressor within a group, in fact, emphasizes a sense of social identity, which at the same time facilitates de-identification and loss of the sense of identity and personal responsibility (Krahe, Scheinberger-Olwig, & Schütze, 2001).

Sexual assault carried out by an individual aggressor can be an immediate gratification of sexual impulses or the implementation of their own fantasies to entertain a “romantic” relationship with a woman” this typology is presented in **Table 3**”; on the contrary, sexual abuse by a group enables its members to increase their reputation, express their status and demonstrate their power within the group (Bijleveld, Weerman, Looije, & Hendriks, 2007).

10. Rape and Victims

Some studies have examined the defensive behaviors of victims of sexual violence, as well as the strategies to be implemented to prevent the rape “this typology is presented in **Table 4**” (Ressler, Burgess, & Douglas, 1988).

In addition, common characteristics of rape victims were highlighted; basically, they are chosen at random and are not previously known by the aggressor (Ressler, Burgess, Douglas, Hartman, & D’Agostino, 1986). The analysis of the confession of rape victims, who were asked to narrate the reactions that they had put in place during and after the violence, and an analysis of the response strategies drawn from literature, have identified six possible response strategies (Hentig, 1948):

- 1) *Escape*: it is a strategy that is successful if the victim is not in an isolated place and/or is not attacked by a group of attackers; however, the risk is that it may increase the attacker’s aggression.
- 2) *Verbal oppositional resistance*: in this case the victim screams, expresses her anger verbally and draws attention to her; typical exclamations are “let go” or

Table 3. Individual rape: the diverse ways of approach. (a) Dominating aggressor/Subjugated victim; (b) Subjugated aggressor/Dominating victim; (c) Co-operative aggressor/Co-operative victim.

(a)	
Surprise	Sudden attack from behind or from behind a bush
Blitz	Immediate use of violence
Alcohol	Drinks alcohol before or during the attack
Abduction	The victim is taken to another place and locked up for a long time
(b)	
Approach to the victim	The aggressor uses a reassuring approach and is friendly
Deceit	Deceives the victim (e.g. I'm a police man)
Place	Chooses a place indoors
Home	Manages to get invited to the victim's home
Alcohol	Drinks alcohol before or during the aggression
Drugs	Uses narcotic substances before or during the aggression
(c)	
Transport	The aggressor drives a car or is in the passenger seat when approaching the victim

Table 4. Individual rape: victim's behavior. (a) Submissive victim; (b) Dominating victim; (c) Co-operative victim; (d) Hostile victim.

(a)	
Resistance	Submission the victim loses consciousness during the attack
(b)	
Resistance	The victim tries to stop attack in different ways
Resistance	Pleads with the attacker and souts
Resistance	Threatens to call the police on the aggressor
Resistance	Fights with the aggressor
Resistance	Tries to distance the aggressor
(c)	
Submission	The victim remove her clothes under to threats by the aggressor
(d)	
Resistance	The victim fights with the attacker in an attempt to stop him
Resistance	The victim licks the aggressor

“go away”.

3) *Physical oppositional resistance*: in this case the victim manifests a physical endurance, using moderate responses (wriggle, writhe) or violent responses, hitting the aggressor. The ability to implement this strategy depends on situational factors such as the scene of the attack, the presence of a weapon, physical characte-

ristics, the degree of violence and the aggressor's force. However, the victim must expect that in many cases, her physical resistance would have the response of increased violence during the aggression.

4) *Non-confrontational verbal responses*: in these cases the victim tries to dissuade the aggressor by negotiating or by trying to make him feel empathy or negotiate. This strategy is usually put in place to prepare an escape.

5) *Non-confrontational physical resistance*: In these cases the victim enacts real or simulated passive resistance techniques. Among the real reactions cited are examples of nausea and crying; while among the simulated reactions, fainting, mutism, epilepsy or seizures.

6) *Submission*: this is the only strategy which is not offensive or defensive. The victim submits to the fear of the aggressor. However, this behavior could increase the aggressivity.

11. The Date Rape Drug

The existence of predispositions to becoming a victim is well demonstrated by an array of psycho-analytic literature. The risk of exposure of the subject to criminal behavior of various kinds increases, and many studies have shown the influence of the use of psycho-active substances. The presence of substance abuse in criminal subjects has been frequently observed (Luzzago & De Fazio, 2004); it has been shown, for example, that alcohol promotes the occurrence of dangerous situations by increasing the aggressor's impulsivity and mitigating prudence (Horvath & Brown, 2006).

Although alcohol constitutes the most abused substance in relation to abnormal sexual behaviors, in recent decades there has been a significant increase in crimes with the use of psycho-active substances, which are called by a specific criminal genre, Drug-Facilitated Crimes (Shbair, Eljabour, & Lhermitte, 2010). Recent studies show that the use of benzodiazepines (unitrazepam) and GHB, which are odorless and tasteless and easily dissolved, causing euphoria and disinhibition, are useful for the attacker to facilitate the implementation of a sexual crime (Bertocco, Brunaldi, & Righini, 2011). These substances also prove functional for the assailant given their amnesic properties, as they can induce anterograde amnesia of the violence experienced (Rossi, Lancia, & Gambelunghe, 2009).

It has been suggested that GHB can increase sexual desire and thus provides an additional feature that would make such a substance functional for the sexual aggressor. After taking GHB, it is absorbed by the intestine and is rapidly distributed throughout the body. The substance also acts on the central nervous system. Finally, it is rapidly metabolized and degraded (LeBeau & Mozayani, 2001). By acting on the central nervous system, GHB has fulfilled its sedative effect (Erdmann, Zandt, Auch, Schütz, Weiler, & Verhoff, 2006).

12. Conclusion

This research has tried to provide a general overview of rape, by observing it

from different angles and making a distinction between rape and other forms of sexual violence which are characterized by physical aggression; it is necessary to distinguish rape from abuse. A number of educational interventions have also been designed for audiences of women only. At this point, there is a rather persuasive body of evidence to suggest that women's participation in risk reduction programs (including self-defense training) decreases their likelihood of being sexually assaulted in the future. Research also documents other positive outcomes resulting from resistance training for women, including increased assertiveness, improved self-esteem, decreased anxiety, increased sense of perceived control, decreased fear of sexual assault, enhanced self-efficacy, improved physical competence/skills in self-defense, decreased avoidance behaviors (restricting activities such as walking alone), and increased participatory behaviors (behaviors demonstrating freedom of action). Because women with assault histories are at increased risk to be sexually assaulted in the future, they merit special consideration in the design of risk reduction programs. Most rape education programs are actually designed for mixed-gender audiences, however, and the primary conclusion from evaluation research is that such programs can be effective in changing rape-supportive beliefs and/or attitudes over the short-term (several months to a year), but they have not generally been successful in changing beliefs and attitudes over the long-term. The research literature also offers suggestions regarding which specific components of educational programs are associated with positive changes. For example, educational programs that are longer appear to have more significant impact than shorter ones, as well as those facilitated by professionals and those that involve repeated exposure to programming. However, perhaps the most robust conclusion in this area is that single-gender programs are more effective than mixed-sex ones. In fact, many experts have suggested that it violates common sense to provide sexual assault education to mixed-gender audiences, given the very different relation of men and women to the issue. Cesare Lombroso led violence back to biological and genetic models, although today the focus has shifted to areas of the brain of the human being, concluding that certain genetic polymorphisms would be able to modulate the reactions, depending on different environmental variables, including, exposure to agents, stressful events and stimulating impulsive behaviors. According to environmental theories, it is social learning which determines the expression of aggressiveness in everyday life; for example, upbringing, learned examples, and rewards for bad behavior. The victim is chosen randomly by sex offenders, and the victim implements defensive strategies such as running away, or submission. There are drug treatments for rapists which are particularly effective, such as non-permanent chemical castration, although a correlation between paraphilic behavior and endocrine function has not yet been demonstrated in both men and women. The natural or surgical castration of sex offenders has often been justified as a treatment to reduce the chance of recurrence. The inadequacies of the article and future research directions can be discussed in the article.

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