



CALCASA
CALIFORNIA COALITION
AGAINST SEXUAL ASSAULT

2014

SEXUAL VIOLENCE
RESEARCH REVIEW

EXECUTIVE SUMMARY



ENVISIONING A WORLD FREE FROM SEXUAL VIOLENCE.

The mission of The California Coalition Against Sexual Assault (CALCASA) is to provide leadership, vision and resources to rape crisis centers, individuals and other entities committed to ending sexual violence.

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EXECUTIVE SUMMARY

CALCASA is pleased to release this summary and compendium of research on sexual violence from 2005-2014 mostly from the United States. This document is both an update and a re-envisioning of the research reports last released by CALCASA in 2008. The 2008 CALCASA Report on Violence and Abuse can be found at www.calcasa.org/resources/publications. The current report focuses only on the most current research in order to reflect recent trends and advances in both the topics studied and methods used by researchers. We attempted to do a thorough review of the research literature, however this report is not meant to be an exhaustive detailing of every piece of research on sexual violence. Instead it is meant to be a concise summary of relevant research that can be used to support the work of CALCASA member agencies, rape crisis centers and rape prevention programs.

In order to enhance the usability of the document, we chose to focus on ten topics critical to the work of rape crisis centers: 1) Prevalence of Sexual Assault, 2) Consequences of Sexual Assault, 3) Supportive Interventions for Survivors of Sexual Assault, 4) Systems Response to Sexual Assault, 5) Sexual Assault Prevention, 6) Sexual Assault on University and College Campuses, 7) Sexual Assault in Military and Veteran Populations, 8) Sexual Assault in Prison and Detention Facilities, 9) Sexual Assault in the Context of Domestic Violence, and 10) Population-Specific Sexual Assault Information. The topics were chosen based on an initial review of the research literature and conversations among CALCASA staff.

When using research summarized in this document, users should cite the original study, not this document. Ideally, users should consult the original source prior to using the information for grants, community education and outreach, or other purposes. We have provided the full citation of all referenced articles in a bibliography to assist with locating the research included in this report. Users who do not have a way to access scholarly literature can contact CALCASA to obtain any needed research articles.

A full report is available to CALCASA members. Please contact CALCASA to become a member.

PREVALENCE OF SEXUAL ASSAULT

In 2011, the Center for Disease Control released a report detailing the findings of a large, methodologically rigorous research study on the prevalence and consequences of sexual assault, stalking, and intimate partner violence (Black et al., 2011). The study found:

- A lifetime sexual assault prevalence rate of 18.3% of women and 1.4% of men, meaning that almost 1 in 5 women and 1 in 71 men experiences rape in the span of their lifetime.
- 44.6% of women and 22.2% of men have experienced sexual violence other than rape in their lifetime (includes being made to penetrate someone, sexual coercion, unwanted sexual contact, and unwanted non-contact sexual experiences).
- Most rapes are committed by intimate partners (51.1% for women), acquaintances (40.8% for women, 52.4% for men).
- 79.6% of female victims of rape experienced their first rape before age 25, with 42.2% before the age of 18.
- 27.8% of male victims experienced their first rape by the age of 10.
- An estimated 1.3 million women were raped in the 12 months prior to the survey.
- State level estimates found that the lifetime prevalence of rape among women in California is 14.6% (or 2,024,000).
- California lifetime prevalence of sexual violence *other than* rape (including sexual coercion, unwanted sexual contact, sexual harassment among women is 40.7% (or 5,634,000).
- California lifetime prevalence of sexual violence *other than* rape among men is 22.1% (or 3,015,00).



CONSEQUENCES OF SEXUAL ASSAULT

- Sexual assault is consistently linked to increased rates of Post Traumatic Stress Disorder (PTSD) (Elklit & Christiansen, 2013; Masho & Ahmed, 2007; Zinzow et al., 2010), suicidal ideation (Basile et al., 2006; Behnken, Le, Temple, & Berenson, 2010; Bryan, McNaughton-Cassill, Osman, & Hernandez, 2013; Tomasula, Anderson, Littleton, & Riley-Tillman, 2012); and depression (Zinzow et al., 2010).
- McCollister, French & Fang (2010) calculate tangible and intangible losses and conclude that each rape costs \$240,000 (based on US context).



SUPPORTIVE INTERVENTIONS FOR SURVIVORS OF SEXUAL ASSAULT

- In an evaluation of STOP (Services, Training, Officers, and Prosecutors) funding and domestic and sexual assault programs, Zweig & Burt (2007) found that survivors found services helpful when they felt in control when working with staff, and when agencies interacted with the legal system and other community agencies. Also, when survivors entered the service system network by contacting rape crisis centers first, they rated agency helpfulness higher.
- Maier (2011) found that rape crisis centers struggle financially, and that when positions are eliminated, remaining staff and volunteers are overworked, services are reduced, and education and outreach activities are reduced. Administrators describe strategies for managing financial matters such as engaging in fundraising to diversify funding streams and coordinating and diversifying programming (including joining with domestic violence agencies) to tap into other funding sources.



SYSTEMS RESPONSE TO SEXUAL ASSAULT

- When victim has an exam, police collect more additional types of evidence which increases likelihood of prosecution. When Sexual Assault Nurse Examiners (SANE) conduct a suspect exam, police similarly more likely to collect additional types of evidence, interview the suspect, and refer the case for prosecution (Campbell, Bybee, Kelley, Dworkin, & Patterson, 2012).
- Beichner & Spohn (2012) found that legally relevant factors influenced prosecutor charging decisions in stranger rape cases, while legally irrelevant victim characteristics (victim prior criminal record, victim drinking behavior prior to assault, victim invited suspect to her residence) played a role in influencing charging decisions in nonstranger cases.
- Campbell (2006) also found that when a survivor has an advocate present, they are more likely to have a police report, less likely to be treated negatively by police and medical providers, report less distress as a result of interactions with legal and medical systems, and receive more medical services. Campbell cautions, however, that it's not clear whether the presence of the advocate itself accounts for the differences or whether communities that invite advocates into the response are also communities that do a better job of treating rape victims.



SEXUAL ASSAULT PREVENTION

- An evaluation of Shifting Boundaries found promising evidence that it increases knowledge and behavioral intentions and decreases actual violent behavior among middle school students (Taylor, Stein, Woods, & Mumford, 2011). The evaluation with 2700 students in 30 New York City middle schools included a school-level intervention (implementation of stay away orders, better staff monitoring of "hot spots" and posters to increase awareness and reporting). Classroom sessions alone were not effective, but both the building intervention increased knowledge about laws and consequences, increased intentions to avoid perpetrating violence and to intervene. These components also reduced sexual harassment by 26-34% and peer sexual violence by 32-47%. The building intervention alone also reduced physical and sexual dating violence by 50%.
- Several reviews of the research on the effectiveness of sexual assault prevention programs and conclude that most programs improve student knowledge but fail to demonstrate lasting decreases in sexual victimization. They also review evidence that suggests that longer interventions, single gender audiences, and professional presenters may increase effectiveness of a prevention program (Anderson & Whiston, 2005; Daigle, Fisher, & Stewart, 2009; Vladutiu, Martin, & Macy, 2011).



SEXUAL ASSAULT ON COLLEGE AND UNIVERSITY CAMPUSES

- A study with 5446 undergraduate women found that nearly 20% of undergraduate women report attempted or completed sexual assault since entering college (Krebs, Lindquist, Warner, Fisher, & Martin, 2009).
- Smith & Freyd (2013) expand research on the role of betrayal in trauma by exploring institutional betrayal, or the belief that an institution failed to prevent sexual assault or respond in a supportive manner.
- Survivors who reported feeling institutional betrayal (mostly from their university/college) had higher anxiety and trauma-specific symptoms than those who did not feel betrayed by the institution.
- In a national sample of female college students, only 11.5% had reported their most recent rape to law enforcement and only 2.7% of rapes involving drugs or alcohol were reported. 18.7% of rape victims received medical care and 17.8% received assistance from a rape crisis center or other victim service program (Wolitzky-Taylor et al., 2011).



SEXUAL ASSAULT IN MILITARY AND VETERAN POPULATIONS

- The National Intimate Partner and Sexual Violence Survey, a large, nationally representative study, included two sub-samples drawn from military populations totaling 2836 women (the Department of Defense commissioned sub-samples only for females). 36.3% of active duty women and 32.8% of wives of active duty men had experienced sexual violence involving some sort of physical contact (Black & Merrick, 2013).
- 13% of male naval recruits in one study reported preilitary perpetration of sexual assault (Stander, Merrill, Thomsen, Crouch, & Milner, 2008). Among those men, 71% reported more than one incident of attempted or completed rape (McWhorter, Stander, Merrill, Thomsen, & Milner, 2009). They also reported using substances to incapacitate victims more often than force, and targeting victims they knew rather than strangers. Those with a history of attempted or completed rape were more likely to perpetrate similar acts during military service.



SEXUAL ASSAULT IN PRISON AND DETENTION FACILITIES

- According to a Department of Justice report, 4% of prison inmates and 3.2% of jail inmates report experiencing sexual assault in a 12 month period. Gay, lesbian and bisexual (GLB) inmates had the highest rate of sexual victimization with 12.2% of GLB prisoners and 8.5% of GLB jail inmates reporting sexual victimization by another inmate, and 5.4% of prisoners and 4.3% of jail inmates reporting sexual victimization by staff (Beck, Berzofsky, Caspar, & Krebs, 2013).
- Male inmates in one study suggested that the most salient barriers to reporting rape were embarrassment, fear of harassment, and a fear of retaliation from the perpetrator (Levan, 2010).



SEXUAL ASSAULT IN THE CONTEXT OF DOMESTIC VIOLENCE

- The National Intimate Partner and Sexual Violence Survey (NISVS) found that 1 out of 10 women in the US (or about 11.1 million women) has been raped by an intimate partner in her lifetime. 1 in 6 women (or 19 million) have experienced sexual violence other than rape by an intimate partner. In the 12 months prior to the survey, an estimated 686,000 women were raped by an intimate partner and 2.7 million experienced sexual violence other than rape. 1 in 12 men (or about 9 million) have experienced sexual violence other than rape by an intimate partner in his lifetime (Black et al., 2011).
- Another study found that seeking help from social service and criminal justice agencies appears to be the most effective way to end sexual assault in the context of a violent relationship (Martin, Taft & Resick, 2007).



POPULATION-SPECIFIC SEXUAL ASSAULT INFORMATION

- A study by Cook, Dinnen & O'Donnell (2011) found that while older women report lower lifetime and past year physical and sexual assaults than younger women, those who have experienced sexual or physical violence report greater psychiatric distress (like PTSD or depression).
- In a review of the literature Tewksbury (2007) found that among male survivors of sexual assault, feelings of shame, stigma, fear that one's sexuality will be questioned are common, and anger or hostility are common. For male victims, sexual assault may be related to poor physical health, somatic complaints, sleep difficulties, depression, anxiety disorder, and substance abuse.
- A study using data from the National Youth Risk Behavior Survey found that female adolescents with physical disabilities were more likely to report having been physically forced to have sexual intercourse than those without disabilities (19.6% vs 9.4%) (Alriksson-Schmidt, Armour, & Thibadeau, 2010).
- NISVS found that 26.9% of American Indian and Alaska Native women reported rape in their lifetime and 49% reported sexual violence other than rape. 20.1% of American Indian or Alaska Native men reported sexual violence other than rape in their lifetime (Black et al., 2011).



The National Intimate Partner and Sexual Violence Survey, a large nationally representative survey (Walters, Chen, & Breiding, 2013), found that:

- Bisexual women had significantly higher lifetime prevalence of rape and sexual violence (46.1%) compared to lesbians (13.1%) and heterosexual women (17.4%). This was true when looking at rape by any perpetrator as well as when examining rape by intimate partners.
- Lifetime prevalence of sexual violence other than rape (being made to penetrate, sexual coercion, unwanted sexual contact, non-contact unwanted sexual experiences) was 46.4% for lesbians, 74.9% for bisexual women, 43.3% for heterosexual women, 40.2% for gay men, 47.4% for bisexual men, and 20.8% for heterosexual men.

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