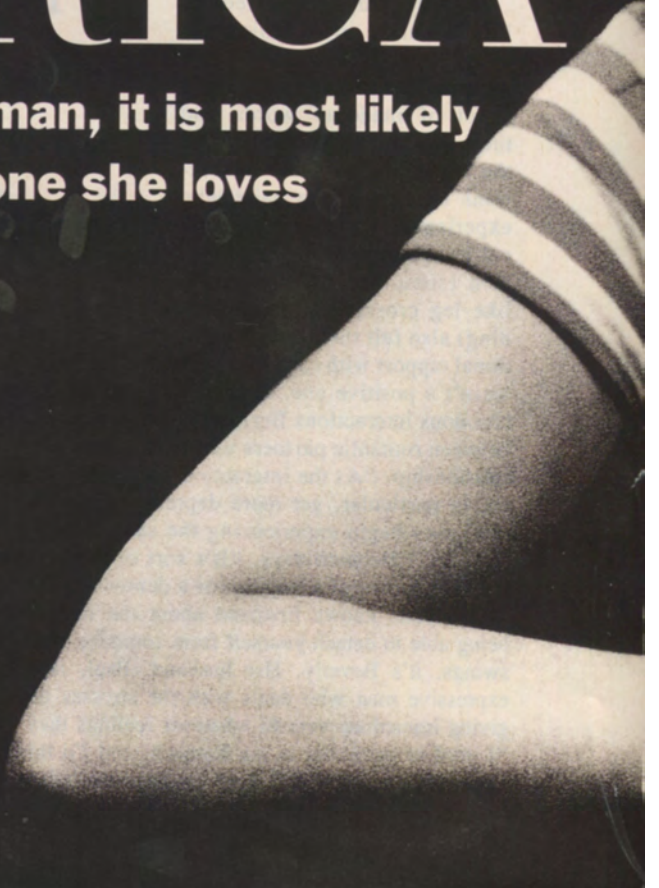


# THE FACE OF **CRIME** IN AMERICA

When violence touches a woman, it is most likely  
at the hands of someone she loves

BY JOHN SEDGWICK  
PHOTOGRAPHS BY DONNA FERRATO





Photographer Donna Ferrato captured the physical and emotional anguish of domestic violence in her powerful book, *Living With the Enemy*. Here, and on the following pages, are photographs of three of the hundreds of women whose precarious lives she has recorded.

## CRIME IN AMERICA

Ever since Richard Nixon's law-and-order presidential campaign in 1968, crime has become a hot topic every election year, and it is a safe bet that the airwaves will soon be filled with gut-wrenching images and daunting statistics designed to suggest that only a vote for candidate X, Y or Z will save us from being engulfed by a rising tide of lawlessness. After all, George Bush got himself elected largely through his success in making an obscure sex offender named Willie Horton a household word—and the embodiment of everything that is terrifying to women. Unfortunately, such advertisements are the political equivalent of a slasher movie: They are scary as heck but should be viewed strictly in terms of their media value.

There is no question that women are gripped by a near-paralyzing fear of crime. One recent survey by the National Victim Center in Arlington, Virginia, showed that 73 percent of all women limit the places they will go by themselves, as opposed to 45 percent of all men. About 35 percent of women say that their crime fears restrict the places or times they will shop or work; only about 15 percent of men say so. And women are arming themselves at an alarming rate. The National Opinion Research Center in Chicago asserts that as many as 44 percent of adult women—42 million altogether—now own or have access to firearms. The National Rifle Association estimates that 22 million of them own their own guns.

Make no mistake: Violent crime is soaring. But it is important for women to have some perspective on the precise nature of the danger and on their risk of being attacked. Despite their fears, women are generally much safer than men. According to the most recent edition of *National Crime Survey* (NCS), put out by the Bureau of Justice Statistics, males are almost twice as likely to be the victims of violent crime. And in the two categories where women are particularly vulnerable, domestic violence and rape, the real hazard does not come from the Willie Hortons of the world, whatever the politicians might have you think. It comes from your husband, boyfriend, friends and acquaintances.

### Violence breeds violence

The nation's surging murder rates are often viewed as an indication that lawlessness has lurched out of control. Certainly last year's record-breaking number of homicides, estimated at more than 25,000, is impressive. Our murder rate leads the industrial world's, topping Britain's two to one and Japan's almost 10 to one. Yet, like other crimes, murder is not a threat to all Americans equally. Blacks are killed in greater numbers than whites, even though whites outnumber blacks almost seven to one; urban residents are slaughtered at twice the rate of rural inhabitants; and males are slain nearly five times as frequently as females. According to the Federal Bureau of Investigation's *Uniform Crime Reports* (UCR), of the 23,440 homicides in 1990, only

4,399 of the victims were women. And, as a rule, it was not any roving, wild-eyed marauder who killed these women. While men are most often slain by friends and associates, women are most often killed by the men they love: 30 percent are destroyed by husbands or boyfriends, according to the UCR.

The dirty little secret of American life is that the home, supposedly the symbol of everything that is good about our country, is in fact a very dangerous place for women. According to the Centers for Disease Control, women are nine times more likely to be harmed in the home than in the street. Half the wom-

en in America will be involved in a violent relationship at some point in their lives, according to the National Clearinghouse for the Defense of Battered Women. Domestic violence is the most common cause of injury for which women seek treatment in emergency rooms.

Such facts suggest that the government may be seriously misguided in attempting to solve the national crime problem by spending billions to fight a war on drugs. There is no question that the drug epidemic has ravaged segments of the American underclass. But domestic violence has had far more sweeping and pernicious effects across the country. Massachusetts Attorney General Scott Harshbarger says that police in his state spend fully half their time responding to complaints of domestic violence. And the problem doesn't stop there. The National Coalition Against



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Domestic Violence reports that between 65 and 95 percent of women presently incarcerated in the nation's prisons were abused by family members, and 50 percent were battered by husbands or boyfriends. These women were not necessarily imprisoned because they finally retaliated against their attackers (although when they have, courts have rarely admitted a history of their victimization in their defense), but rather because, in fleeing their batterers, they became so destitute they were forced to turn to economic crimes—stealing, for example, or writing bad checks for food and lodging—to provide for themselves and their children. To complete the cycle, the children of violent households are likely to turn to crime as well, and when they do, their offenses are likely to be more violent than their parents'. Children who grew up in violent homes had a 74 percent higher likelihood of committing criminal assaults, according to a survey by the Massachusetts Department of Youth Services. And another study found that a staggering 63 percent of imprisoned youngsters between the ages of 11 and 20 were doing time for killing their mother's batterer.



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**Sleeping with the enemy**

When most women contemplate the threat of crime, it is usually rape they fear the most. According to Dean Kilpatrick, Ph.D., director of the Crime Victims' Research and Treatment Center at the Medical University of South Carolina in Charleston, rape is worse than murder in the minds of most women. For the murder victim, the pain ends; for the rape victim, it goes on and on. Fifty-two-year-old Sherry Price, who is currently serving as executive director of the New York State Coalition for Crime Victims, was raped in 1985 by a mechanic who stopped to help her when her car broke down in Brooklyn, New York. "I thought he was one of the good guys," she says bitterly.

After the attack, she started wearing oversize sunglasses to hide her face, gained 50 pounds, broke up with her boyfriend, lost her job and, as she says, "basically hibernated." Seven years later, she still has not reestablished a long-term relationship and continues to live in fear. "It's not just men I don't trust," she says, "it's people in general."

Statistically, rape is the crime that is the most difficult to ascertain because of its extremely sensitive nature. The UCR, which draws its data from police reports, lists a total of 102,555 reported rapes in 1990, for a rate of 0.8 per 1,000 women. The NCS, relying on interviews with nearly 50,000 representative households across the U.S., reported a slightly higher rate, of 1.2 per 1,000 women. But many experts believe the actual incidence is drastically higher, because many rape victims never go to the police and are disinclined to discuss the matter with researchers who come around to ask embarrassing questions (often with the rapist himself sitting beside them during the household interview, as is often the case when the husband is responsible).

Further, there is considerable confusion in many women's minds about exactly what rape is. Rape is not just unwanted sexual intercourse. Rather, many states define it far more broadly as the unwanted penetration, however slight, of the anal, oral or vaginal orifice. Many women don't know that it is rape even if their attackers do not reach orgasm. And, despite all the recent media attention on date rape, many women do not realize that it is still rape if they know their attacker. "If Mother Teresa were attacked by a group of Hell's Angels on her way to Sunday vespers, that's rape to most people," says Dr. Kilpatrick. "Anything less than that and they start to have their doubts."

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Mary P. Koss, Ph.D., a professor of psychology at the University of Arizona in Tucson, has conducted detailed surveys of female college students and adult working women that have been widely recognized as considerably more comprehensive than those conducted by either the NCS or the UCR. She sets the annual incidence of rape among adult women at 19 per 1,000, or more than 15 times the NCS rate and almost 24 times the UCR's. Further, she estimates that 15 percent of college-age women and 20 percent of adult women have been raped at least once in their lives.

These are alarming numbers, and she admits that after the publication of each survey she has encountered considerable resistance to them. "People would say, 'This would be

# CRIME IN AMERICA

truly shocking, but it's just Kent State you're looking at, and that's an abnormal situation.' So I do a sampling of women from all American colleges, and they say, 'Well, that's just college women.' So I do adult women in Cleveland, and they say, 'That's just Cleveland.' Finally, I realized that I was waging an ideological battle, and no set of numbers would ever prove the point conclusively. People have closed minds on subjects that they feel so strongly about."

Studies have consistently shown that most rapes involve very young women—a staggering 25 percent of victims are under the age of 11—and Dr. Koss says the highest rate is among women between the ages of 16 and 24, a group that accounts for more than half the rapes committed in a year. The incidence declines sharply for women over 24. And although Koss estimates that the number of rapes has nearly quadrupled since the 1950s, the increase may not constitute an epidemic of sexual violence against women, since according to most tabulations, all violent crimes have risen by a similar amount; rape may simply be part of the general pattern. Indeed, in their book about rape, *The Female Fear*, Margaret T. Gordon and Stephanie Riger call rape a "bellwether" crime that serves as an indicator of the level of general lawlessness in any area. Koss believes that, if anything, the incidence of rape may not be rising at all. The statistical increase may be due to the crime gradually being "reclassified" in people's minds. Behavior that was once viewed as an inevitable part of life for women is now being recognized as criminal. She notes that until 11 years ago, marital rape wasn't considered a crime in any state in the union. Now, all but nine states agree that it is.

Rising or not, the high rape rates do not lend credence to the Willie Horton myth of the wild-eyed stranger, for Koss also found that the vast majority of rapes—83 percent—were committed by attackers who were known to the victims. Only 17 percent were committed by total strangers.

Given the statistics on the appalling rate of assault by intimates, one might wonder why everyone concentrates their attention on what Kilpatrick dismissively terms the "stranger danger." The answer may be that it is human nature to think that hazards lie far off, not nearby. In his

book *Criminal Violence, Criminal Justice*, Charles E. Silberman reports that citizens invariably exaggerate the safety of their own neighborhoods compared with others in the vicinity. "Familiarity," Silberman concludes, "breeds a sense of security." This is all the more true of the home, our refuge from the outside world. It is too profoundly frightening to think that the greatest danger comes from within. "We like to think of crime as something that strangers do," says Kilpatrick. "It's more manageable that way."

As part of the general dismissal of acquaintance rape, people tend to think that it is less traumatic than rape by strangers, but Koss has made a comparative study and

concluded that "the level of stress for both groups of women is about the same." Still, there are important differences in the nature of that stress. Because strangers tend to use more physical force, they cause more injuries to their rape victims than intimates do. But the victims of acquaintance rape are no less traumatized psychologically by the experience. If anything, it may be more difficult for them to get over it. Afraid that no one will take them seriously, they are far less likely than stranger-rape victims to report it to the police or tell their friends or families about it. Finally, while victims of rape by strangers tend, understandably, to become more distrustful of strangers and unfamiliar situations, victims of rape by intimates lose faith in their own judgment about men and have trouble ever falling in love again.

How can women avoid being assaulted by the men in their lives? One way, experts advise, is to be aware that the possibility of being raped always exists. "If you screen out any chance of being raped, you're not going to pick up the danger signals until the guy's on top of you," says Koss. It also helps to realize that rape is usually part of a pattern of escalating abuse. It is rare in a love relationship for the rape to be the first sign of trouble. In fact, because it is often part of an episode of battering, marital rape is as physically dangerous as stranger rape.

According to the NCS, once an attack begins, a woman is twice as likely to avoid being raped if she resists, although fighting back does slightly increase her chances

(continued on page 174)

## Call for help

In an emergency, victims of domestic violence or rape should call 911 immediately. But for a chronic situation, the following organizations may be able to help:

### Information and referrals

- National Assault Prevention Center 614-291-2540
- National Coalition Against Domestic Violence 303-839-1852
- National Coalition Against Sexual Assault 202-483-7165
- National Council on Child Abuse and Family Violence 800-222-2000
- National Woman Abuse Prevention Project 202-857-0216

### Referrals and counseling

- National Domestic Violence Hotline 800-333-SAFE
- National Organization for Victim Assistance 202-232-6682
- National Victim Center 817-877-3355
- House of Ruth—Her Space 202-628-1080

### For men


- AMEND 303-823-6363
- Batterers Anonymous 714-355-1100
- EMERGE 617-422-1550

SPORTS \* \* \* \* FINAL

**EXCLUSIVE** **MOB CANARY'S NEW SONG**  
Gotti and I watched the Castellano rubout  
STORY ON PAGE 5

**DAILY NEWS**  
NEW YORK'S HOMETOWN NEWSPAPER Friday, January 21, 1989

**TYSON'S ACCUSER HE RAPED ME AND THEN... HE JUST LAUGHED**



STORIES ON PAGES 2 & 3

**O'C MAKES PLEA TO BUSH ON DOHERTY**  
STORY ON PAGE 2

RACING \* \* \* \* FINAL

**EXCLUSIVE NEW POLL** **N.Y. TO ED: DROP OUT**  
3 of 4 voters don't want Koch  
Results begin on page 5

**DAILY NEWS**  
NEW YORK'S PICTURE NEWSPAPER\* Tuesday, January 21, 1989

**GUILTY... OF MANSLAUGHTER**




Steinberg faces 8 to 25 years in fatal beating of little Lisa

Joel Steinberg hangs on the words of his attorney, Ira London (left), during yesterday's long wait for verdict at Manhattan Supreme Court.

SIX PAGES OF COVERAGE BEGIN ON PAGE 2

The tabloid press paints a graphic picture of the widespread and pernicious effects of domestic violence and rape.

NASSAU SUFFOLK FINAL

**DAILY NEWS** Deals, health, news, the reader and tomorrow. Details page 10.

New York, Wednesday, July 15, 1978 Price: 20¢

**Test-Tube Mom Admits:**

**LOST BABY WHEN BEATEN BY EX**



**Reds Convict U.S. Newsmen Of Slander**  
Page 7

**Dick Young Billy-Jax Feud Can't Be Healed**  
Page 17

**The Burden of Memory.** Dawn... ...during yesterday's \$1.5 million test-tube marriage suit in Manhattan Federal Court. Del Ego, seeking damages against donor after test-tube baby was born, admitted yesterday that she had suffered a miscarriage 13 years ago after "a physical beating by my first husband." Defense lawyers suggest the inability to bear children may have stemmed from earlier injuries.

**NEW YORK POST** NEW YORK'S MOST READ NEWSPAPER

WEDNESDAY, DECEMBER 8, 1981 / 4¢ Perky cover, 20¢ tabloid cover, 40¢ regular cover. / **10¢** 40¢ New York City 50¢ elsewhere

LATE CITY FINAL

**Willie accuser takes the stand in Palm Beach rape trial**

**I THOUGHT HE'D KILL ME**



**Alleged Victim**

New face covered by a cloth to conceal her identity, alleged rape victim testifies at Willie Kinnear's English trial in West Palm Beach yesterday. PAGES 1 & 5

**LAST AMERICAN HOSTAGE GOES FREE IN LEBANON**  
Six and a half years in hell ends for Terry Anderson! Full story plus photo column — Page 2.



# The only product ever proven to grow hair.

### What is ROGAINE?

ROGAINE Topical Solution, discovered and made by The Upjohn Company, is a standardized topical (for use only on the skin) prescription medication proved effective for the long-term treatment of male pattern baldness of the crown and in females for diffuse hair loss or thinning of the frontal areas of the scalp.

ROGAINE is the only topical solution of minoxidil. Minoxidil in tablet form has been used since 1980 to lower blood pressure. The use of minoxidil tablets is limited to treatment of patients with severe high blood pressure. When a high enough dose in tablet form is used to lower blood pressure, certain effects that merit your attention may occur. These effects appear to be dose related.

Persons who use ROGAINE Topical Solution have a low level of absorption of minoxidil, much lower than that of persons being treated with minoxidil tablets for high blood pressure. Therefore, the likelihood that a person using ROGAINE Topical Solution will develop the effects associated with minoxidil tablets is very small. In fact, none of these effects have been directly attributed to ROGAINE in clinical studies.

### How soon can I expect results from using ROGAINE?

Studies have shown that the response to treatment with ROGAINE may vary widely. Some patients receiving ROGAINE may see faster results than others; others may respond with a slower rate of hair growth. You should not expect visible growth in less than 4 months.

### If I respond to ROGAINE, what will the hair look like?

If you have very little hair and respond to treatment, your first hair growth may be soft, downy, colorless hair that is barely visible. After further treatment the new hair should be the same color and thickness as the other hair on your scalp. If you start with substantial hair, the new hair should be of the same color and thickness as the rest of your hair.

### How long do I need to use ROGAINE?

ROGAINE is a treatment, not a cure. If you respond to treatment, you will need to continue using ROGAINE to maintain or increase hair growth. If you do not begin to show a response to treatment with ROGAINE after a reasonable period of time (at least 4 months or more), your doctor may advise you to discontinue using ROGAINE.

### What happens if I stop using ROGAINE? Will I keep the new hair?

If you stop using ROGAINE, you will probably shed the new hair within a few months after stopping treatment.

### What is the dosage of ROGAINE?

You should apply a 1-ml dose of ROGAINE two times a day, once in the morning and once at night, before bedtime. Each bottle should last about 30 days (1 month). The applicators in each package of ROGAINE are designed to let you apply the correct amount of ROGAINE with each application. Please refer to the Instructions for Use.

### What if I miss a dose or forget to use ROGAINE?

If you miss one or two daily applications of ROGAINE, you should restart your twice-daily application and return to your usual schedule. You should not attempt to make up for missed applications.

### Can I use ROGAINE more than twice a day? Will it work faster?

No. Studies by The Upjohn Company have been carefully conducted to determine the correct amount of ROGAINE to use to obtain the most satisfactory results. More frequent applications or use of larger doses (more than 1 ml, twice a day) have not been shown to speed up the process of hair growth and may increase the possibility of side effects.

### What are the most common side effects reported in clinical studies with ROGAINE?

Studies of patients using ROGAINE have shown that the most common adverse effects directly attributable to ROGAINE Topical Solution were itching and other skin irritations of the treated area of the scalp. About 7% of patients had these complaints.

Other side effects, including light-headedness, dizziness, and headaches, were reported by patients using ROGAINE or placebo (a similar solution without the active medication).

### What are some of the side effects people have reported?

The frequency of side effects listed below was similar, except for dermatologic reactions, in the groups using ROGAINE and placebo. **Respiratory:** bronchitis, upper respiratory infection, sinusitis. **Dermatologic:** irritant or allergic contact dermatitis, eczema, hyperichthiosis, local erythema, pruritus, dry skin/scalp flaking, exacerbation of hair loss, alopecia. **Gastrointestinal:** diarrhea, nausea, vomiting. **Neurologic:** headache, dizziness, lightheadedness, faintness, high-headedness. **Musculoskeletal:** fractures, back pain, tendonitis. **Cardiovascular:** edema, chest pain, blood pressure increases/decreases, palpitation, pulse rate increases/decreases. **Allergic:** non-specific allergic reactions, hives, allergic rhinitis, facial swelling, sensitivity. **Special Senses:** conjunctivitis, ear infections, vertigo, visual disturbances including decreased visual acuity. **Metabolic-Nutritional:** edema, weight gain. **Urinary Tract:** urinary tract infections, renal calculi, urethritis. **Genital Tract:** prostaticitis, epididymitis, sexual dysfunction. **Psychiatric:** anxiety, depression, fatigue. **Hematologic:** lymphadenopathy, thrombocytopenia. **Endocrinologic:**

Individuals who are hypersensitive to minoxidil, propylene glycol, or ethanol must not use ROGAINE. ROGAINE Topical Solution contains alcohol, which could cause burning or irritation of the eyes, mucous membranes, or sensitive skin areas. If ROGAINE accidentally gets into these areas, bathe the area with large amounts of cool tap water. Contact your doctor if irritation persists.

### What are the possible side effects that could affect the heart and circulation when using ROGAINE?

Although serious side effects have not been attributed to ROGAINE in clinical studies, there is a possibility that they could occur because the active ingredient in ROGAINE Topical Solution is the same as in minoxidil tablets.

Minoxidil tablets are used to treat high blood pressure. Minoxidil tablets lower blood pressure by relaxing the arteries, an effect called vasodilation. Vasodilation leads to retention of fluid and increased heart rate. The following effects have occurred in some patients taking minoxidil tablets for high blood pressure:

Increased heart rate. Some patients have reported — a resting heart rate increased by more than 20 beats per minute; rapid weight gain of more than 5 pounds or swelling (edema) of the face, hands, ankles, or stomach area; difficulty in breathing, especially when lying down, a result of an increase in body fluids or fluid around the heart; worsening of, or new onset of, angina pectoris.

When ROGAINE Topical Solution is used on normal skin, very little minoxidil is absorbed, and the possible effects attributed to minoxidil tablets are not expected with the use of ROGAINE. If, however, you experience any of the possible side effects listed, discontinue use of ROGAINE and consult your doctor. Presumably, such effects would be most likely if greater absorption occurred, e.g., because ROGAINE was used on damaged or inflamed skin or in greater than recommended amounts.

In animal studies, minoxidil, in doses higher than would be obtained from topical use in people, has caused important heart-structure damage. This kind of damage has not been seen in humans given minoxidil tablets for high blood pressure at effective doses.

### What factors may increase the risk of serious side effects with ROGAINE?

Individuals with known or suspected underlying coronary artery disease or the presence of or predisposition to heart failure would be at particular risk if systemic effects (that is, increased heart rate or fluid retention) of minoxidil were to occur. Physicians, and patients with these kinds of underlying diseases, should be conscious of the potential risk of treatment if they choose to use ROGAINE.

ROGAINE should be applied only to the scalp and should not be used on other parts of the body because absorption of minoxidil may be increased and the risk of side effects may become greater. You should not use ROGAINE if your scalp becomes irritated or is sunburned, and you should not use it along with other topical treatment medication on your scalp.

### Can individuals with high blood pressure use ROGAINE?

Individuals with hypertension, including those under treatment with antihypertensive agents, can use ROGAINE but should be monitored closely by their doctor. Patients taking guanethidine for high blood pressure should not use ROGAINE.

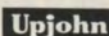
### Should any precautions be followed?

Individuals using ROGAINE should be monitored by their physician 1 month after starting ROGAINE and at least every 6 months thereafter. Discontinue ROGAINE if systemic effects occur.

Do not use it in conjunction with other topical agents such as corticosteroids, retinoids, petrolatum, or agents that enhance percutaneous absorption. ROGAINE is for topical use only. Each milliliter contains 20 mg minoxidil, and accidental ingestion could cause adverse systemic effects.

No carcinogenicity was found with topical application. ROGAINE should not be used by pregnant women or by nursing mothers. The effects on labor and delivery are not known. Efficacy in postmenopausal women has not been studied. Pediatric use: Safety and effectiveness have not been established under age 18.

Caution: Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.



DERMATOLOGY DIVISION

The Upjohn Company  
Kalamazoo, MI 49001 USA

## VACATIONS

(continued from page 144)

and Western Europe, Africa, Central America and the U.S. It supports park construction in Nyons, France; biological farming in Brzezna, Poland; a crisis-intervention center for the homeless in Aalst, Belgium. *Commitment: two to three weeks. Cost: average fee of \$125.*

## WORK

### Habitat for Humanity International

121 Habitat St., Americus, GA 31709-3498; 912-924-6935. This international organization, whose most famous volunteer is President Jimmy Carter, has built 13,000 homes worldwide in the past 15 years. Volunteers learn basic building skills, like roofing and cement mixing. Although Habitat for Humanity is a Christian organization (there is a prayer at breakfast), you don't have to be Christian to love it. *Commitment: usually one to three weeks. Cost: varies; generally just transportation.*

### Sierra Club

Outing Dept., 730 Polk St., San Francisco, CA 94109; 415-923-5522. Sierra Club service trips, designed to preserve public lands, are a great way to get into the backcountry with experienced leaders. Typically, half a volunteer's day is devoted to manual labor like breaking trail, clearing brush and planting. Afterward you can explore some of the most spectacular spots in the U.S.: Yosemite, the Olympic Peninsula, Alaska's Glacier Bay National Park and Preserve. *Commitment: eight to 10 days. Cost: around \$230.* □

## CRIME

(continued from page 132)

of being injured. A study of acquaintance rape by Joyce Levine-MacCombie, Ph.D., and Koss suggests that the best strategy is to run away and shout for help, and the worst is to plead or try to reason with the attacker. If anything, that only increases the rapist's determination. After all, as experts point out, rape is not about sex, but about power. For women to respond effectively, the rapist's power has to be matched by the victim's.

Congress is finally paying heed to the real dangers that women face from crime. Senator Joseph Biden has sponsored a Violence Against Women Act to address the issue by giving women more options when they find themselves trapped with an abusive partner. The bill authorizes \$300 million for shelters for battered women and children (as it is, there are nearly 10 times as many shelters for abandoned house pets), counseling services and improved law enforcement in the area of domestic violence. In the most politically charged provision, the bill also reclassifies rape as a "hate crime," allowing women to sue their attacker for civil rights violations.

Lucy Friedman, executive director of the Victim Services clinic in New York City, argues that, considering the percentage of the population that is directly affected, domestic violence should be taken no less seriously as a national health issue than AIDS or cancer is. That may be a lot to ask, but our presidential candidates might start by turning their attention to the daunting reality of crime in the home — and away from the bugaboo of crime in the street. □