

The Prevalence of Sexual Assault: Evidence for Social Work Education and Practice

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Abstract. *Sexual assault is a major social problem that requires well-informed, empirically grounded policy and practice responses. This study was conducted to determine the prevalence of sexual assault in Texas and to add to our understanding of the crime of sexual assault. A representative sample of 1,200 adult women and men aged 18 and older from diverse ethnic/racial, socioeconomic, and educational backgrounds was interviewed about their lifetime experiences of sexual assault victimization. Approximately 20 percent of women and five percent of men had been sexually assaulted during their lifetimes. Overall, the prevalence was 13 percent. The findings are consistent with research in general population in the US (Elliott, Mok and Briere, 2004) and internationally (World Health Organization, 2005) underscoring the cross-cultural occurrence of adult sexual assault. This information can assist social workers to target support services to victims and to develop innovative services and policy recommendations for sexual assault survivors.*

Keywords: sexual assault, rape, sexual assault in the United States, sexual assault globally, social work response to sexual assault

Introduction

Sexual assault is a serious social problem that often has major health and mental health consequences for victims (Byrne, Resnick, Kilpatrick, Best and Saunders, 1999; Koss, 1993; McCall, 1993; Tjaden and Thoennes, 1998b). Despite the expansion of sexual assault research over last 25 years and public service announcements about community resources, sexual assault remains a highly underreported crime (Bachman and Saltzman, 1995; Tjaden and Thoennes, 1998a). This study was conducted to determine the prevalence of sexual assault in Texas and to add to our understanding of this crime. The sample consists of 1,200 adult women and men aged 18 and older from diverse ethnic/racial, socioeconomic, and educational backgrounds. Participants were randomly selected and interviewed by telephone about their lifetime experiences of sexual assault victimization. Approximately

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20 percent of women and five percent of men had been sexually assaulted during their lifetimes. The findings are consistent with research in the general US population (Elliott, Mok and Briere, 2004) and internationally (World Health Organization [WHO], 2005) underscoring the cross-cultural occurrence of adult sexual assault. Given these prevalence rates, social workers in most professional settings are likely to encounter sexual assault victims who need their assistance. People who are sexually assaulted are at greater risk for host of chronic health issues such as headache, gastro-intestinal and panic related illness. The poor health effects associated with sexual assault are seen in both men and women (Leserman, 2005). Social workers who lack education about sexual assault or who hold victim-blaming stereotypes about women and men who are sexually assaulted may inadequately respond to victims. Moreover, given the co-occurrence of sexual assault and other social problems such as alcohol and drug abuse (Ramisetty-Mikler, Caetano and McGrath, 2007), social workers need keen assessment skills to determine if a history of sexual assault may contribute to current treatment needs or require case management. Studies of sexual assault, such as the one reported here, help social workers target support services to victims and develop innovative programs and policy recommendations for sexual assault survivors. Though there is no requirement that social worker students receive education or skill-based training on sexual assault, evidence of the prevalence of sexual assault may help to fully inform practice, support policy interventions and promote educational efforts.

Advocates and those who have experienced sexual assault often have strong feelings about the term “victim”. We have used non-stigmatizing terms, such as survivor, whenever possible, but sometimes for clarity of explanation the term “victim” is used.

Literature Review

Brief Summary of Sexual Assault in the United States

Sexual assault is a major social problem that requires well informed, empirically grounded practice and policy interventions According to the US Department of Justice (Miller, Cohen and Wiersema, 1996), 17.7 million women in the US, or 18.8% of the female population, have been victims of rape or attempted rape in their lifetimes. A prevalence study of the general population found that 22% of women reported being sexually assaulted in their lifetimes (Elliott *et al.*, 2004), and a study conducted by the World Health Organization of 24,000 women in 10 countries found prevalence rates between 18 and 70%. (WHO, 2005) Despite the expansion of sexual assault research over several decades, a lack of information about the causes and consequences of sexual assault remains, particularly regarding the correlates of sexual violence, such as substance abuse (Abbey, Ross, McDuffie and McAuslan, 1996; Ullman, Karabatsos and Koss, 1999), collateral violence (Greenfield and Weisner, 1995), child sexual abuse, and subsequent adult victimization, and how sexual violence affects underserved populations (Tjaden and Thoennes, 1998b). Little is known, for example, about differences in the contributions that substance use at the time of the crime or diagnoses of substance use disorders make to sexual victimization. There is also little data about differences among racial and ethnic groups or an understanding of the occurrence of multiple sexual assault victims in one family.

Sexual assault is a highly underreported crime (Bachman and Saltzman, 1995). The National Crime Victim’s Research and Treatment Center (NCVRTC) estimates that as few as one in six sexual assault cases are reported to law enforcement (Baker and Baily, 2001). Prior to this and other recent prevalence studies, information about the incidence of sexual

assault was based on the Uniform Crime Reports and the National Crime Survey (NCS) conducted by the Bureau of Justice Statistics (National Victim Assistance Academy Textbook, 2002). Social workers and other advocates working with sexual assault survivors, state policy makers, and legislators rely on these national reports because national and state statistics and reporting systems that document the scope of sexual assault are often not available. However, these reports have serious limitations.

The Uniform Crime Reporting Program (UCR) is a voluntary reporting program in which more than 17,000 law enforcement agencies report crimes to the Federal Bureau of Investigation (FBI). The UCR uses standardized offense definitions; therefore, law enforcement reports are based only on cases that fit these definitions and are made without regard to state statute (Kilpatrick, Edmonds and Seymore, 1992). Among those crimes reported to the UCR is forcible rape, defined as “carnal knowledge of a female forcibly and against her will. Rapes by force and attempts or assaults to rape regardless of the age of the victim are included. Statutory offenses (no force used – victim under age of consent) are excluded” (US Department of Justice, available on-line www.fbi.gov/ucr). In addition, reports include only rapes reported to law enforcement during the calendar year. UCR statistics do not capture prior rapes or crimes such as the rape of men or boys, rapes committed by blood relatives (a high percentage of perpetrators are related to victims), alcohol or drug-facilitated rapes, non-forcible statutory rapes, rapes occurring in the 6 percent of the population residing in jurisdictions that do not participate in the UCR, and many other unwanted sexual acts that many state statutes include in the definition of sexual assault. As a result, the UCR substantially underestimates sexual assault.

Brief Glance of Sexual Assault Globally

Sexual assault remains a serious problem on the global spectrum as well. International organizations such as the United Nations Development Fund for Women (UNIFEM), Amnesty International, and Human Rights Watch all promote the importance of combating sexual violence in any nature. UNIFEM states “sexual assault and coercion exist along a continuum, from forcible rape to nonphysical forms of pressure that compel girls and women to engage in sex against their will. The touchstone of coercion is that a woman lacks choice and faces severe physical or social consequences if she resists sexual advances” (Chapter 2, UNIFEM, 67).

UNIFEM’s former director, Ms. Noeleen Heyzer writes, of three young girls sitting in a classroom, learning to read and write one will suffer violence directed at her simply because she is female. Of three women sitting in a market selling crops, one will be attacked, most likely by her intimate partner, and hurt so severely, she may no longer be able to provide for her family. Further, according to Amnesty International (2004a), one third of the world’s women will be subjected to violence; two million girls under the age of 15 are forced into the sex trade each year, and about twice as many women as men are infected with HIV in Africa. The World Health Organization (WHO) identifies sexual violence as: “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work” (2003, 150).

The identification of sexual violence or sexual assault by global organizations aimed to eradicate this issue works to inform policy at the international, national, and local levels. While there has been some change at the national level through policy changes, there remains very little change at the practice or intervention level for a victim of sexual assault.

Currently, global advocates against sexual assault are concerned with the use of rape as a weapon of war (2002). This is just another example of how sexual violence breeds within poverty and political unrest.

Methodology

Research Questions

This study explored eight major descriptive research questions. Question one : What is the percentage of sexual assault victimization of men and women ? Question two : Based on the 2000 state Census data, what is the prevalence of sexual assault victimization in Texas ? Question three : At what ages are men and women most likely to experience sexual assault victimization ? Question four : Are there differences between the prevalence of sexual assault victimization between racial/ethnicity, income, and educational groups ? Question Five : What is the relationship of the perpetrator to the victim ? Question Six : Are sexual assault victims more likely than non-victims to report a family member also being victimized ? Question Seven : Where are sexual assaults most likely to occur ? Question Eight : What percentage of victims reported the sexual assault to law enforcement ?

Data Collection Procedures

The sample was drawn and contracted using computer generated random digit dialing procedures. Participants represented diverse ethnic/racial, socioeconomic, and educational groups from across the state. They were asked detailed questions about unwanted sexual experiences during three time periods : before age 14, between ages 14 and 17, and at age 18 or older. The study addressed sexual victimization as a health concern to avoid victim-blaming. Researchers contracted with Texas A & M University to collect the survey data.

A telephone survey allowed participants' to remain anonymous while provided broad access to the state's population. Research indicates that respondents may feel safer talking with someone on the telephone than letting someone in their home, and they are more likely to feel comfortable terminating a telephone conversation than a face-to-face conversation (Rubin and Babbie, 2008). Lau, Thomas and Liu (2000) also found that participants answering questions about risky sexual behavior reported a higher frequency of these behaviors over the telephone than did participants answering mailed surveys or in-person interviews. Several national studies have set a precedent for using telephone surveys in sexual assault prevalence studies (Tjaden and Thoennes, 1996)

Description of Survey Participants

The sample of 1,200 respondents was comprised of 56% females and 44% males. The racial and ethnic composition was 46% Anglos, 35% Hispanics, 13% African Americans, and 6% other groups/unknown race. Participants varied with regard to income (with a range of no income to over \$100,000 annually) and education (with a range of no formal education to post-graduate degree). The largest number of participants (29%) reported "some college education". The earnings category of \$25,000-\$30,000 a year was reported by the largest number of participants (22%). The estimated margin of error for the sample is +/- 1.9%. See table 1 for a full description of the participants.

Table 1. Descriptive characteristics of the sample (N = 1,200)

		Percent ^a		Sample Size ^b			
		Male	Female	Male	Female	Total	Percent ^a
Race							
	Anglo	55.7	56.9	219	332	551	46
	Black	10.6	11.5	68	84	152	13
	Hispanic	29.6	27.7	196	219	415	35
	Other	3.6	2.8	38	27	65	5
	Refused	0.5	1.2	5	12	17	1
	Total					1,200	100
Income							
	None	4.2	11.6	26	83	109	9
	\$1 – \$15,000	15.2	23.4	84	160	224	20
	\$15,000 – 25,000	10.4	11.9	60	79	139	13
	\$25,000 – 50,000	25.2	20.5	129	136	265	22
	\$50,000+	27.5	9.5	132	59	191	16
	Don't Know	11	13.5	63	95	158	13
	Refused	6.5	9.4	32	62	94	8
	Total					1,200	100
Education							
	None	0.6	0.9	4	7	11	1
	1-8th grade	5.9	6.4	39	50	89	7
	Some High School	8.8	10.7	52	77	129	11
	High School Grad	20.1	24.9	108	167	275	23
	Some College	27.8	30.2	147	199	346	29
	College Degree	24.4	19.7	116	128	244	20
	Post Graduate	12.3	7.3	59	46	105	9
	Refused	0.2	0	1	0	1	0
	Total					1,200	100

^a Weighted percentages^b Unweighted sample size

The Survey Instrument

Developing the survey instrument required sensitivity and a thorough understanding of the various ways that people view sexual assault experiences. Three national studies that focused either wholly or in part on the incidence and prevalence of sexual assault were reviewed for examples of instrumentation and served as models for this survey. In particular, questions were drawn from The National Violence Against Women (NVAW) Survey (Tjaden and Thoennes, 1996) conducted by the National Institute of Justice and the Centers

for Disease Control and Prevention (CDC). The NVAW study was conducted between 1995 and 1996, using a national telephone survey of 8,000 adult men and 8,000 adult women. Questions about violence against women included physical assault experienced as children by caretakers or adults, forcible rape, and stalking.

A team of assault experts also helped to develop an instrument that would be sensitive to all participants. Modifications to the NVAW instrument were made at the advice of this nine-person community expert panel composed of women and men working in the sexual assault field. These experts were from various ethnic groups and geographical locations in the state. Based on their recommendations, a question about legal immigration status was added, some questions were omitted, and some questions were reworded for clarity. The instrument was translated into Spanish and an expert evaluated the instrument for language and meaning accuracy and cultural appropriateness.

Demographic information included ethnicity, income, and number of household members. Since the survey was framed in the context of health concerns, it included a series of questions about participants' health and health-related experiences. Participants were asked 41 questions about their health status, history of injuries and illnesses, and use of alcohol and other drugs.

Victims often do not define their unwanted sexual experiences as sexual assault. Therefore, following procedures used in the NVAW survey, explicit questions were asked to ascertain if participants had ever been sexually assaulted. Following an introductory statement, interviewers asked nine detailed sexual assault screening questions adapted from the NVAW study. If a participant answered "yes" to any of the nine screening questions, she or he was then asked a series of questions about the incident, including questions about reporting to law enforcement, factors contributing to reporting, and the utilization of community services.

Sampling Procedures

All working telephone numbers in the state were included in the original sampling frame. Approximately 21,000 telephone calls were made to reach 1,200 participants. Twenty-seven percent (27%) of calls resulted in bad numbers, and there was a persistent no answer for 31% of the calls. Seventeen percent of those reached declined participation and approximately seven percent were excluded because they did not meet study requirements (were too young to participate). Telephone calls were made during daytime and evening hours to produce a more representative sample. Hispanics and African Americans were over sampled to ensure that adequate sub-group samples were obtained.

Length of interviews

On average, an interview with a participant who had not experienced sexual assault was 24 minutes (range of 4 minutes to 55 minutes). An interview with a sexual assault victim averaged 57 minutes (a range of 9 minutes to 154 minutes).

Interviewer Selection and Training

All interviewers were employees of the Public Policy Research Institute (PPRI) at Texas A & M University, the survey center that collected the data. Employees received extensive training on the use of the computerized data collection procedures and the project manager closely monitored interviewers' calls and offered on-going support and suggestions for

improving data collection. Because of the sensitive nature of this survey, interviewers completed an additional three-hour training provided by the local rape crisis center. Interviewers were also trained to recognize an adverse reaction and how to immediately patch a distressed participant through to local community services.

Human Subjects' Protections and Adverse Event Protocol

The graphic nature of the questions about sexual assault and the possibility of re-traumatizing victims was a concern for the researchers and the Institutional Review Boards (IRB) at The University of Texas at Austin and Texas A & M University. Both IRBs approved this study. Many safeguards were utilized including the development of an adverse event protocol.

Limitations

The study methodology offered many advantages but also had some limitations. First, it excluded people without telephone service, such as some very low-income persons and individuals residing in institutions. Also excluded were individuals with disabilities that prevented them from using regular telephone service. Second, the telephone survey may not have been the best means for developing trust or rapport with participants that allows them to tell their stories. In addition, it is difficult to determine if participants (victims and non-victims) who chose to answer this telephone survey have different experiences than those who declined participation. Finally, although this survey was designed to capture a wide range of behavioral indicators of sexual assault, as the research on sexual assault continues to evolve, we may discover that not all the experiences of victims were included.

Findings

Research Questions

Research Questions 1 and 2: Estimated percentage of victims who experienced sexual assault by gender. Table 2 indicates the total number of participants who experienced sexual assault by gender. Twenty-five (25) men and 129 women reported at least one sexual assault experience. Forty-five participants indicated that they had been assaulted in more than one time period. Those who were assaulted in multiple age groups were counted only once in the overall estimates. Extrapolating to the entire state population, an estimated 1.9 million (13%) adult citizens have been sexually assaulted at some time in their lives. As table 2 indicates, the proportion assaulted is much higher for females (20%) than males (5%). Where possible, separate analyses for men and women are provided because the causes, demographic correlates, meaning, and effects of sexual assault are likely to vary by gender. Some analyses are not reported for men because the small number of cases renders the analyses unreliable.

Research Question 3: Estimated percentage of sexual assault victims by age at time of the assault and gender. Table 3 indicates that women and girls are at greater risk than men for sexual assault in all age categories. Slightly more women reported assaults that occurred since age 18 (10%) and before age 14 (9%) than between ages 14 and 17 (7%). An equal percentage of men and boys (3%) reported sexual assault victimization before age 14 and

Table 2. *Estimated number and percentage of people who experienced sexual assault by gender (N = 1,200)*

	Frequency	Percent^a	N
Male	372, 394	5	25
Female	1,479,912	20	129
Total	1,852,306	13	154

^a Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 US Census data for Texas.

since age 18. A slightly lower percentage (1%) reported victimization between 14 and 17 years old. Because the overall number of men and boys was low (N = 25), caution should be when interpreting these findings. Findings indicate that women and men in all age groups are at risk for sexual assault, however it appears that younger girls and boys (before age 14) and adult men and women experience slightly more sexual assault perpetration than those in the 14 to 17 year-old-age groups.

Research Question 4: Estimated percentage sexual assault victims by gender and race/ethnicity, income, and education. These data compared differences in sexual assault by victims' racial and ethnic group, income, education, and gender (see table 4). Anglos are most likely to have experienced sexual assault, and Hispanics are least likely. However, these data indicate that people of all racial and socioeconomic groups are at risk for sexual assault. Table 4 shows little racial variation in the proportion of victims assaulted before age 14. There is slightly more variation by income and education. Those with some college education were most likely to report being assaulted before age 14.

Question 5: Relationship of female sexual assault victims to perpetrator. Table 7 presents the relationship of the perpetrator to the victim. Most female victims are assaulted by a man they know. Most often this man is a relative (other than the victim's spouse, ex-spouse, or live-in partner) or another man with whom they are acquainted. For female victims, perpetrators are often boyfriends. Nineteen percent of the time, the perpetrator is a stranger. Since the number of female Hispanic victims was small, these numbers should be used cautiously. The number of male victims was too small to conduct analyses.

Research Question 6: Estimated percentage of Texans reporting that a family member experienced sexual assault. Overall, 9% of the total sample reported that a family member had been sexually assaulted (see table 8). Respondents who had been sexually assaulted were much more likely to report having a family member who had been sexually assaulted than those who had not been sexually assaulted (31% vs 5%, respectively). A higher percentage of females (11%) compared to males (6%) reported that a family member had been assaulted.

Research Question 7: Locations where sexual assaults occur. Table 9 indicates that most sexual assaults occur in a place familiar to the victim. Thirty-five percent of women reported that the sexual assault took place in their homes or yards, 17 percent reported it took place in the perpetrator's homes or yards, 9 percent reported it took place in the mutual of home of the victim and perpetrator (they cohabitated), and 14 percent reported that it took place in someone else's homes or yards.

Research Question 8: Percentage of victims reporting to law enforcement. Only a small percentage of victims report their victimizations to law enforcement (see table 9). Women

are more likely than men to report these crimes to law enforcement. However, only 20 percent of women victims and 12 percent of male victims reported their victimizations to law enforcement.

Discussion and Conclusions

This study indicates that sexual assault is a serious social problem affecting both men and women, however women report sexual assault at a rate of four times greater than that of men. It also appears that boys and girls younger than age 14 and men and women aged 18 and older are victimized more frequently than youth between the ages of 14 and 17. The small sample size requires that results for men be used cautiously. People of all races and ethnicities, income and educational levels experience sexual assault perpetration. Although Anglo and African American women report sexual assault victimization at higher rates than Hispanic women, all women are vulnerable. Sexual assault is most likely to occur among people who are related or known to each other and in places that are familiar to them, and victims are *not* likely to report their victimization to law enforcement. Sexual assault survivors are much more likely than non-victims to report that a family member also experienced sexual assault.

Social work practitioners seek to lessen the suffering and discomfort of their clients. Sexual assault is a significant social problem, and given its prevalence, it is likely that social workers in their professional roles in hospitals, mental health clinics, unemployment and welfare offices, substance abuse treatment centers, shelters for homelessness and domestic violence survivors, and private practices will encounter sexual assault victims. Therefore, it may be prudent for social workers, regardless of their settings, to screen all clients, particularly female clients, for a history of sexual assault victimization. As a result of their victimization, many sexual assault survivors experience psychological and emotional trauma and may seek therapeutic support to overcome their ordeals. However, because most sexual assaults go unreported, social workers are more likely to work with sexual assault victims that do not initially present for services related to their sexual assault victimization. Rather, social workers are likely to encounter survivors when they seek other services, for example health care, mental health care treatment, substance abuse treatment, homelessness services, or assistance with parenting. Sexual assault survivors are more likely to visit a physician than a mental health professional (Koss, 1993). Therefore, it seems necessary for social workers in medical settings to collaborate closely with physicians and nurses in order to provide assessment and follow-up services to survivors.

Social workers in school systems, governmental agencies, and non-governmental organizations should improve their relationships with the community services for sexual assault survivors. Improved collaboration often means that social workers will be more likely to refer survivors to specialized support services. For years following the sexual assault, survivors often blame themselves for the assault and as a result feel shame. For some survivors, getting help may mean that they are less likely to experience negative consequences, such as blaming themselves, alcohol and drug use, depression, and other mental health outcomes. Moreover, it may be that social workers can assist survivors in defining or identifying their assault. Due to self-blame and guilt, many survivors do not view what happened to them as rape. When survivors learn that what they experienced was sexual assault, they have the opportunity to hold their perpetrators accountable.

Implications from an International Perspective

While there are many social, economic, political, and cultural differences within members of the international community, there are also similarities that can lead to common practice methods, policy aims, and research methodologies. The aim of this section is to draw out the key elements of good practice in working with survivors or victims of sexual violence within an international perspective. Critical factors discussed in this study can often be disregarded at the international level due to a perceived notion of limited generalizability. While the sampled population is representative of a very specific Western culture, the issue of sexual violence is found across all cultures, religions, tribes, villages, cities, and countries. The citizens of every country are vulnerable to sexual assault victimization, and therefore knowledge and practice sharing is an effective way to alleviate sexual violence.

The World Health Organization, through a research study conducted in 70 different countries, estimates that currently one out of three women have experienced rape or sexual assault and in some countries up to one-third of adolescent girls report forced sexual initiation (NSVRC, 2004). Also this same study reveals that five to ten percent of men report a history of childhood sexual abuse. This global study points to the higher rate at which women and girls experience sexual assault compared to men and boys. As social workers in any country it is imperative that we recognize the sheer volume at which sexual assault affects one gender. Another similarity between this current study and global research is that most sexual assault victims know their attackers. A UNIFEM study titled, "Stop Violence against Women: Prevalence of Sexual Assault", states that seven different countries found that more than 60% of sexual assault victims know their attackers. A third similarity shared between the findings of this study and that of research done by international organizations is the lack of reporting these crimes. Many forms of sexual violence go unreported because of a woman's own feelings of shame or guilt, stigmas associated with such crimes, or the lack of adequate treatment from law enforcement personnel and legal systems. While this particular information is not new to the field, it is important to highlight these similarities to our own research study in an effort to share practices.

International agencies, coalitions, and forums have begun to make differences in some countries that have led to the establishment of global practices to aid victims of sexual assault. Some Latin American and Asian nations offer specialized women's police stations, designed to improve reporting of and response to violent crimes against women, have been established. Other countries are using rape kits, one-stop centers, sexual assault response teams, special examination centers and sexual assault nurse examiner (SANE) programs, as well as sensitivity training for healthcare professionals (World Health Organization, 2003). South Africa is an example of a successful one-stop that offers an intervention for rape care management that is particularly essential for survivors because of the high incidence of sexual assault and rape. These multi-sector approaches include crisis counseling, medical intervention, emotional support, arrangements for follow-up services, and legal counseling and intervention. Ghanotakis, who works for the Clinton Foundation HIV/AIDS initiative, writes: "At first, I saw Thuthuzela as a place of tragedy and suffering, but after a while I began to see it as a haven, where rape survivors are given back their dignity and offered support" (2008, 8).

For practice purposes, it is important to utilize caution when conducting research utilizing the instrument discussed with this study. It is also good practice to conduct pre-testing with any new population and to understand the cultural specifics of any group.

Current and future advocates for aiding victims of sexual assault will undoubtedly be able to assist researchers with these considerations.

It is appropriate for social work practitioners to advocate for unmet programmatic needs for victims, such as Sexual Assault Nurse Exam (SANE) or Sexual Assault Forensic Exam (SAFE) programs. SANE nurses are trained as experts in collecting forensic evidence and testifying in court which is critical to prosecution efforts. A SAFE may be another specifically trained health practitioner such as a physician or a physician assistant. As a policy response to sexual assault, social workers should consider the development SANE or SAFE programs in their communities.

It is critical that social workers understand the complexities of sexual assault. As this study indicates, most sexual assault occurs between people who are related or otherwise known to each other. Thus, many victims may not be able to avoid the perpetrators because they live with or are related to them. Given the many negative consequences of reporting a family member, many sexual assault survivors may not seek formal law enforcement intervention. If the sexual assault occurred in the victims' home, a safety plan may need to be developed. Also, sexual assaults survivors may have siblings and other family members that have also been victimized by the same perpetrator. These complexities necessitate training and skill-based education in sexual assault assessment and intervention for social workers. Social workers must be prepared to effectively intervene, counsel victims, and advocate on their behalf in larger societal systems.

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Annexes

Table 3. *Estimated percentage of people experienced sexual assault by gender and age at time of the assault (N = 1,200)*

	Percent Distribution ^a		Number		
	Male	Female	Male	Female	Total
Before age 14	3	9	13	59	72
Age 14-17	1	7	3	47	50
Since age 18	3	10	14	63	77
Any age	5	20	25	129	154

^a Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 US Census data for the state.

Table 4. *Estimated percentage of female Texans who experienced sexual assault before age 14 by race/ethnicity, income, and education (N = 674)*

		Percent Distribution ^a		
		Assaulted	Not assaulted	Total
Race/Ethnicity				
	Anglo	8	92	100
	African American	10	90	100
	Hispanic	9	91	100
	Other	12	88	100
	(12 missing cases)			
Income				
	None	4	96	100
	\$1 - 15,000	11	89	100
	\$15,000 - 25,000	19	81	100
	\$25,000 - 50,000	6	94	100
	\$50,000+	8	92	100
	(157 missing Cases)			
Education				
	None			
	1-8th grade	6	94	100
	Some High School	7	93	100
	High School Grad	6	94	100
	Some College	14	86	100
	College Degree	8	92	100
	Post Graduate	4	96	100
	(0 missing cases)			
Total		9	91	100

^a Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 US Census data for Texas.

Table 5. *Estimated percentage of female Texans who experienced sexual assault between ages 14 and 17 by race/ethnicity, income, and education (N = 674)*

		Percent Distribution ^a		
		Assaulted	Not assaulted	Total
Race/Ethnicity				
	Anglo	8	92	100
	African American	8	92	100
	Hispanic	4	96	100
	Other	12	88	100
	(12 missing cases)			
Income				
	None	4	96	100
	\$1 – 15,000	10	90	100
	\$15,000 – 25,000	9	91	100
	\$25,000 – 50,000	8	92	100
	\$50,000+	8	92	100
	(157 missing Cases)			
Education				
	None	0	100	100
	1-8th grade	4	96	100
	Some High School	4	96	100
	High School Grad	10	90	100
	Some College	7	93	100
	College Degree	5	95	100
	Post Graduate	8	92	100
	(0 missing cases)			
Total		7	93	100

^a Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 US Census data for Texas.

Table 6. *Estimated percentage of female Texans who experienced sexual assault since age 18 by race/ethnicity, income, and education (N = 674)*

		Percent Distribution ^a		
		Assaulted	Not Assaulted	Total
Race/Ethnicity				
	Anglo	11	89	100
	African American	10	90	100
	Hispanic	7	93	100
	Other	12	88	100
	(12 missing cases)			
Income				
	None	4	96	100
	\$1- 15,000	12	88	100
	\$15,000 - 25,000	20	80	100
	\$25,000 - 50,000	6	94	100
	\$50,000+	8	92	100
	(157 missing cases)			
Education				
	None	0	100	100
	1-8th Grade	0	100	100
	Some High School	7	93	100
	High School Grad	9	91	100
	Some College	14	86	100
	College Degree	9	91	100
	Post Graduate	11	89	100
Total		10	90	100

^a Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 US Census data for Texas.

Table 7. *Relationship of perpetrator and victim (N = 159)*

	Percent Distribution ^a			
	All	Anglo	African American	Hispanic
	Women	Women	Women	Women
Spouse	5	4	18	3
Ex-spouse	9	13	6	3
Male Live-in partner	2	3	0	3
Female Live-in partner	0	0	0	0
Relative	37	30	47	52
Someone else victim knew	58	51	71	67
Boyfriend	19	30	0	24
Other known male	25	31	53	42
Other known female	1	0	0	3
Missing	3	1	18	0
Stranger	19	24	12	3

^a Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 US Census data for Texas. Percentages do not sum to 100 because some women were assaulted more than once.

Table 8. *Estimated percentage of Texans reporting that a family member experienced sexual assault (N = 1,176)*

	Percent Distribution ^a		
	Male	Female	Total
Assault victim	33	30	31
Non-victim	4	7	5
Total	6	11	9

^a Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 US Census data for Texas.

Table 9. Location of most recent sexual assault by gender (N = 154)

Percent Distribution ^a		
	Male	Female
At home/in yard	33	35
At perpetrator's home/yard	22	17
Your and perpetrator's home/yard	3	9
Someone else's home/yard	11	14
Street, alley	5	2
Parking lot	3	0
Car	3	7
Your workplace	0	1
Perpetrator's workplace	5	4
Restaurant, store	0	1
Bar, dance club, pool hall	0	1
Rural area, woods, park, campground	14	0
Other public building, hospital	0	0
School, college, campus	0	0
Lake, dock, beach, lagoon, pool	0	2
Motel, hotel	0	2
Other	0	5
Total	100	100
Refused	6	19

^a Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 US Census data for Texas.

Table 10. Estimated percentage of Texans who experienced sexual assault whose most recent assault was reported to police (N = 123)^a

Male	12
Female	20
Total	18

^a Percent distributions are weighted to adjust for the oversampling of African Americans and Hispanics. Estimates were calculated based on the number of participants in this survey and the 2000 US Census data for Texas. Thirty-one respondents who were assaulted did not answer this question.

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