

Rape in Utah 2007

A Survey of Utah Women



Utah Commission on Criminal and Juvenile Justice

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Utah Commission on Criminal and Juvenile Justice

The mission of the Utah Commission on Criminal and Juvenile Justice (CCJJ) is to promote broad philosophical agreement about the objectives of the criminal and juvenile justice system in the state; to provide a mechanism for coordinating the functions of various branches and levels of government concerned with criminal and juvenile justice; and to coordinate statewide efforts to reduce crime and victimization in Utah. To accomplish these goals, the Commission includes a diverse membership representing a wide range of organizations playing a role in justice issues in Utah. The CCJJ Research and Data Unit conducts and coordinates research on pertinent criminal justice issues and serves as the Statistical Analysis Center for the state of Utah.

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direction for this report. The authors express their appreciation for the work and assistance provided for this project by Mr. Haddon and Ms. Christenson.

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Introduction

The Utah Commission on Criminal and Juvenile Justice (CCJJ), working with the Utah Office of Crime Victim Reparations (CVR), developed and administered the second survey of Utah women about their experiences with sexual violence. The first survey was conducted in 2005 by Mike Haddon and Julie Christenson formerly of the CCJJ Research and Data Unit and yielded valuable information about the extent to which sexual violence occurs in our state, the impact it has upon victims, and the effectiveness of services given to those who have been victimized. The results of the first survey have been used in the development of policy and programs aimed at addressing the needs of those who have become, or may become, victims of sexual violence.

Background

Sexual violence can have severe impacts on victims and their families, often leaving physical and psychological damage in its wake. Physical impacts may include chronic pain or injury, sexually transmitted diseases, or pregnancy. Psychological impacts include symptoms of post-traumatic stress disorder (PTSD) including emotional detachment, sleep disturbances, and flashbacks. Immediate reactions may include shock, fear, anxiety, or withdrawal. Victims are at an increased risk of depression and may be more likely to attempt or commit suicide

(<http://www.cdc.gov/ncipc/factsheets/svfacts.htm>).

The crime of rape continues to stand out as a curious anomaly in relation to the other types of violent crime that occur in the State of Utah. Rape is the sole Violent Crime Index offense for which Utah's rate rises above that of the nation's average. In 2006, Utah's rape rate was approximately 10 percent higher

than the rape rate nationally. For all other types of violent crimes – murder, robbery, and aggravated assault – Utah's rate typically falls two to three times below the national average.

It is difficult to estimate how pervasive sexual crimes are in our society. When examining data from Utah's Crime Victimization Survey, we find that only about a quarter of rape or sexual assault victims report the crime to law enforcement. Thus, Utah's high rate of rape may be seriously under-estimating the actual number of victims. When one considers that the rape rate is based upon crimes reported to the police alone, and that the vast majority of sexual assault victims do not report the crimes committed against them to police, questions about the true incidence of sexual violence arise.

There are many possible reasons that rape is not reported to the police in spite of its significant impact on the victims. One is that victims very often know the perpetrator. A number of different studies on this

topic in Utah have found that between 80 and 93% of the victims knew their attackers (*Rape in Utah*, CCJJ, 2005, *Sexual Violence in Utah*, CCJJ, 2005, 2006 *Crime Victimization Survey*, CCJJ, 2007). Most often, the victim and the perpetrator were acquaintances, although family members were involved in a substantial minority of the cases (20 to 37%). Besides inhibiting reporting of the crime to the police, this close relationship between victims and offenders can aggravate the impact of the crime. When family is involved, feelings of betrayal or alienation, guilt and shame, can be added to the already toxic mix of psychological and physical injuries.

The first *Rape In Utah* survey, which was conducted in 2005 by Mike Haddon and Julie Christenson, was designed to provide quantifiable data on the full incidence and prevalence of sexual assaults happening within our communities, regardless of reporting or service seeking. Respondents were asked about their experiences with various forms of sexual violence during the prior year and their entire lifetimes. The survey also included a number of questions regarding the impact of the crime and steps victims had taken to respond. The results provided confirmation of the limitations of relying upon officially reported statistics when developing social policy in response to these sex crimes. In part, the report estimated that one in eight women in Utah will be raped sometime during her lifetime, and one in three will be sexually assaulted sometime during her lifetime.

This second effort to survey women in Utah about their experiences with sexual violence was designed to elicit additional information on how services to victims of crime may be improved. In addition, running the survey again allows us to increase the

number of victims who have provided information, yielding increased confidence in the results. The current study relied heavily on the previous work of Mike Haddon and Julie Christenson in the 2005 *Rape in Utah* report.

Method

The study was conducted as a telephone survey of Utah women who were 18 years of age or older. The survey instrument was a modified version of one used in a study from the state of Washington in 2001. (“Sexual Assault Experiences and Perceptions of Community Response to Sexual Assault: A Survey of Washington State Women”, Lucy Berliner & David Fine, Harborview Center for Sexual Assault and Traumatic Stress, November 2001). The Washington survey instrument adopted sexual assault screening questions from two of the most prominent national surveys that address this topic area: The National Women’s Study (NWS) and the National Violence Against Women Survey (NVAWS). After discussing the administration of the Washington Survey with its principal investigator, several modifications were made to the survey instrument. Other changes were made to the instrument to address issues such as depression and post-traumatic stress disorder (PTSD) more efficiently. Additionally, the survey was modified to address issues most relevant to the state of Utah. For the second administration of the survey, most questions were retained in their original form, however, some additional questions were included to address victim use of services and crime impacts.

The survey interview was designed to begin with a series of questions that would indicate a possible diagnosis of depression or PTSD. These questions were structured so that the least common symptoms were addressed first, and, if the respondent did not

report these symptoms, further questions about depression and PTSD were avoided. This allowed for a shorter survey interview in many instances. The survey then asked respondents about their patterns of drug and/or alcohol use, and whether the respondent had ever experienced other traumatic events, such as seeing a person seriously injured or violently killed.

Next, the survey moved on to the sexual violence screening questions. Similar to the Washington study, the questions used in this survey regarding specific details of the sexual assault were adopted from the two national studies previously mentioned. Respondents were asked if they had experienced rape, forced oral sex, forced anal sex, object rape, sexual battery, or attempts of any of these various sexual assaults. During the interview, respondents were asked if they had ever been forced to engage in sexual intercourse with a current or past husband against their will. Respondents were asked if they were ever forced into sexual intercourse when they could not give consent, either because they were under the influence of drugs and/or alcohol or because the perpetrator had drugged them without their knowledge. Finally, respondents were asked if they ever had any form of sexual intercourse or were sexually molested before turning 16 years of age and the actor was four or more years older. For each type of sexual assault incident, the respondent was asked how old they were when this first occurred. With the exception of the questions surrounding child sexual abuse, respondents were also asked whether a sexual assault had occurred during the previous year.

Respondents answering affirmatively to any of the sexual assault screening questions were then queried about their worst sexual assault experience,

their first sexual assault experience, and, where appropriate, the sexual assault experience that occurred during the prior year. Within the context of each of these sexual assault experiences, respondents were asked a series of questions about the perpetrator, the circumstances involved in the assault, concerns raised after the assault, and the actions taken by the respondent following the assault. Respondents who reported any form of sexual assault incident were also asked a series of questions about the impact of the assault on their lives.

The survey concluded by asking all respondents about their knowledge of services available for victims of sexual assault, or if they knew where to seek assistance if they became victims of sexual assault. The survey then asked a series of demographic questions of the respondents.

Procedure

As stated previously, the survey was administered as a random telephone survey. The survey questions were also translated into Spanish to allow interviews for Spanish-speaking Utah residents. A contract was established with a firm who had the capability of administering the survey. The firm administering the survey empanelled a group of female interviewers who were provided a private location to speak with the respondents. The Utah Coalition Against Sexual Assault (UCASA) provided sensitivity training to the panel of interviewers before survey administration began. The training focused on how to respond appropriately to those who might appear to be in crisis, how to re-direct respondents who get into lengthy discussions beyond the scope of the survey, and how to elicit responses from participants who may not be eager to disclose this type of information.

Summary of Findings

- ◆ 28.9% of the 1,816 female respondents reported some type of sexual assault during their lifetimes.
- ◆ 12.8% reported that they had been raped. When the definition was expanded to include object rape, oral rape, or anal rape, the rate increased to 17.3%, more than one in six of the respondents.
- ◆ Child molestation was also common, with 12.8% reporting that they had been molested before the age of 18.
- ◆ 11.6% reported that they had been subjected to indecent liberties during their lifetimes.
- ◆ The incidence of any type of sexual assault during the prior year was extremely low.
- ◆ Half of the respondents reporting a sexual assault were victimized by more than one individual.
- ◆ Over three-fourths of victims (78.7%) reported that their first sexual assault occurred before their 18th birthday.
- ◆ About half the victims reported that they were assaulted just one time by a single individual (47.5%), with 24.8% saying that they were victimized multiple times by the same individual, 22.8% reported being victims of multiple events involving multiple perpetrators, and 4.9% reporting a single event involving multiple offenders.
- ◆ Respondents with a low household income or a low level of education reported higher levels of rape.
- ◆ Women who were currently divorced reported the highest rate of sexual assault (47.9%), followed by

Table 1
Lifetime Experience with Sexual Assault

	2005	2007
Rape	12.7%	12.8%
Child Molestation	14.4%	12.8%
Indecent Liberties	9.3%	11.6%
Attempted Rape	8.9%	8.0%
Object Rape	7.5%	7.9%
Forced Oral Sex	5.3%	5.5%
Unable to Consent	4.7%	4.5%
Child Intercourse	5.8%	4.3%
Forced Anal Sex	1.7%	2.3%
Drug Facilitated Rape	1.8%	2.3%

single women (37.9%). Married and widowed women had the lowest rates (26.5% for married and 22.8% for widowed).

- ◆ Most sexual assaults were committed by male perpetrators who were known to the victims. 13.3% said that they had been victimized by a stranger and 30.9% by a non-spouse family member.
- ◆ Weapons were rarely used in the sexual assaults reported by survey respondents.
- ◆ Victims suffered a physical injury in about one-quarter (27.0%) of the cases. Rape victims were more likely to report an injury than victims of other types of sexual assault, with 42.4% reporting some injury.
- ◆ Most victims were not concerned about sexually transmitted diseases, HIV or AIDS, or pregnancy. Rates of concern were higher for those who were victims of rape and non-consensual sex.
- ◆ Victims were very concerned about others knowing that they had been sexually assaulted.
- ◆ Few victims of sexual assault sought medical care following the incident, only 12.7%. This rate was higher for victims of rape or non-consensual sex.

- ◆ About one-third of victims (32.8%) said that they had received counseling for issues arising from their sexual assault experiences.
- ◆ Only 18 individuals contacted a rape crisis line.
- ◆ Respondents reported little alcohol or drug involvement in the assault.
- ◆ Respondents who were younger at the time of the assault were more likely to be victimized by a family member and less likely to be victimized by a stranger.
- ◆ Victims of sexual assault were more likely to report experiences with other types of violence such as being beaten or seeing someone violently injured or killed.
- ◆ Women with a history of sexual assault reported poorer physical and mental health than non-victims, including increased rates of PTSD and depression.
- ◆ Individuals who were victims of both sexual and non-sexual traumas had higher rates of PTSD, depression, and alcohol abuse.
- ◆ Victims of both sexual and non-sexual traumas reported the highest levels of disruption of daily activities as a result of their sexual assault experience.
- ◆ Sexual victims were more aware of community resources which assist victims.
- ◆ Only 70 (11.8%) victims reported the assault to the police, with higher reporting rates for rape, indecent liberties, or child intercourse.
- ◆ Charges were filed against 31 offenders—44.3% of cases that were reported to the police—and a conviction occurred in 19 cases.
- ◆ Sexual assault victims were less likely than non-victims to say that they would recommend that other victims talk to their relatives or change their lifestyles.

Prevalence of Sexual Assault in Utah

The 2005 Rape in Utah survey found that one in eight Utah women had been raped at some point in their lifetimes and almost one in three had been victims of some form of sexual assault. Similar rates were found in the current study of 1,816 women over the age of 18 residing in Utah. 28.9% of survey respondents reported some type of sexual assault during their lifetimes. The most common forms of victimization were rape and child molestation. Three-fourths of those who had been victims were first assaulted when they were under 18 years of age.

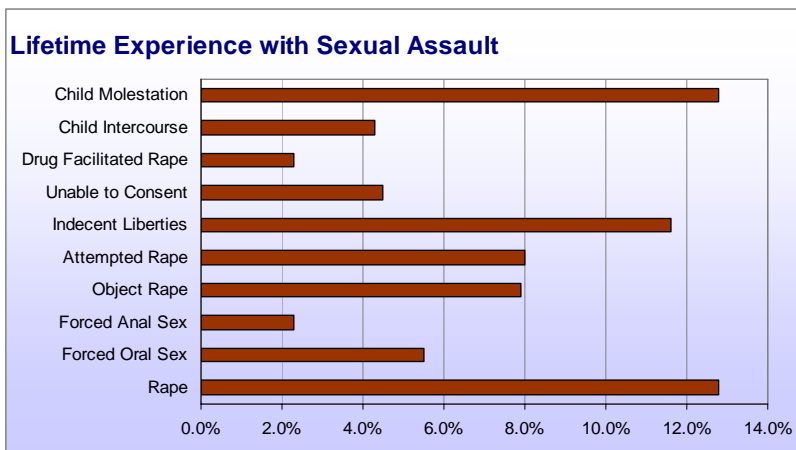
1,816 Utah women over the age of 18 were interviewed about their experiences with sexual violence. 12.8% of the respondents reported that they had been raped at some point in their lifetimes. This number is almost identical to the 12.7% reported in the 2005 survey. When all questions about unwanted sexual experiences were combined, 28.9% of the respondents said that they had victims of a sexual offense at some time in their life. A slightly higher rate of 31.7% was found in the 2005 study.

Of the 525 respondents who reported at least one sexual assault experience, 61.3% reported more than one type of sexual assault, with 7.6% reporting six or

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Rape	12.7%	12.8%
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Attempted Rape	8.9%	8.0%
Object Rape	7.5%	7.9%
Forced Oral Sex	5.3%	5.5%
Unable to Consent	4.7%	4.5%
Child Intercourse	5.8%	4.3%
Forced Anal Sex	1.7%	2.3%
Drug Facilitated Rape	1.8%	2.3%

more of the 10 different types. The figure and table included on this page show the percent of respondents who said they had been victims of each of the different types of sexual assault.



Of all forms of sexual assault studied, the two most common were rape and child molestation, both at 12.8%. Child molestation was defined for the respondents as occurring if they were under 16 years of age and someone four or more years older touched their breasts, buttocks, or genital areas without using force or threats.

Classification of Sexual Assaults	
Rape	<i>Forced sexual penetration (vaginal, oral, anal, digital, object)</i>
Attempted Rape	<i>Uncompleted attempt at forced penetration</i>
Indecent Liberties	<i>Forced sexual contact with breasts, buttocks, or genital areas</i>
Non-Consenting Sex	<i>Unwanted sex while under the influence of alcohol or drugs and when unable to give or withhold consent</i>
Child Rape	<i>Non-forced sexual penetration when less than 16 years with a person four or more years older</i>
Child Molestation	<i>Non-forced sexual touching of breasts, buttocks, or genital areas when less than 16 years by a person four or more years older</i>

Looking at other forms of sexual assault reported by the survey respondents, indecent liberties—touching their breasts, buttocks, or genital areas by using force or threat—had been experienced by 11.6% at some point in their lifetime. Additionally, 8.0% said that someone attempted to make them engage in any form of sexual intercourse against their will; object rape was reported by 7.9%; 5.5% said they had been subjected to forced oral sex; and 4.5% said that they had been forced into sexual intercourse when they had drunk too much alcohol or taken drugs and could not consent (unable to consent). Child intercourse—defined as occurring when a victim under 16 years old and an individual four or more years older engaged in sexual intercourse without using force or threats—had occurred in 4.3% of the cases. The

least common forms of abuse were drug-facilitated rape and forced anal sex (both at 2.3%). These rates are similar to those reported in the 2005 survey. Like the 2005 survey, we will collapse rape, forced oral sex, forced anal sex, and object rape crimes into the rape category as described in the insert on this page for the remainder of the report. Note that the rate of rape then

increases to 17.3% when defined more broadly in this way. The two categories involving drugs or alcohol (drug-facilitated rape and engaging in intercourse when unable to consent because of drug or alcohol use) were also combined into a single category of non-consenting sex.

As expected, the reported incidence of sexual assaults of any type during the prior year was extremely low. In the year prior to being surveyed, 10 individuals (0.6%) were raped, 2 subjected to forced oral sex, 1 to forced anal sex, 3 to object rape, 7 to attempted rape, 6 to indecent liberties, 3 to intercourse when unable to consent, and 1 to drug-facilitated rape (See Table 2).

Table 2
Respondents Sexually Assaulted Last Year

	2005	2007
Rape	0.4%	0.6%
Indecent Liberties	0.4%	0.3%
Attempted Rape	0.2%	0.4%
Object Rape	0.3%	0.2%
Forced Oral Sex	0.2%	0.1%
Unable to Consent	0.2%	0.2%
Forced Anal Sex	<0.1%	<0.1%
Drug Facilitated Rape	0.0%	<0.1%

Half of rape victims were victimized by more than one individual

Of individuals who reported a rape, almost half (48.5%) reported that during their lifetime they had been victimized by only one individual. About another quarter (24.1%) were victimized by two individuals and 12.7% by three different individuals during their lifetimes. The remaining 14.7% had been sexually victimized by four or more individuals.

Table 3
Age of First Assault by Type of Sexual Assault

	Number	Average	Minimum Age	Maximum Age
Rape	228	17.0	1	70
Indecent Liberties	206	14.1	0	42
Attempted Rape	143	14.7	2	45
Object Rape	142	13.0	2	49
Forced Oral Sex	98	16.0	3	47
Unable to Consent	79	19.7	2	47
Forced Anal Sex	42	21.7	5	45
Drug Facilitated Rape	39	19.5	4	49
Child Intercourse	78	12.3	0	16
Child Molestation	225	11.2	0	16

These rates were very similar to those found in the 2005 survey.

When asked how many times the respondent had been sexually victimized, only 38.5% of victims reported it had happened only once during their lives. The median number of assaults was two, with a range from 1 to 97.

Most experienced their first sexual victimization as a child

Respondents who reported some sort sexual assault during their lifetimes were asked questions about their age when each type of incident occurred. Over three-fourths (78.7%) reported that their first sexual assault happened when they were under 18. One-third (34.9%) said that the first assault occurred when they were less than 10 years old and 61.9% said that the first event happened before they were 15 years old.

Looking at age of first victimization by type of crime in Table 3, the only categories with an average age at first assault greater than 18 were drug facilitated rape (19.5 years), intercourse when the respondent was unable to consent (19.7 years), and forced anal sex (21.7 years). These findings were similar to those from the 2005 survey. The youngest categories, by definition, were child intercourse (12.3 years) and

child molestation (11.2 years). The oldest individual experiencing her first sexual assault was a rape victim at 70 years old, with the next (also a rape victim) at 50 years of age.

The youngest reported ages were less than a year old at the time of the first assault. Future surveys might ask respondents who report victimization before the age of two how they

remembered or came to find out about the incident. It is unlikely that the respondents have an actual personal memory of events occurring before they were two and these reports may be based on other information.

Almost half of the victims were assaulted multiple times

Interesting patterns were seen when respondents who reported any type of sexual assault experience were asked about the number of assailants and the number of incidents of sexual assault they had experienced. About half said that they were victimized just once by a single individual (47.4%). One quarter said they had been victimized multiple times by the same individual (24.8%). Another 22.8% said they were victims of multiple events by multiple people. Finally, less than 5% (4.9%) reported that they had been victimized in a single event by multiple individuals (See Table 4).

Survey respondents who reported that their first sexual assault occurred as an adult were more likely to say that they were assaulted in a single event by a single individual (See Table 4). Close to 60% of those who were first assaulted as an adult fell into this category compared to 44.5% of those who were

Table 4
Respondents Assaulted by Single or Multiple Assailants

	1 st Assault as a Child		1 st Assault as an Adult		Total	
	Number	%	Number	%	Number	%
Single Event by 1 Person	177	44.5%	64	58.2%	241	47.4%
Single Event by 2 or More	19	4.8%	6	5.5%	25	4.9%
Multiple Events by Single Person	102	25.6%	24	21.8%	126	24.8%
Multiple Events by Multiple People	100	25.1%	16	14.5%	116	22.8%

first assaulted as a child. Those who were first assaulted as a child had a higher incidence of multiple events, especially multiple events involving multiple people (25.1% for those first assaulted as a child compared to 14.5% for those first assaulted as an adult).

Drug and alcohol facilitated rape was reported by Utah women

Rape occurs anytime an individual does not give consent to engage in sexual intercourse, or if the individual is unable to consent to sexual intercourse. Inability to give consent can occur when the individual has had too much to drink or is under the influence of drugs. If an individual takes advantage of this situation and engages in sexual intercourse when the victim is unable to consent, this constitutes rape. A similar situation occurs when the victim is purposefully administered drugs or alcohol without her knowledge and then is subjected to intercourse. Several “date rape drugs,” such as GHB, can be administered in a victim’s food or drink without her knowledge. The victim may be rendered into a semi-conscious state where the perpetrator can take advantage, often without the victim having a clear memory of what occurred.

41 of the survey respondents (2.3%) reported that someone had sexual intercourse with them after they had been given drugs or alcohol either without their knowledge or against their will at some time in their lives (**drug facilitated rape**). The average age of the

first occurrence of this type of rape was 19.5 years and the majority occurred after the victim was 16 years old. The rate of 2.3% is somewhat higher than the rate reported in the 2005 survey.

More common was rape which occurred when the victim had sexual intercourse after voluntarily drinking or taking drugs but was unable to give or deny consent (**unable to consent**). 81 respondents reported that this type of victimization occurred to them at some point in their lifetimes (4.5%). As with the drug facilitated rape cases, the average age of first victimization was 19.7 years, with almost 60% (39.2%) reporting their first victimization after 16 years of age. For the rest of the report, these two are combined as “Non-Consenting Sex”.

Both intimate partners and strangers were involved in sexual assaults

Respondents were asked if a husband, boyfriend, or stranger had made or tried to make them have any type of sexual intercourse. 163 respondents (9.0%) said that sometime during their lifetime, a husband or boyfriend made or attempted to make them have sexual intercourse against their will. However, it is interesting to note that 41 of these 163 respondents (25.2%) did not report having been a victim of rape (as defined in the inset on page 10) or attempted rape at any time in their lives. Note that the definition of rape or attempted rape specifically mentioned threats of force and the question about husbands or

boyfriends did not, which may explain this discrepancy.

Additionally, 112 (6.7%) of the respondents said that a stranger had made or attempted to make them have intercourse against their will. An even greater percentage of these respondents did not report a

rape or attempted rape (34.8%). Similar to the situation with husbands, it is possible that these differences come from incidents that did not rise to the level of rape or attempted rape because force or threats were not used

Victim Characteristics and Sexual Assault in Utah

A variety of demographic information was collected from survey respondents. Two findings suggest that lower socio-economic status women were more likely to have been victims of rape or sexual assault. Women with lower incomes and less education reported more rape and child intercourse experience than women with higher incomes and educational levels. Lower education respondents also reported a higher rate of non-consenting sex. Women who were members of the oldest age category, 65 years of age and over at the time of the survey, reported a much lower incidence of sexual assault than respondents who were younger.

Respondents were asked questions about their racial and ethnic backgrounds. Only 151 of the 1,816 respondents (8.3%) were from either a racial or ethnic minority. The low number of minority respondents makes comparisons in rates of sexual assault difficult. Comparing overall rates of sexual assault for minorities versus non-minorities shows that the combined rates are almost identical—27.8% of minority respondents and 28.9% of non-minority respondents reported at least one of the types of sexual assault covered by this survey. Rape rates were very similar (18.5% for minorities vs. 17.1% for non-minorities), as were rates for most of the other types of specific sex crimes (See Table 5).

Hispanic respondents made up 6.3% of the survey respondents, which allowed for comparisons of rates among Hispanic and non-Hispanic respondents. Hispanic respondents were less likely to report that they had been victims of child molestation (6.3% for Hispanic compared to 13.4% for non-Hispanic respondents). Interestingly, this result is somewhat in opposition to one found in the last survey, which showed that Hispanics had a significantly higher rate of child intercourse. The current survey showed no differences in the rate of child intercourse by ethnicity.

Lowest income respondents reported higher levels of rape

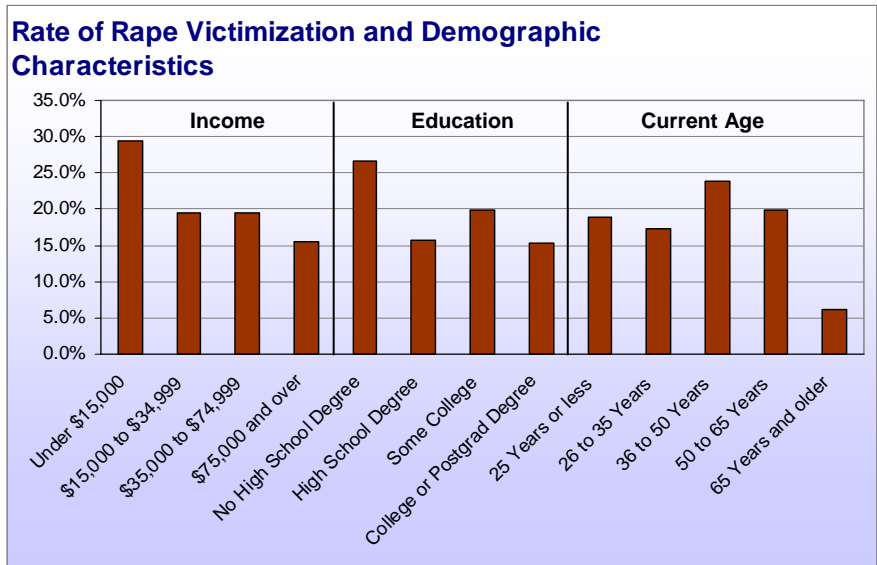
In contrast to the 2005 survey, results from the 2007 questionnaire suggest that there may be a relationship between income levels and sexual victimization. Almost 40% (39.5%) of those with an income less than \$15,000 a year reported some type of sexual victimization, compared to 31.3% for incomes

Table 5

Respondents Assaulted Comparing Racial and Ethnic Minority to Non-Minority Respondents

	Minority	Non-Minority
Any Sexual Assault	27.8%	28.9%
Rape	18.5%	17.1%
Attempted Rape	8.7%	7.8%
Indecent Liberties	7.3%	11.9%
Non-Consenting Sex	5.3%	5.0%
Child Intercourse	4.7%	4.2%
Child Molestation	10.7%	13.1%

\$15,000 to \$34,999, 31.6% for \$35,000 to \$74,999, and 28.7% for incomes \$75,000 and over. While this difference was not significant, the difference in reported rape rates was, with 29.5% of respondents with incomes under \$15,000 reporting an incident of rape, 19.4% of incomes \$15,000 to \$34,999, 19.4% of \$35,000 to \$74,999, and 15.5% of incomes \$75,000 and over. No other significant differences were found although similar patterns occurred for attempted rape and child rape.



Respondents with less education were more likely to report being raped during their lifetime

Both the current results and those from the 2005 survey show a relationship between sexual assault rates and education level. Total sexual victimization was not related to educational level; however, 26.7% of those with no high school degree reported being raped compared to 15.7% of those with a high school degree, 19.9% of those with some college but no degree, and 15.3% of those with a college or post-graduate degree (See Table 6).

Child intercourse also showed this pattern. 11.8% of

those with no high school degree reported child intercourse compared to 5.2% of those with a high school degree, 5.1% of those with some college but no degree, and 2.6% of those with a college or post-graduate degree.

Being a victim of non-consensual sex while under the influence of drugs or alcohol also was most common for respondents with less education. 10.5% of those with no high school degree reported nonconsensual sex compared to 4.9% of those with a high school degree, 6.4% of those with some college but no degree, and 3.9% of those with a college or post-graduate degree.

Current age was strongly related to reported sexual assault

Interesting patterns were also found when the current age of those who reported sexual assault experiences was compared with the age of those who did not report an assault. All respondents were asked how old they were at the time of the survey. Significant

Table 6

Education of Respondents by Reported Victimization

	No High School Degree	High School Degree	Some College	College Degree or Postgrad
Any Sexual Assault	31.4%	29.1%	32.0%	26.6%
Rape	26.7%	15.7%	19.9%	15.3%
Attempted Rape	8.1%	7.6%	10.4%	6.7%
Indecent Liberties	9.3%	9.6%	13.0%	11.8%
Non-Consenting Sex	10.5%	4.9%	6.4%	3.9%
Child Intercourse	11.8%	5.2%	5.1%	2.6%
Child Molestation	15.3%	12.5%	14.0%	12.1%

Table 7

Current Age of Respondents by Reported Victimization

	25 Years or Less	26 to 35 Years	36 to 50 Years	50 to 65 Years	65 and Over
Any Sexual Assault	28.9%	30.0%	35.3%	33.3%	13.9%
Rape	18.9%	17.4%	23.8%	19.8%	6.2%
Attempted Rape	11.4%	8.5%	10.0%	9.4%	2.7%
Indecent Liberties	14.4%	12.5%	16.1%	12.5%	4.6%
Non-Consenting Sex	3.3%	6.8%	6.0%	6.4%	1.6%
Child Intercourse	4.4%	6.8%	4.7%	5.0%	0.8%
Child Molestation	11.2%	12.6%	16.6%	14.6%	6.7%

differences were found for average current age for all measures of sexual assault. In every case, those who reported victimization were currently younger than those who reported no victimization.

More information is found by looking at rates of assault by age categories. The most notable effect is that those who were currently over 65 years of age at the time of the survey reported substantially less sexual victimization in every category (See Table 7). The highest victimization rates were reported by those between 36 and 50 years of age. The youngest age group, 25 years or less, generally reported lower victimization than the middle age groups, except for child sex incidents and indecent liberties. The pattern of the youngest respondents having the lowest rate of adult sexual victimization seems easy to explain since the youngest age individuals have had less chance to be victimized as adults, but an equal chance to be victimized as children.

The very low rates reported by the oldest age group are less easy to understand. Several explanations for these differences could be offered. First, there

could be real generational differences in the actual occurrence of sexual assault. Women who were over 65 in 2007 may have actually experienced less victimization during

their lifetimes, resulting from changes in American culture which increased sexual offending in the last 50 years. Second, the oldest age group may have forgotten parts of their history. Third, the oldest age group may be much more reluctant to disclose their sexual experiences to a telephone interviewer. It is possible that all three factors played some role in these results.

Divorced and single respondents reported a higher rate of sexual assault

Marital status appeared to be related to sexual assault. Divorced women reported the highest rate of sexual assault (47.9%), followed by single women (37.9%). Married and widowed women had the lowest rates (26.5% for married and 22.8% for widowed). Some part of this effect may be confounded with age since widowed women are the oldest group. Divorced women, however, were older than both single and married respondents, yet still had the highest reported rate of sexual assault.

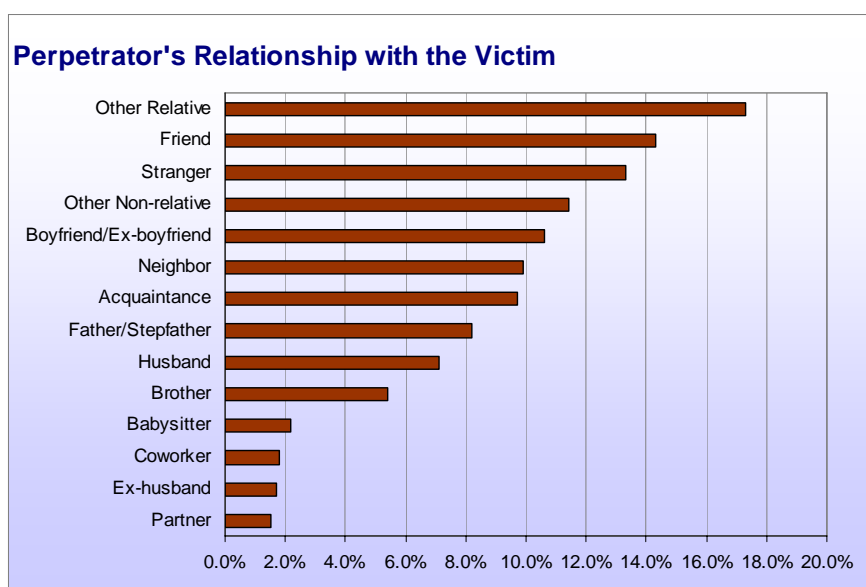
Experience of Victims of Sexual Violence

Survey respondents who reported being the victims of sexual violence during their lifetimes were asked a variety of questions about the victimization itself, concerns arising from the incident, and their contacts with family, friends, or professionals regarding the incident. Details were collected on up to three sexual assault incidents—the worst, the earliest (if different from the worst), and the worst occurring in the last year (if not included in the first two categories). Results in this section are reported by incident, rather than by victim, to reflect differential responses which may have occurred in different types of incidents. Of the 525 respondents who reported at least one sexual assault, 266 (50.7%) said it was a single incident and 242 (46.1%) reported multiple events (17, or 3.2%, said they did not know or refused to answer). Of the 242 reporting multiple events, 76 reported on both a worst assault and an earliest assault that was not the same as the worst. Of these 76, 6 also reported an event in the last year that was not the earliest or the worst. A total of 607 incidents are included in this section.

Most reported victimization at the hands of a man or boy they knew

When asked about the gender of the perpetrator, 95.2% reported that the assault or assaults were committed by a man or boy. Only 2.3% (12 incidents) involved a female perpetrator, and seven more (1.3%) involved both male and female perpetrators, either at the same time or different times. These findings are very similar to those obtained in the last survey.

Respondents were asked about their relationship with the perpetrator. Multiple responses to this question



were allowed since multiple perpetrators may have been involved. 13.3% said that they had been victimized by a stranger at some time. This is substantially higher than the 8.6% found in the previous survey.

An unspecified relative was the most common type of perpetrator (17.3%), followed by a friend (14.3%). Overall, 30.9% of the incidents involved an assault by a non-spouse family member, such as a father or stepfather (8.2%), brother (5.4%), or other relative (17.3%). Intimate partners, such as husbands, boyfriends, ex-husbands, and partners, were the attackers in 20.8% of the assaults described by the respondents.

Other types of relationships reported included babysitters (2.2%), coworkers (1.8%), neighbors (9.9%), and other types of non-relatives (11.4%). Combined, individuals who were not relatives, husbands, ex-husbands, or strangers accounted for almost half (49.6%) of the perpetrators reported in this survey.

Different types of sexual assault showed different relationships between victim and perpetrator. Non-consensual sex (drug facilitated) and indecent liberties were most likely to involve a stranger (21.4% for each), while child molestation was the least likely to involve a stranger (11.6%). Family members, excluding husbands or ex-husbands, were much more likely to be the perpetrators in child molestation (39.8%) and child intercourse (29.5%) than other types of assaults. The least likely type of assault to involve family members was indecent liberties (14.6%).

Table 8
Victim Injury by Type of Assault

	No Injury	Minor Injury	Serious Injury
Rape	57.6%	35.1%	7.4%
Attempted Rape	66.1%	30.4%	3.6%
Non-consenting Sex	71.4%	28.6%	0.0%
Indecent Liberties	73.8%	21.4%	4.9%
Child Rape	72.1%	20.9%	7.0%
Child Molestation	87.6%	8.4%	3.9%
All Victims	73.0%	22.5%	4.6%

Weapon use in sexual assault was not common

Findings regarding the use of weapons and threats in sexual assaults were similar to the 2005 survey. As in the previous survey, weapons were seldom used in the incidents reported by respondents. Over 90% (91.9%) said that no weapon was used. Use of a gun was reported in 1.5% of the incidents; a knife in 3.7%, and another type of weapon in 2.9%.

Threats were more common than weapons. Just over one-quarter of the respondents (25.5%) said that the perpetrator threatened to harm or kill either the victim or someone close to the victim during the sexual assault incident. Whether they were actually threatened or not, close to one-third (32.6%) of the respondents reported that they believed that they or someone close to them would be seriously harmed or killed.

In about three-quarters of the cases, victims did not report that a physical injury occurred as a result of the assault. Overall, 73.0% said that no injury occurred in the incident, 22.5% reported a minor injury, and 4.6% reported suffering a serious injury (See Table 8). Rape victims were most likely to report an injury—35.1% reported a minor injury and 7.4% a serious injury. Attempted rape victims were somewhat less likely to suffer an injury—30.4% said

Table 9
Sexual Assault Victim Physical Concerns

	2005	2007
Concerned about Getting AIDS/HIV?		
Extremely	11.9%	13.3%
Somewhat	4.9%	5.8%
A Little	2.7%	2.3%
Not Really	80.6%	78.7%
Concerned about Getting Other STD?		
Extremely	14.1%	18.2%
Somewhat	8.0%	9.1%
A Little	2.9%	4.0%
Not Really	75.1%	68.7%
Concerned about Getting Pregnant?		
Extremely	21.0%	19.6%
Somewhat	5.1%	7.5%
A Little	2.2%	1.7%
Not Really	71.8%	71.2%

that they had minor injuries and 3.6% reported a serious injury. Victims of non-consensual sex reported minor injuries in 28.6% of the cases and serious injuries in 0 cases. Respondents who reported that someone had taken indecent liberties suffered minor injuries in 21.4% of the incidents and serious in 4.9%. Child intercourse victims had a similar rate of minor injuries—20.9%—and a higher rate of serious injuries—7.0%. The lowest injury level was reported in child molestation incidents, with 8.4% suffering minor injuries and 3.9% suffering serious injuries.

Most victims were not concerned about getting an STD

Respondents who were sexually assaulted were asked if they were concerned at the time about acquiring a sexually transmitted disease, getting HIV/AIDS, or getting pregnant as a result of the incident. Most victims were not very concerned about these issues. Almost 80% said they were not concerned about HIV or AIDS (78.7%) and close to 70% were not concerned about other STD's (68.7%) or pregnancy (71.2%) resulting from the reported incident (See Table 9).

Several possible reasons could be found for this lack of concern. First, some types of assault, such as indecent liberties or child molestation, do not involve penetration and so do not present much risk of pregnancy or disease transmission. Rape and non-consenting sex victims did show a higher level of concern about getting AIDS or HIV, with 20.7% of rape victims and 28.6% of non-consenting sex victims reporting that they were extremely concerned compared to 7.1% of victims of indecent liberties and 8.7% of child molestation victims. No concern about AIDS was reported by 59.9% of rape and 52.4% of non-consenting sex victims compared to 85.7% of indecent liberties and 88.4% of child molestation victims.

Similarly, 28.3% of rape and 41.5% of non-consenting sex victims said they were extremely concerned about other types of STD's compared to 15.2% of indecent liberties and 11.6% of child molestations victims. Pregnancy was extremely concerning for 33.1% of rape and 35.7% of non-consenting sex victims versus 15.8% of indecent liberties or 9.3% of child molestation victims. While more concerned than victims of other sexual assault types, the majority of victims of rape or non-consensual sex were unconcerned or only a little concerned about these physical impacts.

Another possible explanation of the lack of concern arises from the fact that many of these victimizations occurred when the respondents were children and they were less aware of the risks they faced. The survey data also support this explanation. Respondents who were under 18 at the time of their sexual assault were less likely to report having been concerned about STD's—77.0% of the under 18

Table 10
Sexual Assault Victim Social Concerns

	2005	2007
Concerned about family knowing?		
Extremely	52.5%	52.3%
Somewhat	15.5%	17.6%
A Little	6.1%	4.0%
Not Really	26.0%	26.1%
Concerned about other people knowing?		
Extremely	48.2%	45.6%
Somewhat	16.9%	17.2%
A Little	4.9%	5.9%
Not Really	30.0%	31.4%
Concerned about name made public by media?		
Extremely	37.1%	30.4%
Somewhat	4.4%	4.0%
A Little	1.7%	1.7%
Not Really	56.8%	63.9%
Concerned about people would think it was your fault?		
Extremely	47.8%	46.8%
Somewhat	14.7%	17.1%
A Little	5.7%	4.1%
Not Really	31.8%	32.1%

group reported no concern compared to 43.6% of the over 18 age group. Similarly, victims under 18 at the time of the assault were less concerned about AIDS and HIV—84.5% of the under 18 group reported no concern versus 57.3% of the older age group. Finally, pregnancy concerns were less for the younger victims—74.5% reported no concern compared to 58.3% of the older victims.

Victims were concerned about others knowing they were assaulted

One of the greatest concerns reported by sexual assault victims was that family or friends would find out that they had been assaulted. Over half (52.3%) reported that they were extremely concerned about their families finding out about the incident, another 17.6% somewhat concerned, 4.0% a little concerned, and just about a quarter (26.1%) said they were not at all concerned. High levels of concern about people outside the family discovering that they were

sexually assaulted were also reported—45.6% said they were extremely concerned, 17.2% somewhat concerned, 5.9% a little concerned, and 31.4% not at all concerned.

Fear of the assault being reported in the media was less of a concern, although 30.4% did report that they were extremely concerned about the information appearing in the media, An additional 4.0% were somewhat concerned, 1.7% a little concerned, and 63.9% not at all concerned about the media.

These findings reveal one of the major problems facing sexual assault victims. Generally, family members and friends are our most important support systems, but these are exactly the people that victims most want to hide the incident from. Just at the time that

they most need help and support from these individuals, victims are often afraid of them discovering what happened. One possible reason for this may be found in the responses to a question about concern that others would see the incident as the victim's fault. Almost half (46.8%) said that they were extremely concerned that people would think that they were responsible for the sexual assault. Another 17.1% reported that they were somewhat concerned, 4.1% a little concerned, and 32.1% reported that they were not at all concerned about being viewed as at fault.

Table 11 shows the relationship between type of sexual assault and these social concerns. Rape, attempted rape, and child intercourse victims were more likely to report that they were concerned about their families or other people discovering what had happened than other types of victims. These same groups, along with victims of non-consensual sex,

Table 11
Social Concerns by Type of Assault

	Rape	Attempted Rape	Non-Consenting Sex	Indecent Liberties	Child Intercourse	Child Molestation
Concerned about family knowing?						
Extremely/Somewhat	81.3%	78.2%	64.3%	66.7%	75.0%	62.9%
A Little/Not Really	18.7%	21.8%	35.7%	33.3%	25.0%	37.1%
Concerned about other people knowing?						
Extremely/Somewhat	74.3%	72.2%	63.4%	61.2%	72.1%	53.7%
A Little/Not Really	25.7%	27.8%	36.6%	38.8%	27.9%	46.3%
Concerned about name made public by media?						
Extremely/Somewhat	42.3%	35.2%	52.4%	34.7%	31.7%	27.4%
A Little/Not Really	57.7%	64.8%	47.6%	65.3%	68.3%	72.6%
Concerned about people thinking it was your fault?						
Extremely/Somewhat	72.0%	69.6%	70.7%	61.2%	65.1%	55.1%
A Little/Not Really	28.0%	30.4%	29.3%	38.8%	34.9%	44.9%

had a greater level of concern that others would think that the assault was their fault. The lowest levels of concern were reported by victims of indecent liberties and child molestation.

Few victims of sexual assault sought medical services

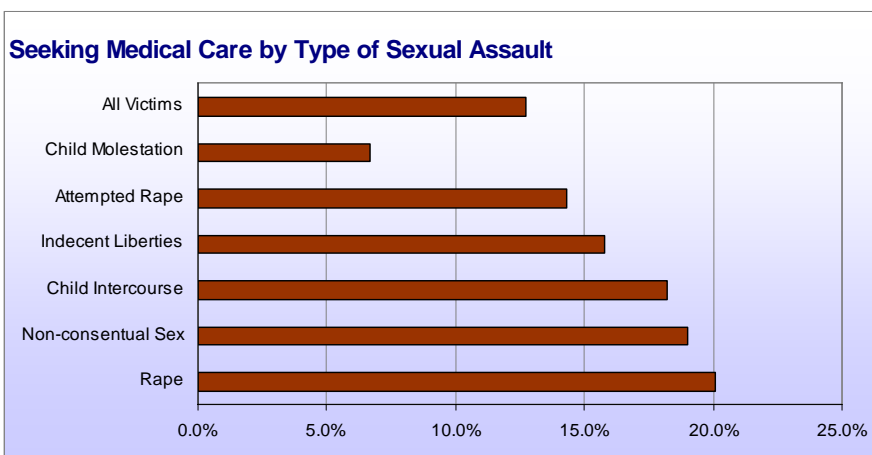
Very few respondents who reported being sexually assaulted sought medical attention after the incident. Only 12.7% of the assaults resulted in a visit to a doctor or medical center for an examination after the incident. This rate is somewhat higher than the 8.2%

found in the 2005 survey. These findings differ according to the nature of the assault. Victims of rape and non-consensual sex were more likely to seek medical care than those who were victims of other types of sexual incidents—20.1% of rape, 19.0% of non-consenting sex, and 18.2% of child intercourse victims sought (or received) medical care, compared to 6.7% of victims of child molestation.

One crucial issue in criminal prosecution of sex crimes has to do with collection of physical evidence which is most likely to be successful if it occurs immediately following an attack. A visit to a doctor or

a medical center is the best way to collect this evidence. However, the requirements of a successful prosecution may be of little interest to victims who often don't want anyone to know that the incident occurred, let alone assist in public criminal case.

Those who did not seek medical care were asked why. The most



common answer was that they were not injured (37.0%). Another 30% (30.2%) said that they were too young to ask for help; 19.7% said that they were afraid someone would find out what happened; and 13.1% reported that they were just not thinking clearly. Those who did seek care were asked why they went to a doctor. Note that a sizeable number of those who said they went to a doctor said they didn't know why or refused to answer (24 out of 76). Half of those who answered this question (50.0%) said they went to check for an STD. A quarter (26.9%) reported that they went because they knew evidence collection would be important to the prosecution of the case (this represents only 14 victims). The remaining quarter (23.1%) went to check for a pregnancy or to receive emergency contraception.

Physical evidence of an attack needs to be gathered soon after the event. Respondents who went to a doctor were asked how long after the incident they received an exam. About a third (33.8%) said they saw a doctor within 24 hours and another 28.4% sought medical help within the first week, leaving open the possibility of evidence collection in 62.2% of the cases that sought out medical care. Again, this still represents a small number of the total victims—46 individuals.

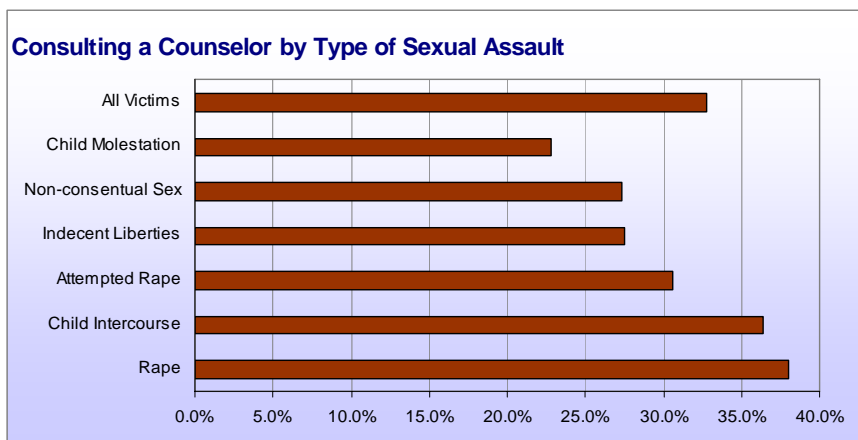
Respondents who obtained medical care were asked if evidence for a criminal case was collected during their exam. Most of those who sought care reported that the doctor was aware that they had been sexually assaulted (54, or 73.0%). However, only twenty individuals (30.3% of those who answered the question) said that evidence was

collected. Less than half (47.8%) of those who obtained medical care were given any information about testing for exposure to AIDS, HIV infection, or other types of sexually transmitted diseases. All respondents who were victims of a sexual assault were asked if they actually got a sexually transmitted disease as a result of the incident. Seventeen incidents, or 2.9% of the total victimizations, resulted in an infection. Rates reported in this section are similar to those found in the 2005 survey.

More victims consulted a counselor than a doctor

About a third (32.8%) of victimized respondents said that they had talked with a professional counselor about the event (a similar rate of 30.3% was reported in the 2005 survey). As with other items regarding seeking services, rape victims were most likely to see a counselor for the event. 38.0% of the rape incidents and 36.4% of the child intercourse incidents led to a counseling session compared to 22.8% of child molestation, 27.5% of indecent liberties, and 27.3% of non-consenting sex incidents.

There was generally a very long lag between the incident and seeking counseling services. Almost three-fourths (73.1%) reported that they waited more



than a year (the longest response available) after the event to seek counseling. Only 10.9% sought help within the first week. Those who saw a therapist did it a number of times. When asked how many times they saw a counselor, therapist or other professional for help dealing with this event, the median response was 10 times (although 9.1% only reported one session). One interesting result came from the question about whether the respondent was currently in treatment for issues resulting from the incident. 9.7% reported that they were still in treatment at the time of the survey.

Respondents were asked how long they had been in counseling directly relating to their sexual assault. 43.3% were in counseling for 6 months or less; 15.7% reported treatment lasting between 6 months and a year; 30.3% for 1 to 5 years; and 10.7% for more than 5 years. One respondent reported that she had been in therapy for 45 years.

Generally, those who sought treatment were satisfied with the services they received. 81.4% said that they were either satisfied (37.0%) or very satisfied (44.4%) with their services. Only 6.3% reported being very dissatisfied. This high level of satisfaction is mitigated by the fact that only a third of victims received treatment. Those who were somewhat or very dissatisfied were asked why and were allowed to answer affirmatively to any of the options. The most common reason (reported by 76.5%) was that the treatment just didn't help. Next in frequency, interestingly, was that the counselor was not sensitive to their disabilities (52.4%), followed by feeling that the counselor blamed, doubted, or criticized them (32.4%). Cost was an issue for 20.6% and racial or ethnic, religious, or sexual orientation discrimination for 11.8%. Language was not an issue for any dissatisfied respondents.

Table 12

Medical and Counseling Services Used by Sexual Assault Victims

	2005	2007
Did you see a doctor or go to a medical center?	8.2%	12.7%
Did you see a counselor?	30.3%	32.8%
Did you contact a rape crisis line?	2.9%	3.0%

Those who were somewhat or very satisfied were also asked why and were allowed to answer yes to any items from a list. Almost all those who were satisfied with their counseling reported that they felt supported, listened to, and believed (96.1%) and that the counseling helped them deal with feelings of blame, guilt and shame (92.8%). Satisfied respondents also said that the counselor was sensitive to their race or ethnicity, religion, or sexual orientation (81.0%). About half reported being satisfied because the counselor was sensitive to their disability (49.7%).

The victims of sexual assault who did not obtain counseling were asked to indicate their reasons for not obtaining therapeutic services. 40% reported that they were too young to ask for help. 21.6% said that they were afraid that people would find out what had happened to them if they sought counseling services. Logistic issues interfered for a subset—16.8% said that they didn't know where to go for help; lack of transportation stopped 6.9%; and cost was a barrier for 5.9%. Interestingly, the most common reason selected for not seeking treatment was "Other" (48.8%). More information was not requested on this item, though future surveys might investigate this question further. A few respondents volunteered that they did not seek treatment because they did not need it.

Very few victims contacted a rape crisis line

As in the previous survey, very few respondents (18, or 3.0%) contacted a sexual assault or rape crisis line. Of these, three-quarters reported that they were somewhat or very satisfied with the service provided and one-quarter that they were somewhat or very dissatisfied. The level of satisfaction reported in this survey is lower than in the last, which found that 90% were satisfied. Small numbers in both surveys make comparisons difficult.

Victims who were dissatisfied (only 4 respondents) were asked to indicate why from a list the reasons for their dissatisfaction. Two said they felt like the individual who answered the phone wasn't interested or didn't care. Two also said that they felt that the staff didn't know what to do to help them and one said that they felt blamed, doubted, criticized, or re-victimized.

The 12 respondents who were satisfied with the services they received from the rape crisis line were asked to indicate why they were satisfied. All 12 said that the staff helped them to deal with feelings of

guilt, shame, or blame. Almost all said that they felt listened to, believed in, and supported (11 of 12) and that the staff were sensitive to their race or ethnicity, religion, or sexual orientation (10 of 12). Ten of the 12 also said that they were given help with accessing other resources or services by the staff of the rape crisis line.

Respondents were also asked if they were in college at the time of the assault. 49 individuals (9.6% of victims) said that they were in college at the time. Only 3 of these individuals said that they received services on campus to help them deal with the assault.

Respondents reported little alcohol or drug involvement in the assault

According to survey respondents (both in this survey and the previous one), the perpetrator was generally not under the influence of drugs or alcohol at the time of the assault (See Table 13)—70.6% said that their attacker was not under the influence of either during the assault. Alcohol use was more common than drug use, with 17.1% being under the influence of alcohol alone compared to 4.2% who were under the influence of drugs alone. 8.1% were under the influence of both drugs and alcohol. Note that for a substantial number of incidents (107, or 17.6%), respondents said that they simply did not know if the perpetrator was under the influence of drugs or alcohol.

The respondents were also asked if they personally were under the influence of drugs or alcohol at the time of the attack. As in the previous survey, the overwhelming majority (88.9%) said that they were not under the influence of either. Alcohol use was also more common for victims than drug use (7.2%

Table 13

Alcohol and Drug Use During Sexual Assaults

	2005	2007
<i>Was the perpetrator under the influence of drugs or alcohol?</i>		
Alcohol	24.3%	17.1%
Drugs	2.6%	4.2%
Both	5.6%	8.1%
Neither	67.5%	70.6%
<i>Were you using drugs or alcohol?</i>		
Alcohol	9.9%	7.2%
Drugs	1.3%	2.0%
Both	1.3%	1.8%
Neither	87.4%	88.9%

Table 14

Age at the Time of the Assault and Relationship with the Perpetrator

	0 to 8 Years	8 to 17 Years	18 to 29 Years	30 or Over
Stranger	9.9%	12.5%	25.0%	12.1%
Family member	56.2%	29.9%	23.0%	33.3%
Family member other than husband or ex-husband	56.2%	26.1%	1.0%	0.0%
Otherwise known	48.8%	71.0%	68.0%	63.6%

for alcohol versus 2.0% for drugs), with a very small number (1.8%) reporting that they had been under the influence of both.

Victims' experiences differed by age at the time of assault

When examining victim's experiences and concerns associated with sexual assault by their age at the time of the incident, several differences emerge. The relationship between the victim and the perpetrator(s) was different for the different age groups (See Table 14). 18 to 29 year olds were the most likely of all age groups to report being assaulted by stranger (25.0%) and victims under age 9 were the least likely to be victimized by a stranger (9.2%). Nine to 17 year olds reported a stranger as the perpetrator in 12.5% of the incidents, and those over 30 at the time of the assault reported a stranger in 12.1% of the cases.

Respondents who were younger at the time of the sexual assault were far more likely to have been victimized by family members than older respondents. More than half (56.2%) of those who were victimized before the age of eight reported that the perpetrator was a family member. This percentage decreased to 29.9% for those between 9 and 17; 23.0% for those between 18 and 29; and increased to 33.3% for the small group who were over 30 years of age at the time of the incident. If the rate is recalculated eliminating husbands and ex-husbands, however, the relationship becomes even

stronger. Only one individual (1.0%) victimized between 18 and 29 reported that the perpetrator was a relative other than a husband or ex-husband and no respondents over 30 years of age reported a family member other than a husband or ex-husband.

Threats of harm to the victim or someone close to the victim were slightly more likely for those who were older at the time of the assault. The lowest level of threats was reported by those who were between 9 and 17 at the time of the assault (22.1%) and highest level by those who were 18 to 29 (34.3%). The rate for the 0 to 8 year group was 26.8% and 33.3% for those 30 and over. Older victims were also much more likely to report believing that someone close to them would be harmed or killed. 53.3% of those who were 30 or over at the time of the assault reported they feared harm for someone close to them. This reduced to 45.5% for those between 18 and 29 at the time of the assault, 24.8% for those 9 to 17, and 36.0% for those under 9 years of age.

In addition, those who were older at the time of the assault were much more likely to report that a weapon was used in the incident (See Table 15). 3.3% of those who were less than 9 years old at the

Table 15

Age at the Time of the Assault and Threats and Weapon Use

	Under 18	18 and Over
Victim Threatened	23.6%	34.1%
Believed Would Be Harmed	28.4%	47.3%
Weapon Used	5.3%	15.7%
Gun	<0.1%	3.7%
Knife	2.5%	7.5%
Other Weapon	1.9%	4.5%
No Weapon	94.7%	84.3%

time of the assault said that a weapon was used. This increased to 6.3% for those who had been between 9 and 17 years and to 14.8% for those who were 18 to 29 years of age at the time of the assault. The highest rate (18.1%) was found for the small group of individuals who were assaulted when they were over 30 years of age.

As mentioned in the earlier section, older victims showed a greater concern about the possible physical impacts of a sexual assault. Those who were assaulted when they were under 9 years of age reported virtually no concern about HIV, AIDS, other sexually transmitted diseases, or pregnancy. As the victims became older, concerns about these issues increased, with half of those 18 and over reporting concerns about pregnancy and sexually transmitted diseases (See Table 16).

The 2005 survey found that those who were younger at the time of the assault had a higher rate of social concerns. The current survey, however, did not find the same patterns. When

asked how concerned they were about their families finding out about the assault, victims over 18 were just as likely as victims under 18 to report that they were extremely or somewhat concerned (69.8% under 18 versus 71.0% over 18). When asked about their concerns about non-family members finding out, younger and older victims were equally as likely to report that they were extremely or somewhat concerned (62.3% under 18 versus 63.7% over 18). And, also contrary to the findings of the previous survey, older victims in this survey were slightly more likely to report concerns that others would view the assault as their fault (68.2% over 18 extremely or somewhat concerned versus 60.9% under 18).

Table 16

Age at the Time of the Assault and Physical Concerns				
	0 to 8 Years	8 to 17 Years	18 to 29 Years	30 or Over
Concerned about HIV or AIDS				
<i>Extremely/ Somewhat</i>	3.6%	17.6%	38.8%	42.4%
<i>A little/Not at all</i>	96.4%	82.4%	61.2%	57.6%
Concerned about sexually transmitted diseases				
<i>Extremely/ Somewhat</i>	4.5%	27.2%	51.0%	45.5%
<i>A little/Not at all</i>	95.4%	72.8%	49.0%	54.5%
Concerned about pregnancy				
<i>Extremely/ Somewhat</i>	9.6%	30.4%	48.5%	12.1%
<i>A little/Not at all</i>	90.4%	69.6%	51.5%	87.9%

Exposure to Other Violence, PTSD, and Depression

The first section of the survey questioned respondents about Issues related to health and mental health, including questions designed to assess symptoms of post-traumatic stress disorder (PTSD) and depression. These questions were asked first to avoid creating an expectation that sexual assault experiences should lead to depression or PTSD. Respondents were also asked about other types of violent traumatic events they may have experienced during their lifetime. This allowed comparisons to be made between non-victims, victims of sexual assault, victims of other types of violence, and victims of both sexual and non-sexual trauma. In addition, impacts on daily activities were assessed, and respondents were asked about services and resources in their communities.

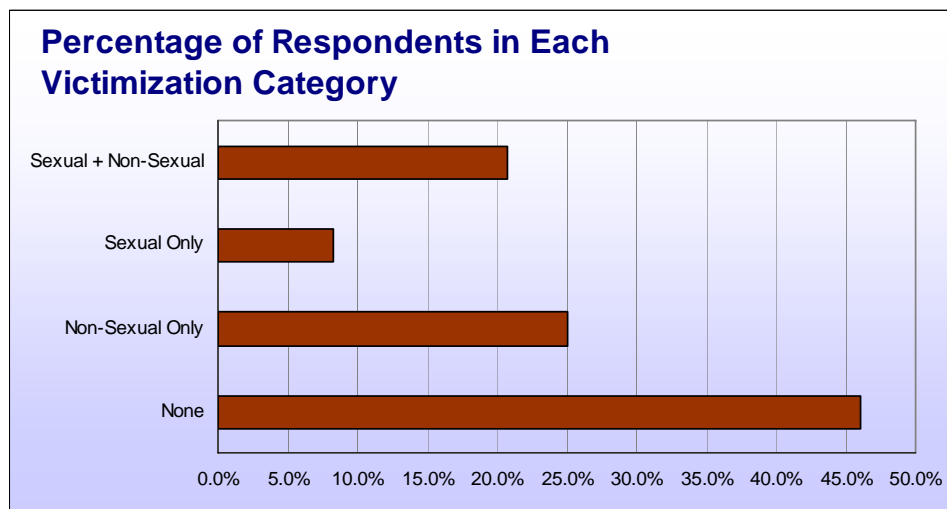
Sexual assault victims were also likely to experience other types of traumatic events

Along with sexual assault experiences, survey respondents were also questioned about other types of violent traumatic events they may have witnessed or experienced during their lifetime. These other types of traumatic events included seeing someone violently injured or killed; being stalked; being beaten

or hurt badly enough to necessitate seeing a doctor; or having a friend or family member that was murdered or killed by a drunk driver. Nearly one-half (45.8%) of all respondents had experienced one or more of these events.

When both sexual and non-sexual victimization experiences are considered together, we find that more than half (54.0%) of all women interviewed had

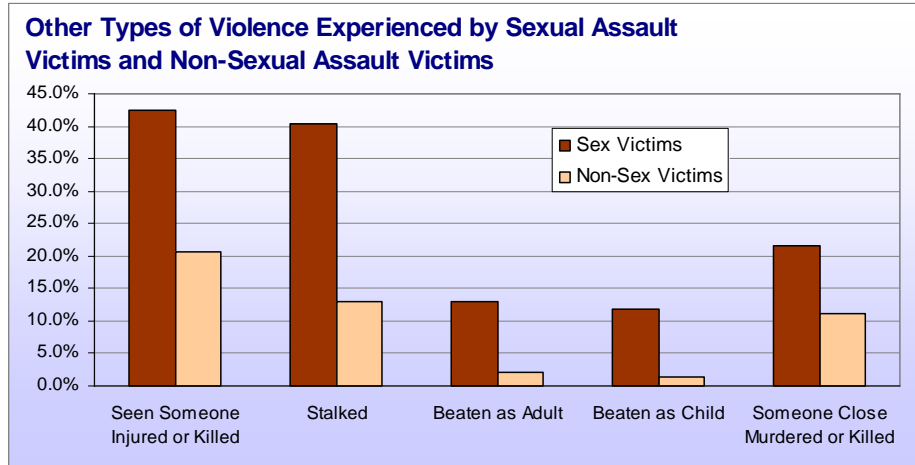
experienced some type of traumatic event during their lives. As the 2005 survey also showed, women who had suffered some type of sexual assault during their lives were significantly more likely to have also experienced a non-sexual violent event. While 35.3% of those who had not been sexually victimized experienced another



traumatic event, almost three-quarters (71.4%) of sexual assault victims also experienced a non-sexual traumatic event. In other words, women who are sexually assaulted are also more than twice as likely to experience other types of violence.

Victims of sexual assault were more likely to report each of the specific types of violence covered in the survey. 42.5% of sexual assault victims also reporting seeing someone violently injured or killed compared to 20.6% of those who had not been sexually assaulted. 40.4% of sex victims reported being stalked versus 13.0% of non-sex victims. 13.0% of the sexual assault victims were beaten as an adult compared to 2.2% of the other respondents. 11.8% of the sex victims said they were beaten as a child versus 1.4% of non-sex victims. Finally, 21.6% of the sexual assault victims reported that someone close to them had been murdered or killed by a drunk driver compared to 11.2% of the remaining respondents.

This suggests that sexual assault experiences are part of a larger complex of traumatic events which extends to include many other types of violence. This effect seems to involve all types of unwanted sexual experiences included in this study. Rates of experience with other types of violence were generally constant across all types of sexual assault, with victims of child molestation showing the lowest overall rate of other types of violence. However, the number of different types of sexual assault experiences reported by the respondents was strongly related to reports of other violence. 56.2% of respondents reporting only one type of sexual assault also reported other violence. This increased to



77.2% for those reporting two types of sexual violence, 81.3% for those reporting 3 to 5 types, and 92.5% for the 40 respondents who reported 6 or more different types of sexual assault.

Victims of sexual assault experienced serious impacts on their physical and mental health

Long after a traumatic event such as a sexual assault is over, victims often continue to experience the impact on their lives. Negative effects on physical and mental health are often magnified by behavioral coping mechanisms, such as alcohol and drug use. Some of the most widely studied effects of rape and sexual assault on victims are depression, post-traumatic stress disorder (PTSD), alcohol and drug use, and perceptions of overall health status. Previous research studies, including the National Women's Study and the 2005 Rape in Utah survey, have confirmed the serious physical and mental health impacts of being raped or otherwise sexually assaulted. Thus, we once again included these questions in the current survey.

According to the National Center for PTSD, post-traumatic stress disorder involves a pattern of symptoms that some individuals develop after experiencing a traumatic event such as a sexual

assault. Symptoms of PTSD include repeated thoughts of the assault; memories and nightmares; avoidance of thoughts, feelings, and situations related to the assault; and increased arousal, including difficulty sleeping and concentrating, jumpiness, and irritability (http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_female_sex_assault.html). Combined with depression, which also often occurs as a result of sexual assault, these types of symptoms can dramatically reduce an individual's ability to cope with life in a healthy manner. As with the previous survey, this survey found women who had been sexually victimized were four times more likely than non-sexual assault victims to have met diagnostic criteria for PTSD at some point in their lives (36.2% vs. 8.6%), and were more than two and a half times more likely to have met the diagnostic criteria for a major depressive episode (45.5% vs. 17.3%, see Table 17.)

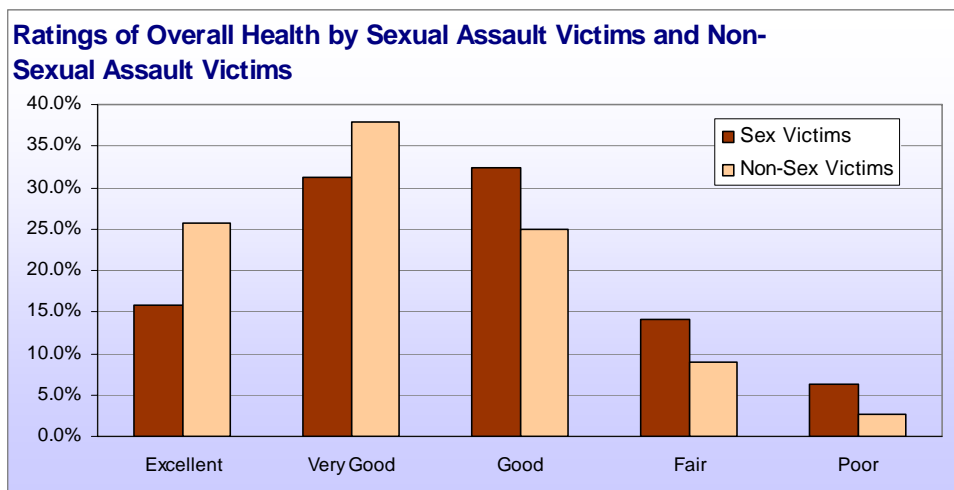
Additionally, those with a history of sexual assault rated their overall health more poorly than those who had not been victims. About half of sexual assault victims (47.1%) said that their health was excellent or very good compared to about two-thirds (63.6%) of non-victims. About one-fifth (20.4%) of victims said that their health was fair or poor compared to about one-tenth of non-victims (11.5%).

As found in the previous survey, victims of sexual abuse were more likely to report high levels of alcohol consumption. 6.5% of sexual assault victims said

Table 17
Overall Health Measures by Sexual Assault History

	Sexual Assault History	No Sex Assault History
PTSD	36.2%	8.6%
Depression	45.5%	17.3%
Alcohol Consumption		
Never	66.3%	81.5%
Once a month or less	17.8%	10.3%
2-4 times a month	9.4%	4.7%
2-3 times a week	5.0%	2.4%
4 or more times a week	1.5%	1.0%
Alcohol Quantity		
4 or less at a time	94.4%	99.1%
5 or more at a time	5.6%	0.9%
Drug Use in the Past 30 Days	1.8%	0.8%

that they drink two or more times a week compared to 3.4% of non-victims. Non-victims were more likely to say that they never consume alcohol (81.5% of non-victims compared to 66.4% of victims). Respondents who said that they drink alcohol were then asked how many drinks they would consume in a day that they were drinking alcohol. Again, victims of sexual assault reported higher levels of consumption, with 25.0% saying that they drink three or more drinks at a time compared to 14.0% of the non-victims. When asked how often they consume five or more drinks at a time, sexual assault victims were more likely to report at least sometimes drinking



five drinks or more (5.7% of sexual assault victims compared to 0.9% of non-victims).

Respondents were also asked about their use of illegal street drugs. Virtually none of the respondents, either victims or non-victims, reported using illegal street drugs in the last 30 days, with just over 1% (1.1%) reporting using street drugs in the last month. No significant differences were found in the rate of use by sexual assault victims and non-victims.

Sexual assault victims were more likely than victims of non-sexual trauma to suffer negative health impacts

Survey respondents were broken down into four mutually exclusive categories and analyzed in terms of health impacts. The four categories included non-victims, victims of non-sexual violent traumatic experiences only, victims of sexual assaults only, and victims of both sexual and non-sexual traumatic experiences. Women with no victimization history of any type had the lowest rates of PTSD and depression, followed by those with non-sexual traumatic experiences. The next highest rates were seen in those with histories of sexual trauma only. Importantly, women who had both sexual and non-sexual traumas had by far the highest rates of depression and PTSD – the rate for PTSD in this group (43.5%) was greater than the other three groups combined, while the rate for depression

Table 18
Overall Health Measures by Total Victimization History

	Non-Victims	Non-Sexual Only	Sexual Assault Only	Sexual + Non-Sexual
PTSD	6.0%	13.4%	18.0%	43.5%
Depression	14.6%	22.1%	28.0%	52.5%
Alcohol Consumption				
Never	83.1%	78.6%	72.7%	63.8%
Once a month or less	9.1%	12.6%	12.7%	19.8%
2-4 times a month	4.1%	6.0%	10.7%	8.8%
2-3 times a week	2.5%	2.2%	2.0%	6.2%
4 or more times a week	1.2%	0.7%	2.0%	1.3%
Alcohol Quantity				
4 or less at a time	98.6%	100.0%	97.6%	93.2%
5 or more at a time	1.4%	0.0%	2.4%	6.8%
Drug Use in the Past 30 Days	0.9%	0.7%	0.7%	2.3%

(52.5%) was almost two times that of the next highest group (sexual assault only at 28.0%).

Looking at other aspects of health, we see similar patterns, with some slight variations. In terms of overall health ratings, those who had been sexually assaulted (6.7%) and those who experienced both kinds of trauma (6.1%) were much more likely to rate their health as poor compared to those experiencing a non-sexual trauma (3.7%) and non-victims (1.9%).

Respondents who experienced both kinds of victimization were also most likely to drink 2 to 3 or more times per week (7.5%), with no noticeable difference between the other three groups on this indicator (4.0% for sexual assault victims, 2.9% for non-sexual trauma experiences, and 3.7% for non-victims). For those who did report drinking, victimization experience had a fairly large influence on the tendency toward binge drinking (consuming more than four drinks at a time). While 1.4% of non-victims who drink reported this type of behavior, this increased to 2.4% for victims who exclusively experienced sexual assault and 6.8% for victims of both types of violence. Although reports of binge drinking appeared to be down from the previous survey, the patterns remained similar.

Finally, reports of drug use were very uncommon, though victims of both sexual and non-sexual violence were around three times more likely to have used drugs in the past thirty days than any of the other three victim groups (See Table 18 for a summary of these results). The statistics presented here represent a troublesome situation. Earlier it was shown that women who are sexually victimized tend to be at an increased risk of also experiencing non-sexual violence. From this section, we learn that victims with a combination of sexual and non-sexual traumatic events are experiencing negative physical and mental health impacts at much higher rates than those with sexual assault histories alone. This confirms findings from previous surveys and highlights the importance of sexual or violent victimization as a risk factor for negative physical and mental health impacts on the victim.

Victims of multiple traumas or who suffered from PTSD were most likely to report disruptions in their daily activities

It is important to recognize that many victims will continue to experience reactions to a sexual assault long after the assault itself is over. Apart from the physical and mental health effects discussed above, this can also mean significant disruptions in everyday activities, including work, family, and living situations. For sexual assault victims, 8.8% reported that the

Table 19
Impact of Victimization by Number of Sexual Assaults

Did you:	One Sexual Assault	Multiple Sexual Assaults
Have to take time off from work?	7.2%	10.3%
Have to take time off from childcare?	7.5%	14.5%
Have to take time off from school?	9.9%	20.7%
Change where you lived?	12.1%	21.6%

victimization impacted their lives by prompting them to take time off from work; 10.7% reported taking time off from childcare and household chores; 14.8% took time off from school; and a significant percentage also changed where they lived (16.6%) or changed jobs (7.9%) directly as a result of their victimization.

While experiencing a sexual assault in general often led to some disruptions in the daily lives of victims, this was especially true for those respondents who had experienced more than one victimization event (either multiple sexual assaults or both sexual and non-sexual traumas). When asked if they had to take time off from work, childcare, or school, or if they had to change where they lived directly as a result of their victimization, almost twice as many respondents with multiple sexual victimizations reported such disruptions (See Table 19). These differences were magnified even further in all cases when respondents who were exclusively victims of sexual assault were compared to victims of both sexual and non-sexual traumas (See Table 20). The latter multiple trauma group was two and half times more likely to report taking time off from work (10.7% vs. 4.1%), four times

more likely to report taking time off from childcare (13.6% vs. 3.4%), three times more likely to report taking time off from school (18.3% vs. 6.1%), and almost twice as likely to report changing where they lived (21.6% vs. 12.1%) as a result of the sexual assault.

Table 20
Impact of Victimization by Type of Victimization

Did you:	Sexual Assault Only	Sexual + Non-Sexual
Have to take time off from work?	4.1%	10.7%
Have to take time off from childcare?	3.4%	13.6%
Have to take time off from school?	6.1%	18.3%
Change where you lived?	6.2%	20.7%

Some other striking differences in life impact of sexual victimization were found when victims who met diagnostic criteria for PTSD or depression at some point in their lives were compared to other victims who did not meet these criteria (See Table 21). Across every measure of life impact examined, those who met the criteria for post-traumatic stress or depression reported significantly more negative life impact resulting from their sexual victimization.

Looking at respondents who met the criteria for PTSD, more than four times as many had taken time off from work (17.4% vs. 3.9%) as well as childcare (20.5% vs. 5.1%), and twice as many reported changing where they lived (24.3% vs. 12.2%) as a result of the sexual assault. Of women who scored positively for depression, more than twice as many took time off from work (12.1% vs. 6.0%) and childcare (15.9% vs. 6.4%), compared to women who were not depressed.

Sexual victimization had an impact on awareness of community resources

All women surveyed were also asked about their knowledge of community resources and services for those who have been victimized sexually. More than half of all respondents reported being aware that services are available to victims of violence in their community (63.1%), while a slightly lower percentage reported that there was a rape crisis center in their community (51.5%). A large percentage,

Table 21

Impact of PTSD or Depression on Daily Activities		
Did you:	No PTSD	PTSD
Have to take time off from work?	3.9%	17.4%
Have to take time off from childcare?	5.1%	20.5%
Have to take time off from school?	12.4%	19.0%
Change where you lived?	12.2%	24.3%
Did you:	No Depression	Depression
Have to take time off from work?	6.0%	12.1%
Have to take time off from childcare?	6.4%	15.9%
Have to take time off from school?	11.7%	18.5%
Change where you lived?	14.2%	19.4%

however, reported that they did not know if either service was available in their communities (32.3% and 42.2% respectively). Women with a sexual assault history were slightly less likely to report not knowing if general services were available (29.0% vs. 33.7%) and significantly less likely to not know about the presence of a rape crisis center (35.6% vs. 44.9%), when compared to women without a history of sexual assault.

Looking at responses across all categories of victimization, respondents' awareness of services increased in a mostly step-like fashion according to their level of victimization (See Table 22). Generally, non-victims were less likely to report having knowledge of services and resources for victims of violence and rape – 33.2% of these respondents reported that they did not know about general services for victims, and 46.5% reported not being

Table 22

Awareness of Resources by Total Victimization History				
Does your community have:	Non-Victims	Non-Sexual Only	Sexual Assault Only	Sexual + Non-Sexual
Services for victims?				
Yes	61.9%	61.8%	68.7%	65.1%
No	4.9%	3.7%	2.0%	6.1%
Don't Know	33.2%	34.5%	29.3%	28.8%
A rape crisis center?				
Yes	46.2%	52.5%	58.7%	58.9%
No	7.3%	5.5%	2.7%	6.7%
Don't Know	46.5%	42.0%	38.7%	34.4%

aware of a rape crisis center in their community. In comparison, of those who experienced both sexual and non-sexual trauma, only 28.8% did not know about general services for victims in their community and 34.4% did not know if there was a rape crisis center available. Surprisingly, there was no

difference in awareness of services between non-victims and victims of non-sexual violent traumas, even for general victim services. This may be due to the fact that not all non-sexual traumas were directly experienced by the individual.

Justice System, Reporting, and Sexual Assault

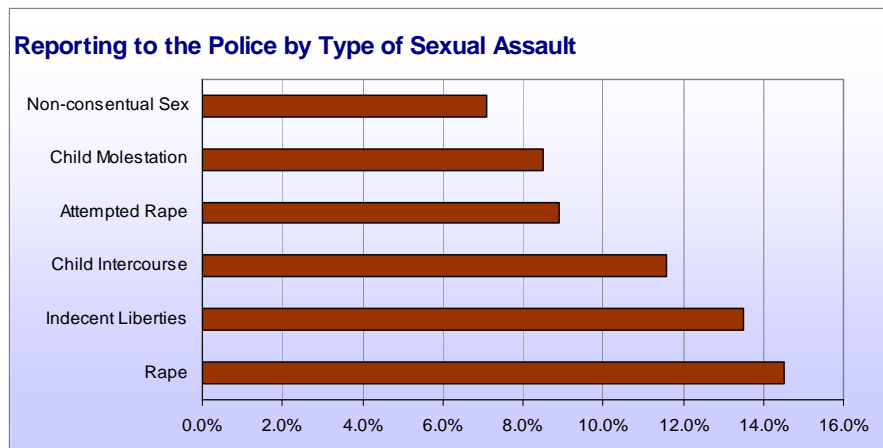
The decision to report a sexual assault to the police can be complicated for victims. Most respondents reported being assaulted by someone they knew, often by someone they knew well or a family member. Most victims were more afraid that someone would find out that they had been assaulted than they were about contracting a sexually transmitted disease or becoming pregnant. Victims who are unwilling to seek medical care or counseling services after a sexual assault seem unlikely to report to the police. Reporting to the police amounts to going public and, in fact, drawing attention to an event that many victims prefer to keep hidden. Not surprisingly, few of the incidents (70) were reported to the police.

Putting the results of this section into context—607 sexual assault incidents involving 525 respondents were reported in this survey. 70 of these incidents were reported to the police and 19 offenders were found guilty. This means that only one in nine lifetime sexual assault incidents will be reported to the police, and one in 32 will result in a conviction.

About 12% of incidents were reported to the police

70 of the incidents (11.8%) were reported to the police. This is similar to the 9.8% found in the 2005 survey. The rate of reporting related to the type of crime, with higher reporting rates found for incidents of rape (14.5%), indecent liberties (13.5%), or child rape (11.6%) and lower rates for attempted rape (8.9%), non-consenting sex (7.1%), and child molestation (8.5%). Those who reported to the police were asked how long after the incident they went to the police. More than

half of the incidents (52.9%) were reported within the first 24 hours after the event. Another 11.4% were reported within the first week and 12.9% within the first 6 months. Interestingly, 18.6% of the cases were reported to the police more than a year after the



incident actually occurred.

Reporting victims were asked how satisfied they were with the police handling of the case (See Table 23). Less than half (49.1%) said that they were satisfied with how the police dealt with their case. A quarter (26.1%) said they were very satisfied and a similar percentage (23.0%) said that they were somewhat satisfied. More than a third reported being very dissatisfied with the police handling of their case (36.9%). Overall, in the previous survey, 62.9% reported dissatisfaction compared to 50.7% in the current survey.

Respondents who reporting being very or somewhat dissatisfied with the police handling of the case (33 responses) were asked to chose the reasons for their dissatisfaction from a list and were allowed to chose as many as applied. Almost three-quarters (73.5%) said that the police did not provide them with adequate protection from the offender. Two-thirds (67.6%) said that the police did not care enough about what they were going through. 61.8% said that the police did a bad job of collecting evidence or proving the case. More than half (55.9%) said that the police believed that the incident involved consensual sex and was therefore not a crime. 52.9% said that the police took too long to make their case; 52.9% reported that the police did not treat them with respect; and 50.0% said that they did not think that the police believed them. The low punishment received by the offender was chosen by 44.1% of the victims. None of the dissatisfied respondents felt that the police were discriminating against them based on their race or ethnicity, religion, or sexual orientation.

Respondents who were very or somewhat satisfied with the police handling of their case (32 responses)

Table 23
Satisfaction with the Justice System

Satisfaction with the police	2007
Very satisfied	26.1%
Satisfied	23.0%
Dissatisfied	13.8%
Very dissatisfied	36.9%
Satisfaction with the prosecution	
Very satisfied	34.6%
Satisfied	19.2%
Dissatisfied	19.2%
Very dissatisfied	26.9%

were also asked for their reasons. Feeling that the police believed and supported them or treated them with respect were each chosen by 93.8% of the respondents. 87.5% said that they were satisfied because the police were sensitive to what they were going through. 81.3% said that the police were effective in pursuing the case. Three-quarters tied their satisfaction to the police's assistance in protecting them from the offender. Finally, 53.1% said that they were satisfied because the offender got what he (or she) deserved. The outcome of the case was the least important fact in determining their attitude toward the police for both the satisfied and dissatisfied victims. This may reflect the victims' knowledge that the police are only one part of the criminal justice system and do not determine the final outcome.

Only 21 (32.8%) of the victims who reported to the police said that they had a victim advocate to assist them through the criminal justice process. While this is a small percentage, it is substantially higher than that found in the previous survey (where only 22.5% of victims had an advocate). The small number of respondents makes any conclusions difficult. Respondents were asked what types of advocates they had. Six (30.0%) said they had a victim advocate, 3 (15.0%) had a police victim advocate, 5 (25.0%) had a legal advocate, and 6 (30.0%) answered that they had another type of advocate.

Reasons for not having an advocate were split between not knowing that they were available (51.7%) and not feeling like she needed one (40.5%). Other options such as cost (2.7%), lack of transportation (2.7%), or not knowing how to find one (2.7%) were selected by very few respondents.

Taking all of this into account, however, almost all (87.9%) the victims who reported to the police said that they definitely would go to the police if found in a similar situation in the future. Another 10.6% of those who reported before said that they probably would do it in future. Only one of the respondents who went to the police said that she would probably not report such a crime in the future and none said that she would definitely not report. This question was also asked of those who did not report their previous experience to the police. While most said that they definitely or probably would report in the future (69.4% definitely would, 17.5% probably would), this group was much less likely than the previous reporters to say that they would report in the future (See Figure this page).

The most common reason for not reporting was the youth of the victim

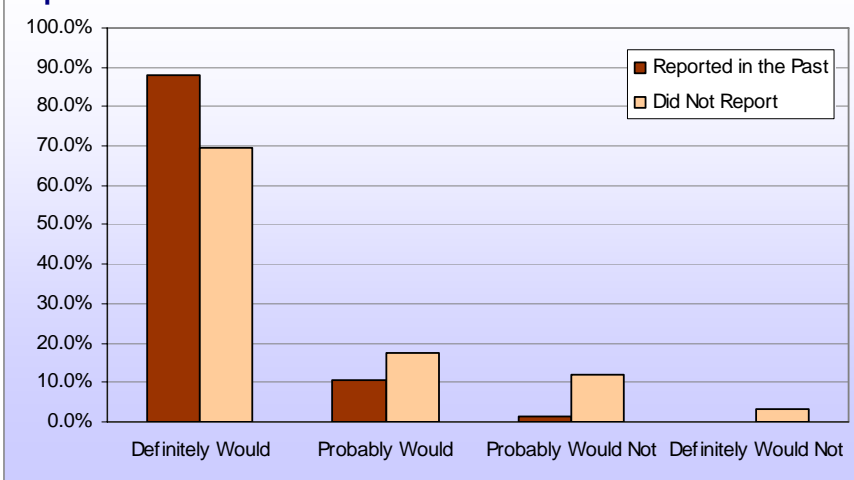
Respondents who did not report the crime to the police were asked why they didn't go to the police and were allowed to answer affirmatively to any options from a list. The most commonly chosen reason for not reporting the crime to the police was that they were simply too young to understand what had occurred (46.2%). This was much higher than the 28.9% found in the previous survey. More than one-third (38.0%) said that the incident was just too embarrassing to report to law enforcement, and another third (36.1%) that the incident was too minor and did not amount to a crime. Fear of retaliation by the offender was an issue for more than one-quarter (27.1%), as was the belief that there was nothing the police could do (25.0%). A relatively small number said that they did not think that they would be believed by the police (18.1%).

One quarter of the non-reporters (25.7%) chose "other" when asked why they failed to report to the police. Looking at open-ended responses, a number of respondents said that they didn't go to the police

because the situation was dealt with in another way, often within the family.

Not surprisingly, reasons for not reporting were different for victims of different types of offenses. Victims of non-consenting sex were most likely to say that they did not report because of embarrassment (56.4%), with rape victims next at 49.8%. The lowest rating for this reason was given by victims of child molestation (27.1%). The belief that the police

Reporting to the Police in the Future for Victims Who Reported in the Past versus Those Who Did Not



could not do anything was more likely to be cited as a reason by rape (33.8%) and non-consenting sex victims (28.2%) and less likely to be mentioned by victims of child intercourse (18.4%) and child molestation (16.9%). Fear of offender retaliation was the reason for 39.6% of rape victims but only 17.9% of non-consenting sex victims. That the incident was too minor to report was mentioned by 43.6% of non-consenting sex and 42.2% of indecent liberties victims compared to 28.0% of rape and 21.1% of child intercourse victims. Finally, their youth at the time of the incident was a reason for 54.2% of child molestation and 52.6% of child intercourse victims compared to 38.6% of rape, 37.3% of attempted rape, 36.7% of indecent liberties, and 33.3% of non-consenting sex victims.

Charges were filed against an offender in slightly less than half of the cases

Of those who reported a sexual assault to the police, 31 (44.3%) said that charges had been filed against the offender with an additional one case (1.4%) still in the process. A total of 19 respondents said that the offender was eventually found guilty of the assault. However, only 4 said the offender was not convicted. A sizeable number, 8 of the 31, reported that they did not know whether the offender was convicted or not. These 19 convictions represent 27.1% of those who started the process by reporting to the police.

Respondents going through a criminal prosecution were asked about their level of satisfaction with the prosecution. Very few responses were given to this question, but of those who did respond, 34.6% said they were very satisfied, 19.2% somewhat satisfied,

Table 24
Criminal Justice Involvement for Sexual Assault Victims

	2005	2007
Report to the police	37	70
Charges filed	14	31
Offender convicted	11	19
Total sexual assault victims	391	525
<i>Total respondents</i>	1232	1816

19.2% somewhat dissatisfied, and 26.9% very dissatisfied. The small number of cases where a conviction occurred make it impossible to compare satisfaction levels for convictions versus non-convictions.

The respondents were asked why charges were not filed in the case, if they were not filed. Again, numbers of respondents were very small. Two said that they were told that there was not enough evidence, two more that the incident occurred too long ago to prosecute, an additional two that they would not make a good witness, and three that prosecutors had too big a caseload and did not have time work on their case. Interesting, two respondents said that they did not know why their case was dropped.

All respondents who had been victimized were asked whether they would advise others to pursue a criminal action if they were sexually assaulted. 83.8% of those who reported to the police said that they would advise others to become involved with the justice system, compared to 72.5% of those who did not report. An unsuccessful (in the sense of not having the offender charged) experience in the justice system did not seem to influence the respondents to recommend that others stay away from the system.

Putting these results into context—607 sexual assault incidents involving 525 respondents were reported in this survey. 70 of these incidents were reported to the police and 19 offenders were found guilty. This means that only one in nine lifetime sexual assault incidents will be reported to the police and one in 32 will result in a conviction.

Victims reporting to the police were more likely to seek services

Respondents who reported the crime to the police were more likely to seek other types of assistance than other victims (See Table 25). Half of those who reported to the police sought medical care, compared to only 7.8% of those who did not report to the police. Similarly, a relationship was found between reporting to the police and seeking counseling services, with 63.8% of those who went to the police also obtaining counseling compared to 29.4% of those who did not report. The numbers who had contacted a rape crisis line were small but strongly related to reporting to the police—14.3% of those who reported also talked to a crisis line compared to 1.5% of those who did not report to the police.

All of these factors may relate to the seriousness of the assault. Those who were injured during the assault were twice as likely to report the crime to the police (50.7% versus 24.1%). Reporting to the

Table 25
Police Reporting, Seeking Care or Assistance, and Injury

	Not Reported to Police	Reported to Police
Sought Medical Assistance		
No	92.2%	50.0%
Yes	7.8%	50.0%
Sought Counseling		
No	70.6%	36.2%
Yes	29.4%	63.8%
Used Crisis Line		
No	98.5%	85.8%
Yes	1.5%	14.3%
Injured during Assault		
No	75.9%	49.3%
Yes	24.1%	50.7%

police, getting medical care, getting counseling, and talking to a rape crisis line may all depend on the gravity of the offense, as shown by the level of injury. In fact, injured victims were more likely to seek medical care than non-injured victims (26.7% of injured victims sought medical care compared to 7.3% of uninjured victims). They were also more likely to seek counseling services—50% of the injured went to a counselor compared to 25.9% of those who were not injured.

The previous survey found that age at the time of incident was a predictor of whether the victim would report to the police, with victims under 9 years of age reporting less often than those over 21. Results of the current survey did not support this difference. The lowest rate of reporting was found in the 9 to 17 year old age group (8.8%), while the 0 to 8 age group reported in 13.7% of the cases.

Table 26

What Would You Recommend If Someone Close to You Were Raped or Sexually Assaulted?

	Non-Sexual Assault Victim	Sex Assault Victim
<i>Report to Police</i>	98.8%	96.5%
<i>Go to the Doctor/Hospital</i>	97.5%	97.5%
<i>Get Counseling</i>	97.0%	97.7%
<i>Take Safety Precautions</i>	83.6%	83.1%
<i>Keep to Self</i>	2.8%	3.5%
<i>Talk to Partner</i>	87.4%	86.9%
<i>Talk to Friends</i>	74.1%	76.5%
<i>Talk to Relatives</i>	77.4%	67.5%
<i>Change Lifestyles</i>	39.3%	29.8%
<i>Move</i>	15.9%	17.9%
<i>Take Legal Action</i>	90.1%	89.8%
<i>Other</i>	12.7%	15.2%

The measures recommended by those who been victims themselves and those who had not were remarkably similar, with two important exceptions. It is also interesting to note that while 96.5% of victims said that they would recommend reporting an assault to the police, only 11.8% of them did. Many of the victims did not report because they were too young or the incident was too minor to warrant a report to the police. A number did report, however, that they were simply too embarrassed or didn't want anyone to find out. Perhaps in retrospect victims felt that reporting would have been a good idea.

Victims of sexual assault were less likely to recommend talking to relatives after an assault

The survey asked all respondents (both victims and non-victims) what they would recommend in the case of someone close to them being raped or sexually assaulted (See Table 26). The women were asked to answer "yes" or "no" to a specific set of recommendations, and were also given the opportunity to offer their own recommendations. Almost all the women said that they would suggest reporting the assault to the police (98.1%), going to the doctor (97.5%), and getting counseling (97.2%). 90% would recommend taking legal action, talking to your partner (87.2%) and taking safety precautions (83.5%). Three-quarters said they would suggest talking to friends (74.8%) or talking to relatives (74.5%). About a third said they would recommend changing lifestyles. Few respondents said that they would suggest moving (16.5%). Almost none of the respondents said they would suggest keeping the incident to themselves (3.0%).

Respondents who had been victims themselves were less likely to say that they would recommend talking to relatives after an assault. This suggests that some of the victims may have had a bad experience in talking to their families about the incident. The victims were also less likely to say they would recommend changing lifestyles. This last finding may result from a belief in a segment of our society that sexual assault victims' lifestyles may be in some way responsible for their victimization. Some respondents may have believed that women increase their chances of becoming victims because of the clothes they wear or the places they go. Those who were victims themselves were less likely to say that they would suggest taking this action, possibly because they are not as likely to link lifestyle and sexual assault. Victims may realize that they were victimized in spite of their lifestyles and that having a different lifestyle would not have protected them.

Demographic Characteristics of Respondents

The demographic characteristics of the survey respondents were compared to those of Utah women 18 and older and some differences were found. Utah population figures were obtained from the 2000 U.S. Census or July 2006 Census estimates. Generally, survey respondents were older than this population and less likely to be members of a minority group. Survey respondents were more likely than expected to be married or to have completed high school. In general, 2007 survey respondents resembled 2005 survey respondents more closely than they resembled the overall Utah female population over 18 years of age.

Survey respondents were generally older than would be expected for Utah women 18 and over. The survey sample had a much lower percentage of women under 25 than would be expected from the state's population. Only 5.1% of the survey participants were between 18 and 25, compared to 17.6% of the Utah population of women over 18. And, survey respondents were more likely to be 65 or older than the general over-18 Utah female population (22.4% versus 14.2%). The middle age groups (25 to 64), however, represented about the same percentage of the study population and the Utah female population (72.5% versus 68.3%).

The percentage of the sample who were white was very similar to the population estimates from the Census bureau, although the distribution of other races was not similar, with most survey respondents who did not chose white choosing "other" to describe their race. Future surveys might want to explore what the respondents mean by "other" in response to this question. Women of Hispanic or Latino

ethnicity were under-represented in the study. The survey was offered in both Spanish and English in an effort to increase the number of Hispanic respondents. Data was not collected on the number of surveys administered in Spanish.

Table 27

Demographic Characteristics of Respondents Compared to Utah Population Distribution			
Age	2007 Percentage	2005 Percentage	Utah Female Population
<i>18 to 20</i>	1.2%	2.5%	4.9%
<i>21 to 24</i>	3.9%	4.9%	12.7%
<i>25 to 34</i>	20.5%	22.1%	22.7%
<i>35 to 44</i>	16.4%	17.6%	17.4%
<i>45 to 54</i>	18.9%	16.6%	16.7%
<i>55 to 64</i>	16.8%	13.8%	11.5%
<i>65 to 74</i>	13.6%	12.9%	7.1%
<i>75 to 84</i>	7.6%	8.5%	5.0%
<i>85 and over</i>	1.2%	1.1%	2.1%
Race			
<i>White</i>	93.6%	94.5%	93.5%
<i>Black</i>	0.2%	0.5%	0.9%
<i>Asian</i>	0.7%	0.7%	2.1%
<i>Pacific Islander</i>	0.3%	0.4%	0.7%
<i>Native American</i>	0.4%	0.2%	1.3%
<i>Other</i>	4.8%	3.7%	1.5%
Ethnicity			
<i>Hispanic</i>	6.3%	7.1%	10.5%
<i>Not Hispanic</i>	93.7%	92.9%	89.5%
Utah population figures from 2006 Census estimates			

The survey sample was much more likely to report being married than would be expected in the Utah population and less likely to report being single. This result is consistent with the age disparity showing that the sample was older than would be expected. Young women are more likely to be single. The sample also had a higher percentage of divorced respondents than the Utah female population.

The survey respondents were fairly similar to the general female population in their reported household income, although our sample tended to have a slightly higher income. Combining this with the fact that the population data are based on the 2000 Census and that salaries in general were lower in 2000 than in 2007, however, suggests that the survey group had a similar income to the population as a whole.

Finally, the educational level of the survey respondents was higher than the educational level of Utah women as reported in the 2000 Census

report. Only 4.5% of survey respondents did not have at least a high school degree compared to 12.8% of the over-18 female population of the state. Almost a third (32.2%) of the survey participants had a bachelor's or graduate degree compared to (19.1%) in the population.

Similar differences were found in the previous survey when comparing the 2005 respondents to the Census. The 2007 survey respondents look very similar to the 2005 respondents. The 2005 group also had a higher age, fewer minorities, fewer single respondents, and a higher educational level than the general population of women in Utah.

Table 28
Demographic Characteristics of Respondents Compared to Utah Population Distribution

	2007 Percentage	2005 Percentage	Utah Female Population
Marital Status			
<i>Married</i>	74.2%	77.5%	61.6%
<i>Single</i>	9.8%	7.1%	20.0%
<i>Divorced</i>	6.7%	6.4%	9.7%
<i>Widowed</i>	8.7%	7.6%	7.2%
<i>Separated</i>	0.6%	1.3%	1.5%
Income			
<i>Less than \$10,000</i>	4.1%	4.8%	6.0%
<i>\$10,000 to \$14,999</i>	4.9%	5.9%	4.8%
<i>\$15,000 to \$24,999</i>	8.4%	11.0%	11.8%
<i>\$25,000 to \$34,999</i>	11.5%	15.4%	13.3%
<i>\$35,000 to \$49,999</i>	16.6%	17.4%	19.0%
<i>\$50,000 to \$74,999</i>	23.6%	21.7%	22.6%
<i>\$75,000 to \$99,999</i>	14.8%	13.4%	11.3%
<i>\$100,000 to \$149,999</i>	10.3%	6.6%	7.5%
<i>\$150,000 to \$199,999</i>	2.5%	1.6%	1.8%
<i>\$200,000 or more</i>	3.2%	2.1%	1.8%
Educational Level			
<i>Less than 9th grade</i>	1.1%	1.4%	2.7%
<i>9th to 12th, no diploma</i>	3.4%	4.8%	10.1%
<i>High school degree or GED</i>	21.5%	22.3%	26.7%
<i>Some college, no degree</i>	27.5%	28.0%	32.8%
<i>Associate degree</i>	14.4%	14.7%	8.6%
<i>Bachelor's degree</i>	24.5%	21.5%	14.6%
<i>Graduate degree</i>	7.7%	7.2%	4.5%
Utah population figures from 2000 Census estimates			

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