

RAPE IN AMERICA

A R E P O R T T O T H E N A T I O N

April 23, 1992

Prepared by

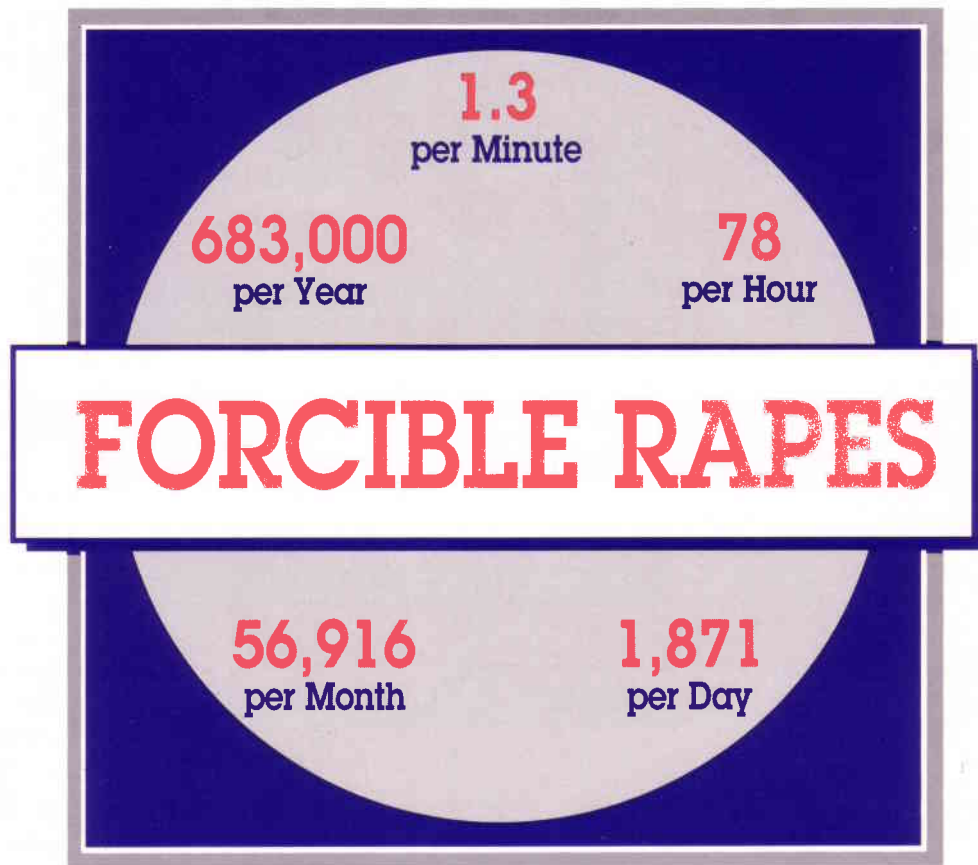


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What is Forcible Rape?

Attempts to discuss the topic of rape are often frustrating because everyone defines rape differently. *The National Women's Study* used a very conservative definition of rape—one which would be legally defined as forcible rape or criminal sexual assault in most states. Specifically, rape was defined as “an event that occurred without the woman’s consent, involved the use of force or threat of force, and involved sexual penetration of the victim’s vagina, mouth or rectum.”

Women were asked whether such experiences had occurred

anytime during their lifetimes, whether or not they reported it to police, and whether the attacker was a stranger, family member, boyfriend, or friend.

Clearly other types of sexual assault exist that do not involve force, threat of force, or penetration. Such sexual assaults occur frequently and often have a major negative impact on victims. However, this *Report* focuses on the forcible rape of women; other types of sexual assault (including assaults against men and boys) will not be addressed.

INTRODUCTION

Rape In America

The past year has witnessed unprecedented interest in crimes against women, from Congressional hearings to several high profile rape trials to media scrutiny of rape issues. This intense public concern has produced more questions than answers about crimes against women:

- What is forcible rape?
- How much rape is there in the United States?
- What are rape victims' key concerns?
- How many rapes are actually reported to police, and does media disclosure of rape victims' names affect such reporting?
- What has been the impact of recent high profile rape cases on reporting of rapes?

Rape In America: A Report to the Nation addresses these and other pertinent questions, providing the first national empirical data about forcible rape of women in America. The results of two nationwide studies conducted by the National Victim Center and the Crime Victims Research and Treatment Center at the Medical University of South Carolina are summarized in this *Report*.

The National Women's Study, funded by the National Institute of Drug Abuse, is a three-year longitudinal study of a national probability sample of 4,008 adult women. In *The State of Services for Victims of Rape*, sponsored by the National Victim Center, 370 agencies which provide crisis assistance to rape victims were survey respondents.

The National Women's Study is a longitudinal survey of a large national probability sample of 4,008 adult American women (age 18 or older), 2,008 of whom

represent a cross section of all adult women and 2,000 of whom are an oversample of younger women between the ages of 18 and 34. Eighty-five percent of women contacted agreed to participate and completed the initial (Wave One) telephone interview. At the one year follow-up (Wave Two), 81% of *The National Women's Study* participants (n = 3220) were located and re-interviewed. The two year follow-up (Wave Three) is currently in progress, but preliminary data from the first 2,785 women who completed the 45-minute Wave Three interview are included in this *Report*. In addition to gathering information about forcible rapes that occurred throughout women's lifetimes, *The National Women's Study* also assessed such major mental health problems as depression, Post-traumatic Stress Disorder, suicide attempts, as well as alcohol and drug-related problems and consumption. *The National Women's Study* was supported by National Institute of Drug Abuse Grant No. RO1DA05220.

The State of Services for Victims of Rape survey was conducted with respondents from a national probability sample of agencies that provide crisis counseling services to rape victims, at least some of whom have not reported rapes to police. Since police or prosecutor-based agencies have little or no contact with rape victims who decide *not* to report, they are limited in what they can say about why victims do not report or whether there has been any change in rape victims' willingness to report. In contrast, agencies that provide services to rape victims who either did *not* report or are deciding whether to report are in an excellent position to

provide information about factors related to non-reporting. Out of 498 agencies that screened eligible, 370 completed the 25 minute telephone interview. The survey collected information about: the number of rape victims served in 1990 and 1991; agency opinions about the types of rape victims' concerns they see; and agency opinions about the extent to which certain laws, services and policies could increase victims' willingness to report rapes. Agency respondents were also asked about the impact on willingness of rape victims to report after the 1991 West Palm Beach, Florida, and 1992 Indianapolis, Indiana trials. A more detailed description of the methodology of these two studies is provided in the Appendix of this *Report*.

Both studies were directed by Dr. Dean G. Kilpatrick, Director of the Crime Victims Research and Treatment Center, Chairperson of the National Victim Center's Research Advisory Committee, and co-author of this *Report*. The National Victim Center's Director of Program Development, Christine N. Edmunds, and Director of Communications, Anne Seymour, also co-authored this *Report*. In addition, both studies were conducted by Schulman, Ronca and Bucuvalas, Inc. (SRBI), a national survey research organization in New York City under the direction of Dr. John Boyle.

Together, these groundbreaking studies provide valuable information about the scope and nature of rape in America. From these remarkable findings, America can learn about what we must do to address rape victims' concerns, and how our nation can remove barriers that prevent victims from reporting rapes to police. ■

SECTION I

The National Women's Study

"...rape in America is a tragedy of youth..."

During Wave One of the study, information was gathered about forcible rape experiences occurring *any time* during a woman's lifetime. Thirteen percent of women surveyed reported having been victims of *at least one completed rape* in their lifetimes. Based on U.S. Census estimates of the number of adult women in America, one out of every eight adult women, or at least *12.1 million American women*, has been the victim of forcible rape sometime in her lifetime.

Many American women were raped more than once. While 56%, or an estimated 6.8 million women experienced only one rape, 39%, or an estimated 4.7 million women were raped more than once, and five percent were unsure as to the number of times they were raped (See Figure 1).

Prior to this study, national information about rape was limited to data on reported

rapes from the *FBI Uniform Crime Reports* or data from the *Bureau of Justice Statistics, National Crime Survey (NCS)* on reported and non-reported rapes occurring in the past year. However, the *NCS* provides no information about rapes occurring over the lifetime of a victim, and has been recently redesigned due to criticisms that it failed to detect a substantial proportion of rape cases. Therefore, the results of these two new surveys fill a large gap in current knowledge about rape at the national level.

Information from *The National Women's Study* indicates that 0.7% of all women surveyed had experienced a completed forcible rape in the past year. This equates to an estimated 683,000 adult American women who were raped during a twelve-month period (See Figure 2).

The National Women's Study estimate that 683,000 adult American women were raped in a

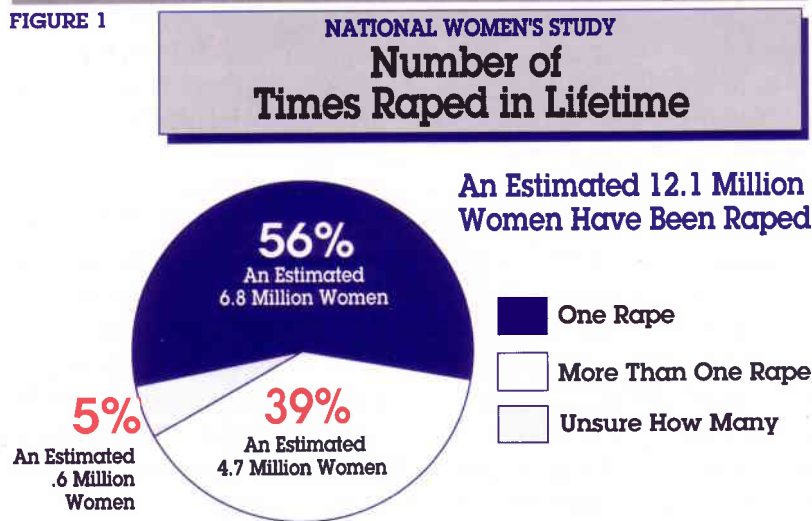
one year period *does not include all rapes that occurred in America that year*. Rapes that occurred to female children and adolescents under the age of 18—which comprised more than six out of ten of all rapes occurring over women's lifetimes—were not included, nor were any rapes of boys or men.

Thus, the 683,000 rapes of adult women probably constitute well less than half of all the rapes that were experienced by all Americans of all ages and genders during that one year period.

How do these estimates from *The National Women's Study* compare with those from the *FBI Uniform Crime Reports* and from the *National Crime Survey*? The FBI estimate of the number of attempted or completed forcible rapes that were reported to police in 1990 was 102,560. The *National Crime Survey* estimates include both reported and non-reported rapes that are either attempted or completed. The *NCS* estimate for 1990 is 130,000 attempted or completed rapes of female Americans age 12 or older. *The National Women's Study* estimate was based on completed rapes of adult women (age 18 or older) that occurred between Wave One (conducted in the fall of 1989), and Wave Two (conducted in the fall of 1990). Thus, the time periods were not identical, but were roughly comparable for these three estimates. Although it did not include attempted rapes or rapes of adolescents between the ages of 12 and 18 as did the *NCS*, *The National Women's Study* estimate was still 5.3 times larger than the *NCS* estimate.

In *The National Women's Study*, information was gathered regarding up to three rapes per person: the first rape she ever experienced, the most recent rape, and the "worst" rape if other than the first or most

FIGURE 1



recent. Information was available from Wave One about 714 such cases of rape that 507 victims of rape had experienced. The survey found that rape in America is a tragedy of youth, with the majority of rape cases occurring during childhood and adolescence. Twenty-nine percent of all forcible rapes occurred when the victim was *less than 11 years old*, while another 32% occurred *between the ages of 11 and 17*. Slightly more than one in five rapes (22%) occurred between the ages of 18 and 24; seven percent occurred between the ages of 25 and 29, with *only six percent* occurring when the victim was older than 29 years old. Three percent of the respondents were not sure or refused to answer (See Figure 3). ■

"...one out of every eight adult women, or at least 12.1 million American women, has been the victim of forcible rape sometime in her lifetime."

FIGURE 2

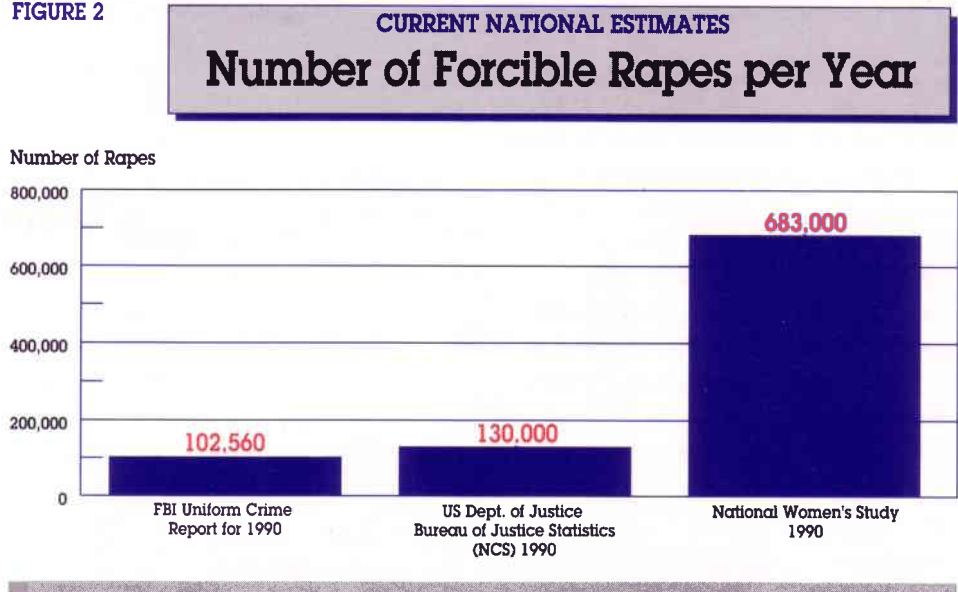
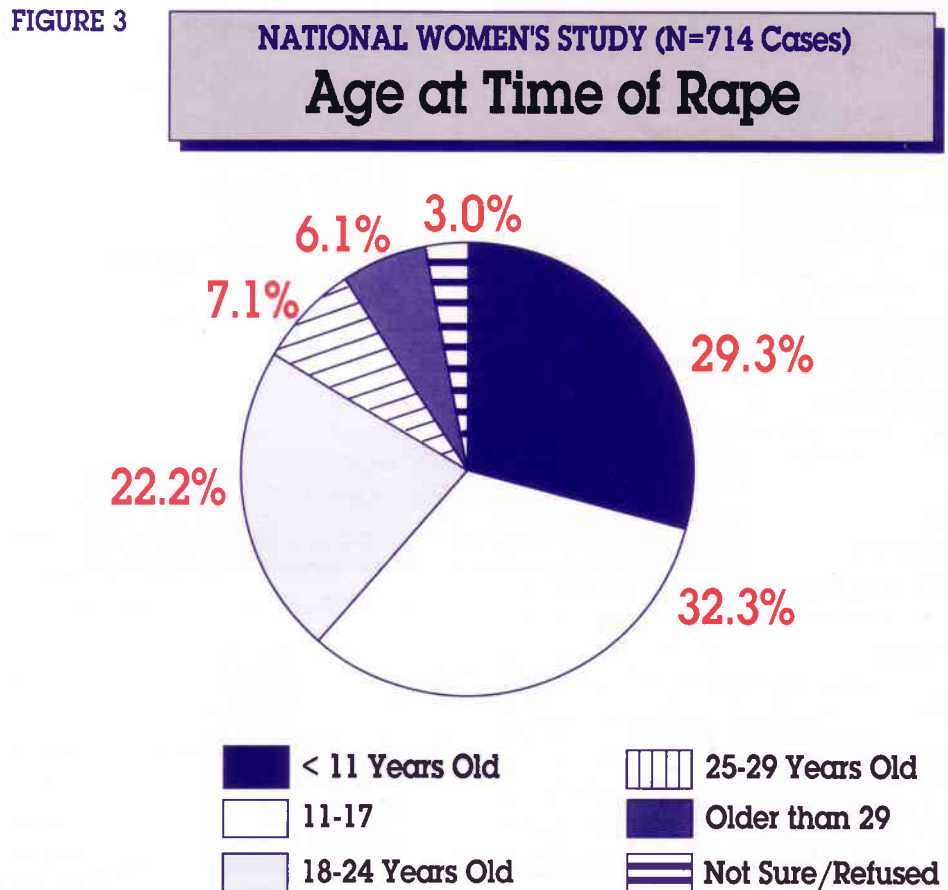


FIGURE 3



Characteristics of Rape

The National Women's Survey clearly dispels the common myth that most women are raped by strangers. To the contrary, only 22% of rape victims were assaulted by someone they had never seen before or did not know well. Nine percent of victims were raped by husbands or ex-husbands; eleven percent by their fathers or step-fathers; ten percent by boyfriends or ex-boyfriends; sixteen percent by other relatives; and twenty-nine percent by other non-relatives, such as friends and neighbors. Note: Three

percent of the respondents were not sure or refused to answer (See Figure 4).

Another common misconception about rape is that most victims sustain serious physical injuries. Over two-thirds (70%) of rape victims reported no physical injuries; only 4% sustained serious physical injuries, with 24% receiving minor physical injuries. Of considerable importance is the fact that many victims who did *not* sustain physical injuries nonetheless *feared being seriously injured or killed* during the rape. Almost half of all rape victims (49%) described being fearful of serious injury or death during the rape (See Figure 5).

FIGURE 4

NATIONAL WOMEN'S STUDY (N=714 Cases) Relationship Between Victim and Perpetrator

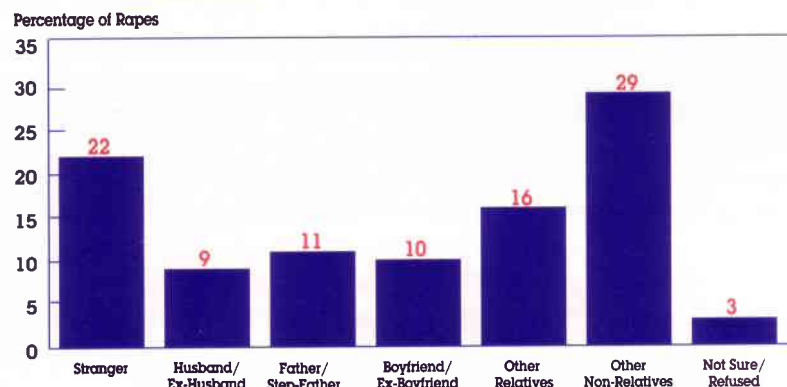
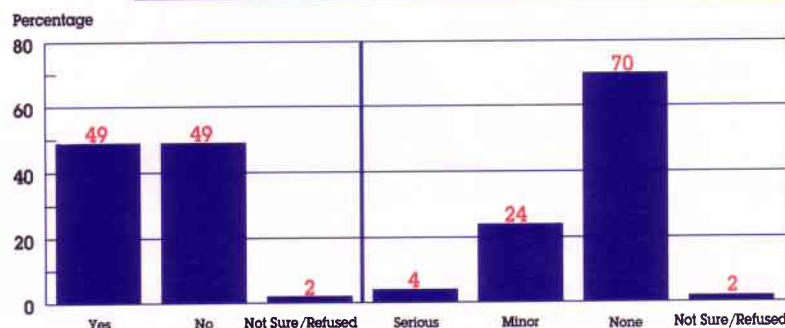


FIGURE 5

NATIONAL WOMEN'S STUDY (N=714 Cases) Life Threat and Degree of Physical Injury Sustained During Rape



The information about rape characteristics noted previously was from Wave One of the study that identified 714 rape cases. Wave Two of the study provided information about the number of new rape cases between Wave One and Wave Two. Wave Three provides more descriptive information about *all* rape cases detected in Wave One and Two, including any new rape cases that have occurred since Wave One.

Without accurate information about victims' concerns after rape, it is difficult to create and implement policies and programs to meet their most critical needs. Therefore, rape victims were asked about the extent to which they were concerned about issues specific to their personal rape experiences.

Rape victims were at least somewhat or extremely concerned about the following:

- Her family knowing she had been sexually assaulted (71%);
- People thinking it was her fault or that she was responsible (69%);
- People outside her family knowing she had been sexually assaulted (68%);
- Her name being made public by the news media (50%);
- Becoming pregnant (34%);
- Contracting a sexually transmitted disease not including HIV/AIDS (19%); and
- Contracting HIV/AIDS (10%) (See Figure 6).

The combination of concerns about being blamed (which reflect the stigma still associated with rape) and people finding out they had been victims (which reflects confidentiality concerns) may explain why more than half of rape victims in America express concern about the news media disclosing their names.

It is clear that rape victims are extremely concerned about people *finding out* and *finding reasons* to blame them for the rape. If the *stigma* of rape was not *still* a very real concern in victims' eyes, perhaps fewer rape victims in America would be concerned about invasion of their privacy and other disclosure issues.

Somewhat surprisingly, concerns about exposure to sexually transmittable diseases and HIV/AIDS were lower than might be expected. However, many victims were raped years ago as children, prior to America's AIDS epidemic.

Victims were asked if they had a medical examination following the assault. In *only 17%* of all rape cases did such an exam occur. Of these, 60% of rape victims who did receive a medical examination had it within 24 hours of the assault. However, in 40% of the cases, the exam occurred more than 24 hours *after* the assault. Victims told their doctors in only two-thirds of rape cases that they had been sexually assaulted; the doctor was never told about the rape in one-third of such cases.

Results of the survey indicate that many recommended practices and protocol did *not* occur in all rape examinations:

- Six out of ten rape victims (60%) were *not* advised about pregnancy testing or how to prevent pregnancy;
- More than seven out of ten (73%) were *not* given information about testing for exposure to HIV/AIDS; and
- Almost four out of ten (39%) were *not* given information about testing for exposure to sexually transmitted diseases.

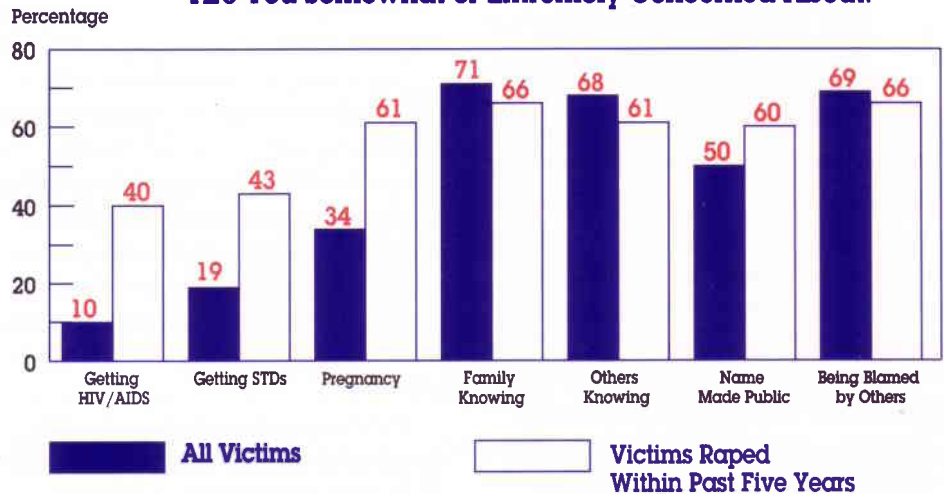
Concerns about HIV/AIDS are more salient in recent years as America has become aware of the prevalence of this disease and its modes of transmission. Therefore, *The National Women's Study* looked at major concerns of rape victims who had been assaulted within the five years prior to interview. In addition, the study also assessed whether a higher percentage of victims of more recent rapes was concerned about public disclosure of rape because of media attention on the recent high profile cases in West Palm Beach and Indianapolis.

- Recent rape victims were four times more likely to be concerned about getting HIV/AIDS as a result of the rape than all rape victims, regardless of the recency of the rape (40% vs. 10%);

FIGURE 6

NATIONAL WOMEN'S STUDY (N=579 Rape Cases)
**Important Concerns of Rape Victims:
Recent Rapes vs. All Rapes**

Are You Somewhat or Extremely Concerned About:



- More than twice as many recent rape victims were concerned about the development of sexually transmitted diseases than all rape victims (43% vs. 19%); and
- Women who had been raped within the past five years were more likely to be concerned about the possibility of their names being made public than all rape victims (60% vs. 50%) (*See Figure 6*).

Rates of concerns about family members knowing about the rape (66% vs. 71%), people outside the family finding out (61% vs. 68%), and victims being blamed for the rape (66% vs. 69%) were similar among recent and all rape victims.

Because of the increased awareness among health professionals about HIV/AIDS and the obvious increased concern among victims within the past five years, *The National Women's Study* also examined rates of information provided during examinations for rapes within the past five years. There have been slight improvements in the dissemination of information about testing for pregnancy, HIV/AIDS and sexually transmitted diseases to rape victims; however:

- Non-provision of information about pregnancy prevention to recent rape victims

was similar to the rate reported overall (55% vs. 60%);

- One third (33%) of recent rape victims were *not* given information about testing for exposure to sexually transmitted diseases as opposed to 40% of all rape victims; and
- Five out of ten (50%) of recent rape victims were still not being given information about testing for HIV/AIDS, despite the fact that rape clearly constitutes an unprotected exposure to bodily fluids of assailants with unknown HIV/AIDS status.

Rape remains the most underreported violent crime in America. *The National Women's Study* found that only 16%, or approximately one out of every six rapes, are ever reported to police. Of reported rapes, one-quarter (25%) were reported to police more than 24 hours *after* the rape occurred (*See Figure 7*).

Rape victims were asked about the likelihood of reporting to police if a similar incident happened in the future. The surprising (and encouraging) responses indicated that 61% definitely would report and 25% probably would report a future rape to the police.

FIGURE 7

NATIONAL WOMEN'S STUDY Percentage of All Rape Victims Reporting to the Police



The National Women's Study findings show that 84% of rape victims do not report to the police. What implications does this have for public safety and public policy?

If the assumption is made that each rapist in America rapes only once in his life, then each unreported rape results in an injustice to that victim, but has no further impact on public safety. However, there is clear evidence that most rapists are recidivists. A respected study of unincarcerated sex offenders provides dramatic evidence of the extent of recidivism

and why it is so important for rape victims to report. Dr. Gene Abel* and his colleagues studied 561 unincarcerated sex offenders, of whom 126 admitted to having committed rape. *These 126 rapists had committed a total of 907 rapes involving 882 different victims. The average number of different victims per rapist was seven.*

Unreported rapes are a threat to public safety in America. After all, rapists cannot be apprehended, indicted, prosecuted, and incarcerated if the criminal justice system does not know that a rape has occurred. Such undetected rapists remain invisible to the criminal justice system. If rape victims are reluctant to report, then rapists will remain free to continue raping America's women, men and children.

Therefore, the dire need for public safety dictates what America's public policy should be: to do everything possible to encourage reporting of *all* alleged rapes to police.

During the past year, several high profile rape cases received vast publicity, with several respected news agencies straying from their

standard wise policies of *not* disclosing rape victims' names. The argument has been made that disclosing rape victims' names would "destigmatize" the crime of rape and encourage victims to report rapes to police. It is extremely significant that rape victims appear to strongly disagree with this argument.

Half of rape victims surveyed (50%) stated they would be *a lot more likely* to report rapes to police if there was a law prohibiting the news media from getting and disclosing their names and addresses, with an additional 16% *somewhat more likely* to report (See Figure 8).

Opposition to media disclosure of rape victims' names is *not* limited to victims themselves. All participants in *The National Women's Survey* were asked if they personally favored or opposed laws which prevent the disclosure of the names and addresses of sexual assault victims. More than three-quarters (76%) of American women strongly favor or somewhat favor such laws.

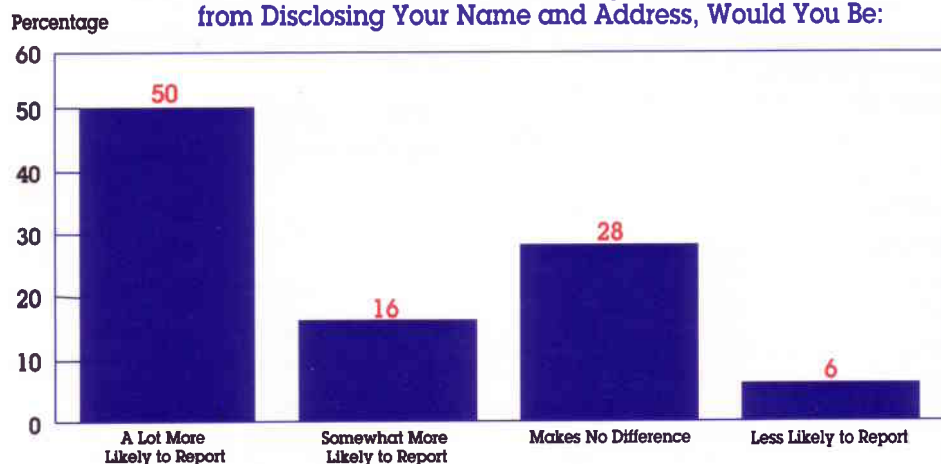
When asked how they think the risk of being identified in the news media affects rape reporting to police, almost nine out of ten American women (86%) felt victims would be *less likely* to report rapes if they felt their names would be disclosed by the news media.

A disturbing pattern emerges when one looks at shifts of concerns of rape victims over *these* years. It appears that women are *just as likely* in recent years to fear negative evaluation by others if a rape is disclosed, and are *more concerned* about the possibility of their names being made public. In addition, they are more likely to be concerned about their risk of developing sexually transmitted diseases and HIV/AIDS. Finally, even in the minority of cases where victims *do* seek information and health care, their legitimate concerns are frequently not addressed. At the very least, these women should be encouraged to feel comfortable and should be supported in seeking adequate health care and information to quell fears about exposure to disease, regardless of the criminal justice or civil justice consequences of cases. ■

FIGURE 8

NATIONAL WOMEN'S STUDY (N=391 Rape Victims) Impact on Rape Reporting of Laws Prohibiting Disclosure of Victims' Names

If There Was a Law Prohibiting the News Media
from Disclosing Your Name and Address, Would You Be:



*Abel G., Becker, J., Mittelman, M., Cunningham-Rathner, J., Rouleau, J., & Murphy, W. (1987). Self-reported sex crimes of nonincarcerated paraphiliacs. *Journal of Interpersonal Violence*, 2 (1), 3-25.

The Mental Health Impact of Rape

The *National Women's Study* produced dramatic confirmation of the mental health impact of rape by determining comparative rates of several mental health problems among rape victims and women who had never been victims of rape. The study ascertained whether rape victims were more likely than women who had never been crime victims to experience these devastating mental health problems.

The first mental health problem examined was Post-traumatic Stress Disorder (PTSD), an extremely debilitating mental health disorder occurring after a highly disturbing traumatic event, such as military combat or violent crime. Almost one-third (31%) of all rape victims developed PTSD sometime during their lifetimes, and more than one in ten rape victims (11%) still has PTSD at the present time. Rape victims were 6.2 times more likely to develop PTSD than women who had never been victims of crime (31% vs. 5%). Rape victims were also 5.5 times more likely to have current PTSD than their counterparts who had never been victims of crime (11% vs. 2%) (See Figure 9).

The U.S. Census Bureau estimates that there are approximately 96.3 million adult women in the United States age 18 or older. If 13% of American women have been raped and 31% of rape victims have developed PTSD, then 3.8 million adult American women have had Rape-related PTSD. Moreover, if 11% of all rape victims have current PTSD, then an estimated 1.3 million American women currently have RR-PTSD. Finally, if 683,000 women are raped each year, then approximately 211,000 will develop RR-PTSD each year.

Major depression is a mental health problem affecting many women, not just rape victims. However, 30% of rape victims had experienced at least one major depressive episode in their lifetimes, and 21% of all rape victims were experiencing a major depressive episode at the time of assessment. In contrast, only 10% of women never victimized by violent crime had ever had a major depressive episode and only six percent had a major depressive episode when assessed. Thus, rape victims were three times more likely than non-victims of crime to have ever had a major depressive episode (30% vs. 10%), and were 3.5 times more likely to be currently experiencing a major depressive episode (21% vs. 6%).

"...3.8 million adult American women have had Rape-related Post-traumatic Stress Disorder and an estimated 1.3 million American women currently have RR-PTSD..."

Some mental health problems are life-threatening in nature. When asked if they ever thought seriously about committing suicide, 33% of the rape victims and 8% of the non-victims of crime stated that they had seriously considered suicide. Thus, rape victims were 4.1 times more likely than non-crime victims to have contemplated suicide. Rape victims were also 13 times more likely than non-crime victims to have actually made a suicide attempt (13% vs. 1%). The fact that 13% of all rape victims had actually attempted suicide confirms the devastating and potentially life-threatening mental health impact of rape.

Finally, there was substantial evidence that rape victims had higher rates of drug and alcohol consumption and a greater likelihood of having drug and alcohol-related problems than non-victims of crime (See Figure 10).

Compared to non-victims of crime, rape victims were:

- 5.3 times more likely to have used prescription drugs non-medically (14.7% vs 2.8%);
- 3.4 times more likely to have used marijuana (52.2% vs 15.5%);
- Six times more likely to have used cocaine (15.5% vs 2.6%);
- 10.1 times more likely to have used hard drugs other than cocaine (12.1% vs 1.2%); and
- 6.4 times more likely to have used hard drugs or cocaine (19.2% vs 3.0%).

FIGURE 9

NATIONAL WOMEN'S STUDY

Rates of Mental Health Problems Among Rape Victims and Non-victims of Crime



For most rape victims, the age at which the first rape occurred was younger than the age at which they first became intoxicated or began using marijuana or cocaine (recall that over 60% of all rapes occurred before age 18). For rape victims:

- Only 21% first became intoxicated at an earlier age than the age at which they were first raped;
- Only 32% of those having used marijuana did so earlier than their age at first rape; and
- Only 11% of those ever using cocaine did so at an age earlier than the age at which they were first raped.

American women were asked whether they had ever had the following problems because of alcohol or drug consumption: trouble at work or school; difficulties with family or friends; health problems; trouble with police; auto accidents; or accidents at home. Because many trauma victims consume alcohol or drugs to deal with their emotional pain, rape victims were separated into those who had developed RR-PTSD and those who never developed it. Next, the percentage of rape victims with and without PTSD who had two or more alcohol related and drug related problems was determined. Compared to rape victims without PTSD, rape victims with RR-PTSD were:

- 5.3 times more likely to have two or more major alcohol-related problems (20.1% vs 3.8%); and
- 3.7 times more likely to have two or more serious drug-related problems (7.8% vs 2.1%).

Compared to women who had *never* been crime victims, rape victims with RR-PTSD were:

- 13.4 times more likely to have two or more major alcohol problems (20.1% vs 1.5%); and
- 26 times more likely to have two or more major serious drug abuse problems (7.8% vs 0.3%) (See Figure 11).

The National Women's Study findings provide compelling evidence about the extent to

FIGURE 10

NATIONAL WOMEN'S STUDY Drug Use: A Comparison of Rape Victims and Non-victims

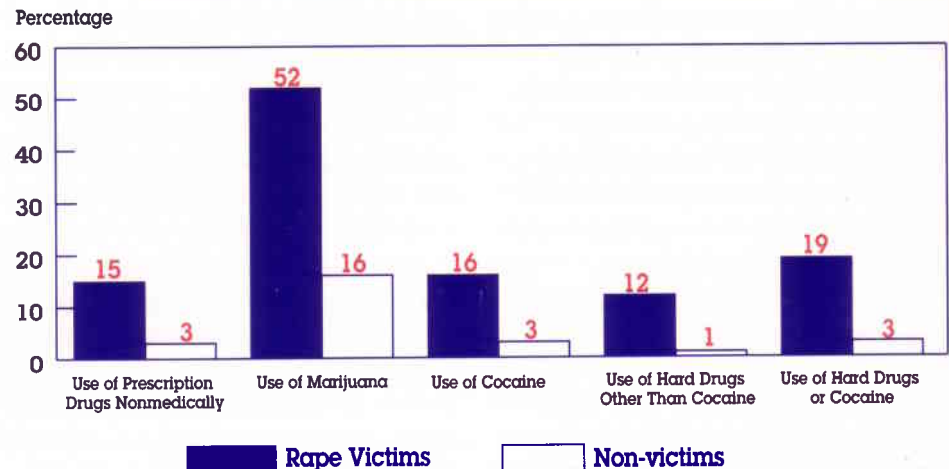
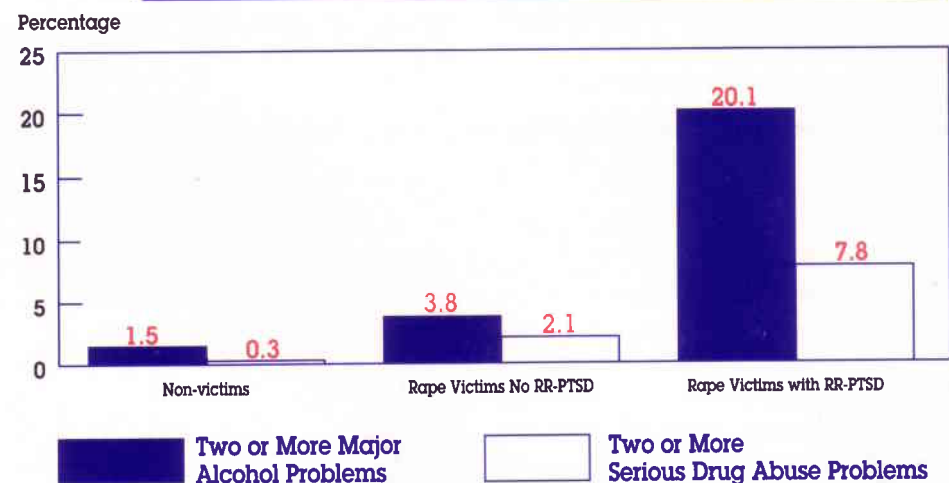


FIGURE 11

NATIONAL WOMEN'S STUDY Two or More Alcohol or Drug Abuse Problems: A Comparison of Victims and Non-victims



which rape poses a danger to American women's mental health and even their continued survival because of the increased suicide risk. Thus, rape is a problem for America's mental health and public health systems as well as for the criminal justice system.

The dramatically higher risk of substance abuse problems among American women who have been raped and develop PTSD suggests that America may need to commit greater resources to the war on rape, as it has to win its war on drugs. ■

SECTION II

State of Services for Victims of Rape

The tragedy of rape is confronted daily by a remarkable group of advocates nationwide who devote their collective energies to crisis intervention, victim assistance and support, and rape prevention. Over two thousand organizations have emerged in the past twenty years to support rape victims.

Often, victims rely on these agencies for advice about whether or not to report rape to police, and how to deal with the devastating physical and emotional aftermath of sexual assault. At many agencies, reporting to police is *not* a prerequisite to victims receiving support and services. Almost two-thirds (63%) either strongly or somewhat encourage victims to report; over one-third of the agencies (36%) neither encourage nor discourage victims to report their rapes to police. Furthermore, *no agencies surveyed* said they discourage victims from reporting their rapes to police.

Because of their contact with rape victims, including those who choose not to report to police, such agencies are in a unique position to help determine the scope and nature of both rape in America and, more specifically, rape victims' most prevalent concerns. *The State of Services for Victims of Rape* included responses from staff at 370 agencies that provide crisis counseling to rape victims, including those who may not report to police.

This survey asked respondents about victims' key concerns following a sexual assault. Agencies were asked about whether victims' concerns had increased over the past year (1991) about the following issues:

- Contracting HIV/AIDS (71%);
- Their names being made public (40%);
- Contracting a sexually transmitted disease (30%);
- Obtaining appropriate mental health counseling (23%);

- Persons outside their family knowing they had been sexually assaulted (17%);
- People thinking that it was their fault or that they were responsible (16%);
- Their family knowing they had been sexually assaulted (10%); and
- Becoming pregnant as a result of the assault (6%) (See Figure 12).

Parallel to the questions posed to participants in *The National Women's Study*,

agencies were asked whether they favored laws which prohibit news media disclosure of the names and addresses of sexual assault victims. More than nine out of ten agencies (91%) strongly favored or somewhat favored such legislation. Thus, model legislation proposed by the National Victim Center relevant to protecting the privacy rights of rape victims from the news media is supported by the vast majority of *American women*, *American rape victims*, and *American rape service agencies* (See Figure 13).

FIGURE 12

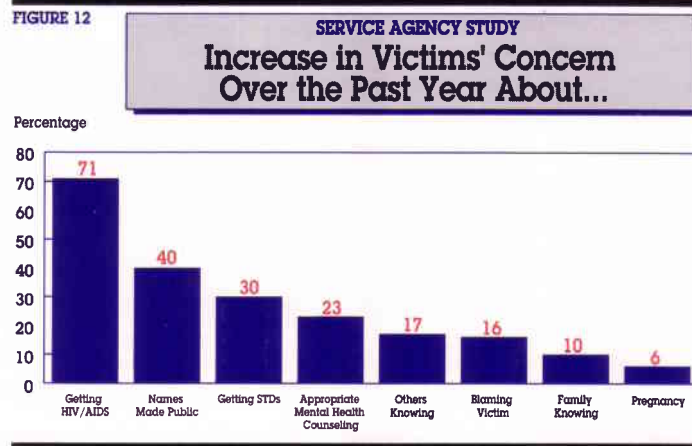
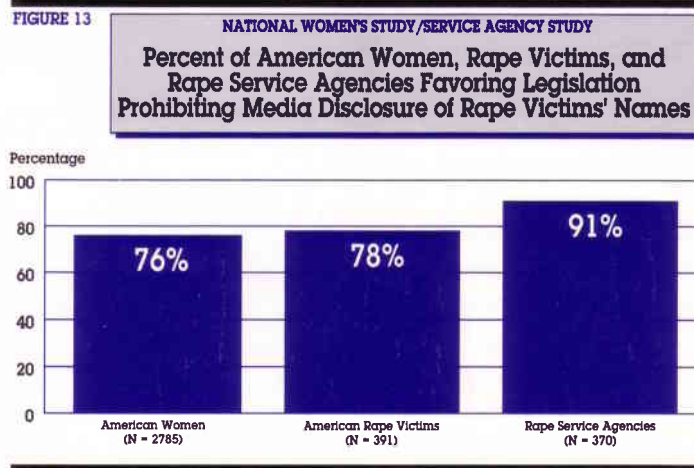


FIGURE 13



Furthermore, agencies were asked what would be the likely impact of rape victims' willingness to report the crime to police if they felt their names would be released to the news media. An overwhelming 96% of survey respondents indicated that such media disclosure would make victims *less likely* to report crimes to the police. *Not one agency* thought that involuntary media disclosure of rape victims' names would increase rape reports to police (See Figure 14).

The results of this *Report* clearly refute the assertion that media disclosure of rape victims' names would *increase* victims' willingness to report to police. To the contrary, almost all respondents to both studies highlighted in this *Report* felt that rape victims' privacy rights should not only be respected, but protected by law.

The privacy rights of persons accused of rape were also addressed in this survey. A majority of rape crisis centers (63%) favored laws that would prohibit the disclosure of the names of persons accused of rape until *after* an arrest is made. However, support for protecting the privacy of persons *indicted* for rape decreased significantly, with 40% of respondents strongly or somewhat favoring laws prohibiting media disclosure of *indicted defendants'* names. Support for protecting the privacy for persons *convicted* of rape was even less, with less than one-fourth (24%) believing that convicted rapists' privacy rights in the news media should be protected by law (See Figure 15).

Agencies were asked what percentage of rape victims they served were unwilling to report the crime to police. Forty-two percent of the agencies said that *more than half* of all their sexually assaulted clients were unwilling to report to the police.

What do agencies see as the major barriers to reporting and how effective would removing these barriers be toward increasing victims' willingness to report? Agencies indicated that the following policies, programs and services would be very effective or somewhat effective in increasing sexual assault victims' willingness to report:

FIGURE 14

NATIONAL WOMEN'S STUDY / SERVICE AGENCY STUDY Media Disclosure of Rape Victims' Names and the Likelihood of Victims to Report to Police

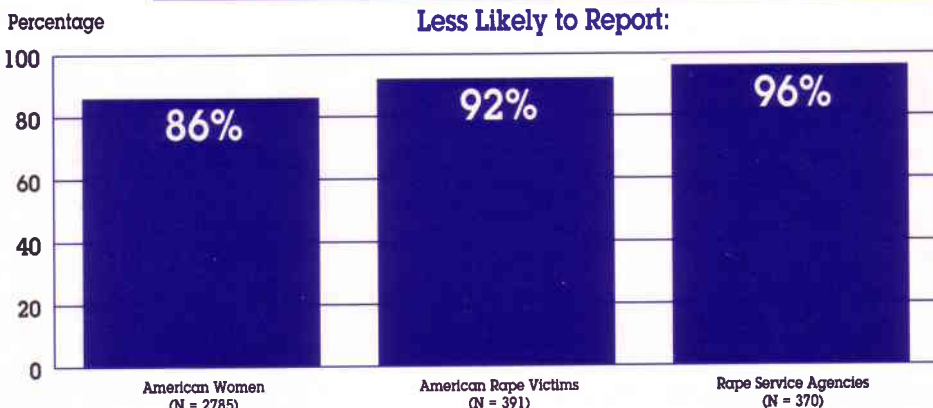
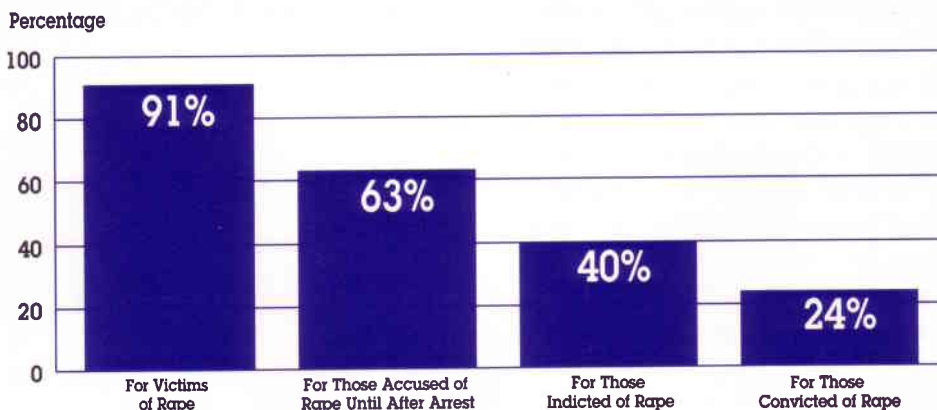


FIGURE 15

SERVICE AGENCY STUDY Respondents Favoring Privacy Laws



- Public education about acquaintance rape (99%);
- Laws protecting sexual assault victims' confidentiality and prohibiting disclosure of their names and addresses by the news media (97%);
- Expanding counseling and advocacy services for sexual assault victims and their family members (97%);
- Availability of free pregnancy counseling and abortion for rape victims who get pregnant (77%);
- Mandatory HIV testing of persons indicted on sexual assault charges (80%); and
- Providing confidential free testing for HIV/AIDS or sexually transmitted diseases to victims (57%) (See Figure 16).

When asked what else can be done to increase victims' willingness to report sexual assaults to the police, agencies also identified several other critical measures including:

- Increasing and improving training for police to increase sensitivity and reduce victim blaming;
- Greater sensitivity from prosecutors;
- Better treatment and better laws to protect victims in court; and
- Public education to increase awareness that rape is a crime and it is not the victim's fault.

Rape crisis agencies do *not* operate in a vacuum. The level of contact rape crisis agencies have with different criminal justice system agencies (CJS) has critical implications for victims. Equally important is how rape crisis agencies view the effectiveness and sensitivity of the criminal justice system.

Agencies report having a *great deal or moderate amount* of contact with police (95%), prosecutors (86%), judges (67%), and probation departments (52%), but less so with prisons (19%) and parole boards (19%). Not surprising, rape crisis agencies have the most interaction with police and prosecutors — the critical players in the criminal justice system who decide whether to investigate, arrest, bring charges and/or prosecute a sexual assault case.

Rape service agencies were also asked how strong their working relationships are with the same six criminal justice system agencies. With the exception of prisons and parole boards, a majority of rape service agencies said they had *excellent or good* relationships with the following agencies:

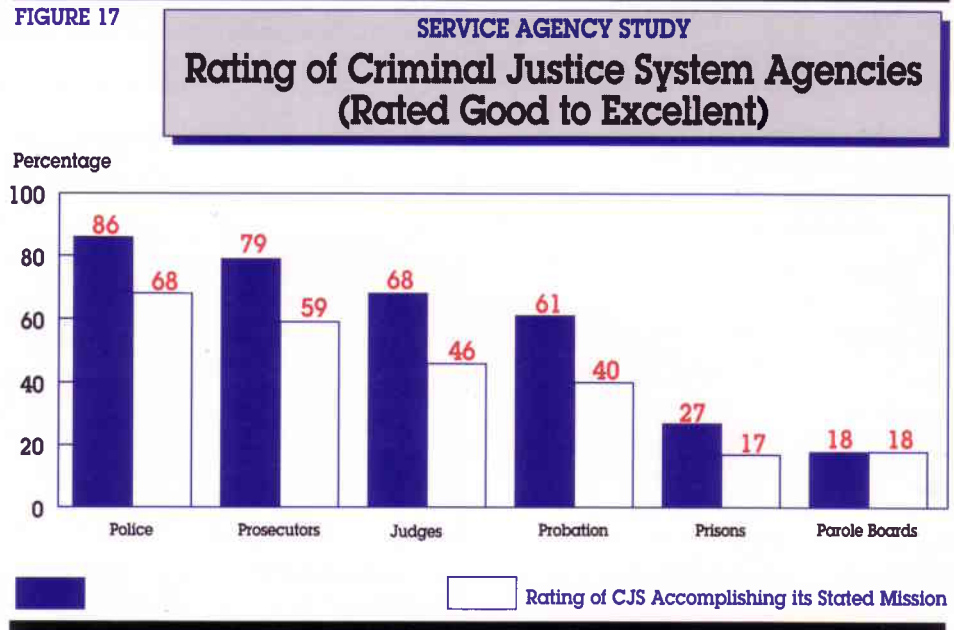
- Police 86%
- Prosecutors 79%
- Judges 68%
- Probation 61%
- Prisons 27%
- Parole Boards 18%

(See Figure 17)

FIGURE 16



FIGURE 17



Based on their experience and what they heard from victims, rape agencies' ratings of how well CJS agencies were accomplishing their part of the CJS mission were generally positive:

- 68% had excellent or good ratings of police;
- 59% rated prosecutors as excellent or good;

- 46% rated judges as excellent or good; and
- 40% rated probation departments as excellent or good.

In stark contrast, only 17% rated prisons as excellent or good, and only 18% rated the performance of parole boards as excellent or good. ■

High Profile Rape Cases: What Is the Impact?

Based upon their personal experiences and the victims to whom they talked, agencies were asked if they thought the highly publicized West Palm Beach sexual battery trial had an effect on women's willingness to report rapes to police. Almost two-thirds (66%) of all rape service agencies thought this trial and its outcome, indeed, affected rape reporting. Of those agencies that thought the trial had an effect:

- Seven out of ten agencies (71%) thought victims would be *somewhat less likely* to report rapes to police;
- One out of five (20%) thought victims would be *much less likely* to report;
- Less than one in ten agencies (9%) thought victims would be *somewhat more likely* to report; and
- *Not one agency* thought victims would be *much more likely* to report (See Figure 18).

In summary, almost two-thirds of agencies thought the West Palm Beach trial made rape victims *somewhat or much less likely* to report to police.

Agencies were also asked whether they thought the highly publicized Indianapolis trial had any effect on women's willingness to report rapes to police. Almost half the agencies (48%) thought the trial had an effect on rape reporting; Of those agencies that thought the trial had an effect:

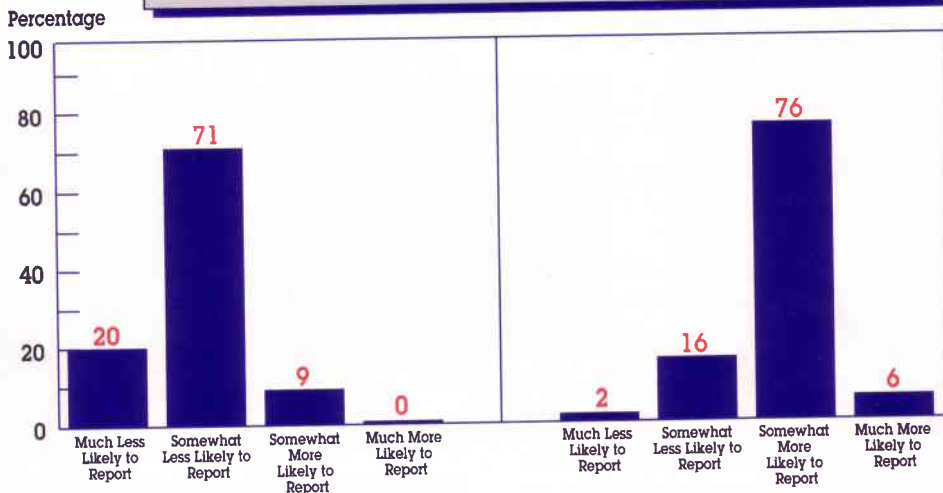
- Eighty-two percent of the agencies thought that women would be *somewhat or much more likely* to report rapes to police; and
- Eighteen percent of the agencies surveyed said that victims would be *much or somewhat less likely* to report rapes to the police.

Clearly, agencies that work directly with rape victims believe that the conviction in the Indianapolis trial had a salutary effect on a victim's likelihood to report. This is in stark contrast to their perception of the impact of the West Palm Beach trial (See Figure 18). ■

FIGURE 18

SERVICE AGENCY STUDY

Two Highly Publicized Rape Trials and Their Perceived Impact on Reporting Rapes



West Palm Beach Case:
66% of Agencies Said Case Had an Effect

Indianapolis Case:
48% of Agencies Said Case Had an Effect

Agencies reporting that the cases had no impact were excluded.

Profile of Agencies

- Eighty-six percent of agencies surveyed were non-profit organizations serving both city and county jurisdictions in all 50 states; 12% were governmental agencies and 2% were other.
- Average years of service to sexual assault victims: 11 years
- Average paid staff size:
 - (1990) mean= 6.1 median= 4.0
 - (1991) mean= 6.4 median= 4.0
- Percentage of agencies serving the following types of victims:
 - Child (under 12) 62%
 - Adolescent (12-17) 78%
 - Adult Female 95%
 - Adult Male 78%
- Average number of volunteers:
 - (1990) mean= 21.5 median= 14
 - (1991) mean= 24.2 median= 15
- Services provided by agencies:
 - Crisis Intervention 98%
 - Counseling 88%
 - Court Monitoring 78%
 - Information and Referral 99%
 - Victim Support Groups 80%
 - Victim Education 89%
- Average yearly budget:
 - (1990) mean= \$227,531 median= \$139,692
 - (1991) mean= \$249,791 median= \$152,645
- Average case load:
 - (1990) 507
 - (1991) 612

RECOMMENDATIONS

Rape in America

Rape In America: A Report to the Nation offers remarkable new perspectives about the crime of rape in our country. The data contained in the Report clearly validate opinions held by professionals in the field about the extent of rape and the needs and concerns of rape victims.

As a result of these data, it is imperative that rape be classified as a major public health issue in the United States. The traumatic consequences of rape – ranging from severe mental health problems, to substance abuse problems, to victims' fears about privacy, to the tragic youth of its victims – affect the long-term physical,

mental and emotional health of millions of American women. The "domino effect" rape has on victims' families and friends also contributes to detrimental public health consequences.

The startling number of rape victims, and the early age at which many of these rapes occur, are examples of a terrible truth that defies simple explanation, easy understanding, or quick remedies. These facts tear at the very fabric of our individual and collective values.

Rape in America: A Report to the Nation contains many complex implications, and raises many challenging issues that will require more rigorous thinking, research,

and discussion. The National Victim Center and the Crime Victims Research and Treatment Center believe that long-term solutions can only be developed and implemented through a comprehensive multi-disciplinary approach. Accordingly, the co-sponsors of this Report will seek advice, guidance and feedback from a variety of disciplines and experts, including but not limited to: rape victims; mental health; medicine; criminal justice; women's and men's organizations; children's rights organizations; public health officials; clergy, educators, researchers; civic leaders; public health officials; and grassroots agencies that work with rape victims.

In order to encourage immediate consideration of some of the critical issues relevant to *Rape in America: A Report to the Nation*, the National Victim Center and Crime Victims Research and Treatment Center offer the following recommendations:

■ **1. Legislation should be enacted at the Federal and state level to provide sexual assault victims with effective privacy protections that prevent media disclosure of their names and addresses.**

An overwhelming majority of American women, American rape victims, and American rape service agencies supports such legislation, and thought such statutory protections would make rape victims more likely to report to police. Legally protected privacy rights for rape victims would allay their concerns about people — from family to friends to the public — finding out about their victimization and, hopefully, increase victims' willingness to report rapes to police.

The model legislation offered by the National Victim Center in conjunction with the release of "Rape in America" provides a strong foundation upon which to build increased privacy protection for rape victims in our nation.

■ **2. Education about crimes against women and, in particular, crimes of rape should be provided not only in secondary and higher education, but at the grade school and junior high school levels with particular attention given to pre-teen adolescent girls and boys.**

Data from "Rape in America" conclude that the majority of American rape victims (61%) are raped before the age of 18; furthermore, an astounding 29% of all forcible rapes occurred when the victim was less than eleven years old.

Rape education for America's youth must not only address the criminal nature of assaults against women and girls. Such education must focus on the importance of reporting rapes — to a teacher, a trusted adult, or a rape service agency. Our nation must also reinforce three strong messages: that rape is a violent crime; that rape victims are not to blame for the terrible crime committed against them; and that support and services are available to all victims, regardless of their age.

- **3. To have any hope of being truly effective, rape prevention efforts should move beyond “stranger danger,” and help American women and girls protect themselves from people and situations that pose the highest risk of rape.**

“Rape in America” and other studies show that the vast majority of rape and other sexual assaults are committed by someone known to the victims. American women and girls must be made aware of this fact, and know that just because their attackers are known to them does not eliminate the fact that rape is a crime.

- **4. America’s medical community must receive comprehensive training about the appropriate treatment of rape victims.**

Victims had a medical examination in only 17% of all rape cases; in only 30% of these cases were doctors informed that a rape had occurred. Furthermore, 60% of rape victims were not advised about pregnancy testing or pregnancy prevention; 73% were not given information about HIV/AIDS testing; and 39% were not given information about testing for exposure to sexually transmitted diseases. Although information provided to victims during medical exams had improved during the past five years, 55% of recent victims were not informed about pregnancy, 30% were not informed about STD's other than HIV/AIDS, and half of all recent rape

victims were not provided with information about HIV/AIDS.

Physicians must become knowledgeable not only about evidence collection in rape cases, but also about how to determine signs of rape when patients do not disclose their victimization. They must also recognize that many women were raped earlier in their lifetimes and, as a result, may currently be suffering physical and emotional problems related to their rape.

In addition, medical professionals should adopt standard procedures to provide rape victims with information about proper medical care, including: pregnancy testing; HIV/AIDS testing and risk reduction methods; exposure to sexually transmitted diseases; and referrals to mental health professionals with expertise in the treatment of rape victims.

A standard protocol for responding to rape victims — from the point of the assault through the criminal justice system — is currently being developed by the National Victim Center with support from the U.S. Department of Justice Office for Victims of Crime.

- **5. America’s mental health community must receive comprehensive training about the appropriate treatment of rape victims.**

The results of this study show that almost one-third of all rape victims will develop Rape-related PTSD in their lifetimes.

Mental health professionals need additional education about the mental health impact of rape, and about the mental health needs specific to rape victims. Given the high prevalence estimates for PTSD, depression, suicide, and substance abuse problems among American rape victims, it is likely that many rape victims are receiving treatment from therapists who do not know they are treating rape victims. Thus, education of mental health professionals must include how to screen present clients for rape histories, as well as how to provide effective mental health treatment to known rape victims.

- **6. Many widely held stereotypes about rape, who rape victims are, and how they respond after the assault are not accurate. The American public, our criminal justice system, and jurors in rape trials should be provided with accurate information about these topics to eliminate misconceptions about rape and its victims.**

Rape education must be systematic: from our schools to our judicial system to all citizens of America. For only when we — as individual citizens and as a nation dedicated to liberty and justice for all — understand the brutal nature of rape and its devastating aftereffects, will we be able to erase the stigma of rape, guarantee that rape victims are treated with dignity, and offer a concerted, appropriate criminal justice response to crimes of rape and their victims.

APPENDIX

SECTION I

The National Women's Study: An Overview of Methodology

Potential respondents for *The National Women's Study* included all women in the residential population of the United States who were 18 years and older at the time of the initial survey. A total of 2,008 interviews were conducted with a cross section of the U.S. adult female population. Another 2,000 interviews were conducted with an oversample of younger women between the ages of 18 and 34.

A two-staged area probability sampling procedure was used to identify and interview respondents. In the first stage, the United States was divided into four geographic regions and three census size-of-place strata. This yielded a total of twelve mutually exclusive and exhaustive groupings of the total U.S. population. In the next stage of sample selection, random digit dialing was used to select households within each geographic area. The number of households selected via random digit dialing was proportional to the population within each of the twelve strata. The sample construction just described yielded a population-based random digit dialing sample of households. Within households, the number of adult females was determined, and an adult woman was randomly selected.

This study was longitudinal in nature. Therefore, attempts were made to interview each of the original 4,008 respondents three times at one year intervals. All 4,008 respondents were interviewed during Wave One. Eighty-five percent of eligible respondents agreed to participate in the Wave One interview and completed the interview. Approximately 81% of the original 4,008 respondents were located and interviewed during the Wave Two, one-year follow-up.

The two year follow-up, Wave Three interviews, is still in progress. However, this *Report* includes data from the first 2,785 respondents who completed the Wave Three interviews.

Because the survey included an oversample of younger women and some attrition occurred over the two-year follow-up period of the study, the achieved sample data were weighted to U.S. Census projections of the 1990 (Wave One), 1991 (Wave Two), and 1992 (Wave Three) adult female population by age and race.

The information about the lifetime prevalence of rape (relevant to how many women have been raped one or more times throughout their lifetimes) comes from the Wave One survey, as did most of the descriptive information about rape cases. Information about the past year prevalence of rape

(how many women were raped in the one year between Wave One and Wave Two) was obtained in the Wave Two interview. Information about rape victims' concerns, medical examinations, willingness to report future rapes to police, and opinions about the impact of protection from media disclosure of their names came from the Wave Three interview. Mental health problems (i.e., Post-traumatic Stress Disorder, major depressing episodes, suicidal thoughts, suicide attempts, and substance abuse problems) were assessed during each of the three waves.

All sample selection and survey interviewing were done by female interviewers from Schulman, Ronca, and Bucuvalas, Inc. (SRBI), a national survey research organization in New York City. Dr. John Boyle directed the survey for SRBI.

By its nature, a telephone survey is limited to the population living in households with telephones. Approximately 94% of the American population lives in households with telephones. Like any sample survey, the findings of this survey are subject to sample fluctuations or sampling error. The maximum expected sampling error for a simple random sample of 4,000, 3,200, and 2,700 cases is $\pm 1.5\%$, $\pm 1.7\%$, and $\pm 1.9\%$ which is at the 95% confidence level. ■

Survey Questions

This study was designed to ask American women provocative, personal questions in order to leave no doubt or confusion as to the definition of forcible rape. The questions themselves were difficult to ask — and equally difficult for women to answer — but they provide clear answers for the first time to the critical elements of forcible rape:

- Use of force or threat of force;
- Lack of consent; and
- Sexual penetration.

Here are questions asked in *The National Women's Survey*:

"...Women do not always report such experiences to police or discuss them with family or friends. The person making the advances isn't always a stranger, but can be a friend, boyfriend, or even a family member. Such experiences can occur anytime in a woman's life — even as a child. Regardless of how long ago it happened or who made the advances..."

- Has a man or boy ever made you have sex by using force or threatening to harm you or someone close to you? Just so there is no mistake, by sex we mean putting a penis in your vagina.

- Has anyone ever made you have oral sex by force or threat of harm? Just so there is no mistake, by oral sex, we mean that a man or boy put his penis in your mouth or somebody penetrated your vagina or anus with his mouth or tongue.
- Has anyone ever made you have anal sex by force or threat of harm?
- Has anyone ever put fingers or objects in your vagina or anus against your will by using force or threat?"

APPENDIX

SECTION II

The State of Services for Victims of Rape: Data Collection Methodology

The National Victim Center (NVC) provided the research contractor, SRBI, with its listings of organizations which provide crisis counseling services to rape victims. The NVC database of 10,000 victim service organizations listed more than 1,000 agencies providing services to sexual assault victims. As the first stage in the sample constructions, the SRBI sampling staff removed the following classes of organizations from the list as ineligible for this national survey of rape service agencies:

- Mothers Against Drunk Driving (MADD) offices were removed because they would not satisfy the requirement of offering services specifically for victims of rape and sexual assault;
- Prosecutors' offices and police-based agencies were removed because they would not satisfy the requirement that services be offered to those who do not report the crime; and
- Offices located outside of the United States (50 states and the District of Columbia) were removed from the list.

A total of 853 organizations and/or offices from the NVC data base remained after these exclusionary criteria were applied. Although there were organizations among these 853 that did not appear likely to act as rape service agencies, the study protocol required a telephone screening of these offices to determine eligibility. The telephone screening of these offices was conducted by SRBI executive interviewers from February 20 to March 1, 1992. A total of 788 of these listings yielded working telephone numbers. Ninety-six percent of the offices (759) were reached during the ten-day field period. A screening interview was conducted with the

appropriate official in each office. The telephone screening identified 522 (69%) of these offices as meeting survey criteria for providing services to adult victims of rape and/or sexual assault, at least some of whom did not report their rapes to police.

The offices that met the eligibility criteria for the survey were told more about the study and the types of information required. Since some of the information would require a records review, they were told that they would be sent a worksheet to assist them in recording their information in the manner that would be most useful for the survey. A few days after they received the worksheet, they would be recontacted by an interviewer, who would ask them for the information they had recorded on the worksheet, as well as some other questions.

Worksheets were mailed to the 522 eligible rape service agencies within a day after the screening interview. The mailing included a cover letter that explained the study and procedures in a little more detail, and provided a toll-free number to call at SRBI if there were any questions.

The re-contact interview phase of the project began on March 1, approximately ten days after the first screening of centers. The schedule for the field period for the re-contact interviews was three weeks. Approximately 25 of the 522 centers that initially screened as eligible were identified as ineligible during the re-contact phase. This left a potential universe of 498 rape service agencies in the United States for the purpose of this survey.

Within the three-week field period, which ended on March 22, SRBI executive interviewers completed interviews with the appropriate officials in 370 of the 498 eligible centers. In other words, we believe that 74% of all offices in the United States which offer services to adult victims of sexual assault (other than those that are restricted to

criminal reports) are represented in the completed sample. Approximately one hundred cases were still in callback status at the end of the field period. The limited field period, coupled with the requirements of the survey for records information from the offices, meant that not every office could assemble the necessary information in time to be re-interviewed. However, only two offices refused to cooperate, compared to 370 completed interviews, which represents a survey cooperation rate of 99.5%. The sampling error for a simple random sample of 370 cases is $\pm 5.1\%$.

The survey employed a telephone-mail-telephone data collection methodology to insure the quality of both the sample and the data collected. The initial telephone phase insured that eligibility for the survey could be established, as well as reasons for non-eligibility. This helped insure the integrity of the sampling frame, and identified the appropriate persons within the office to be interviewed about services to victims of sexual assault. The mail phase of the study was designed to improve the accuracy and comparability of factual information on number of cases, staff and funding over time. The telephone re-contact phase insured the timely collection of factual information from recording forms, as well as permitting us to collect information regarding opinions in an unbiased manner.

Despite the rigor of the study procedures, a near census of the majority of rape service agencies in the United States was completed, with an extraordinarily high participation rate. The study procedures, coupled with the field outcomes, should yield reliable estimates of the characteristics, experiences and opinions of rape service agencies and their staffs in the United States. ■

Dedication

R*ape In America: A Report to the Nation* is dedicated to the millions of courageous women whose lives have been altered by rape, yet find the dignity and strength to survive. We also salute the compassion and commitment of thousands of staff and volunteers at rape service agencies across the nation.

Acknowledgements

We wish to thank the 4,008 women who made such a major contribution to our knowledge by their participation in *The National Women's Study*. A large debt of gratitude is owed to the 507 rape victim participants in *The National Women's Study* who courageously shared their painful experiences in order to enlighten America and improve the treatment of future victims. We are grateful to the *National Institute of Drug Abuse* for funding *The National Women's Study* and to Dr. Coryl Jones at NIDA who has provided encouragement and support. Drs. Connie Best, Heidi Resnick, Benjamin E. Saunders, and Julie Lipovsky at the Crime Victims Center are Co-investigators on *The National Women's Study* and have contributed greatly to its success. Special thanks is also extended to the staff of the National Victim Center, Vicky Dawson at the Crime Victims Center, and Jennifer Spalding of Park Graphics, for their tireless and superb efforts in the production of this Report. Finally, we gratefully thank the 370 rape service agencies which participated in the National Victim Center sponsored survey.

The National Victim Center

The National Victim Center was founded in 1985 to promote the rights and needs of violent crime victims, and to educate Americans about the devastating effect crime has on our society. The Center has offices in Arlington, Virginia, Fort Worth, Texas and New York, New York.

Today, there are almost 10,000 victim service and criminal justice organizations in all 50 states which benefit from the National Victim Center's programs and services. These groups serve a wide range of constituents, including victims of child abuse and neglect, sexual assault, family violence, elder abuse, drunk driving, hate violence, and survivors of homicide victims.

The Center's many programs include:

- Training and technical assistance to strengthen the abilities of victim advocates and criminal justice officials to assist and support crime victims;
- An extensive resource library which contains over 10,000 documents on every aspect of violent crime, criminal justice and victimology;

- The Crime Victims' Litigation Project with 5,000 cases and authorities to assist victims' attorneys in civil litigation cases;
- A legislative data base containing nearly 20,000 victim related statutes from all 50 states, which supports the development of policies and statutes designed to protect the rights of victims nationwide;
- A public awareness program that provides resources and experts for over 2,000 news media nationwide; and
- An information and referral data base for victim services.

In 1991, there were 35 million victims of crime, including almost six million who fell prey to violence. The U.S. Department of Justice estimates that five out of six of today's twelve-year-olds will become victims of violent crime during their lifetimes. These painful statistics represent countless individuals whose lives are irrevocably altered by violence. These innocent victims are the ultimate reason the National Victim Center exists.

The Crime Victims Research and Treatment Center

The Crime Victims Research and Treatment Center (CVC) is a division of the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina (MUSC) in Charleston, South Carolina. Since 1974 the faculty and staff of the CVC have been devoted to achieving a better understanding of the impact of criminal victimization on adults, children, and their families. Dr. Dean Kilpatrick is the Director of the CVC, whose programs include activities within four major areas:

- Research: The CVC has conducted research sponsored by such organizations as the *National Institute of Mental Health*, the *National Institute on Drug Abuse*, the *U.S. Department of the Navy*, the *National Institute of Justice*, and many others.
- Professional Education: The CVC provides clinical training to clinical psychology interns, psychiatry residents, postdoctoral

fellows, and social work interns at MUSC. In addition, the CVC shares its knowledge and skills with other groups of professionals in the forms of training sessions and workshops.

- Clinical Services: The CVC provides specialized clinical services to crime victims and their families and provides individual, group, and family treatment. CVC faculty members are widely regarded as experts in assessment and treatment of crime-related psychological trauma.
- Public Policy Consultation: The CVC makes a concerted effort to share its expertise with legislators, public policy-makers, and those responsible for administering victim services and related programs. Faculty members are frequently invited to testify at legislative hearings, work on task forces, and otherwise provide input on issues related to criminal victimization.



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