



A Health Survey of Texans: A Focus on Sexual Assault

Final Report

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EXECUTIVE SUMMARY

Foreword

The Office of the Texas Attorney General, Sexual Assault Prevention & Crisis Services and the Texas Association Against Sexual Assault jointly funded a study of Texans' experiences of sexual assault. Telephone interviews were conducted with 1,200 adult Texans. The School of Social Work at The University of Texas at Austin conducted the study in collaboration with the Public Policy Research Institute (PPRI) at Texas A & M University.

Data Collection

This study was conducted to determine the prevalence or the "widespread occurrence" of sexual assault in Texas (Guralnik, 1982). Accurate sexual assault counts are best derived from asking a sample of citizens about their sexual assault experiences (both those reported and unreported to law enforcement). This project utilized a stratified random sampling procedure for the state of Texas. The methodology is described in the full report.

The 1,200 adult Texans interviewed were males and females age 18 and older representing diverse ethnic/racial, socioeconomic, and educational backgrounds. Residents from 155 of 254 Texas counties were selected during the sampling process. Participants were asked detailed questions about their unwanted sexual experiences that occurred during three time periods: before the age of 14, between the ages of 14 and 17, and at age 18 and over.

Highlights

- Approximately 1.9 million adult Texans (1,479,912 female and 372,394 male) or 13% of adult Texans have been sexually assaulted at some point in their lifetime.*
- The proportion of sexual assault is much higher for females than males (20% versus 5%).
- Sexual assault affects all racial and ethnic groups. Although Anglos (14%) have the highest proportion of sexual assault and Hispanics (10%) the lowest, these data indicate that all racial/ethnic groups are at risk.
- Females in all three age categories are at risk for sexual victimization. Nine percent of female Texans were assaulted before the age of 14, 7% between 14 and 17, and 10% at age 18 and over.
- Males younger than age 14 (3%) and over age 18 (3%) are at higher risk for sexual assault than males between the ages of 14 and 17 years (1%).

* Estimates were calculated based on this representative sample and 2000 Texas Census data.

- Nine percent of survey participants report that a family member had been sexually assaulted. Sexual assault victims (31%) were more likely to report that a family member had been sexually assaulted than participants who had not been sexually assaulted (5%). Sisters and stepsisters were most often mentioned as the family member who was sexually assaulted.
- Only 18% of victims report their assault to law enforcement. This includes 20% of females and 12% of males.
- While most sexual assaults do not involve other violence, a substantial minority (24% for females and 18% for males) do.
- Only 13% of victims report that they were under the influence of alcohol or drugs at the time of the most recent assault. Forty-six percent of victims reported that the perpetrator was under the influence of drugs and/or alcohol.
- Victims (19%) are more likely to screen positively for a lifetime drug problem than non-victims (9%). Female victims (9%) are more likely to screen positive for a lifetime alcohol problem than non-victims (4%) and lifetime drug problem (16%) than non-victims (6%).

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Foreword

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- Sexual assault affects all racial and ethnic groups. Although Anglos (14%) have the highest proportion of sexual assault and Hispanics (10%) the lowest, these data indicate that all racial/ethnic groups are at risk.
- Females in all three age categories are at risk for sexual victimization. Nine percent of female Texans were assaulted before the age of 14, 7% between 14 and 17, and 10% at age 18 and over.
- Males younger than age 14 (3%) and over age 18 (3%) are at higher risk for sexual assault than males between the ages of 14 and 17 years (1%).
- 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.
- Nine percent of survey participants reported that a family member had been sexually assaulted. Sexual assault victims (31%) were more likely to report that a family member had been sexually assaulted than participants who had not been sexually assaulted (5%). Sisters and stepsisters were most often mentioned as the family member who was sexually assaulted.

- Only 18% of victims report their assault to law enforcement. This includes 20% of females and 12% of males.
- While most sexual assaults do not involve other violence, a substantial minority (24% for females and 18% for males) do.
- Only 13% of victims report that they were under the influence of alcohol or drugs at the time of the most recent assault. Forty-six percent of victims reported that the perpetrator was under the influence of drugs and/or alcohol.
- Victims (19%) are more likely to screen positively for a lifetime drug problem than non-victims (9%). Female victims (9%) are more likely to screen positive for a lifetime alcohol problem than non-victims (4%) and lifetime drug problem (16%) than non-victims (6%).

IMPETUS FOR THIS STUDY

Sexual assault is a highly underreported crime (National Victim Assistance Academy, 1999). Prior to this statewide study, information about the prevalence of rape was based on the Uniform Crime Reports and the National Crime Survey (NCS) conducted by the Bureau of Justice Statistics (National Victim Assistance Academy, 1999). Advocates working with sexual assault survivors, state policy makers, and legislators in Texas and other states rely on these national reports because state-specific statistics and reporting systems that document the scope of sexual assault are not available. However, these national reports have serious limitations.

The Uniform Crime Reporting Program (UCR) is a voluntary reporting program in which approximately 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. Currently, the development of the National Incident-Based Reporting System (NIBRS) is being used to update this reporting system. NIBRS includes additional descriptive information about crimes. However, it does not include an expanded definition of sexual assault.

Among those crimes reported to the UCR is forcible rape, which is defined as “carnal knowledge of a female forcibly and against her will. Assaults or attempts to commit rape by force or threat of force are included; statutory rape (without force) and other sex offenses are excluded” (U.S. Department of Justice, available on-line www.fbi.gov/ucr). Reports include only rapes reported to law enforcement during the calendar year. The 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% of the population residing in jurisdictions that do not participate in the UCR, and many other unwanted sexual acts that Texas statutes include in the definition of sexual assault. As a result, the UCR substantially underestimates rates of sexual assault.

The National Crime Victim's Research and Training Center (NCVRTC, 2001) estimates that as few as one in six sexual assault cases are reported to law enforcement. In an effort to estimate the number of sexual assaults in Texas, both those reported to law enforcement and those that are not, in April 2001, the NCVRTC derived estimates based on a formula that utilized findings from national surveys on sexual assault and demographics of the Texas population (such race, ethnicity, and gender). However, the NCVRTC report concluded that in order “to identify the extent of the actual problem of rape in the state of Texas and to identify the rate of non-reported incidents and factors related to non-reporting, an epidemiological study similar to the National Women's Study could be conducted” (NCVRTC, 2001, p. 13). In response to this suggestion, the statewide survey of sexual assault described in this report was undertaken.

REASONS TO USE THESE STATISTICS

This study adds significantly to our understanding of the experience of sexual assault among Texans. It provides information that can assist direct service providers in targeting services to high risk and underserved populations and developing innovative services for sexual assault survivors. However, the information may differ from what practitioners typically use. Many practitioners working in the field of sexual assault are familiar with the following statistics:

- At least 1 in 3 women in the world has been beaten, coerced into having sex, or otherwise abused in her lifetime (Population Reports: Ending Violence Against Women, 1999).
- Only 1% of women who were not sexually assaulted in childhood report sexual abuse as an adult. One-third of women who were sexually abused in childhood report adult sexual victimization (Moeller, Bachman, & Moeller, 1993).
- Almost 18%, or 17.7 million, of women in the U.S. have been victims of rape or attempted rape in their lifetimes (U.S. Department of Justice, 1998).
- 1.3 women age 18 or over in the U.S. are forcibly raped each minute; 78 per hour; 1,871 per day; or 683,000 per year (Kilpatrick & Seymour, 1992).
- Rapes by force accounted for 89.5% of the rapes reported to law enforcement in 2000; 10.5% reported were attempted rapes (Uniform Crime Reports for the United States, 2000).
- In 1992 the number of rape and sexual assault victims was estimated at 1.1 million based on a national sample, using a definition of rape and sexual assault that was slightly broader, and broader age range than the National Crime Victimization Survey (National Institute of Justice, 1996).

There are several reasons why the findings in this report and the statistics above differ. First, the present study is the first to examine prevalence in the state of Texas specifically. Many previous studies are national studies. While we have no reason to believe that rates of sexual assault in Texas are dramatically different from other states, it is possible that there are differences within states that account for different rates of sexual assault.

Second, studies vary in their definition of sexual assault. As the following pages indicate, we have used a behaviorally specific definition focusing on unwanted oral, vaginal, and anal sex and unwanted sexual contact with other objects. We believe that defining sexual assault in this way results in more accurate reports of sexual assault than does asking a person if he or she was raped. Our definition does not include sexual harassment or stalking.

Third, many of the frequently cited studies are outdated. Our study was conducted in the summer of 2002. Although we have no reason to believe that the prevalence of sexual assault has changed, improvements in the study methodology may result in more accurate prevalence rates.

Finally, this study investigates sexual assault across the lifespan. We did not collect data that

would answer the question "How many people are sexually assaulted in Texas each year?" To do so would have required a much larger and more costly sample because annual rates are lower than life-time rates.

What we have produced is a current, representative, and Texas-specific study of the prevalence of sexual assault. We hope that these data will assist agencies and policymakers in providing services for survivors of sexual assault.

SURVEY METHODOLOGY

Overview

The most appropriate methodology for assessing Texas prevalence rates is through survey techniques using a statewide probability sample. In addition to establishing prevalence of sexual assault, this project sought to explore other risks that sexual assault victims face, including alcohol and drug problems. National studies indicate that rape victims are at higher risk for alcohol and other drug use (National Victim Assistance Academy, 1999).

This survey was conducted as a health survey. This process acknowledges sexual victimization as a health concern and addresses sexual victimization in a way that does not blame victims.

Anonymity is an important issue with regard to sexual assault victimization. Telephone surveys using random-digit dialing more adequately assure respondents' confidentiality compared to face-to-face interviews and produce a higher response rate than expected from mailed surveys. To further assure confidentiality, all interviewers completed the National Institutes of Health compliance training on the protection of human subjects and signed a statement of confidentiality.

The time and resources required to collect data via face-to-face surveys were prohibitive in this case. In addition, a telephone survey better protects the confidentiality of participants because: (1) respondents are likely to feel safer talking with someone on the phone than letting someone in their home; and (2) they are more likely to feel comfortable terminating a telephone conversation than a face-to-face conversation (Rubin & Babbie, 1997). Several national studies have set precedents for the use of this methodology in exploring the prevalence of sexual assault. Lau, Thomas, and Liu (2000) found that participants answering questions about risky sexual behavior reported a higher frequency of risk behaviors over the telephone than did participants answering mailed surveys or in-person interviews.

Survey Instrument

Developing the instrument to ask questions about sexual assault victimization required sensitivity and a thorough understanding of the various ways that people view their experience of sexual assault. 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 were used as models for this survey. In particular, questions for this survey were drawn from The National Violence Against

Women Survey (NVAW; Tjaden, 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.

The researchers consulted with sexual assault experts from across Texas in order to develop an instrument that was sensitive to all participants, with special care taken in developing questions about sexual assault. Modifications to the NVAW instrument were made at the advice of a nine-person community expert panel. Panel members were women and men who represented professionals working in the sexual assault field and sexual assault survivors. They were from various ethnic groups and geographical locations in Texas. The researchers met with these experts twice: in Austin on February 17, 2002, and in San Antonio on March 10, 2002. Based on their recommendations, some questions about legal immigration status were added, some questions were omitted, and some were reworded for clarity, particularly those dealing with drugs and sexual assault. The instrument was translated into Spanish. An expert at Texas A & M University evaluated the instrument for accuracy and cultural appropriateness.

Since the survey was framed in the context of health concerns, it included a series of questions about participants' health and health-related experiences. Nine screening questions for sexual assault used in the NVAW study were adapted for this research and are provided in this document (see Screening Questions section, pp. 7-8). Demographic information included ethnicity, income, and number of household members. There were 41 queries about general perceptions of respondents' health status, history of injuries and illnesses, and use of alcohol and other drugs.

To capture information about alcohol and drugs, the researchers used two approaches. First, participants who revealed that they were victims of sexual assault were asked whether they or the perpetrator were using alcohol or drugs at the time of the assault. Second, a modification of the CAGE instrument (Mayfield, McLeod, & Hall, 1974) was used to screen for alcohol and drug problems among all participants. Building on the CAGE, which focuses exclusively on alcohol, Brown and Rounds (1995) combined alcohol and drugs in questions and call their instrument CAGE-AID (CAGE Adapted to Include Drugs). An example of a question in the CAGE-AID is "Have you felt you ought to cut down on your drinking or drug use?" The clinical rationale for combining alcohol and drugs is that clients are often less willing to admit drug use other than alcohol. For this study, however, rather than combining questions about drugs and alcohol for each type of experience, we asked the questions separately for alcohol and drugs. For both the CAGE and our adaptation that includes drug questions, one "yes" answer indicates a positive screen and the need for further assessment and follow-up. However, two "yes" answers are often used with the CAGE as a cut-off screening score.

The final survey instrument contained two sections. Section I (parts A and D) contained questions asked of all participants. Section II (parts B and C) contained questions asked only of participants who identified themselves as sexual assault victims. A complete copy of the instrument can be obtained from Noël Bridget Busch at the School of Social Work, The University of Texas at Austin, nbusch@mail.utexas.edu.

Introduction Statement for the Study

Prior to asking the sexual assault screening questions, the interviewer read the following statement:

One issue that can affect physical and emotional health is being a victim of a crime, including unwanted sexual experiences. I'm going to ask you several questions about unwanted sexual experiences you may or may not have experienced either as an adult or as a child. We will be using medical language to describe private body parts. Sometimes this kind of language can make people uncomfortable, but we are using it so that there will be no mistake about the kinds of experiences we are talking about. Please let me know if this makes you uncomfortable. Remember that the information you are providing is confidential and that your responses will help us understand the extent of unwanted sexual experiences and sexual assaults in Texas. You are free to skip a question or stop the interview at any time.

Research shows that people do not always report unwanted sexual experiences to the police or discuss them with family or friends. The person making the advances is not always a stranger, but can be a friend, someone you're dating, a coworker, a casual acquaintance, or a family member. The experience could occur anywhere: in your home, at work or school, or in a public place. You could be awake, asleep, unconscious, drunk or otherwise incapacitated. Please keep this in mind as you answer these questions. Remember that the information you are providing is confidential. It might be more comfortable for you if you are in a private place to answer these questions. Are you sitting somewhere that you have some privacy? Also, would you prefer to be asked about these questions by a female or male interviewer?

I will be asking you about unwanted sexual experiences during your lifetime. Please remember that at any point you can skip a question. At any time, I can connect you with or provide you contact information for community resources.

Sexual Assault Screening Questions

Victims often do not define their experiences as sexual assault. Therefore, following the example used in the NVAW survey, explicit and detailed questions were asked to ascertain if participants had ever been sexually assaulted. Following the introduction above, interviewers asked the following sexual assault screening questions:

1. *Regardless of how long ago it happened, 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. [Asked to female respondents only]*
2. *Since you've been 18, has anyone, male or female, ever made you have oral sex by using 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 someone, male or female, penetrated your vagina or anus with their mouth or tongue.*
3. *Since you've been 18, has anyone ever made you have anal sex by using force or threat of harm? Just so there is no mistake, by anal sex we mean that a man or boy put his penis in your anus.*
4. *Since you've been 18, has anyone, male or female, ever put fingers or objects in your vagina or anus*

against your will by using force or threat?

5. *Since you've been 18, has anyone, male or female, ever attempted to make you have vaginal, oral or anal sex against your will, but intercourse or penetration did not occur?*
6. *Now thinking just about when you were between the ages of 14–17 years old, did anyone force or attempt sex with you?*
7. *Between the age ages of 14–17, were you made to have sex, oral sex, anal sex, fingers or objects placed in your [vagina or] anus, attempted to have sex without penetration?*
8. *Now thinking just about when you were age 13 and under, did anyone force or attempt sex with you?*
9. *Age 13 and under, were you made to have sex, oral sex, anal sex, fingers or objects placed in your [vagina or] anus, attempted to have sex without penetration?*

If a participant answered “yes” to any of the 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.

Length of Interview

On average, an interview with a participant who had not experienced sexual assault took approximately 24 minutes. The shortest non-victim interview took 4 minutes and the longest took 55 minutes. On average, an interview with a sexual assault victim took 57 minutes. The shortest victim interview took 9 minutes and the longest took 154 minutes.

Protection of Human Subjects

The graphic nature of the questions about sexual assault and the possibility of retraumatizing victims was a concern for the researchers and the Internal Review Boards (IRB) concerned with the protection of human subjects at The University of Texas at Austin and Texas A & M University. After consultation with these review boards, several safeguards were added to the interview protocol. Statements that informed participants that they could refuse to answer any question or terminate participation were repeated several times during the interview. To assist respondents who experienced distress or requested counseling after participating in the survey, an immediate patch-through protocol system was developed with the Brazos County Rape Crisis Center (BCRCC). The BCRCC hot-line number was provided to all participants who said they had been sexually assaulted. This study was approved by the University of Texas at Austin and Texas A & M University Internal Review Boards.

Selection and Training of Interviewers

Public Policy Research Institute administrators carefully selected employees for this project. All interviewers were current PPRI employees and received extensive training on the use of the computerized data collection procedures. The PPRI project manager closely monitored interviewers’ calls and

offered on-going support and suggestions for improving the data collection procedures. Because of the sensitive nature of this survey, interviewers completed an additional three-hour training provided by the Brazos County Rape Crisis Center. The specialized training included an overview of sexual assault, information on the impact of sexual assault victimization, and a description of post-traumatic stress symptomology (such as crying, anger, silence, guilt, shame, depression, nightmares, feeling contaminated, feeling isolated, and fear of judgment from others regarding the assault itself). The training format included lecture, small group exercises, and role-playing practice interviews so that interviewers would be prepared to address the range of responses from sexual assault survivors. Specifically, interviewers were trained to recognize when a victim participating in the study might be exhibiting post-traumatic symptoms. They were also instructed on how to refer the individual to local community services immediately as well as provide referral information to them for the future.

Adverse Event Protocol

The researchers developed procedures for reporting adverse events. For purposes of this study, an adverse event included post-traumatic responses by participants to the sexual assault questions. In addition to the specific symptoms mentioned above, in an adverse event, the participant might become withdrawn or quiet, take long pauses before providing his/her answer, his/her voice might quiver, or she/he might make statements that indicated a desire to end the call. In situations where a respondent became emotionally upset during the interview, interviewers were trained to use the following protocol:

- Ask participant if he/she would like to terminate the interview.
- Reassure participant that strong feelings are normal when talking about a traumatic experience like sexual assault.
- Tell the participant that many people feel better after talking with a professional about the experience.
- Inform the participant about the Brazos County Rape Crisis Center hotline.
- Ask the participant if you can directly connect him/her with BCRCC. If he/she says yes, do so at that time. If he/she says no, give him/her the hotline number immediately. In this case, ask the participant what he/she plans to do at this point to take care of him/herself and help problem-solve (for example, suggest they call a friend).

Interviewers were required to report all adverse effects to the Associate Director of PPRI, Dr. Jim Dyer, in writing by the next working day. The written report included the date and time of the call, the general disposition of the caller, and whether the interviewer connected the caller to BCRCC. PPRI staff and researchers with the School of Social Work at UT Austin offered debriefing for the interviewers in case they became upset as a result of material they heard during an interview. Interviewers were also encouraged to call the hotline themselves. The associate director of PPRI forwarded information about adverse events to the Principal Investigator, Dr. Noël Busch, who reported incidents to the IRB within one week of the incident.

Four participants were referred to the rape crisis hotline by PPRI interviewers. Only one was considered an adverse event: the participant cried as she recalled her victimization. The other three were questions from the participants that the interviewers felt BCRCC staff were better qualified to answer. The national rape crisis hotline number was provided to all respondents, whether they identified themselves as victims of sexual assault or not. The University of Texas at Austin Internal Review Board concluded that the interview staff at PPRI and the research team at UT Austin followed the proper protocol for adverse events.

Sampling Procedures

Survey Sampling, Inc. provided the sampling frame for this study. PPRI used computer generated random digit dial procedures to contact potential participants. For more information on the specifics of the sampling frame, see [http://www.surveysampling.com/ssi.x2o\\$ssi_gen.product?id=119](http://www.surveysampling.com/ssi.x2o$ssi_gen.product?id=119). Approximately 21,000 telephone calls were made to reach 1,200 participants in this study. Twenty-seven percent resulted in “bad numbers” and for 31% of the calls there was a persistent “no answer.” Seventeen percent of callers declined participation and approximately 7% were excluded because the caller did not meet the study requirements (they were too young to participate). Telephone calls were made during daytime and evening hours to ensure a random sample. Hispanics and African Americans were over sampled to ensure an adequate sub-group sample was achieved.

There are several limitations in utilizing a telephone survey to investigate sexual assault. First, telephone surveys exclude people who do not have access to a phone or are unable to use a phone, such as some very low-income persons, some persons with disabilities, and persons residing in institutions. Second, telephone surveys may not be the best means for developing trust or rapport with

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participants that allows participants 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 Texans who declined participation. Finally, although this survey was designed to clearly define 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. The study reported here is the first to examine the rates of sexual victimization among Texans. Although it provides the most comprehensive investigation of sexual assault prevalence to date, many additional questions about sexual assault victimization were generated as a result of this undertaking.

Characteristics of the Sample

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

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\$100,000 annually) and education (with a range of no formal education to post-graduate degree). The category "some college education" was reported by the largest number of participants (29%). The earnings category of \$25,000-\$30,000 a year was reported by the largest number of participants (22%). A full description of the sample is contained in Appendix A. The estimated margin of error for the sample in this survey is +/- 1.9%.

Information About the Tables

The data are weighted (a statistical adjustment) in order to account for the oversampling of African Americans and Hispanics in this study. Oversampling allows for separate analyses by subgroup and comparison of subgroups. Weighting allows estimates to be made about the occurrence of sexual assault or other phenomena in the general population. Note that the actual number of people surveyed cannot be calculated from the weighted data.

We understand that the term "victim of sexual assault" may generate strong feelings among advocates and those who have experienced sexual assault. We have attempted to use the neutral term "Texans who experienced sexual assault" whenever possible, but sometimes, for clarity of explanation the term "victim" is used.

Estimated Percentage of Texans Who Experienced Sexual Assault by Gender

Table 1 below indicates the total number of participants who experienced sexual assault and the number who experienced sexual assault during each time period. Twenty-five men and 129 women reported at least one experience of sexual assault. Forty-five participants indicated that they had been assaulted in more than one time period. Those who were assaulted in multiple age groups, however, are counted only once.

TABLE 1. Estimated percentage of Texans who experienced sexual assault by gender (N=1200)

	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 U.S. Census data for Texas.

Estimated Percentage of Texans Who Experienced Sexual Assault by Gender and Age at Time of Assault

Table 2 indicates the estimated proportion and number of Texans who have been victims of sexual assault by gender and age at time of assault. In all, an estimated 1.9 million (13%) adult Texans

have been sexually assaulted at some time in their lives. The proportion assaulted is much higher for females (20%) than males (5%). As Table 1 indicates, the number of men in this sample who have been sexually assaulted is quite small (25). Where possible in the tables below, 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. However, some analyses are not reported for men because the small number of cases renders the analyses unreliable.

TABLE 2. Estimated percentage of Texans who experienced sexual assault by gender and age at time of assault (N=1200)

	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	<u>3</u>	<u>10</u>	<u>14</u>	<u>63</u>	<u>77</u>
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 U.S. Census data for Texas.

Estimated Percentage of Texans Who Experienced Sexual Assault by Gender and Race/Ethnicity, Income, and Education

Table 3 illustrates the racial, socioeconomic, and educational status of sexual assault victims by gender. Anglos are most likely to have experienced sexual assault, and Hispanics are least likely. These data indicate that Texans of all racial and socioeconomic groups are at risk for sexual assault.

TABLE 3. Estimated percentage of Texans who experienced sexual assault by gender, race/ethnicity, income, and education (N=153)

	Percent Distribution ^a			
	Men	Women	Total	Number Assaulted
Race/Ethnicity				
Anglo	5.9	21.5	13.9	83
Black	3.0	20.2	12.3	19
Hispanic	4.7	15.6	10.1	42
Other	2.6	20.0	10.1	9
Total				153
Income				
None	6.0	13.0	11.1	11
\$1-15,000	8.4	23.2	17.6	42
\$15,000-25,000	4.9	34.8	20.9	29
\$25,000-50,000	5.3	18.2	11.2	30
\$50,000+	2.9	20.0	7.4	17
Don't Know /Refused	5.6	13.6	10.2	25
Education				
None		Unable to estimate		0
1-8th grade	5.3	8.0	6.8	6
Some High School	8.4	14.0	11.6	14
High School Grad	3.6	21.0	13.4	37
Some College	4.6	27.3	16.5	58
College Degree	6.1	17.6	11.3	30
Post Graduate	4.9	12.8	7.9	9
Total	5.1	19.9	12.6	153

NOTE: Data are missing for one case.

^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 U.S. Census data for Texas.

See Appendix A for a full description of the characteristics of the sample, including the total number of participants by race, income, and education.

Estimated Percentage of Female Texans Who Experienced Sexual Assault before Age 14 by Race/Ethnicity, Income, and Education

Table 4 shows that there is little variation by race in the proportion of victims that had been assaulted before age 14. There is slightly more variation by income and level of completed education. Those who have some college education were most likely to report being assaulted before age 14.

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 U.S. Census data for Texas.

Estimated Percentage of Female Texans Who Experienced Sexual Assault Between Ages 14 and 17 by Race/Ethnicity, Income, and Education

Table 5 shows the percentage of females who experienced sexual assault between ages 14 and 17. In this age range, Hispanic females were less likely to report having been sexually assaulted than women of other racial or ethnic groups. Generally, the sample size is too small to produce reliable estimates by income and education (see Appendix A), but the data suggest that there is little variation by socioeconomic status.

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 U.S. Census data for Texas.

Estimated Percentage of Female Texans Who Experienced Sexual Assault Since Age 18 by Race/Ethnicity, Income, and Education

Table 6 shows the percent of females who have experienced sexual assault since age 18. Anglo and African American women are more likely to report being sexually assaulted since age 18 than Hispanic women. Women with higher levels of education (some college or above) are more likely to report having been assaulted since age 18 than women with lower levels of education.

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 U.S. Census data for Texas.

Relationship of Female Texans Who Experienced Sexual Assault 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. However, the number of Hispanic victims was too small to make reliable estimates, so these numbers should be used cautiously.

TABLE 7. Relationship of female Texans who experienced sexual assault to perpetrator (N=159)

	Percent Distribution ^a			
	All Women	Anglo Women	African American Women	Hispanic 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 U.S. Census data for Texas. Percentages do not sum to 100 because some women were assaulted more than once.

Estimated Percentage of Texans Reporting That a Family Member Experienced Sexual Assault

Table 8 presents the percentage of respondents who reported that a family member had been sexually assaulted. Overall, 9% of respondents report that a family member had been sexually assaulted. Respondents who had been sexually assaulted were much more likely to have 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.

TABLE 8. Estimated percentage of Texans reporting that a family member experienced sexual assault (N=1176)

	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 U.S. Census data for Texas.

Estimated Percentage of Texans Who Experienced Sexual Assault Whose Most Recent Assault was Reported to Police

Table 9 indicates that a small minority of sexual assaults are reported to the police.

TABLE 9. 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 U.S. Census data for Texas. Thirty-one respondents who were assaulted did not answer this question.

Estimated Percentage of Adult Texans Who Experienced Sexual Assault and Who Experienced Other Violence During Most Recent Assault

Table 10 illustrates that a substantial minority of sexual assaults involve other violence.

TABLE 10. Estimated percentage of adult Texans who experienced sexual assault and who experienced other violence during most recent assault (N=127)^a

Male	18
Female	24
Total	23

^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 U.S. Census data for Texas. 27 respondents who were assaulted did not answer this question.

Location of Most Recent Sexual Assault by Gender

Respondents who had been sexually assaulted were asked to report where the assault took place. Table 11 provides information on the place of assault for the most recent age period. That is, if a respondent had been assaulted before age 14 and then again after age 18, this table reports the place where they were assaulted after age 18.

Most assaults occur at the victim's or perpetrator's home.

TABLE 11. 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 U.S. Census data for Texas.

Location of Most Recent Sexual Assault by Age Group and Race/Ethnicity, Females

Table 12 examines the location where women were assaulted by age and ethnicity. It appears that assaults during the teen years (age 14-17) are more likely to take place in cars than assaults at earlier or later ages. Whereas only 3% of assaults of girls younger than age 14 took place in a car, 28% of assaults of those ages 14-17 were in cars. Anglos were more likely than African Americans to be assaulted in the perpetrator's home or yard. African Americans were more likely than Anglos to be assaulted in someone else's home or yard or in the perpetrator's workplace.

TABLE 12. Location of most recent sexual assault by age group and race/ethnicity, females (N=129)

	Percent Distribution ^a						
	Age <14	Age 14-17	Age 18+	Anglo	Black	Hispanic	Total
At home/In yard	39	8	34	25	35	39	28
At perpetrators home/yard	22	19	15	20	6	15	17
Your and perpetrator's home/yard	9	6	8	6	12	9	7
Someone else's home/yard	16	27	10	14	29	21	18
Street, alley	1	3	2	3	0	0	2
Parking lot	0	0	0	0	0	0	0
Car	3	28	10	16	6	6	13
Your workplace	0	0	2	1	0	0	1
Perpetrator's workplace	5	0	3	1	12	0	2
Restaurant, store	0	0	1	0	0	0	1
Bar, dance club, pool hall	0	0	2	1	0	0	1
Rural area, woods, park, campground	0	0	0	0	0	0	0
Other public building, hospital	0	0	0	0	0	0	0
School, college, campus	0	3	0	1	0	0	1
Lake, dock, beach, lagoon, pool	2	4	2	3	0	3	2
Motel, hotel	0	0	3	1	0	3	2
Other	4	3	8	6	0	3	4
Total	100	100	100	100	100	100	100
Refused	3	5	0	1	0	0	1

^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 U.S. Census data for Texas.

Estimated Percentage of Female Texans Who Experienced Sexual Assault by Mental/Physical Disability

Table 13 examines the experience of sexual assault for female Texans with disabilities, including physical disabilities and mental/emotional disabilities such as depression, anxiety, and schizophrenia. Assault is positively associated with both physical and mental disability. Whereas 20% of Texas women overall have been sexually assaulted (see Table 1), 25% of Texas women with a disability have been assaulted. It is impossible to tell using these data whether disability puts women at higher risk of assault or whether disability is the result of being assaulted.

TABLE 13. Estimated percentage of female Texans who experienced sexual assault by mental/physical disability (N=674)

	Percent Distribution ^a		
	Assaulted	Not Assaulted	Total
Physical disability	25	75	100
Injury	34	66	100
Disease	23	77	100
Mental/emotional disability	39	61	100
Any disability	25	75	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 U.S. Census data for Texas.

Estimated Percentage of Female Texans Who Experienced Sexual Assault by Age Group and Mental/Physical Disability

Assault after age 18 is more strongly associated with physical and mental disabilities than assaults at earlier ages. Table 4 indicates that 9% of all women were assaulted before age 14. Table 14 shows that women with a disability have a similar likelihood of being sexually assaulted by age 14 (10%). Table 5 shows that 7% of all women were assaulted between age 14 and 17. Table 14 shows that a similar proportion of those assaulted during their teen years (6%) reported that they have a disability. Table 6 shows that 10% of women were assaulted after they were age 18. Table 14 shows that physical and mental disability is associated with higher levels of assault after age 18 (17%).

TABLE 14. Estimated percentage of female Texans who experienced sexual assault by age group and mental/physical disability (N=674)

	Percent Distributions ^a								
	Age < 14			Age 14-17			Age 18+		
	Not Assaulted	Assaulted	Total	Not Assaulted	Assaulted	Total	Not Assaulted	Assaulted	Total
Physical disability	10	90	100	7	93	100	17	83	100
Injury	16	84	100	7	93	100	26	74	100
Disease	9	91	100	6	94	100	14	86	100
Mental/emotional disability	17	83	100	11	89	100	27	73	100
Any disability	10	90	100	6	94	100	17	83	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 U.S. Census data for Texas.

Estimated Percentage of Female Texans Who Experienced Sexual Assault by Mental/Physical Disability and Race/Ethnicity

Table 15 indicates only one notable difference by race/ethnicity in levels of assault among the disabled population. Eighty-three percent of African American women who experienced a sexual assault also reported a mental/emotional disability compared to 36% of Anglo women and 33% of Hispanic women. These percentages are based on small numbers of African American women (a total of 23, six of whom reported mental/emotional disability). Therefore these data should be interpreted cautiously.

TABLE 15. Estimated percentage of female Texans who experienced sexual assault by mental/physical disability and race/ethnicity (N=674)

Percent Distribution ^a			
	Assaulted	Not Assaulted	Total
<u>Anglo</u>			
Physical disability	26	74	100
Injury	31	69	100
Disease	22	78	100
Mental/emotional disability	36	64	100
Any disability	25	76	100
<u>African American</u>			
Physical disability	24	76	100
Injury	33	67	100
Disease	27	73	100
Mental/emotional disability	83	17	100
Any disability	30	70	100
<u>Hispanic</u>			
Physical disability	22	78	100
Injury	39	62	100
Disease	20	80	100
Mental/emotional disability	33	67	100
Any disability	21	79	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 U.S. Census data for Texas.

Estimated Percentage of Texans Who Experienced Sexual Assault and Received Medical Care for Most Recent Assault by Gender

Table 16 indicates that most victims do not receive medical care. Five percent of males and 10% of females report receiving any medical care for their assault. Given the small sample size, it is difficult to conclude where respondents receive their care. However, it appears that about half of all females receive their care in the hospital.

TABLE 16. Estimated percentage of Texans who experienced sexual assault and received medical care for most recent assault by gender (N=154)

	Percent Distribution ^a					
	Medical Care			Hospital Care		
	Yes	No	Total	Yes	No	Total
Male	5	95	100	5	95	100
Female	10	90	100	5	95	100
Total	9	91	100	5	95	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 U.S. Census data for Texas.

Percentage of Female Texans Who Experienced Sexual Assault and Reported Receiving Medical Care by Race/Ethnicity

The sample for Table 17 is small to make any strong statements about sexual assault victims seeking medical care. However, according to those answering this question, it appears that African Americans are more likely than Anglos to receive medical assistance. Additionally, African Americans and Hispanics might be more likely than Anglos to receive their care in a hospital.

TABLE 17. Estimated percentage of female Texans who experienced sexual assault and report – ed receiving medical care by race/ethnicity (N=129)

	Percent Distribution ^a					
	Medical Care			Hospital Care		
	Yes	No	Total	Yes	No	Total
Anglo	9	91	100	1	99	100
African American	18	82	100	18	82	100
Hispanic	9	91	100	6	94	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 U.S. Census data for Texas.

Estimated Percentage of Female Texans Who Experienced Sexual Assault and Received Medical Care by Age at Time of Assault

Table 18 indicates that women are more likely to receive medical care when they are assaulted as adults than when they are assaulted as children or teens. Among women who were assaulted after age 18, about 17% received medical care, compared to only 2% of women who were assaulted before age 14.

TABLE 18. Estimated percentage of female Texans who experienced sexual assault and received medical care by age at time of assault (N=129)

	Percent Distribution ^a					
	Medical Care			Hospital Care		
	Yes	No	Total	Yes	No	Total
Age < 14	2	98	100	2	98	100
14-17	6	95	100	4	96	100
18+	17	83	100	6	94	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 U.S. Census data for Texas.

^b Number of cases sums to more than 129 because some women were victimized during more than one age group.

Estimated Percentage of Sexual Assaults of Female Texans Resulting in Pregnancy

Table 19 indicates that only about 6% of sexual assaults result in pregnancy; however, this figure represents only eight cases, so these data should be interpreted cautiously.

TABLE 19. Estimated percentage of sexual assaults of female Texans resulting in pregnancy (N=129)

Percent Distribution ^a	
No Pregnancy	94
Pregnancy	6
Total	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 U.S. Census data for Texas.

Estimated Percentage of Texans Who Experienced Sexual Assault and Reported Most Recent Assault Involved a Weapon or Threat By Gender

Table 20 indicates that about 18% of assaults involve a weapon or threat to harm either the victim or a loved one.

TABLE 20. Estimated percentage of Texans who experienced sexual assault and reported most recent assault involved a weapon or threat by gender (N=154)

Percent Distribution ^a			
	Weapon	No Weapon	Total
Male	11	89	100
Female	16	84	100
Total	15	85	100
Threat to Self or Other	No Threat to Self or Other	Total	
Male	16	100	
Female	15	100	
Total	15	100	
Weapon or Threat	No Weapon & No Threat	Total	
Male	19	100	
Female	18	100	
Total	18	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 U.S. Census data for Texas.

Estimated Percentage of Female Texans Who Experienced Sexual Assault and Reported Most Recent Assault Involved a Weapon or Threat by Race/Ethnicity

Although Table 21 indicates that 13% of Anglos, 29% of African Americans, and 24% of Hispanics reported that the most recent assault involved a weapon or threat, the number who report involvement of a weapon or threat is small. Therefore, these figures have low reliability and should be used cautiously.

TABLE 21. Estimated percentage of female Texans who have experienced sexual assault and reported most recent assault involved a weapon or threat by race/ethnicity (N=129)

Percent Distribution ^a			
	Weapon	No Weapon	Total
Anglo	16	84	100
African American	12	88	100
Hispanic	15	85	100
	Threat to Self or Other	No Threat to Self or Other	Total
Anglo	9	91	100
African American	29	71	100
Hispanic	24	76	100
	Weapon or Threat	No Weapon and No Threat	Total
Anglo	13	87	100
African American	29	71	100
Hispanic	24	76	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 U.S. Census data for Texas.

Estimated Percentage of Female Texans Who Experienced Sexual Assault and Reported Most Recent Assault Involved a Weapon by Weapon Type

Table 22 indicates that most assaults do not involve weapons (85%). Nine percent of assaults involve a knife.

TABLE 22. Estimated percentage of female Texans who experienced sexual assault and reported most recent assault involved a weapon by weapon type (N=129)

No Weapon	85
Gun	4
Knife	9
Other Weapon	3
Total	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 U.S. Census data for Texas.

Estimated Percentage of Female Texans Who Experienced Sexual Assault (Victims) and Those Who Have Not (Non-Victims) by Drug and Alcohol Use

Table 23 presents a comparison of drug and alcohol use of victims and non-victims. Overall, it appears that drug use is much higher among victims than non-victims. For example, 17% of victims report using barbiturates, while only 10% of non-victims report using this class of drugs. However, the majority of victims do not report using alcohol or drugs. Because the number who report alcohol and drug use is small, these figures have low reliability and should be used cautiously.

These data do not indicate whether the drug use was influenced by the assault or the assault was influenced by the victim's drug and/or alcohol use.

TABLE 23. Estimated percentage of female Texans who experienced sexual assault (victims) and those who have not (non-victims) by drug and alcohol use (N=674)

	Percent Distribution ^a					
	Victim Use			Non-Victim Use		
	Yes	No	Total	Yes	No	Total
2+ Drinks/day	4	96	100	1	99	100
Barbiturates	17	83	100	10	90	100
Amphetamines	3	97	100	1	99	100
Anti-Depressants	21	79	100	9	91	100
Prescription pain killer	20	80	100	12	88	100
Marijuana	7	93	100	2	98	100
Cocaine, Heroin, etc	0	100	100	0	100	100
Given GHB, Exstacy, Rohypnol	4	96	100	0	100	100
Taken GHB, Exstacy, Rohypnol	2	98	100	0	100	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 U.S. Census data for Texas.

Estimated Percentage of Texans Who Experienced Sexual Assault by Whether They Were Incapacitated and Unable to Give Consent

Table 24 indicates that of victims, 18% report being incapacitated or unable to consent to sex at the time of the assault (ability to give consent does not mean that they gave consent). There are no differences by gender, but differences by race are large. Hispanics and Anglos are much more likely than African Americans to report that they were incapacitated.

TABLE 24. Estimated percentage of Texans who experienced sexual assault by whether they were incapacitated and unable to give consent (N=154)

	Percent Distribution ^a		
	Unable to Consent	Able to Consent	Total
Total	18	82	100
Male	18	82	100
Female	18	82	100
Anglo	17	83	100
African American	6	94	100
Hispanic	24	76	100
Age < 14	23	77	100
Age 14-17	12	88	100
Age 18+	21	79	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 U.S. Census data for Texas.

Estimated Percentage of Female Texans Who Experienced Sexual Assault and Screened Positive for Drug/Alcohol Problems

Table 25 shows that female victims are more likely than non-victims to screen positive for a problem with alcohol and a problem with other drugs. Due to the small sample size, data are not included for male victims.

TABLE 25. Estimated percentage of female Texans who experienced sexual assault and screened positive for drug/alcohol problems (N=674)

	Percent Distribution ^a		
	Alcohol Problem	Drug Problem	No Problem
Victim	22	16	67
Non-Victim	9	6	86

^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 U.S. Census data for Texas.

Estimated Percentage of Perpetrators Who Used Drugs and/or Alcohol at Time of Assault

Table 26 indicates that 46% of victims report that the perpetrator was under the influence of drugs and/or alcohol at the time of the assault. Reports of perpetrators' substance use are generally higher among those assaulted at older ages, although this may be a function of the victim's ability to remember the details of the assault committed when he or she was young.

TABLE 26. Estimated percentage of perpetrators who used drugs and/or alcohol at time of assault (N=129)

	Percent Distribution ^a					
	Alcohol	Drugs	Both Alcohol and Drugs	Either Alcohol or Drugs	Neither	Total
Total	32	4	10	46	54	100
Female Victim	36	3	10	49	51	100
Age < 14	17	2	6	25	75	100
Age 14-17	32	3	7	42	59	100
Age 18+	45	2	15	62	39	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 U.S. Census data for Texas.

Estimated Percentage of Female Texans Who Experienced Sexual Assault and Were Influenced by Drugs and/or Alcohol at Time of Assault

Table 27 indicates that substance use at the time of the assault is less common among victims than perpetrators. The large majority (87%) of victims report that they were not under the influence of alcohol or drugs at the time of their assault.

TABLE 27. Estimated percentage of female Texans who experienced sexual assault and were influenced by drugs and/or alcohol at time of assault (N=154)

	Percent Distribution ^a							
	Voluntary Consumption			Involuntary Consumption			No Drugs/Alcohol	Total
	Alcohol	Drugs	Both	Alcohol	Drugs	Both		
Total	10	1	1	0	2	0	87	100
Female	12	1	1	0	1	0	86	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 U.S. Census data for Texas.

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APPENDIX A

APPENDIX A: Descriptive characteristics of the sample (N=1,200)

	Percent ^a		Sample Size ^b			Percent ^a
	Male	Female	Male	Female	Total	
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					1200	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					1200	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					1200	100

^a Weighted percentages

^b Unweighted sample size

