

## CHAPTER 4

# CRISIS WORK

## Rape Work: Emotional Dilemmas in Work With Victims

*Patricia Yancey Martin, Douglas Schrock,  
Margaret Leaf, and Carmen Von Rohr*

This chapter explores how *rape workers* – people whose job requires work with rape victims or their cases<sup>1</sup> – experience emotions due to the obligations of their jobs and the contexts in which they work. Just as jobs are located in organizations, organizations are located in *spatially extensive* and *temporally persisting* institutions that provide them with missions, legitimacy, resources, and obligations.<sup>2-4</sup> In the US, most rape work is performed by people situated in one of three institutions (legal, medical, and gender), five organizations (law enforcement, prosecution, the courts, hospitals, and rape crisis centers), and nine occupations (police officer, victim advocate, nurse, physician, rape crisis worker, prosecutor, defense attorney, judge, and juror).<sup>1</sup> This chapter describes the *emotion culture* of these institutions, organizations, and occupations to assess how their feeling and display rules affect rape workers. Its aim is to identify the problematic emotions that workers feel when performing rape work and to show how they are produced by work conditions and dynamics.

One arena where rape work is done is the *legal institution*. This institution legitimates law enforcement, prosecutors, judges, defense attorneys, and jurors to investigate rapes, arrest rapists, sentence rapists, question victims, prosecute rapists, file legal charges, and judge rapists' guilt. The *medical institution* legitimates physicians and nurses to treat injured and sick "patients" and to examine, touch, and remove evidence from the bodies of rape victims. Finally, the *gender institution* legitimates rape crisis centers to mobilize public opinion and action against rape, pressure mainstream organizations (those embedded in the legal and medical institutions) to improve and make rape victims' welfare a top priority.<sup>1</sup> Organizations embedded in the legal and medical institutions have many goals and obligations whereas rape crisis centers, stemming from the *second wave women's movement*, focus narrowly on rape.<sup>5</sup> Rape crisis centers' focus on rape cases and victims is an institutional product, as is mainstream organizations' unresponsiveness to rape cases.<sup>ii</sup>

Rape – the forcible perpetration of sexual violence by one person against another without the latter's consent – is emotionally unsavory and discomfiting to all who hear about it, much less experience it. Yet, it is not uncommon. We hear many reports of

gang rapes in war-torn nations and of celebrities who rape admiring fans. However, known rapes are committed by people the victims know, not strangers who jump out of bushes in the dead of night, nor even military personnel or celebrities. For many reasons, knowing the true scope of rape of even one nation is difficult. The most reliable data in the US come from police departments that report the annual number of reported forcible sexual assaults to the Federal Bureau of Investigation. Between 1980 and 2000, these data show the US rape rate ranging from 37 per 100,000 inhabitants in 1980, to 41 in 1990, to 32 in 2000.<sup>6</sup> Thus, despite a modest decrease, rape remains pervasive. Furthermore, although the US reports more rapes than its industrialized counterparts, the rates for them are also high. For example, in 2003, the US rate was 32 per 100,000, while rates for England were 25, France 17, Austria 15, and Ireland 12.<sup>7</sup>

Despite the accomplishments of rape crisis centers and the advancement of legislation spurred by the second wave women's movement, rape remains underreported and all too prevalent. The situation is extreme in many parts of the developing world, where protective legislation and rape crisis centers are nonexistent. Especially alarming is the predicament of women in cultures characterized by severe oppression. Bride burning, honor killings, sexual trafficking, and virginity examinations are only a few of the crimes routinely perpetrated against women in such societies.

Most known rapists are men and the vast majority of victims are women or girls. The conflation of these patterns with myths about rape and stereotypes about women, men, and sexuality prompts a shift in blame away from rapists to victims, with a routine focus on what victims do to *cause* themselves to be raped. Many women fear men as potential rapists<sup>8</sup> and men, in turn, feel defensive about women's fear of them. In work settings, where gender is allegedly irrelevant,<sup>9,10</sup> our evidence suggests that gender stereotypes and beliefs affect how rapists and victims are viewed and treated and how rape work is done. Emotions associated with gender norms and stereotypes affect who does which kinds of work and how they perform and react when doing it.

The organizations and occupations in our study are organized in accord with gender.<sup>1,11,12</sup> That is, top officials in police departments, prosecutors' offices, and court settings are predominantly men and most lower-level workers (e.g., support staff) are women. Rape crisis centers are, as a rule, women-only organizations. In police departments, most "sworn" or armed positions are occupied by men and most victim advocate positions by women. Most prosecutors are men and most support workers, including victim advocates, are women. Most judges are men as are most defense attorneys. In hospitals, most physicians are men and most nurses are women. In short, ultimate authority in most rape work settings is wielded by men.<sup>1:ch.2</sup> While these conditions need not produce particular outcomes, their pervasiveness in interactions suggests that where gender is present, it often has an impact.<sup>13</sup> Given rape's gendered character, and the gendered composition of rape work organizations and occupations, expectations associated with gender compete with alleged "gender-free bureaucracy" as a basis for organizing rape work, including its emotional features.<sup>14</sup>

Data for this study were collected through interviews with over 200 rape workers employed by 130 organizations in Florida between 1983 and 2004.<sup>1</sup> The early project,

which addressed organizational and community influences on workers' practices and perceptions, paid little attention to the emotional aspects of rape work. After encountering strong emotional reactions – and nonreactions – from our informants, additional interviews were done to explore workers' emotional experiences and views of victims' emotions.

## Organizations and Emotion Cultures

Emotion scholars refer to *emotion culture* as “widely held views about how people in a society should express and interpret situated emotions.”<sup>15</sup> Views about emotions are conveyed through “language, rituals, art forms” and similar means.<sup>16</sup> We suggest that organizations, like societies, have *emotion cultures* that consist of language, rituals, and meaning systems, including rules about the feelings workers should, and should not, feel and display. Barbalet<sup>17</sup> and Martin<sup>18</sup> discuss organizations' *emotion climate*. For example, service workers are routinely told to avoid displaying anger at work because it risks losing customer loyalty and/or profits.<sup>19–21</sup> Nurses and police officers are told to display caring, concern, and diplomacy toward patients and crime victims for purposes of being helpful and/or to maintain positive relations with the public.<sup>22</sup> Although rules instruct workers about the feelings they *should* have and display to victims (and others), rape workers regularly experience and sometimes display proscribed emotions. For instance, nurses and police officers often feel fear, rage, disgust, sadness, and anxiety – emotions that are difficult to manage and that can hinder effectiveness.

An organization's emotion culture specifies particular activities and practices as well as feeling and display rules for its members and an *emotional discourse* that accounts for its rules and activities. An organization's emotional discourse “makes sense” of emotional requirements. Yet, as Martin and Powell<sup>23</sup> note, some organizational rules contradict others and, even when they are consistent, individual workers may interpret them differently. As a result, conflicting feelings and emotional encounters between workers and their clients, and among workers, are not unusual. In short, the emotion cultures of organizations routinely foster conflicts and also fail to provide their workers with the means for managing them.<sup>24</sup> Workers thus routinely experience emotional dilemmas. When their expectations or obligations are frustrated, they may feel “forbidden” emotions that they are unable to manage.

An organization's emotion culture is often conflated with workers' gender.<sup>10,13,25,26</sup> That is, women regularly do more emotion work than men, due to the jobs they hold and to gender-related norms and stereotypes that frame women as “emotional experts,” particularly when upsetting and/or softer emotions are involved.<sup>11,27,28</sup> Some emotions are acceptable in men but forbidden to women (e.g. anger and aggression), while other emotions are allowed in women but are strongly disapproved of in men (e.g. giggling and crying). An example of this dynamic is reported by Heimer and Stevens<sup>29</sup> in intensive healthcare units where physicians, most of whom were men, delegated work with distraught family members to social workers, most of whom were women. Susan Martin<sup>11</sup> found that male police officers' “felt need [sic] to be emotionally constrained”

prompted them to transfer tasks to women when they thought they might evoke “soft emotions” like sadness or empathy. Sucher<sup>30</sup> found similar patterns among victim advocates in police departments and prosecution offices and Martin<sup>13</sup> documented them among rape workers. Based on this background, we address how the institution of gender<sup>4</sup> shapes the emotions of rape workers.

## Emotion Cultures and Rape Work

In general, medical and legal organizations prize rationality and instrumentality, including emotional distance between workers and “clients.” As a result, rape workers in these institutions are required to display a “caring manner” but not to feel genuine warmth or compassion toward victims. Rape crisis staff, in contrast, are instructed to feel and express genuine warmth and compassion.<sup>1</sup> Conflicts regularly arise when workers with these differing orientations encounter each other. Conflicts also develop when an individual worker is told to, at once, follow rules that require rational instrumentality *and* emotional closeness. This dilemma occurs regularly for victim advocates in law enforcement and prosecution settings, as we describe shortly.

We now review the emotion cultures of organizations in three institutional arenas to show their effects on rape workers and victims.

### The legal institution: organizations, jobs and emotion culture

The legal institution has many goals and obligations – from questioning victims to judging rapists’ guilt. As far as the victim is concerned, legal-justice organizations are primarily interested in her credibility as a witness to a crime, and less interested in her emotional, psychological, and physical well-being as a victim. Ultimately, the organizational obligations, institutional frames, and emotion culture of the legal institution encourage its workers to collaborate with rapists and settle cheap rather than to help victims recover and obtain justice.<sup>1</sup>

#### *Dilemma: victim or witness?*

Legal workers face a situational dilemma in work with rape victims that stems from the victim of the crime also being the (usually only) witness to the crime. Cultural expectations for these statuses differ sharply. “Good victims” are framed as deserving sympathy<sup>31</sup> while “good witnesses” are framed as needing to provide a coherent, logical, credible account of their experience.<sup>1</sup> Rape victims may be problematic on both counts. As Clark<sup>32</sup> notes, rape victims are often presumed to have prompted their attack, thus their status as good victims is in question. A good witness is one who provides an account that helps legal officials *win*. Koss<sup>33</sup> concludes that rape victims need to be believed and supported, not challenged and forced to recount their story again and again. Rape victims need acceptance while rape witnesses need to provide an account that is instrumentally useful.<sup>34</sup>

Legal institution discourse thus orients rape workers to collect and preserve evidence, “build cases,” prove cases, defend the accused, and judge the accused. It does

not orient them to view and treat rape victims primarily as victims, at least after initial encounters. Having victim and witness in the same person creates emotional dilemmas for rape workers. Feeling and display rules appropriate for interacting with a victim – sympathy, gentleness, empathy – contradict those appropriate for interacting with a witness – skepticism, neutral affect, emotional distance. The emotional dilemmas stemming from this condition are now reviewed for six categories of legal institution workers.

#### *Law enforcement officers*

Most legal work on rape cases is done by law enforcement employees. As Campbell et al.<sup>35</sup> report, most victims never get their day in court. One reason is that only a minority of cases reported to the police go beyond the reporting stage; that is, they are not forwarded to the prosecutor for legal processing.<sup>iii</sup> Police officers' obligations prompt them to focus on determining probable cause, investigating reports of rape, making arrests, and "building good cases," and the feeling and display rules of law enforcement organizations prompt them, in a stereotypically masculine way,<sup>26</sup> to be emotionally inexpressive.

While embedded in an emotional discourse that centers on rationality and a charge to collect and protect evidence, police officers are regularly confronted with emotionally evocative situations. Law enforcement personnel spend substantial time with rape victims, thus having opportunity to observe the variety of forms that rape takes, the variety of victims subjected to it, and the range of victims' reactions. Typically, they encounter victims shortly after the rape while they [victims] are upset, vulnerable, in shock, or out of control. Hands-on experience with victims of all ages shows them that rape is not romance that has got out of hand but a violent action involving domination.<sup>36</sup> And, yet, their emotional reactions to rape victims are often ambivalent.

Under such conditions, it is not surprising that police officers have difficulty remaining calm and somewhat distant when doing rape work. Some experience strong feelings of sympathy, especially toward victims they define as "100%" or "real." When they frame a victim as someone who deserves empathy and support, they may feel affection or pity and a desire to "exact revenge" on a victim's behalf. Even when an agency's feeling rules proscribe such emotions, police officers work in situations that regularly evoke strong yet institutionally unsupported emotions. In other words, law enforcement's emotion culture is contradictory. When the conditions of work induce feelings that are forbidden by organizational feeling rules, emotional dilemmas arise.

Organizational discourse that emphasizes rationality and evidence provides a way for officers to "cut off" or constrain compassion for victims and focus on the instrumental tasks of collecting evidence, protecting the scene of the crime, finding a suspect, and so forth. Yet even this work and discourse can evoke emotional dilemmas. When officers perceive victims as reluctant to answer questions or as not telling the whole truth they may become angry. An institutional discourse that orients them to define victims as witnesses, rather than as survivors of traumatic violence, can protect them from feeling empathy while making them vulnerable to emotional outbursts, including

anger and rage, which they are told to avoid. A rape crisis worker describes this dynamic:

What I've seen over and over again . . . especially in a hospital setting when I'm going there to provide outreach to someone who has just been raped and [she] may be flip-flopping on whether to report. I see the law enforcement officers say this and the victims say that and it just gets harder and harder for them to communicate. . . . More than once I've said [to the police officer], "OK, whoa! Let's leave the room and just talk for a minute. . . . [T]here is all of this anger and all of this stuff that is going on and no one has any idea of what she wants at that point. . . . But pushing doesn't get you anywhere." [Q: Have you observed a police officer argue with a victim?] Yes. [Q: About what?] *Like over whether or not she was being cooperative* [emphasis hers]. I've heard police officers say things like, "You know I had to get out of bed in the middle of the night to come here to the hospital." While she was sort of flip-flopping on, "I don't know if I can talk to you right now" sort of thing . . . "I don't know if I want to do this." (Rape crisis worker, white woman, age 28)

Organizational discourse and obligations can thus lead police officers to act in ways that make it difficult to gain information about the rape and create miscommunication. Victims may be "uncooperative" in part because of organizational obligations and discourse that shape officers' practices. Ironically, law enforcement's emotional culture may prompt officers' anger that has an unintended consequence of undermining their ability to achieve organizationally mandated goals – that is, gaining the cooperation of victims to "build a good case."

#### *Victim advocates*

Victim advocacy (also called victim-witness-advocacy) is a fast-growing occupation in US police departments and prosecution offices. Victim advocates' mandate is to help police officials and criminal prosecutors manage crime victims and develop "winning" cases. They perform many emotionally intense tasks, such as informing parents of the death of a child, calming children who witness domestic violence or murders, helping victims of domestic violence escape, and comforting rape victims. The creation of this occupation represents a division of emotional labor in legal organizations. Workers who do this job are nearly all women, thus illustrating one way that the emotion cultures of legal institutions are gendered. As a rule, *women* victim advocates have the obligation to "absorb" crime victims' emotions, thus providing emotional protection to *men* police officers and prosecutors.<sup>13,30</sup> Despite considerable "sex integration" in many US jobs, over 80 percent of uniformed (or higher ranking) law enforcement officers and of criminal prosecutors continue to be men.<sup>37</sup> Weed<sup>38</sup> and Sucher<sup>30</sup> claim that 95 percent or more of victim advocates are women.

While victim advocates provide "emotional first aid" to victims, as one interviewee said, they work within a legal institution that requires them to help police and prosecutors develop and win cases. They spend much of their time comforting and soothing victims, yet their chief instrumental assignment is to gain victims' cooperation to "build a good case." Victim advocates walk an emotional tightrope when told to genuinely care about rape victims *and* to assure their cooperation and effectiveness as

witnesses. They can become emotionally wrapped up in some victims' trauma, yet they must manage both victims and themselves. Also, they must deal with officers who prefer to remain emotionally distant and whose actions are constrained by bureaucratic rules. The following quote illustrates victim advocates' emotional dilemma with regard to trying to "bridge the gap" between emotionally distraught victims and presumably "nonemotional" legal system workers.

I think bridging the gap between social work and law enforcement can be difficult at times. . . . Even though we're here to serve the victims and the community, we have different goals, different missions. There are times we'll get into it with some of the investigators because we feel very passionate about something, whereas they're not quite sure. I mean, like when they're doing an investigation and they have certain things to meet to get a warrant for an arrest . . . [sometimes] it [a case] just doesn't meet their standards of the law . . . whereas we see the victim and all the things that this person's gone through and the frustration . . . and the, you know, not getting the system to work for them. We're advocating all that for the person to have and it still doesn't work. That gets very frustrating at times.

Because of their duty to absorb rape victims' emotions, victim advocates are often moved by victims' trauma and become more deeply committed to obtaining justice for them. But absorbing victims' emotions, as the above quote shows, also sets them up to become angry and frustrated with officers, as well as the entire legal institution, when justice is thwarted.

In a somewhat contradictory fashion, legal institution discourse sets up victim advocates to experience anger and resentment toward any "victim" they believe is less than "100%" – that is, who is not being truthful. For example, one advocate described her feelings of outrage when working with a victim whom she thought was lying. The quote shows (her belief) that she never stopped displaying nurturance and sweetness, even though she felt intense anger.

There was a rape victim who came in who wasn't really raped. And I got very angry about it because I was, like, you know, you're hurting so many women by doing this, by claiming rape when it was not rape. And I got very angry and the whole time I was just very nurturing towards her, very sweet, and I got out of there and said, "Jane [her supervisor], I can't believe she would do something like this," and I was so angry. . . . I was very angry about it and I had to do some serious processing [sic]. I'd talk about it and it would come up again and again. . . . I asked Jane, "How do you deal with this? How do you deal with these people who are lying about this? And you've got women who are being [truly] raped all the time." (Victim advocate intern, white woman, age 22)

Here we see how victim advocates' complex obligations – to be nurturing toward victims and help legal officials build cases – can conflict with each other. More specifically, when victims appear unable to help build "a good case," victim advocates question their claims to victim status,<sup>31</sup> which evokes the advocates' anger. But expressing anger is a violation of the feeling rules that victim advocates are instructed to follow. They are thus forced to hide those emotions when interacting with women whom they define as nonvictims.

*Prosecution*

Prosecutors spend substantial time on the rape cases they accept for prosecution. They accept few cases and the ones they choose are selected based on the odds of “winning”<sup>1</sup> – that is, they “cream” the best cases. Once they accept a case, they have the ability to interview victims in their offices and let them tell their story in unfettered, unstructured ways. And yet, prosecutors’ interpretations of victims’ accounts are filtered through the legal institutions’ discourse, which shapes their feelings and reactions. That is, prosecutors’ compassion is conditional upon rape victims’ ability to present themselves in ways that presumably will sway a judge and jury. They define the feeling rules that victims must follow in order to get their full commitment and effort.

Prosecutors are most likely to feel good about victims who can help with their cases or, as one prosecutor said, “have moxie.”

The victim must be enraged . . . mad at her assailant . . . furious at what he did to her. If she has any guilt, we have to get that out [of her]. She has to let that go. She has to feel that this is an awful . . . an outrageous thing that has been done to her. If she has doubts, if she hesitates or looks guilty, the jury picks this up. . . . This girl [a 19-year-old who was recently raped] has moxie. She is mad and she wants to put this guy in jail. She is all right. . . . The victim must be sure of herself, almost cocky with the defense attorney, and [able to] hold her own under grueling questioning. She has to be a *good witness*. (Assistant state attorney, white man, age 58)

As this prosecutor implied, prosecutors let victims know that they cannot express guilt and must express righteous indignation at their rapists. Prosecutors’ affirmation and own positive emotional expressions in response to such displays, regardless of their intentions, teaches victims how to express emotions that will gain prosecutors’ support.

While prosecutors’ own emotional well-being is dependent on victims’ righteous indignation, the rational discourse of legal institutions nonetheless demands logically assembled evidence to make a winning case. As a result, if victims cannot produce a rational and convincing victimization story, the prosecutor may frame them as “bad victims” and they themselves get righteously indignant. A former prosecution office advocate described this dynamic:

I used to be a victim advocate with the state attorney’s office. I interned there for a year and then they hired me [in the] summer before graduate school for about three or four months. *I know they get very angry at victims*. I couldn’t work there. I think there is sort of this false sense of victims trying to manipulate people in the system. My reading is that it is false. I think [prosecutors] read people’s needs, people’s pain . . . what people are going through as some sort of manipulation of them or the system, which I think is just false. Maybe that is where that anger comes from. [T]hey need that [a rational, coherent story] and so when they aren’t getting that it’s like you are a “*bad victim*.” (Rape crisis center worker, white woman, age 28 (our emphasis))

Prosecutors thus use the rational discourse of legal institutions to negatively judge victims’ flawed accounts of rape, which, in turn, evokes their anger towards victims.

Expressing such anger, even if merely in the guise of a skeptical comment, likely also teaches victims how they are supposed to construct their rape stories. It thus appears that the victims are the ones being manipulated in such cases.

The prosecutor's role in preparing victims for trial involves not only trying to shape how victims construct stories but also how they deal with defense attorneys' emotionally disturbing questions. Such work requires prosecutors to suspend compassion for victims to "toughen them up." As one prosecutor said:

Our job is to prosecute, if at all possible. We can't be emotional. We would be hard-hearted bastards if it [the victim's vulnerability] didn't affect us but we have to stay objective. We have to prepare the woman for what is to come in court. Sometimes this makes it seem as though we are being unnecessarily rough and uncaring but she has to be prepared for how the defense attorney is going to treat her; how they will drag in every piece of dirt they can find . . . Sometimes the victim advocates get on our case because they think we are being too rough with the victims. We aren't trying to be rough. We just need to get them ready for the defense attorney who's going to ask questions like, "Isn't it true you wanted it?" or "Did you have an orgasm?" (Assistant prosecutor, white man, age 62)

The gendered emotional culture of prosecution offices not only involves delegating nurturing interpersonal emotion work to women victim advocates but also delegating to men prosecutors the job of performing confrontational or hostile emotion work with victims. Thus, in contrast to victim advocates who are supposed to feel empathy for victims, prosecutors are supposed to abide by a feeling rule that in effect proscribes empathy. For example, when asked if "prosecutors become emotionally involved with the victims," one victim advocate responded:

No . . . they don't. They can't afford to. They are supposed to stay objective and concentrate on the victim so we can help them. They don't become personally that involved. It's not really their job. And they wouldn't be very good at their job if they did. [Q: So the victim advocates help them?] In a way. They tell us to tell the victim something or find out something. So we're the ones always in touch. Their job is to look at the facts and see what they have and prosecute. (Victim advocate, white woman, age 46)

While there is an implicit rule against feeling empathy with victims for prosecutors, they nonetheless have such feelings, although they rarely talk about them. Prosecutors believe rape cases cause burnout due to "emotionally volatile" victims and the low odds of "winning." One public defender who said rape cases are an emotional burden alleged that a sexual assault unit was dissolved because the work was too "exhausting and draining" for the prosecutors. Many prosecutors expressed a preference for taking on other types of cases, including murder, because they are less emotionally demanding. As one prosecutor noted:

I prefer homicide because the victim is already dead. The emotional toll of dealing with the case is much less. Lots of prosecutors don't like sexual battery cases because of the emotions. (Assistant prosecutor, white woman, age 35)

*Defense attorneys, judges, and jurors*

To a considerable extent, defense attorneys, judges, and jurors view rape victims in the abstract, based on assumptions, myths, and generalized conceptions of rape and rape victims. They have few opportunities to become acquainted with a victim because they are located far away “in the system.” For a rape case to reach them, a victim must have reported (and, typically, cooperated in developing) the case, a rapist must have been apprehended, and a prosecutor must have filed criminal charges. Even then, their contact with victims is constrained. Judges, defense attorneys, and jurors cannot talk with a rape victim outside the court/legal context unless she agrees; thus, there is no opportunity for her to tell her story, unchallenged, as she wants to tell it.<sup>39</sup>

As a result of this structure, attorneys, judges, and juries rarely grasp the subjective experience of rape victims. To illustrate, a public defender sees no difference in being raped versus robbed:

I don't see rape cases [as] any different than any other case. We have all kinds of crimes, all kinds of victims. It's my job to make the state prove its case. . . . I don't want anybody to be a victim of a crime but I also don't think anyone should be singled out because of the *type* of crime. All the special attention sexual assault victims and spouse abuse get these days is not right when there are other equally harmed victims, like robbery, that don't get as much attention. Sexual battery, crack, and spouse abuse are the in-crimes right now. (Assistant public defender, white man, age 43 (emphasis his))

Judges often appear to accept rape myths, such as rape is romance gone awry. Some accuse victims of leading on a man or not being pretty enough to be raped.<sup>1</sup> Like defense attorneys, they see rape cases as like any other case and, consequently, profess few positive emotions toward victims. Most are emotionally indifferent although some are hostile, alleging that rape victims get special treatment. As Maryland Judge Bollinger said, a young woman raped by her supervisor from work while passed out “led him on” in an inappropriate way, thereby “facilitating” her rape, and a Florida judge said that a 50-year-old woman who was raped repeatedly by a much younger man was too ugly to be raped. Some of this apparent misconception is prompted by a legal system that is oriented to protecting the rights of the accused, while giving minimal attention to the rights of victims. In addition, because most judges are men and have experienced little if any fear of rape, they are less likely to understand rape or construct victims empathetically.<sup>40</sup> Thus their work conditions and gendered biographies promote, at best, emotional indifference toward rape victims.

### The medical institution: organizations, jobs, and emotion culture

Most US communities require medical professionals and hospital emergency departments to examine anyone who reports being raped. In the usual case, a law enforcement officer drives a victim to the hospital where a rape examination (“exam”) is conducted by a nurse and/or physician.<sup>1,41,42</sup> Rape exams are primarily forensic procedures aimed at collecting evidence from a victim’s body for use in a potential legal case. Hospital staff resist rape exams for many reasons, not least of which is the paperwork they entail,

the time they consume, and the necessity to control evidence in accord with police department procedures.<sup>43</sup> To show their displeasure, some medical professionals avoid rape exams by playing the laggard, doing them improperly, and refusing to talk to victims. Due to the fear that rape exams will involve them in time-consuming and unpleasant legal procedures, Martin<sup>1</sup> depicts medical professionals and hospital emergency departments as *reluctant partners* in the community systems that process rape victims.

*Dilemma: victim or patient?*

Hospital staff experience emotional conflicts in relation to rape work due to a perception that rape victims are not “real patients.”<sup>1:ch.4</sup> When a victim is physically injured, she qualifies as a “real patient” and receives medical care. If she is uninjured in the ways emergency medical procedures routinely address, staff resist involvement.<sup>iv</sup> Physicians and nurses resent being forced to perform an exam that does not require their diagnostic and treatment skills, even though invasive bodily procedures such as examining vaginas and rectums are the normative purview of medical professionals. Awareness of this point prompted a nurse to depict rape exams as “medical-like” and assert that this is why they are done in hospitals rather than elsewhere (e.g. in police departments).

Medical-institution frames orient physicians and nurses to view involvement in rape-kit exams as improper and unpleasant. As Resnick et al.<sup>44</sup> note, the emergency room practice of “treating existing injuries” in “short visits” (p. 1,325) discourages the focused, sensitive, unhurried attention that rape victims need. Furthermore, emergency room physicians are seldom trained in the purposes or practices of rape exams and many do not know how to perform them. They also know little about how to talk to or treat victims or the humiliation victims feel after being raped. While the state can force emergency room personnel to perform rape exams, it cannot make them behave in comforting or even competent ways. Physicians and nurses have many emotional reactions to rape exams and victims, some of which influence them to treat victims harshly, as the following quote from a physician illustrates:

They are afraid of going to court and they don't want to get involved. You know, our residents think they have to determine if a “real rape” occurred. We tell them they don't, but they *hate* these cases. They [rape cases] make us all uncomfortable . . . I always had a feeling [when he was doing rape-kit exams himself] when I walked into the victim's room that I was not wanted, needed maybe . . . but not wanted. I felt like it was an intrusion at a very sensitive time. We all dislike the rape exam; it's a distasteful time. (Chief resident of hospital obstetrics/gynecology, white man, age 31)

Medical personnel thus dislike the emotions they feel when dealing with rape victims while fearing legal entanglements. Conditions in emergency rooms and the training of emergency room personnel fail to orient them toward sympathy or the expression of positive emotions. As a result, they may doubt a victim's credibility as a “real” patient/victim:

Many of our cases are *suspicious* and we don't feel really good about it. . . . Some of them [victims] seem more like teenagers trying to get away with something than, you know, real rape victims. That makes it harder for our staff to stay motivated. (Emergency room nurse, white woman, age 35 (emphasis hers))

Some medical personnel expressed resentment more overtly. As one obstetrician-gynecologist put it:

Why should I be called out in the middle of the night to examine a stranger, someone I don't even know, who doesn't want to see me and I don't want to see? They pay a measly \$35.00 and the exam sometimes takes two hours. . . . [I]f you go to court, they don't pay anything and it disrupts my practice for days and sometimes weeks. . . . I think they should get nurses to do it, like they did in [another state] where I was before. . . . Don't get me wrong; I don't hold it against victims but it's not a good situation and such a waste. (Obstetrician-gynecologist in private practice, white man, age 45)

Overall, the conditions of work evoke in medical personnel emotions such as discomfort, fear, and resentment, which they are not supposed to display to patients. Simultaneously, the emotion culture of medical organizations hinders compassion for rape victims. Such emotions may be the reason why medical personnel often try to avoid dealing with rape victims. As a chief resident of a hospital obstetrics/gynecology unit said, staff “. . . will dilly dally for hours waiting for a shift change or someone else to maybe do it [rape exam].” Similarly, an emergency room nurse said some physicians “. . . will see a child with a cold before a rape victim.”

### The gender institution: organizations, jobs, and emotion culture

As noted earlier, gender is more than norms, stereotypes, and a social status regarding what boys and girls, women and men are like and/or should do. We view it as a social institution with many complex dimensions and dynamics that both affect and reflect the emotions of work in rape crisis centers and other organizations.<sup>4,9,10,44-46</sup> Framing gender as an institution helps us understand how it shapes the emotion cultures of workplaces<sup>9,19,25,47</sup> and partially explains the feminist stance that many rape crisis centers take when working to support victims in the community.<sup>1,48</sup> Rape crisis centers, as products of the second wave women's movement, are more aware of gender-based inequalities and dynamics and more willing to mobilize on victims' behalf.

Rape crisis personnel are oriented by organization and occupation, and by gender, to construct rape victims sympathetically.<sup>1</sup> They need not be concerned with their adequacy as witnesses or patients. Indeed, a basic tenet of rape crisis center philosophy is that victims should not officially report being raped nor submit to rape exams unless they truly want to. In rape crisis center philosophy, a victim's account is taken at face value; it is not questioned. She is accepted as a victim if she says she is one and she is not subjected to credibility tests. A victim merits empathy in rape crisis settings and, as a rule, receives it. Of course, some victims are more “sympathetic” than others (e.g., younger victims, victims who are physically injured, victims raped by boyfriends) but

all are defined as deserving acceptance and support. Positive emotional support by rape crisis workers is thus normative in rape crisis centers more than in other organizations.

*Dilemma: victim welfare vs. mainstream relations*

Since rape crisis center staff are encouraged to accept victims' accounts without challenging them, they experience few emotional conflicts in their dealings with victims. Yet they often experience problematic emotions when relating to mainstream staff. Unjust treatment of victims by legal or medical workers often evokes in rape crisis workers righteous anger, which they must constrain in order to maintain cooperative relations.<sup>1,48</sup> Victims may not be well-served, they are told, if they display hostile emotions toward other workers. Even gentle criticism is viewed negatively by mainstream organizations, as the following account by a rape crisis worker shows:

[Have you ever expressed anger at any other of these professionals – police, nurses, prosecutors, etc.?] The only time I *really* have [emphasis hers] has been very recently and I was really just getting so sick of my nice guy approach that I really sort of took someone on and I think I did that very carefully. . . . I was talking with a victim advocate in a department about the way one of the law enforcement officers that she worked with had handled a case. . . . I really felt that they had botched it up. It was a case where a woman had been . . . slipped some sort of thing in a glass of wine and raped by two employees of a hotel while she was staying at the hotel. So their [the officers' and advocate's] reading was that it was some sort of physical problem and no rape had occurred even though this woman was saying that she thought something had happened to her. . . . Well, later that night they had to do emergency surgery on her and found out that she had a pretty serious vaginal tear. Whereas the men's story before had been nothing had happened then all of the sudden their story changed, that it was consensual sex that they had had with her. Anyway, to make a long story short, the case did not go anywhere. The woman didn't live in [the town where this occurred]. They didn't think they could pursue. They weren't getting what they wanted out of these guys and they just let the ball drop . . . and it really upset me. I sort of took it out on the victim advocate and she was defensive with me but she sort of discussed it with me and how she felt they had done the best they could. I understand that they have a very different perspective. They are looking to "clear the case" not necessarily to take eight hours to figure out exactly what had happened. It came back to me through my supervisor that I had really ticked them off. (Rape crisis worker, white woman, age 28)

This worker expressed frustration to a police department victim advocate, who complained to the worker's supervisor. She thought she expressed her anger "carefully" but apparently even careful expressions of disapproval are not taken kindly by the organization being criticized. The story shows how a rape crisis worker's emotions of feeling support for a victim and yet distrust and disapproval of police actions can prompt interorganizational conflict. The police failed to pursue the case before the victim had emergency surgery and then, even after the surgery, failed to press forward with the case against the hotel employees. When they dropped the case, the rape crisis

worker became upset. She was expected to suppress her negative feelings toward the police and display either approval or neutral affect toward them. This example of an encounter between crisis worker and police shows the delicacy of relations among rape work organizations. Failure to display positive emotions threatened goodwill and lowered the odds that cooperation would continue.

## Conclusions

In her research, Meyerson<sup>49</sup> found that hospitals dominated by a rational discourse *devalued* emotional experience whereas hospitals dominated by a social work discourse *valued* emotions positively. Hospitals of the latter type allowed workers to experience their emotions fully, by taking time to regroup after experiencing burnout or other problematic feelings. Meyerson urges all organizations to develop emotion cultures that affirm the “emotion work” their members must do in order to thrive. To build such cultures, she advocates a feminist re-visioning of emotions in organizations that “privileges the subjectivity of the marginalized/feminized other” over the currently hegemonic masculinist, rational-technical bureaucratic ideal.<sup>50:112</sup>

If rape work organizations were to take this step, their emotion cultures would have to embrace more responsive conceptions of victims, including requiring members to feel genuine empathy and display affirming rather than challenging behavior toward victims. While such change may seem unrealistic, Martin<sup>1:ch.10</sup> argues that relatively minor organizational innovations can approximate this ideal. For example, specialized staff and units for processing rape victims in legal and medical organizations have been shown to achieve favorable results for both victims and staff.<sup>41,42,51,52</sup>

Our illustration of how institutional, organizational, and job conditions prompt rape workers to experience problematic emotions and impede compliance with prescribed feeling and display rules shows how work contexts set up workers to experience emotional conflicts – within themselves and with victims and other workers. Similar to work by Copp,<sup>24</sup> we show how organizations expose workers to conditions that prompt strong, often proscribed, emotions and yet fail to acknowledge this dynamic or provide them with ways to cope. We believe rape victims will continue to be subjected to workers’ unresponsive practices until organizations that employ them reform their emotion cultures to accommodate victims’ and rape workers’ needs. Simply instructing workers to “be emotionally supportive” while requiring them to accomplish tasks that contradict this dictum will only create frustration and resentment. More significantly, it will assure that victims’ emotional vulnerability is overlooked rather than respected for its significance and consequences.<sup>33</sup>

## Acknowledgement

We thank Steve Fineman, Deborah Meyerson, and Robin Simon for offering editorial advice that helped us improve our chapter.

## Notes

- i. See Judith Lorber<sup>46</sup> and Patricia Yancey Martin<sup>4</sup> on gender as a social institution.
- ii. The medical and legal institutions are highly intertwined, with the state, in many cases, requiring physicians and hospitals to conduct rape exams, although they resist (see Martin<sup>1</sup>).
- iii. Frazier and Haney<sup>53</sup> found that police pass on about 16 percent of rape cases to prosecutors – in large part because a defendant must be arrested for prosecutors to proceed with a case, which generally occurs in less than one-third of rapes reported to the police.
- iv. A recent US Office of Crime Victims<sup>54</sup> document says that 62 percent of rape victims are not physically injured to the point of requiring medical treatment. Ahrens et al.<sup>51</sup> in a study of two Michigan SANE programs found that over two-thirds of rape victims lacked physical injuries, with 1 percent requiring hospitalization, and Koss<sup>33</sup> says between 50 and 85 percent of victims are not physically injured, based on her survey of research available at the time.

## References

1. Martin, P. Y. (2005) *Rape Work: Victims, Gender, and Emotions in Organization and Community Context*. New York: Routledge.
2. Giddens, A. (1984) *The Constitution of Society*. Berkeley: University of California Press.
3. Connell, R. (1987) *Gender and Power*. Palo Alto: Stanford University Press.
4. Martin, P. Y. (2004) Gender as social institution, *Social Forces*, 82, 1249–73.
5. Schmitt, F. E. and Martin, P. Y. (2007) The history of the anti-rape and rape crisis center movements. In Renzetti, C. M. and Edleson, J. (eds) *Encyclopedia of Interpersonal Violence*. Thousand Oaks, CA: Sage.
6. United States Department of Justice (2006) [www.ojp.usdoj.gov/bjs/cvictgen.htm](http://www.ojp.usdoj.gov/bjs/cvictgen.htm). Date of last access: 12/31/06.
7. *European Sourcebook of Crime and Criminal Justice Statistics* (2006) [http://europeansourcebook.org/esb3\\_Full.pdf](http://europeansourcebook.org/esb3_Full.pdf). Date of last access: 01/02/07.
8. Gordon, M. T. and Riger, S. (1989) *The Female Fear*. New York: Free Press.
9. Martin, P. Y. (2001) Mobilizing masculinities: women's experiences of men at work, *Organization*, 8, 587–618.
10. Martin, P. Y. (2003) Saying and doing vs. said and done: Gendering practices, practicing gender in organizations, *Gender and Society*, 1, 342–66.
11. Martin, S. E. (1999) Police force or police service? Gender and emotional labor, *Annals of the American Academy of Political and Social Science*, 561, 111–26.
12. Pogrebin, M. R. and Poole, E. D. (1995) Emotion management: a study of police response to tragic events, *Social Perspectives on Emotion*, 3, 149–68.
13. Martin, P. Y. (1997) Rape processing work: gender and accounts, *Social Problems*, 44, 464–82.
14. Martin, P. Y. (1996) Gendering and evaluating dynamics: men, masculinities, and managements. In: Collinson, D. and Hearn, J. (eds) *Men as Managers, Managers as Men*. London: Sage, 189–209.
15. Fields, J., Kleinman, S., and Copp, M. (2006) Symbolic interactionism, inequality, and emotions, *Symbolic Interaction*, 29, 155–78.
16. Gordon, S. L. (1981) The sociology of sentiment and affect. In: Rosenberg, M. and Turner, R. H. (eds) *Social Psychology: Social Perspectives*. New York: Basic Books, 562–92.
17. Barbalet, J. M. (1998) *Emotion, Social Theory, and Social Structure: A Macrosociological Approach*. Cambridge: Cambridge University Press.

18. Martin, P. Y. (2002) Sensations, bodies, and the "spirit of a place": aesthetics in residential organizations for the elderly, *Human Relations*, 55, 861–85.
19. Leidner, R. (1993) *Fast Food, Fast Talk: Service Work and the Routinization of Everyday Life*. Berkeley: University of California Press.
20. McCammon, H. J. and Griffin, L. J. (2000) Workers and their customers and clients: an editorial introduction, *Work and Occupations*, 27, 278–93.
21. Rafaeli, A. and Sutton, R. I. (1987) Expression of emotion as part of the work role, *Academy of Management Review*, 12, 23–37.
22. Steinberg, R. J. and Figart, D. M. (1999) Emotional demands at work: a job content analysis, *The Annals of the American Academy of Political and Social Science*, 561, 177–91.
23. Martin, P. Y. and Powell, M. (1994) Accounting for the second assault: legal organizations' framing of rape victims, *Law and Social Inquiry*, 19, 853–90.
24. Copp, M. (1998) When emotion work is doomed to fail: ideological and structural constraints on emotion management, *Symbolic Interaction*, 21, 299–328.
25. Pierce, J. L. (1995) *Gender Trials: Emotional Lives in Contemporary Law Firms*. Berkeley: University of California Press.
26. Sattel, J. W. (1976) The inexpressive male: tragedy or sexual politics? *Social Problems*, 23, 469–77.
27. Wharton, A. S. (1993) The affective consequences of service work: managing emotions on the job, *Work and Occupations*, 20, 205–32.
28. England, P. and Folbre, N. (1999) The cost of caring, *Annals of the American Academy of Political and Social Science*, 561, 39–52.
29. Heimer, C. A. and Stevens, M. L. (1997) Caring for the organization: social workers as frontline risk managers in neonatal intensive care units, *Work and Occupations*, 24, 133–64.
30. Sucher, K. C. (1999) Second-hand feelings: emotions and gender in victim service work, unpublished MS Thesis, Department of Sociology, Florida State University, Tallahassee.
31. Holstein, J. A. and Miller, G. (1992) Rethinking victimization: an interactional approach to victimology, *Symbolic Interaction*, 13, 103–22.
32. Clark, C. (1997) *Misery and Company: Sympathy in Everyday Life*. Chicago: University of Chicago Press.
33. Koss, M. P. (1993) Rape: scope, impact, interventions, and public policy responses. *American Psychologist*, 48, 1062–8.
34. Konradi, A. (1996) Preparing to testify: rape survivors negotiating the criminal justice process, *Gender and Society*, 10, 404–32.
35. Campbell, R., Sefl, T., Barnes, H. E., Ahrens, C. A., Wasco, S. M., and Zaragoza-Diesfeld, Y. (1999) Community services for rape survivors: enhancing psychological well-being or increasing trauma? *Journal of Consulting and Clinical Psychology*, 67, 847–58.
36. Messerschmidt, J. (2000) *Nine Lives: Adolescent Masculinities, Bodies, and Violence*. Boulder, CO: Westview Press.
37. Martin, S. E. and Jurik, N. C. (1996) *Doing Justice, Doing Gender*. Thousand Oaks, CA: Sage.
38. Weed, F. J. (1995) *Certainty of Justice: Reform in the Crime Victim Movement*. New York: Aldine de Gruyter.
39. Taslitz, A. E. (1999) *Rape and the Culture of the Courtroom*. New York: New York University Press.
40. Martin, P. Y., Reynolds, J., and Keith, S. (2002) Gender bias and feminist consciousness among judges and lawyers: a standpoint theory analysis, *SIGNS: Journal of Women in Culture and Society*, 27, 665–701.
41. Ledray, L. E. (1994) *Recovering from Rape* (2nd edn). New York: Henry Holt.
42. Patterson, D., Campbell, R., and Townsend, S. M. (2006) Sexual assault nurse examiner programs' goals and patient care practices, *Journal of Nursing Scholarship*, 38, 180–6.
43. Martin, P. Y. and DiNitto, D. (1987) The rape exam: beyond the hospital emergency room, *Women and Health*, 12, 5–28.
44. Resnick, H., Acierno, R., Holmes, M., Mammeyer, M., and Kilpatrick, D. (2000) Emergency evaluation and intervention with female victims of rape and other violence, *Journal of Clinical Psychology*, 56, 1317–33.

45. Acker, J. (1992) From sex roles to gendered institutions, *Contemporary Sociology*, 21, 565–9.
46. Lorber, J. (1994) *Paradoxes of Gender*. New Haven, CT: Yale University Press.
47. Risman, B. J. (2004) Gender as a social structure: theory wrestling with activism, *Gender and Society*, 18, 429–50.
48. Schmitt, F. E. and Martin, P. Y. (1999) Unobtrusive mobilization by an institutionalized rape crisis center: all we do comes from victims, *Gender and Society*, 13, 364–84.
49. Meyerson, D. E. (2000) If emotions were honoured: a cultural analysis. In: Fineman, S. (ed.) *Emotion in Organizations*. London: Sage, 167–83.
50. Meyerson, D. E. (1998) Feeling stressed and burned out: a feminist reading and re-visioning of stress-based emotions within medicine and organization science, *Organization Science*, 9, 103–18.
51. Ahrens, C. A., Campbell, R., Wasco, S. M., Aponte, G., Grubstein, L., and Davidson II, W. S. (2000) Sexual assault nurse examiner (SANE) programs: alternative systems for service delivery for sexual assault victims, *Journal of Interpersonal Violence*, 15, 921–43.
52. Koss, M. P., Bachar, K. J., Hopkins, C. Q., and Carlson, C. (2004) Expanding a community's justice response to sex crimes through advocacy, prosecutorial, and public health collaboration – introducing the RESTORE program, *Journal of Interpersonal Violence*, 19, 1435–63.
53. Frazier, P. A. and Haney, B. (1996) Sexual assault cases in the legal system: police, prosecutor, and victim perspectives, *Law and Human Behavior*, 20, 607–28.
54. US Department of Justice (2001) [www.ojp.usdoj.gov/ovc/publications/welcome.htm#r](http://www.ojp.usdoj.gov/ovc/publications/welcome.htm#r). Date of last access: 12/31/06.