also positive. When both observers' results are considered at the T4 and T8 levels by sex the overall correlation is significant (sign test; $p<0.05$). The consistent production of a noticeable rib hump of roughly 6° at T4 on the same side as the "longer" arm in positions C and D was seen clearly. This finding was constant for both observers and it reversed to the opposite side when changing from position C to D. The scoliometer readings at T8 in positions C and D showed a similar hump, but of only 3°. Again this reversed consistently between positions C and D.

Comment

This study shows that true arm length inequality has an important influence on the perceived rib hump when a forward bend position with the hands apposed is used. Furthermore, if the same position is used and an artificial arm length inequality of roughly 5 cm made an apparent and reproducible rib hump of 6° at T4 and 3° at T8 results. Exaggeration of the apparent deformity will be proportional to the magnitude of arm length inequality present, and this may be sufficient to influence the scoliometer reading and push a child over the threshold for referral. The results of screening programmes will accordingly be inaccurate. This influence may be eliminated by adopting a standard position for the forward bend test with the arms hanging freely.

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Rape: the forgotten victim

The plight of rape victims has been given increasing attention over the past decade,¹ but little emphasis has been placed on the reactions of their partners. Over the past year I have interviewed and counselled the partners of rape victims referred to a victim support scheme. A characteristic response by the partners has emerged, and I report one case in detail and summarise seven others (table) to illustrate this.

Reactions of male partners of rape victims

Case No	Age (years)	Marital state	Rapist	Initial reaction	Protective and avoidance activity	Psychiatric symptoms	
						Early (one month)	Late (three months)
1	45	Married	Stranger, convicted	Helplessness	Protected house with locks; unable to travel on business in order to stay with wife; avoided newspapers, television, male friends	Depersonalisation, muscle tension, loss of libido	Guilt: "if only I had done . . ."
2	37	Cohabiting	Stranger, not convicted	Violence to girlfriend	Looked for rapist in street; gave up work to stay with girlfriend; unable to discuss rape	Tension, irritability, increased alcohol intake, loss of libido	Shame, depression
3	30	Cohabiting	Acquaintance, not convicted	Angry at wife and rapist	Put mortise locks on doors; insisted that girlfriend did not answer door; accompanied her to shops; could not sit in living room where rape took place	Tearfulness, anxiety, ideas of reference, increased alcohol intake, initial insomnia, libido increased	Tearfulness, hopelessness
4	58	Married	Acquaintance, convicted	Angry at rapist	Stopped going out; installed intercom system in flat	Worry, headaches, restlessness	Guilt
5	28	Cohabiting	Stranger, convicted	Angry at rapist; wish to wash girlfriend	Fortified home with burglar alarm; accompanied girlfriend on her activities; made regular phone calls and contact times; avoided male friends, television, and newspapers	Tension, destructiveness (eg, punches walls, breaks belongings), loss of libido	Hopelessness, despair over relationship
6	27	Married	Stranger, convicted	Disbelief	Avoided subject of rape; was angry about sexist comments if wife was present	Restlessness, hypochondria, loss of libido	Depression, self-depreciation
7	35	Cohabiting	Stranger, not convicted	Angry at rapist	Decided to move house; carried knife around; became engaged; avoided television programmes	Muscle tension, loss of interest, delayed sleep, loss of libido	Anger, social withdrawal

Case report

A 27 year old man was referred one week after his wife had been raped at knifepoint. His initial reaction had been anger towards his wife, but after 24 hours his anger had been directed towards the rapist and he wanted violent revenge. He began to increase the security of his home (despite the rape having taken place outside), required his wife to telephone him at regular intervals when she was out, and kept a starting pistol by the bed in case of intruders. He avoided reminders of rape by switching off his television or radio if sexual violence was portrayed. These actions were associated with increasing tension, headaches, irritability, and anxiety compounded by poor sleep, reduced appetite, loss of libido, and increased consumption of alcohol and cigarettes.

He was seen individually for weekly counselling sessions. After one month, although his tension, anxiety, and somatic symptoms had diminished, he was more depressed and withdrawn and felt despair and guilt over his failure to prevent the rape; his libido had not returned. He was then interviewed with his wife and encouraged to talk about his difficulties. An attempt was made to clarify misunderstandings, and they were encouraged to talk more frankly with each other about their problems. After three months he no longer required his wife to telephone him regularly, had stopped censoring the television and radio, but still kept the starting pistol by the bed. Sexual intercourse had resumed, although he complained of a sense of inhibition.

Comment

Other reports have recommended that family members should participate in the counselling of rape victims,^{2,3} but I suggest that a characteristic syndrome occurs in the partners. This may be divided into phases: an initial phase of anger, lasting five to seven days, is followed by a protective phase, in which avoidance activity occurs. This is initially accompanied by anxiety, which lasts over a month, but a depressive phase emerges later, associated with guilt and sexual difficulties. As with grief reactions, each phase merges with the next, but a progression is nevertheless clear.

This brief report is intended to make doctors and voluntary bodies aware of the psychological changes that may occur in a victim's partner, as they may not only have severe consequences for the partner but also interfere with the victim's rehabilitation.

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