SEXUAL ASSAULT EXPERIENCES AND PERCEPTIONS OF COMMUNITY RESPONSE TO SEXUAL ASSAULT: A SURVEY OF WASHINGTON STATE WOMEN

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PURPOSE OF THE STUDY

The Office of Crime Victims Advocacy (OCVA) sought to determine the incidence and prevalence of sexual assault in Washington State as well as collect information on the characteristics of assault experiences, reporting rates, and access and barriers to services. The decision to undertake this survey was based on the recommendation of the Statewide Sexual Assault Services Advisory committee, which is comprised of representatives from sexual assault programs across the state. The survey was intended to provide information on the extent of sexual assault victimization in the state and the service needs of victims. Findings will be used in OCVA's ongoing planning for appropriate services to sexual assault victims and will provide all sexual assault services agencies with information that could help in program planning and identifying outreach needs.

BACKGROUND

Sexual assault is a serious social problem that affects the lives of many women and children, and some men. Although sexual assault has occurred throughout history only in recent times have laws and social attitudes condemned these acts as violations. In the past most victims did not come forward and when they did they were often greeted with a skeptical or blaming response. Services for victims did not exist. Beginning in the early 1970's the rape crisis movement emerged and victims were encouraged to come forward and speak out about their experiences. Crisis response, advocacy, counseling, and medical services were developed. The criminal justice system began to take these crimes seriously and vigorously investigate and prosecute offenders.

Washington State has been in the forefront of this social change since the beginning of the rape crisis movement. Seattle Rape Relief, founded in 1972, was one of the first rape crisis centers in the country; the Harborview Sexual Assault Center, established in 1973 was one of the earliest hospital based programs. Washington State has sexual assault programs serving all 39 counties and the Washington Coalition of Sexual Assault Programs has been in existence since 1979.

Legal reforms began in Washington in the 1970's when the sexual assault laws were changed to be gender neutral, to include all forms of sexual penetration and to create levels of seriousness. The marital exemption for Rape 1 and 2 was removed in 1983. Penalties for sex offenses have dramatically increased in the past twenty years; serious sex offenses are included as Two and Three Strike offenses. The Community Protection Act of 1990 included sex offender registration, community notification of dangerous sex offenders and civil commitment for sexually violent sexual predators. The community notification and civil commitment laws were the first in the country. Washington is the only state that has a specific sentencing alternative for certain low risk sex offenders and was the first state to certify sex offender treatment providers

While many positive changes in the legal and community response to sexual assault victims in Washington State have taken place over the past three decades, there is currently no specific information about the rate and characteristics of sexual

victimization, its impact on victims and what victims do after these experiences to obtain help or seek justice in Washington State. Answers to these questions have significant implications for informing policy makers, governments, service providers, and citizens about the magnitude of the problem and what services and system responses are needed.

Accurate statistics about the prevalence and incidence of sexual victimization are especially difficult to obtain because most sexual assaults are not reported to authorities and most victims do not seek services. The Uniform Crime Report (UCR) is the national method for documenting rates of reported crime but even these data are limited because the UCR does not collect specific information about the age at which a crime occurs or the full nature and characteristics of the crimes. The US Department of Justice National Crime Victimization Survey (NCVS) seeks information about reported and unreported crimes occurring within the previous six months using representative samples of citizens over 12 years old. In recent years the NCVS has improved its methods for gathering information on sexual assault, but it is still considered to have serious shortcomings (Bachman & Saltzman, 1995). The NCVS is thought to be weakest in collecting information about crimes that happen in early childhood or crimes that happen between family members or intimates.

Because of the limitations of official and service provider mechanisms for collecting data on sexual assault, general population surveys are considered the best means of learning the true extent and nature of the crimes. Many studies have been carried out using various populations including college students, convenience samples, or representative samples of certain population bases. This body of research has consistently found that sexual assault is common, that these experiences are associated with significant psychological consequences; and that most victims do not seek services or report the crimes. These studies have also confirmed that many sexual assaults happen in early childhood and between family members and intimates.

Two influential national general population surveys of sexual victimization have been conducted using rigorous research designs. The National Women's Study (NWS) conducted by the Medical University of South Carolina surveyed a representative sample of over 4,000 women (Kilpatrick, Edmunds & Seymour 1992) and the National Violence Against Women Survey (NVAWS) interviewed 8,000 women and 8,000 men (Tjaden & Thoennes, 1998). These studies were funded by federal government agencies including the National Institute of Justice, the National Institute of Drug and Alcohol Abuse, and the Centers for Disease Control. The NWS focused on forced sexual assault experiences and found that 13% of women reported that they had been raped with 61% of these experiences occurring in childhood. The NVAWS addressed forced sexual assault, stalking, and physical assault. The findings were that 15% of women have been raped, 54% of them in childhood. Both studies found that known or related offenders commit the majority of cases of sexual assault and that few cases are reported to the authorities. The studies also inquired about the psychological impact of these crimes and the help seeking actions of victims. The results revealed that many sexual assault victims suffer significant effects and most do not seek medical or psychological assistance. These studies are believed to provide relatively accurate information about the national scope,

nature, and consequences of sexual assault experiences. They also confirm the limitations of relying on officially reported cases to establish social policy with regard to sexual assault.

Both studies used Random Digit Dialing (RDD), which is the accepted method for identifying a representative community sample. Using RDD, households are contacted and an eligible subject is identified, the purpose and nature of the survey is explained to potential subjects and consent to participate obtained. The researchers for the sexual assault studies developed successful methods for recruiting respondents to participate in a study on the sensitive topic of sexual assault using telephone interviews carried out by trained interviewers.

An important aspect of sexual assault surveys is how questions about victimization are asked. Previous research has shown that the terms rape, sexual assault or sexual abuse have different meanings for different people. Many victims are uncertain whether their experiences qualify as crimes. For this reason it has become accepted practice in studies to use behaviorally specific questions that describe acts so that subjects do not make assumptions about the terms that might lead them to discount their experiences as not meeting the definition of sexual assault or to include behaviors that are not actually sexual assaults.

In addition to learning more about the experiences of victims, it is also important to know how non-victims perceive the community response for victims of sexual assault. The extent to which non-victims believe that services are available or that the criminal justice system is helpful may influence whether they seek services or report the crimes should they or a family member be victimized. There is currently no systematic data available on community perceptions of services and system response to sexual assault. Having information about citizen views may also be helpful to service providers and the government in creating community awareness.

METHOD

Approach

The OCVA formed a project advisory group and selected the Harborview Center for Sexual Assault and Traumatic Stress (HCSATS) to develop the survey and methodology carry out the survey and analyze results. The project advisory group was composed of representatives of sexual assault programs from around the state and was charged with defining the goals and scope of the survey, the range of desired information, and general topic areas. The survey approach and content was designed based on agreement between the project advisory group and the Harborview research group.

A decision was made to focus the survey on adult women in order to produce scientifically sound results that would be representative of women in Washington State. The project advisory group was very interested in learning about the specific and potentially different rates and characteristics of sexual assault experiences of other groups

including men, ethnic and racial minorities, the disabled and sexual minorities. Costs and methodological difficulties prohibited using the statewide survey approach to obtain reliable and valid information about these groups. This is because it is necessary to have a sufficiently large group of respondents in each subgroup of interest to insure that the findings are representative. The OCVA intends a second phase of the research that will specifically focus on the sexual assault experiences of various subgroups.

The other major decision was to adopt the methodology and the sexual assault screening questions used in the two major national studies of sexual assault experiences in the general population: The National Women's Study (NWS) and the National Violence Against Women Survey (NVAWS). These two studies are considered to represent the state of the art in scientific rigor for retrospective general population studies on sexual assault. Dozens of papers based on the results of the NWS and the NVAWS have been published in peer reviewed scientific journals and official reports have been released by the National Institute of Justice, US Department of Justice. By choosing the same scientific approach the Washington State study would then have a comparable level of scientific rigor. In addition, the results of the Washington State study could be compared with national data.

Washington State University/Social and Economic Sciences Research Center, the only University-based comprehensive survey facility in the Pacific Northwest, was chosen to carry out the telephone survey of a representative sample of adult women in Washington State.

Instrument

Survey questions were designed to learn about lifetime prevalence and incidence of sexual assault experiences, characteristics of the sexual assault experiences, impact of these experiences, help seeking and criminal justice system reporting and outcome, lifetime experiences of other traumatic events, perceptions of personal safety, and perceptions of community response to sexual assault of women and children.

The Harborview research group developed the survey question items after reviewing the questionnaires used in the two national studies and considering the recommendations of the project advisory group. The Harborview research group described the questions and presented the rationale for using questions already proven to yield valid results to the statewide advisory group. The project advisory group provided feedback and identified areas of specific interest, especially those questions that related to perceptions of community response that could be used for planning services in Washington State.

The interview was structured to begin with general questions about personal safety and other victimization experiences so that respondents could become comfortable with the topic area. Prior to asking questions about possible sexual assault experiences, the respondents were informed that answering questions might be upsetting and that they would be given a number to call at the end of the interview if they wished. They were also told at the beginning of the interview and again just before the sexual assault

questions that they did not have to answer any questions they did not want to. The OCVA 800 telephone line extended from the usual business hours and was staffed twenty-four hours a day during the interview period.

Sexual assault screening questions. In order to determine whether women had experienced an incident of sexual assault, the behaviorally specific questions about forced sexual contact used in the two national studies were adopted. These items inquired whether the woman had experienced sexual penetration, sexual contact or attempted sexual penetration by use of force or threat of harm. Several additional screening questions were developed to learn more about sexual assault experiences that were not well captured by the two national studies. One question asked where the women had ever had sex when she was unable to give or withhold consent because of the influence of alcohol or drugs. Two items inquired about non-forcible sexual penetration and sexual contact that occurred when the woman was less than fifteen years old and the person committing the acts was more than five years older.

The questions were structured so that it could first be determined whether a sexual assault experience had occurred in the previous year in order to obtain incidence data. It was anticipated based on previous research that the past year incidence rate would be relatively low, although the lifetime rate would be at least twenty percent with a majority of sexual assault experiences occurring in childhood. The age at the event was obtained in all cases. For women who had multiple sexual assault experiences, detailed information was collected on up to three experiences: past year, first, and worst.

See Appendix A for the specific questions.

Procedure

The SESRC transformed the survey questions into a Computer Assisted Telephone Interview (CATI) format. WSU Institutional Review Board reviewed and approved the procedures and the interview before it went to the field. The CATI was tested with interviewers at the SESRC, with a mock interview of the Harborview research assistant and with actual survey respondents to refine the instrument and insure that the questions were understood and the interview branching procedures worked properly.

Interviewers were recruited and trained by the SESRC. They were all female. The interviewers were oriented to the sensitive nature of asking about sexual assault experiences as well as in the use of the CATI. The interviewers offered valuable suggestions about the CATI questions. In addition, they recommended that the interviews be conducted in a separate area from other surveys being conducted by the SESRC to insure greater privacy.

Respondents

Consistent with standard procedures in research on a representative sample of some population, SESRC purchased a large random sample (12,000) of telephone numbers in

Washington State. This random-digit dialing (RDD) strategy involved sampling sets of numbers for contact attempts. Interviewers contacted these potential respondents. Up to 16 attempts were made to reach a person at each number selected. These attempts were made across days and time periods (morning, afternoon, and evening). When a household was contacted the interviewer determined if a subject was in the home that fit study criteria (female age 18 or older). If more than one woman living in the household was eligible then the selection was made by most recent birth date. At that point, it was determined if she would be willing to answer the interview questions. Subjects were also informed about the project and that the questions were sensitive and involved issues of sex and violence. The OVCA hotline was expanded from business hours to twenty-four hour coverage for the duration of the interviewing. Respondents were provided the number to contact about the legitimacy of the project or for support and referral.

Data Management

SESRC completed 1,325 interviews. Using the same method for calculating participation rate as the NVAWS, the participation rate for the study was 67%. The data were forwarded to Harborview for analysis. Prior to generating the results described later in this report, Harborview staff and consultants reviewed item responses. Importantly, the interview's structure provided a set of sexual assault (SA) screening questions. And if these indicated an SA history, then detailed information was collected about it. Given the possibility that multiple SA events were involved, the instrument had three 'loops' with identical interview items. These loops sought information about a respondent's: 1) most recent SA event, 2) her worst SA event and/or, 3) her first SA event. Summary measures about an interviewee's SA history were generated after reviewing data from each section. For the majority of those reporting a single sexual assault, this was relatively straightforward, e.g., the offender's relationship to them that was listed in the 'first SA event' loop was used in creating a summary measure of offender relationship. Where multiple SA events were reported the researchers chose to prioritize them in the following order: worst, first, most recent. That is, if there were different offenders in two or more loops—reflecting different events—then we chose the offender relationship, for example, from the 'worst SA event' loop to be used in determining offender relationship.

Other data management activities included generating summary measures of psychological conditions and types of sexual assault. Types of SA were calculated based on multiple interview questions. Examples of these measures were: rape (based on four SA screening items), childhood SA, adult SA (the latter two measures based on ages that the SA screening experiences first occurred), and any SA history. This last measure was generated two different ways. The first involved all nine SA screening items. A second approach used eight items and excluded responses to one screening question—about forced sex after alcohol or drug use where the respondent said she could not agree to it or say no. This latter way—excluding non-consent due to drugs/alcohol—was used in certain analyses to be consistent with other research that does not include this type of sexual assault.[1].

[1]The full sample, including women who reported non-consenting sex due to alcohol or drugs, is used for prevalence and incidence results; the 14 women whose only sexual assault experience was non-consenting

The diagnostic measures (PTSD and Major Depressive Episode) were calculated using responses to interview items that corresponded with criteria specified in the Diagnostic and Statistical Manual-IV-TR (2000). An algorithm was created to classify respondents by whether they did or did not meet the diagnostic criteria for these two psychiatric conditions.

Data Analysis

Analysis procedures included generating item and scale frequencies. Summary statistics were also calculated, where appropriate; means, medians and ranges are reported. Bivariate analyses were performed consistent with how items or scales were measured. Categorical measures were cross-tabulated, e.g., ethnicity and SA. Categorical and interval measures were examined with t-tests or analyses of variance, e.g., race and number of depression symptoms. Statistical tests used a significance level of $p<0.05$. (Alpha level was adjusted for multiple comparisons in some sub analyses.) All analyses were performed using SPSS. Some analyses involved the entire sample. These include comparing those with and without an SA history on their background characteristics and psychological measures (PTSD, depression). Other analyses presented below focus on the sub-sample of cases where an SA history was reported.

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sex are excluded from results regarding characteristics of assault, impact, help seeking, reporting and perceptions.

RESULTS

CHARACTERISTICS OF SURVEY RESPONDENTS[2]

Respondents ranged in age from 18 years old to 96 years old, with an average age of 46 years old. There were seven women in their nineties who participated in the survey. The age group membership of study participants was equivalent to that of Washington State women. The majority of women were married, although there were more single women in the study compared to the state population. As would be expected a higher percentage of younger women were single and older women were widowed. The racial/ethnic breakdown generally reflected the racial/ethnic distribution of Washington State. The same proportion of women respondents identified themselves as Non-White (12%) as women in the state population. There were some differences, however, in terms of the percentage membership in sub group populations. The study included a smaller percentage of women who identified as African American or Asian, while more women identified themselves as Multi-Ethnic or Other, categories that are not used by the state. Five percent of respondents identify as Hispanic, which slightly less than women in the state. A fourth had a high school education or less, while close to one third had a four-year college degree or some postgraduate experience (31%). The study included fewer low-educational attainment respondents and more who had completed some college than Washington State women overall. There were slightly more respondents with a household income under $50,000 in the study (59%) than in the state population (51%).

Table 1 Age of Respondents

Age (N=1310)	OCVA Survey		WA State Population
Mean	46		-
Median	44		-
Range	18-96		-
Age Categories	Number	Percentage	Percentage
<30	237	18%	21%
30-39	280	21%	21%
40-49	307	24%	21%
50-59	218	17%	15%
60-69	120	9%	9%
>69	146	11%	13%

[2]Washington State figures are drawn from the OFM 2000 Washington State Population Survey

Table 2 Ethnicity of Respondents			
Race/Ethnicity	OCVA Survey		WA State Population
	Number	Percentage	
White	1146	88%	88%
Black	29	2%	4%
Asian	33	3%	6%
Pacific Islander	5	0.4%	0.6%
American Indian	23	2%	2%
Multi-Ethnic	15	1%	-
Other	59	5%	-
Hispanic Origin	61	5%	8%
Non-White	164	12%	-

Table 3 Educational Attainment of Respondents			
Education Level	OCVA Survey		WA State Population
	Number	Percentage	
1st Grade through Some High School	69	5%	13%
High School Graduated or GED	325	25%	27%
Some College	508	38%	30%
4 Year College Degree	269	21%	20%
Postgraduate	144	11%	10%

Table 4 Income Level of Respondents				
Income Level	OCVA Survey		State Population (collapsed)	WA State Population
	Number	Percentage		
Less than $10,000	64	6%	$0 to $14, 999	9%
Over $10,000 to $20,000	89	8%	$15,000 to $24,999	12%
Over $20,000 to $30,000	161	15%	$25,000 to $34,999	13%
Over $30,000 to $40,000	163	15%	$35,000 to $49,999	17%
Over $40,000 to $50,000	166	15%		
Over $50,000 to $60,000	126	11%	$50,000 to $74,999	22%
Over $60,000 to $70,000	96	9%		
Over $70,000 to $80,000	63	6%	75,000 to $99,000	13%
Over $80,000 to $100,000	83	8%		
Over $100,000	95	9%	$100,000 Plus	13.8%

Table 5 Marital Status of Respondents			
Marital Status	OCVA Survey		WA State Population
	Number	Percentage	
Single, Never Married	180	14%	22%
Married	886	67%	60%
Divorced/Separated	139	11%	12%
Widowed	115	9%	6%

PREVALENCE AND PAST YEAR INCIDENCE OF SEXUAL ASSAULT

More than one-third of Washington State women have been sexually assaulted during their lifetime. These experiences reflect a range of types of sexual victimization that generally correspond with Washington State laws.

Table 6 Lifetime Prevalence of Sexual Victimization		
Sexual Assault Type	N	Percent
Rape	306	23%
Attempted Rape	152	12%
Indecent Liberties	196	15%
Unable to Consent (Alcohol/Drugs)	115	9%
Child Rape	88	7%
Child Molestation	231	18%
Total Sexual Victimization	502*	38%

*numbers do not total because of multiple victimization experiences

Rape = forced sexual penetration (vaginal, oral, anal, digital, object)
Attempted rape = uncompleted attempt at forced penetration
Indecent Liberties = forced sexual contact (with breasts, buttock, genital area)
Nonconsenting Sex = unwanted sex while under the influence of alcohol or drugs and when unable to give or withhold consent
Child Rape = non-forced sexual penetration when less than 16 years with a person more than five years older
Child Molestation = non-forced sexual touching (of breasts, buttocks, or genital area) when less than 16 years by a person more than five years older

Rates of sexual assault experiences were examined by where women lived in Washington State, although the study did not ascertain where the sexual assault occurred.

Comparisons were based on the eight regions defined by the Washington State Coalition of Sexual Assault Programs[3]. No statistically significant regional differences were found.

Table 7 Lifetime Prevalence of Sexual Victimization by WA State Region									
Sexual Assault Type	1	2	3	4	5	6	7	8	Total Victimization
Rape	28%	23%	21%	21%	22%	28%	25%	29%	23%
Attempted Rape	6%	10%	12%	10%	17%	14%	12%	13%	12%
Indecent Liberties	10%	17%	12%	13%	15%	21%	17%	22%	15%
Unable to Consent	14%	12%	6%	8%	8%	5%	11%	9%	9%
Child Rape	9%	8%	7%	7%	9%	5%	3%	4%	7%
Child Molestation	18%	18%	20%	15%	17%	18%	17%	18%	18%

As expected there was a relatively low rate of past year incidence of sexual assault.

Table 8 Past Year Incidence of Sexual Victimization		
Sexual Assault Type	N	Percent
Rape	8	0.6%
Attempted Rape	4	0.3%
Indecent Liberties	6	0.5%
Unable to Consent (Alcohol/Drugs)	8	0.6%
Total Past Year Incidence	17*	1.3%

*numbers do not total because of multiple victimization experiences

Rates of sexual assault experiences varied by age groupings, with younger women generally reporting higher rates. Women under fifty were significantly more likely to report having been raped than older women, on average about 28% compared to 16%. Child sexual abuse rates were about 20% for women under 60 years, and only 5% for women older than that.

Overall, the large majority of sexual assault experiences occurred when the woman was under 18 years old. Even those experiences that could occur at any time in a woman's life (e.g., rape, attempted rape and indecent liberties) were more likely to take place in childhood (60%). A significant percent (43%), of the non-consenting sexual experiences under the influence of alcohol or drugs also happened during childhood. Among women sexually assaulted as adults, 44% had also been sexually assaulted as children. The oldest age at first sexual assault was 44 years, while 52 was the oldest age for any sexual assault reported in this study (e.g., respondents could report up to three assaults).

[3] Region 1: Clallam, Jefferson, Kitsap; Region 2: Snohomish, Skagit, Whatcom, Island & San Juan; Region 3: King; 4: Pierce, Thurston, Lewis, Mason, Grays Harbor; Region 5: Pacific, Wahkiakum, Cowlitz, Clark, Skamania, Klickitat; Region 6: Chelan, Douglas, Grant, Kittitas, Yakima, Adams; Region 7: Okanogan, Ferry, Stevens, Pend Oreille, Lincoln, Spokane; Region 8: Whitman, Garfield, Asotin, Columbia, Walla Walla, Benton, Franklin

Table 9 Age at First Sexual Assault			
Age at Initial Event	Range (years)	Mean (years)	Median (years)
Sexual assault as a child*	1-17	10	10
1st Sexual assault as an adult	18-44	23	21
Any sexual assault	1-44	13	12

*6 women reported that their experience took place at < 4 years old

Sexual assault experiences can involve single or multiple experiences with one or more offenders. The most common situation reported in this study was a single episode committed by a single offender, although a substantial percentage of cases involve multiple assaults committed over time by the same person. Relatively few cases involve multiple offenders during a single episode. Almost one-fifth of the women had been victimized on different occasions by different offenders. Those who experienced their first assault as an adult were more likely to have had a single event committed by one person and were less likely to have had multiple sexual victimization experiences. However, many cases of sexual assault in childhood also were one-time events.

Table 10 Single and Multiple Sexual Assault Experiences						
Single or Multiple Event	Sexual Assault Ever				Total	
	SA as a Child		1st SA as an Adult			
	N	%	N	%	N	%
Single event by one person*	171	43%	67	67%	238	48%
Single event by two or more people	14	4%	3	3%	17	3%
Multiple events by the same person*	125	32%	21	21%	146	30%
Multiple events by two or more different people*	83	21%	9	9%	92	19%

* Statistically significant difference between groups

NON-CONSENTING SEX

It is illegal and a form of rape in Washington State for a person to have sex with another person when that person is unable to give or withhold consent. This circumstance applies to persons who are disabled, unconscious or under the influence of alcohol or drugs. In this study 115 (9%) of women reported having such an experience due to alcohol and drugs. However, only 14 women reported this type of assault as their only sexual assault experience. Of the women reporting non-consenting sex, 49 (43 %) were under 18 years old when it occurred. The youngest age at which this type of experience was reported was eight years old, although for those women who had this experience in childhood, in more than three fourths of cases it happened when the woman was between 15 and 17 years old.

NON-SEXUAL VICTIMIZATION EXPERIENCES

In addition, to sexual victimization, respondents were asked about several other types of traumatic events that might occur in a woman's life. These questions were asked to help put sexual victimization in perspective and because these experiences are also known to produce psychological distress. Overall, more than half (60%) of the women had experienced at least one of these events and more than a fourth (27%) had experienced more than one.

Table 11 Non-Sexual Victimization

Type of Victimization	Sexual Assault Hx		No Sexual Assault Hx		Total Sample	
	N	% yes	N	% yes	N	% yes
Saw someone seriously injured/violently killed*	228	47%	230	43%	458	35%
Stalked*	255	52%	175	21%	430	33%
As adult, beaten/saw doctor for injury*	109	22%	39	5%	148	11%
As child, beaten/saw doctor for injury*	59	12%	23	3%	82	6%
Close friend/family member deliberately killed*	104	21%	133	16%	237	18%
Any non-sexual victimization*	382	78%	415	50%	797	60%

* Statistically significant difference between sexual and non-sexual assault victims

When all types of victimization are considered including sexual assault experiences, less than a third of the women had not experienced a traumatic event. Among sexual assault victims, more than three fourths (78%) had also experienced another traumatic event.

Table 12 Total Victimization

Victimization History	N	Percentage
None	420	32%
Non-sexual victimization only	415	31%
Sexual assault only	106	8%
SA + Non-sexual victimization	382	29%

DEMOGRAPHIC FACTORS ASSOCIATED WITH RATES OF SEXUAL AND NON-SEXUAL VICTIMIZATION

Rates of sexual assault and other victimization vary by certain demographic characteristics of women. While these differences are statistically significant, caution should be used in drawing conclusions from these results. Because Washington State has a relatively small percentage of ethnic minorities, the number of women in each group in

this sample is small; therefore the results may not be generalizable to the entire ethnic group. Relationships between educational attainment, and marital status, and victimization rates may represent risk factors for victimization or may be the result of having been victimized. For example, other studies have shown that sexual assault is associated with having relationship problems, which might be reflected in higher rates among those who have been divorced.

Ethnicity and Hispanic origin

Respondents were asked to identify their ethnic or racial group as one of the following: White, African-American, Asian, Pacific Islander, American Indian, or Multi-Ethnic. Multiple responses were allowed. They were also specifically asked whether they were of Hispanic origin. For the purposes of grouping women for analyses, those who identified themselves in more than one category were placed in the minority group they identified (e.g., women who said they were White and Asian would be included in the Asian group). Relatively few women (n = 15) simply identified themselves as Multi-Ethnic. Like many other studies a significant percentage of women who identified as Other, reported that they were of Hispanic origin. Because there were small numbers of women in certain groups (e.g., Asian, Pacific Islander), these groups were combined for analysis.

In this sample, there were no statistically significant differences in the rates of sexual victimization when the groups were defined as White and Non-White. However, using a more specific classification of race with five categories there was an overall significant relationship between race and sexual victimization. The more detailed analyses comparing White and other race categories showed that American Indian women were more likely to have been raped compared to White women.[4] There were no ethnic or racial differences in the rates of attempted rape, indecent liberties, non-forced childhood sexual abuse, or overall levels of sexual assault. Asian Pacific Islander women had lower rates of rape and overall sexual assault history that approached but did not reach statistical significance. Significantly more Hispanic women reported being raped compared to Non-Hispanic women, but there were no differences in other forms of sexual assault or in the overall rate of sexual assault.

Because of the small numbers of women in each of the racial/ethnic sub groups, the specific rates for sub groups in this sample cannot be generalized to all members of these racial/ethnic groups in Washington State. Further research with larger numbers of women in each racial/ethnic group would be required in order to establish precise rates of sexual victimization within each minority group.

[4] The significance or alpha level was adjusted to approximately p=0.01 in these analyses for multiple 2 x2 race comparisons.

Table 13 Sexual Victimization and Ethnicity												
Sexual Assault Type	White		African-American		Asian-PI		American Indian		Other/Multi Ethnic		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
Rape[a]	257	22%	12	41%	4	11%	11	48%	19	26%	303	23%
Any SA	432	38%	13	45%	8	21%	14	61%	32	43%	499	38%

[a] Statistically significant difference: AI > W

Table 14 Sexual Victimization and Hispanic Origin				
Sexual Assault Type	Hispanic		Non-Hispanic	
	N	%	N	%
Rape[a]	20	33%	284	23%
Any Sexual Assault	27	44%	473	38%

[a] Statistically significant difference between groups

Rates of non-sexual victimization varied among racial and ethnic groups as well, although the same caution should be applied in generalizing absolute rates to all members of a racial/ethnic population in Washington State because of the small numbers in each group collected for this study. Asian-Pacific Islander women were significantly less likely than Whites to experience seeing someone seriously injured. American Indians and those who identified as Multi-Ethnic or Other were more likely to have had a close friend or relative deliberately killed than White women.[5] There were no differences between groups for stalking. Hispanic women were more likely to have seen someone seriously injured or killed and to have been beaten as an adult compared to Non-Hispanic women.

[5] As with prior SA and race comparisons, alpha reduced for these 2x2 sub-analyses.

Table 15 Non-Sexual Victimization and Ethnicity										
Type of victimization	White		African-American		Asian-PI		American Indian		Other-Multi.	
	N	%	N	%	N	%	N	%	N	%
Saw serious injury/death[a]	394	35%	13	46%	5	13%	9	39%	35	47%
Stalked	**380**	33%	11	38%	6	16%	8	35%	23	31%
As adult, beaten/saw doctor for injury	128	11%	7	24%	-	-	5	22%	7	10%
As child, beaten/saw doctor for injury	68	6%	5	17%	-	-	2	9%	7	10%
Close friend or family deliberately killed[b]	185	16%	10	35%	7	19%	9	39%	23	31%
Any non-sexual victimization[e]	688	60%	22	76%	12	38%	17	73%	50	68%

[a] Statistically significant difference: API < W
[b] Statistically significant difference: AI, O/ME > W
[e] Statistically significant difference API < W

Table 16 Non-Sexual Victimization and Hispanic Origin				
Victimization Type	Hispanic		Non-Hispanic	
	N	%	N	%
Seen serious injury/death[a]	19	46%	429	34%
Stalked	24	39%	404	32%
As adult, beaten/saw doctor for injury[a]	12	20%	135	11%
As child, beaten/saw doctor for injury	6	10%	76	6%
Close friend/family killed	12	20%	223	18%
Total non-sexual victimization	41	67%	751	60%

[a] Statistically significant difference between groups

Sexual assault victims differed from non-sexual assault victims on educational attainment and marital status. Victims were more likely to have not completed high school or received a GED although their attainment was equivalent in most other levels. Victims were about twice as likely to be divorced as non-victims and half as likely to be widowed. There were no differences between victims and non-victims on income level.

Table 17 Educational Attainment* and Marital Status*				
Level of Education and Marital Status	SA Ever		No SA	
	N	Percentage	N	Percentage
1st Grade through Some High School	39	8%	30	4%
High School Graduated or GED	101	20%	224	27%
Some College	213	43%	295	36%
4 Year College Degree	96	19%	174	21%
Postgraduate	50	10%	94	12%
Single/Never Married	329	66%	557	68%
Married	72	14%	108	13%
Divorced/Separated	78	16%	61	7%
Widowed	22	4%	93	11%

*Statistically significant differences between groups

CHARACTERISTICS OF SEXUAL ASSAULT EXPERIENCES (excluding non-consenting sex only respondents)

Women reported a variety of specific methods of coercion with threats being more common than the use of a weapon. Injuries occurred in one fifth of cases, but were more common in rape victims (29%) compared to those who did not experience rape (6%) (e.g., women who were victims of attempted rape, forced sexual contact, non-consenting sex, or non-forced child sexual abuse). One third of women reported that they thought they might be killed or seriously harmed during the assault. This figure increased to 45% for women who were raped. No significant differences were found in characteristics for experiences occurring in childhood or in adulthood. When children under 12 years old were compared to adolescents, few differences emerged and where there were differences the numbers were too small to draw conclusions.

Table 18 Characteristics of Sexual Assault Experiences						
Victimization Type	SA as Child		SA as Adult		Total	
	N	%	N	%	N	%
Threats	88	23%	23	25%	111	23%
Use of a weapon	30	8%	10	11%	40	8%
Injury	78	20%	20	22%	98	20%
Perceived life threat	123	32%	30	33%	153	32%

The relationship of the offender to the victim ranged from strangers to fathers and intimate partners. The largest group of offenders was acquaintances or persons known but not related to the victim. Childhood victimizations were more likely to be committed by fathers or other relatives, while adult victimizations were more likely to be committed by intimate partners and strangers. However, a current or former intimate partner victimized more than a tenth of those sexually assaulted in childhood, which for youth were

primarily boy friends. Almost half of offenders against children and more than two thirds of offenders against adults were known but not related to the victim.

Table 19 Offender Relationship*						
Offender Relationship	SA as a child		SA as an adult		Total	
	N	%	N	%	N	%
Stranger	27	7%	10	11%	37	8%
Father/Step-Father	47	13%	-	-	47	10%
Other relative	75	20%	1	1%	76	16%
Intimate partner/ex	47	13%	18	20%	65	14%
Acquaintance	180	48%	61	68%	241	52%

* Statistically significant difference between groups

In recent years evidence has emerged that a significant percentage of women who report a history of sexual assault say there was a time when they did not recall some or all of their experiences. Respondents in this study were asked whether there was ever a time when they did not remember all or some of the sexual assault experience. More than a third reported that they had forgotten the experience for some period of time and there were no differences in forgetting between those experiences that occurred in childhood versus those that took place as an adult. A much smaller percentage attributed the forgetting to having been under the influence of drugs or alcohol. Childhood experiences significantly less often were forgotten for this reason.

Table 20 Period of Forgetting Sexual Assault Experiences						
Did you…	SA as a Child		1st SA as Adult		Total	
	N	%	N	%	N	%
Forget some/all what happened	163	42%	38	42%	201	42%
Forget due to alcohol or drugs*	14	9%	11	29%	25	12%

* Statistically significant difference between groups

HELP SEEKING AND REPORTING FOR SEXUAL ASSAULT EXPERIENCES

Only 61% of women reported that they had ever told anyone about their experience, although younger women were more likely to have told someone. For example, 68% of women under 40 years old told someone, whereas, only about half of women over fifty had. The percentages of women in who told varied among racial/ethnic groups with African American and American Indian women telling less frequently, but the differences were not statistically significant. There were no differences for Hispanic versus Non-Hispanic women in whether they told anyone about the sexual assault. Age at sexual assault was not related to whether the victim told anyone. For the most part, telling others

was perceived to be helpful, although teenagers as compared to children and adult victims found telling less helpful.

Almost ninety percent of women did not seek medical assistance. Rape victims were more likely to seek medical care (16%), as were women less than 30 years old (16%) compared to the overall rate (11%). Injured victims were also significantly more likely to seek medical care (23%) compared to non–injured victims (8%).

About one-third of women sought counseling and very few contacted a rape crisis line. Women under 40 years old were more likely to seek counseling (42%) compared to older women. Women who had been raped as opposed to other forms of sexual assault more often sought counseling (44%). Younger women who had been raped were even more likely to seek counseling; 47% of women 18-30 years and 52% of women 30-39 years old. Women who had told someone were significantly more likely to have received counseling (41%) than women who had not told anyone (25%). Counseling was associated with police reporting with those who reported being much more likely to have been in counseling (73%) versus those who did not report to the police (30%). There were no racial/ethnic differences in whether women sought counseling. There were no significant differences in help seeking between women whose experiences occurred in childhood and those who were victimized as adults.

Of those who did get medical care, see a counselor, or contact a rape crisis line, the large majority found the services helpful. Less than 10% responded that the services they sought were not at all helpful.

Table 21 Help Seeking

Type of Help	SA as a Child	SA as an Adult	Total
	% yes	% yes	% yes
Tell someone	63%	56%	62%
See a medical doctor	9%	19%	11%
See a therapist	37%	31%	36%
Call a rape crisis line	3%	4%	3%

Table 22 Helpfulness of Post-Victimization Actions			
Helpfulness of…	SA as a Child	SA as an Adult	Total
	Percentage	Percentage	Percentage
Talking to others			
Completely	17%	14%	16%
Very helpful	33%	45%	35%
Somewhat	29%	22%	28%
Slightly	11%	16%	12%
Not at all	9%	4%	8%
Rape crisis line			
Completely	20%	-	14%
Very helpful	20%	75%	36%
Somewhat	50%	25%	43%
Slightly	10%	-	7%
Counseling			
Completely	17%	18%	17%
Very helpful	41%	36%	40%
Somewhat	20%	14%	19%
Slightly	14%	29%	16%
Not at all helpful	8%	3%	8%

The median number of counseling sessions for those who sought therapy was modest, with slightly more than half (56%) having ten or fewer sessions and almost three quarters (72%) having 25 or less. Almost ninety percent had 56 or fewer sessions, which would be approximately the equivalent of about one year of weekly therapy. The remaining twelve percent of women had between 72-850 sessions. Only 4% of women were currently in therapy for the sexual assault experience.

Table 23 Number of Counseling Sessions			
Number of sessions	Mean	Median	Range
	39	10	1-850

Few women reported their experiences to the police (15%). Age was an important factor in rates of police reporting. Women under 30 years old were more likely to make a police report (26%) than older women. For example only about 3% of women over 60 reported their assault to the police. Nineteen percent of women who were raped reported to police, while only 4% of women who were victims of non-forced childhood sexual abuse reported. The highest rate of reporting was for young women who had been raped (30%). Of those who did report, more than a third had a legal advocate (39%), although teenagers were less likely than children or adults to have had an advocate. In half the cases, the women reported that criminal charges were filed. Victims who told someone were twice as likely to report to the police (19%) compared to those who did not tell anyone (9%). The factors significantly associated with police reporting were younger age

now, injury during the sexual assault, perceived life threat during the assault, presence/use of a weapon, and seeing a therapist. There were no racial or ethnic differences in police reporting, but the numbers within each group were small and therefore may not be generalizable to all women of color. Most victims who reported found the police to be at least somewhat helpful, a fourth reported that they were not at all helpful. There were no significant differences for childhood experiences as compared to adult experiences in perceived helpfulness of the police.

Table 24 Criminal Justice System Involvement

Criminal justice activities	SA as a Child		SA as an Adult		Total	
	N	Percent	N	Percent	N	Percent
Report to police	56	14%	17	18%	73	15%
If reported, have a legal advocate	21	40%	6	35%	27	39%
If reported, charges filed	28	54%	6	38%	34	50%

Table 25 Helpfulness of Police

Helpfulness of police	SA as a Child	SA as an Adult	Total
	Percent Yes	Percent Yes	Percent Yes
Completely	21%	24%	21%
Very helpful	23%	18%	21%
Somewhat helpful	23%	6%	19%
Slightly	8%	29%	13%
Not at all helpful	27%	24%	26%

Women who had not reported to the police were asked to give their reasons. Most of the women who had not reported did not offer a reason. The reasons that were mentioned included: being too young to know (23%), concern about not being believed (4%), shame about what happened (11%), fear of the offender (6%), not being sure it was a crime (9%).

IMPACT OF SEXUAL AND NON-SEXUAL VICTIMIZATION EXPERIENCES ON HEALTH AND MENTAL HEALTH

Sexual assault experiences

Impact of sexual assault experiences and other victimizations was assessed in terms of general health status, posttraumatic stress, depression, and alcohol and drug use. These outcomes were selected because they have been associated with victimization experiences in many studies. Victims were less likely to rate their general health as excellent compared to non sexual assault victims. Whether women had ever met diagnostic criteria or currently met diagnostic criteria for Posttraumatic Stress Disorder or

Major Depressive Episode and the number of symptoms of PTSD and depression ever and currently was calculated. Across all these outcomes sexual assault victims had higher rates. There were no differences between women assaulted in childhood and those whose first sexual assault experience occurred as an adult, with the exception of lifetime prevalence of PTSD. Those whose first experience was as an adult were more likely to have ever met diagnostic criteria for PTSD (44%) compared to those victimized in childhood (33%). When non-forced childhood experiences were excluded, the rate of PTSD and Major Depressive Episode increased slightly (PTSD from 35% to 39%; Depression from 31% to 33%).

There was no difference in rates of alcohol consumption between sexual assault and non sexual assault victims. However, victims were significantly more likely to consume more than four drinks at a sitting, which is considered a benchmark for binge drinking or a marker for the potential for problem drinking. Victims were also more likely to use drugs.

Table 26 General Health and Sexual Victimization*

Health Status	SA History (% Yes)	No SA History (% Yes)	Total
Excellent	16%	23%	20%
Very good	33%	37%	35%
Good	37%	27%	31%
Fair	10%	10%	9%
Poor	4%	3%	4%

*Statistically significant difference between groups

Table 27 PTSD and Sexual Victimization

Posttraumatic Stress	SA History (% Yes)	No SA History (% Yes)	Total
PTSD Diagnosis-Lifetime*	35%	7%	17%
PTSD Diagnosis-Current*	8%	0.8%	3%
# PTSD symptoms-Lifetime*	5.99	2.43	-
# PTSD-symptoms-Current*	2.24	.66	-

*Statistically significant difference between groups

Table 28 Depression and Sexual Victimization

Depression	SA History (% Yes)	No SA History (% Yes)	Total
Depression Diagnosis-Lifetime*	32%	10%	18%
Depression Diagnosis-Current*	6%	2%	3%
# Depression symptoms-Lifetime*	4.51	2.43	-
# Depression-symptoms-Current*	2.24	.66	-

*Statistically significant difference between groups

Table 29 Alcohol/Drug Use and Sexual Victimization			
Alcohol and Drug Use	SA History (% Yes)	No SA History (% Yes)	Total
Alcohol Consumption			
Never	26%	33%	30%
Once a month or less	37%	31%	33%
2-4 times a month	19%	19%	19%
2-3 times a week	13%	12%	12%
4 or more times a week	6%	5%	6%
4+ drinks at a time (drinkers)*			
Never	45%	60%	54%
< x1/month	37%	30%	33%
monthly	10%	7%	8%
weekly/daily	7%	3%	5%
Drug use in the Past 30 Days* Yes	6%	2%	3%

*Statistically significant difference between groups

Total Victimization Experiences

When total victimization experiences are considered, those with a sexual victimization experiences rate their general health as less positive. Rates of PTSD diagnosis and symptoms and depression diagnosis and symptoms increase in a stair step fashion with those with no victimization history having the lowest rates and women who had both sexual and non-sexual victimization having the highest rates. Victims of sexual assault only had less than half the rate of PTSD diagnosis ever and were a third as likely to currently meet diagnostic criteria as those who were victims of both sexual and non-sexual crimes. Victims of both sexual and non-sexual crimes were three times as likely to consume four or more drinks at a sitting weekly or daily as other groups. Sexual assault victims had three times the rate of drug use compared to non-victims or non-sexual only victims.

Table 30 General Health and Total Victimization*				
General Health	None	Non-Sexual Only	Sexual Only	Sexual + Non-Sexual
Excellent	22%	24%	19%	15%
Very Good	39%	36%	31%	33%
Good	28%	26%	34%	38%
Fair	9%	10%	14%	9%
Poor	3%	4%	2%	5%

*Statistically significant difference between groups

Table 31 PTSD and Total Victimization				
PTSD	None	Non-Sexual	Sexual Only	Sexual + Non-Sexual
PTSD Diagnosis-Lifetime*	5%	10%	16%	40%
PTSD Diagnosis-Current*	.5%	1%	3%	9%
# PTSD symptoms-Lifetime*	1.88	2.98	3.89	6.57
# PTSD-symptoms-Current*	.43	.90	1.18	2.53

*Statistically significant difference between groups

Table 32 Depression and Total Victimization				
Depression	None	Non-Sexual	Sexual Only	Sexual + Non-Sexual
Depression Diagnosis-Lifetime*	7%	13%	23%	34%
Depression Diagnosis-Current*	1%	2%	4%	7%
# Depression symptoms-Lifetime*	2.06	2.75	3.63	4.76
# Depression-symptoms-Current*	.56	.98	1.21	1.81

*Statistically significant difference between groups

Table 33 Alcohol/Drug Use and Total Victimization				
Amount of Consumption	None	Non-Sexual	Sexual Only	Sexual + Non-Sexual
Alcohol				
Never	36%	30%	26%	26%
Once a month or less	30%	32%	32%	39%
2-4 times a month	17%	22%	19%	19%
2-3 times a week	12%	12%	19%	11%
4 or more a week	6%	5%	5%	6%
4+ drinks (drinkers)*				
Never	60%	60%	49%	44%
<x1/month	31%	30%	40%	36%
monthly	6%	8%	8%	11%
weekly/daily	3%	3%	3%	9%
Drugs*				
1 + days	2%	2%	6%	6%

*Statistically significant difference between groups

IMPACT OF SEXUAL VICTIMIZATION ON FUNCTIONING, ATTITUDES, AND ACTIVITIES

Impact of sexual victimization was also assessed by inquiring whether the woman believed that the sexual assault experience had changed a variety of aspects of her life or her beliefs about self or others. For most domains, the most common response was that there had been no change as a result of the victimization. An important exception was in how trusting the woman was of other people, where most women reported a change for

the worse. Among women reporting a change as the result of victimization, in many cases the change was as likely to be for the better as it was to be for the worse. In the case of spiritual or religious beliefs, women who reported a change were five times as likely to say it was for the better. Women who had a lifetime history of PTSD were significantly more likely to say that there were changes for the worse.

There were ethnic/racial differences for these domains. The pattern was that while White and Non-White women were, in general, equivantly likely to say there had been no change, but when there was a change reported, the Non-White women were significantly more likely than White women to report that the change was for the better.

When patterns of multiple victimization experiences were examined, significant differences were found for those with multiple victimization experiences. When women with single versus multiple sexual victimization experiences are compared, there are differences for impact on work/school, relationships with important people, trusting other people, and feelings about one's self as a person. Those with multiple sexual victimizations less frequently reported that there had been no change in their functioning or outlook. For relationships with important people, trusting others, and feelings about self, the proportion who indicated a change for the worse was greater, whereas for work/school impact there were equivalent increases in better and worse impact. There were no significant differences between women with a single versus multiple sexual assault experiences for impact on religious/spiritual beliefs or view of the world.

Table 34 Impact on Work or School *

Change in Outlook	One SA Experience	Multiple SA	Total SA Victims
Better	21%	28%	22%
No change	63%	44%	60%
Worse	16%	28%	18%

*Statistically significant difference between groups

Table 35 Impact on Relationships with Important People*

Change in Outlook	One SA Experience	Multiple SA	Total SA Victims
Better	23%	25%	24%
No change	54%	33%	50%
Worse	23%	42%	26%

* Statistically significant difference between groups

Table 36 Impact on Trusting Other People*

Change in Outlook	One SA Experience	Multiple SA	Total SA Victims
Better	19%	16%	18%
No change	39%	23%	36%
Worse	42%	61%	46%

*Statistically significant difference between groups

Table 37 Impact on Spiritual or Religious Beliefs			
Change in Outlook	One SA Experience	Multiple SA	Total SA Victims
Better	30%	34%	31%
No change	63%	59%	62%
Worse	6%	7%	7%

Table 38 Impact on Feelings about Self as a Person*			
Change in Outlook	One SA Experience	Multiple SA	Total SA Victims
Better	31%	31%	31%
No change	47%	25%	43%
Worse	22%	44%	26%

* Statistically significant difference between groups

Table 39 Impact on View of the World			
Change in Outlook	One SA Experience	Multiple SA	Total SA Victims
Better	17%	19%	18%
No change	58%	46%	55%
Worse	25%	35%	27%

A similar pattern emerged for sexual only as compared to sexual plus non-sexual victimization experiences. Women with both types of victimization were significantly less likely to say there had been no change for impact on work/school, relationships with important people and view of the world. In contrast to women with multiple sexual victimizations who were more likely to report changes for the worse, women with both sexual and non-sexual victimization were as likely say that changes were for the better as for the worse.

Table 40 Impact on Work or School*		
Change in Outlook	Sexual Only	Sexual + Non-sexual
Better	16%	24%
No change	73%	55%
Worse	11%	21%

*Statistically significant difference between groups

Table 41 Impact on Relationships with Important People*		
Change in Outlook	Sexual Only	Sexual + Non-sexual
Better	15%	26%
No change	64%	46%
Worse	21%	28%

* Statistically significant difference between groups

Table 42 Impact on Trusting Other People		
Change in Outlook	Sexual Only	Sexual + Non-sexual
Better	17%	19%
No change	46%	34%
Worse	38%	47%

Table 43 Impact on spiritual or religious beliefs		
Change in Outlook	Sexual Only	Sexual + Non-sexual
Better	26%	32%
No change	67%	61%
Worse	7%	7%

Table 44 Impact on Feelings About Self as a Person		
Change in Outlook	Sexual Only	Sexual + Non-sexual
Better	26%	33%
No change	52%	39%
Worse	22%	28%

Table 45 Impact on View of The World*		
Change in Outlook	Sexual Only	Sexual + Non-sexual
Better	12%	20%
No change	68%	51%
Worse	20%	29%

* Statistically significant difference between groups

Women were asked if the victimization lead to changes in daily activities (e.g., increasing safety precautions) or in where they lived. Almost half reported that they changed their daily activities and one fifth moved as a result of the sexual victimization. Those women with multiple sexual victimizations or both sexual and non-sexual victimizations were much more likely to say that they changed activities or moved. Non-White women were also more likely to have moved compared to White women

Table 46 Change Daily Activities *			
Change	One SA Experience	Multiple SA	Total SA Victims
Yes	43%	63%	47%
No	57%	37%	53%

*Statistically significant difference between groups

Table 47 Moved*			
Change	One SA Experience	Multiple SA	Total SA Victims
Yes	19%	33%	21%
No	81%	67%	79%

*Statistically significant difference between groups

Table 48 Change Daily Activities *		
Change	Sexual Only	Sexual + Non-sexual
Yes	26%	52%
No	74%	48%

* Statistically significant difference between groups

Table 49 Moved*		
Change	Sexual Only	Sexual + Non-sexual
Yes	7%	25%
No	93%	75%

*Statistically significant difference between groups

FACTORS ASSOCIATED WITH WORSE OUTCOME

Not all victims of sexual assault experiences developed significant psychological problems. Analyses were conducted to determine which victims were most likely to develop PTSD and Depression. Relationships between these psychological conditions and demographic characteristics of respondents, number and type of victimization, and characteristics of the sexual assault experience were examined.

Sexually victimized women were significantly more likely to have ever developed PTSD if they had multiple sexual assault experiences, had experienced other types of victimization as well, if they experienced the perception of life threat during the sexual assault and when the offender was an intimate partner. They were also more likely to have received counseling. Few relationships emerged with Depression. Women with multiple sexual assault experiences were more likely to have ever had Depression, as were those with lower income. Women who had ever had met diagnostic criteria for Depression were more likely to have been in counseling.

PERCEPTIONS OF CRIME AND PERSONAL SAFETY

Respondents were asked about their perceptions of various crimes as a problem for women, and personal safety for women in general and for themselves. Overall, women tended to see crimes as being more of a problem now or about the same now, with very few women reporting that they were less of a problem now. Sexual harassment was the only crime category that a substantial percentage of women thought had improved (33%). While there were some statistically significant differences between sexual assault victims and non-sexual assault victims the actual differences were not dramatic. The pattern tended to be that non sexual assault victims thought the crimes were more of a problem, whereas sexual assault victims were more likely to perceive that they were less of a problem now or that there had been no change. There were no differences between sexual assault victims and non sexual assault victims in perceptions regarding domestic violence. The only geographic difference was that women living in Region 4 which is comprised of Pierce, Thurston, Lewis, Mason and Grays Harbor reported that violent crime was more of a problem now compared to women from other areas of Washington State.

Table 50 Violent Crime and Sexual Victimization*

Violent crime is…	SA Victims	Non SA Victims	Total
More of a problem	66%	70%	68%
Less of a problem	5%	3%	4%
About the same	29%	28%	28%

*Statistically significant difference between groups

Table 51 Domestic Violence and Sexual Victimization

Domestic violence is…	SA Victims	Non SA Victims	Total
More of a problem	45%	43%	48%
Less of a problem	8%	6%	7%
About the same	48%	43%	45%

Table 52 Sexual Assault and Sexual Victimization*			
Sexual assault is…	SA Victims	Non SA Victims	Total
More of a problem	60%	66%	64%
Less of a problem	7%	4%	5%
About the same	33%	30%	32%

*Statistically significant difference between groups

Table 53 Sexual Harassment and Sexual Victimization*			
Sexual Harassment is…	SA Victims	Non SA Victims	Total
More of a problem	28%	34%	31%
Less of a problem	37%	30%	33%
About the same	35%	36%	36%

*Statistically significant difference between groups

When perceptions were analyzed in terms of total victimization experiences a somewhat similar pattern emerged. There were no differences between those who had no victimization experiences, non-sexual victimization experiences, sexual victimization only and sexual plus non-sexual victimization on domestic violence. Sexual assault only victims tended to be more likely than other groups to think that violent crime and sexual assault were less of a problem now compared to the other groups.

Table 54 Violent Crime and Total Victimization*					
Violent crime is…	None	Other victimization only	SA only	SA + Other victimization	Total
More of a problem	71%	68%	59%	67%	68%
Less of a problem	3%	2%	3%	6%	4%
About the same	26%	30%	38%	27%	28%

*Statistically significant difference between groups

Table 55 Domestic Violence and Total Victimization					
Domestic violence is…	None	Other victimization only	SA only	SA + Other victimization	Total
More of problem	49%	51%	43%	44%	48%
Less of a problem	6%	7%	4%	9%	7%
About the same	45%	42%	53%	47%	45%

Table 56 Sexual Assault and Total Victimization*					
Sexual Assault is…	None	Other victimization only	SA only	SA + Other victimization	Total
More of a problem	68%	64%	53%	62%	64%
Less of a problem	2%	5%	5%	7%	5%
About the same	30%	32%	42%	31%	32%

*Statistically significant difference between groups

Table 57 Sexual Harassment and Total Victimization*					
Sexual Harassment is…	None	Other victimization only	SA only	SA + Other victimization	Total
More of a problem	35%	32%	23%	29%	31%
Less of a problem	26%	34%	39%	37%	33%
About the same	39%	33%	39%	34%	36%

*Statistically significant difference between groups

Women were asked about their perceptions of personal safety for women in general and concerns about their own personal safety. Women who had been sexually victimized compared to women who had not been sexually victimized were more likely to say that personal safety for women had improved, and women who had any form of victimization were more likely to report that personal safety for women had improved compared women who had no victimization experiences. There were no differences between sexual and non-sexual assault victims or between women who had not been victimized and those who had any form victimization and concerns for their own personal safety. About half of women were just a little or not concerned about their own personal safety. There were no geographic differences in perceptions of personal safety.

Table 58 Personal Safety for Women and Sexual Victimization*			
Compared to the Past, Personal Safety for Women has…	SA Victimization	No SA Victimization	Total
Improved	37%	33%	35%
Gotten Worse	46%	46%	46%
Stayed about the same	16%	21%	19%

*Statistically significant difference between groups

Table 59 Personal Safety for Women and Total Victimization*					
Personal Safety has…	None	Other victimization only	SA only	SA + Other victimization	Total
Improved	29%	37%	38%	37%	35%
Gotten Worse	49%	43%	41%	48%	46%
Stayed about the same	22%	21%	21%	15%	20%

*Statistically significant difference between groups

Table 60 Concern Regarding Personal Safety and Sexual Victimization			
Level of Personal Safety Concern	SA Victimization	No SA Victimization	Total
Very concerned	18%	16%	17%
Somewhat concerned	33%	31%	31%
Just a Little concerned	31%	30%	30%
Not concerned	18%	23%	22%

Table 61 Concern Regarding Personal Safety and Total Victimization					
Level of Concern	None	Other victimization only	SA only	SA + Other victimization	Total
Very concerned	15%	17%	14%	19%	17%
Somewhat concerned	31%	30%	29%	34%	32%
A little concerned	31%	29%	36%	30%	30%
Not concerned	23%	24%	21%	17%	22%

PERCEPTIONS OF OWN COMMUNITY RESPONSE TO VIOLENCE AGAINST WOMEN AND CHILDREN

Respondents were asked to rate their own community in terms of the response to violence against women and children. The survey instructed the women to define her community as the city, town, county or area where she lives and would turn for help with services, programs or a police department. The respondents had lived in their communities an average of 18 years (median = 14 years), with a range of less than one year to 88 years. On average, sexual assault victims had lived in their community less time than non-sexual assault victims.

The majority of women responded that there were programs and services for victims, that the legal response to victims was positive, that the response to victims had improved and that awareness of violence against women and children was high. There were no

differences between sexual assault victims and non sexual assault victims on their perceptions of community awareness or the availability of services for women and child victims of violence, although sexual assault victims were more likely to know that there was a rape crisis/sexual assault program in their community than were non-victims. Victims were more likely to rate the legal response as poor, but also more likely to say that the community response had improved compared to non-victims. There were no differences between those who were sexually assaulted in childhood and those who victimization occurred as adults in victims' perceptions of community response. However, a significant percentage of women, especially those who had not been victimized, were not aware of whether there were services in the community for women and children who were victims of violence, or whether there was a sexual assault program or medical services. Many did not know how well the legal system in their community responded to victims.

Table 62 Community Awareness and Sexual Victimization

Level of community awareness	SA Victims	Non-SA Victims	Total
Very aware	36%	39%	38%
Somewhat aware	45%	44%	44%
A little aware	15%	14%	14%
Not at all aware	3%	4%	4%

Table 63 Community Services and Sexual Victimization*

Community has services for women/child victims of violence	SA Victims	Non-SA Victims	Total
Yes	79%	72%	74%
No	5%	7%	7%
Don't know	16%	21%	19%

*Statistically significant difference between groups

Table 64 Sexual Assault Services and Sexual Victimization*

Community has a rape crisis center or sexual assault program	SA Victims	Non SA Victims	Total
Yes	69%	60%	64%
No	7%	9%	8%
Don't know	23%	31%	28%

*Statistically significant difference between groups

Table 65 Medical Services and Sexual Victimization			
Community has hospital/medical services for rape or sexual assault victims	SA Victims	Non-SA Victims	Total
Yes	67%	67%	67%
No	9%	9%	9%
Don't know	24%	24%	24%

Table 66 Police and Legal Response and Sexual Victimization*			
Police and legal response to violence against women/children	SA Victims	Non-SA Victims	Total
Excellent	9%	11%	10%
Very good	21%	26%	24%
Good	26%	27%	27%
Fair	12%	7%	9%
Poor	7%	1%	3%
Don't know	25%	28%	27%

*Statistically significant difference between groups

Table 67 Community Response and Sexual Victimization*			
Compared to the past, community response to violence against women	SA Victims	Non-SA Victims	Total
Better	55%	44%	49%
Worse	3%	2%	2%
About the same	26%	30%	28%
Don't know	16%	23%	21%

*Statistically significant difference between groups

When community perceptions were compared among women with no, non-sexual only, sexual only, and sexual plus non-sexual victimization history, a somewhat similar pattern was evident. There were no differences between groups in perception of community awareness. In terms of the availability of services for women and child victims of violence, women with both sexual and non-sexual victimization histories were significantly more likely than other groups to know that there were services (90%). Non-victims were more likely to be unaware of whether there were services. Women who had not been sexually assaulted were more likely to say there were no sexual assault services or to not know if there were. There were no differences between groups in awareness of medical services for sexual assault victims. Those women who had both been sexually and non-sexually victimized were significantly more likely to think that the police response to victims was poor, although women who had been sexually assaulted only were significantly more likely to believe the police response was excellent compared to other groups. Almost none of the respondents thought the community response was worse than in the past, while sexual assault only victims were the most likely to perceive that the response had improved.

Table 68 Community Awareness and Total Victimization					
Level of community awareness	None	Other victimization only	SA only	SA + Other victimization	Total
Very aware	41%	38%	43%	34%	38%
Somewhat aware	43%	44%	39%	46%	44%
A little aware	13%	15%	11%	16%	14%
Not at all aware	3%	3%	7%	4%	4%

Table 69 Community Services and Total Victimization*					
Services for women/child victims of violence	None	Other victimization only	SA only	SA + Other victimization	Total
Yes	68%	76%	75%	90%	74%
No	8%	6%	8%	5%	7%
Don't know	24%	18%	17%	15%	19%

*Statistically significant difference between groups

Table 70 Sexual Assault Services and Total Victimization*					
Community has a rape crisis center or sexual assault program	None	Other victimization only	SA only	SA + Other victimization	Total
Yes	58%	62%	71%	69%	64%
No	11%	7%	9%	7%	8%
Don't know	31%	31%	20%	24%	28%

*Statistically significant difference between groups

Table 71 Medical Services and Total Victimization					
Community has hospital care for rape or SA victims	None	Other victimization only	SA only	SA + Other victimization	Total
Yes	64%	70%	65%	67%	67%
No	10%	8%	9%	9%	9%
Don't know	26%	22%	26%	24%	24%

Table 72 Police and Legal Response and Total Victimization*					
	None	Other victimization only	SA only	SA + Other victimization	Total
Excellent	9%	12%	16%	7%	10%
Very good	26%	26%	22%	21%	24%
Good	29%	24%	22%	28%	26%
Fair	5%	10%	11%	12%	9%
Poor	1%	2%	2%	8%	4%
Don't know	30%	26%	27%	24%	27%

*Statistically significant difference between groups

Table 74 Community Response and Total Victimization*					
Compared to the past, community response to violence against women	None	Other victimization only	SA only	SA + Other victimization	Total
Better	44%	45%	60%	54%	49%
Worse	1%	3%	-	4%	2%
About the same	28%	32%	24%	26%	28%
Don't know	27%	20%	17%	16%	21%

*Statistically significant difference between groups

Regional differences were only found in terms of perceptions of whether there were programs/services for women and children who had been victims of violence or if there was a rape crisis or sexual assault program in the community. Regions 7 and 8 (which include Okanagan, Ferry, Stevens, Pend Oreille, Lincoln, Spokane [7] and Whitman, Garfield, Asotin, Columbia, Walla Walla, Benton and Franklin [8]) had the highest percentage of respondents reporting that there were programs for victims of violence, 83% and 86% respectively. Region 7 had the highest percentage awareness that there was a rape crisis or sexual assault program in the community (79%). Respondents from Regions 2, 3, and 5 (Snohomish, Skagit, Island and San Juan [2], King [3], and Pacific, Wahkiakum, Cowlitz, Clark, Skamania, and Klickitat [5]) were the most likely to say they did not know whether there were programs for victims of violence, with 23% of respondents unaware. In contrast, in Region 7 only 8% did not know if there were services for victims of violence. In Region 7 only 14% did not know if there was a rape crisis or sexual assault program and in Region 6 (Chelan, Douglas, Grant, Kittitas, Yakima and Adams) the percent not aware was 22%. For all other Regions between a fourth and a third did not know if there was a rape crisis or sexual assault program in their community.

Women were asked what they would recommend if a person close to them were sexually assaulted. They were not specifically asked whether they would or would not recommend a certain course of action, so responses represent what they spontaneously mentioned. The most commonly mentioned action was to report to the police (70%), with

significantly more non sexual assault victims (75%) making this recommendation compared to sexual assault victims (63%). About half (49%) would recommend seeking medical attention; non sexual assault victims (51%) were more likely to make this recommendation than sexual assault victims (45%). A third (34%) said they would recommend counseling with significantly more victims (42%) as compared to non victims (30%) making this suggestion. All other possible actions (e.g., talking to people, taking precautions, keeping to oneself, changing lifestyle) were mentioned rarely. There were no differences in the recommendations made by victims with childhood versus adult experiences.

Conclusions

Sexual victimization is a common experience for women in Washington State with more than a third of women reporting that they have been victims of rape, attempted rape, forced sexual contact or child sexual abuse at some time in their lives. Close to a third of experiences involve multiple episodes and one fifth of women have had more than one sexual assault experience. This translates to half of the victims being sexually assaulted more than one time.

The reported rates of sexual assault are higher among younger women, as has been found in other studies. It is not clear if these results reflect an increase in the prevalence of sexual assault over time. Older women may be more reluctant to report sexual assault experiences or they may have forgotten experiences that took place in childhood or when they were young adults. Since a fifth of the respondents were over 60 years old, they might have had difficulty recalling experiences that occurred long ago.

The rate of rape for Washington State women is higher than that obtained in the two national studies even though the same wording was used in the screening questions. Twenty-three percent of Washington women report being victims of forcible rape as compared to 15% in the National Violence Against Women Survey (NVAWS) (Tjaden & Thoennes, 2000) and 13% in the National Women's Study (NWS) (Kilpatrick, Edmunds, & Seymour, 1992).

This difference may simply reflect the variations that naturally occur across studies or may indicate a real difference in rates of rape among Washington women. One possibility is that the women who had a sexual assault history were more likely to participate in the study. Although sexual assault was not mentioned specifically in the introduction to the interview, it was described as a study about personal safety for women. The participation rate for the Washington study (67%) was slightly lower than that for the NVAWS (72%). Younger women in the NVAWS reported comparable rates of rape as the overall Washington sample, although younger Washington women reported even higher rates.

There is also evidence from several studies for higher sexual assault rates in studies of West Coast women (Finkelhor, Hotaling, Lewis, & Smith, 1990; Russell, 1984; Wyatt, 1985). One interpretation for these findings is that sexual assault victims are more likely to move, which may result in a westward migration. There was some suggestive support for this in the study results. A significant percentage of sexual assault victims said they had moved as a result of the assault experiences and sexual assault victims had lived less time in their community compared to non sexual assault victims.

The large majority of Washington women's sexual assault experiences occurred in childhood (80%), even those experiences that could have occurred at any time in a woman's life (60%). The rates of childhood forced sexual assault experiences (excluding non-forcible childhood sexual victimization experiences and non-consenting sex) for Washington women are very similar to those found in the national studies: 60% of

Washington women, 61% in the NWS, 54% in the NVAWS. Because this study also included non-forced sexual experiences in childhood, the Washington rates cannot be compared to the two national studies because they did not explicitly inquire about these types of experiences. However, the rates of child sexual abuse in Washington women are comparable to those found in many other studies including national surveys (e.g., Finkelhor, et al, 1990).

Even adult sexual victimization is mostly an experience of youth. Half of all adult sexual assault experiences took place when the woman was between the ages of 18 and 21 years old. No woman in this study reported a sexual assault occurring when she was older than 52 years. This finding does not mean that older women are not subject to sexual victimization, but confirms that it is relatively rare.

Non-consenting sex due to the influence of alcohol and drugs was experienced by almost one in ten women, with a significant percentage occurring before the age of 18 years. The national studies did not collect data on these types of experiences so it is not possible to compare Washington rates with national rates.

Rates of sexual assault did not differ when White and Non-White women were compared, but there was a significant relationship with race/ethnicity when sub groups were examined. Because the number of women of color in each sub-group was small, this study cannot provide definitive information about the actual rates of sexual assault among specific minority groups. If even a few more women in a sub group had participated in the study, the rates within a group would change. However, some patterns were consistent with findings in other studies. Similar to the NVAWS, American Indian women had higher rates of rape compared to White women. In contrast to the NVAWS, in Washington Hispanic women had significantly higher rates of rape than White women. The percentages of Asian-Pacific Islander women reporting rape or childhood sexual abuse were lower than all other groups, which is consistent with other studies. Although there was a trend, the differences did not reach statistical significance. In terms of overall rate of sexual assault experiences, there were no differences between ethnic or racial groups.

Washington State women have also experienced high levels of other forms of victimization such as witnessing serious injury or death, stalking, serious physical assault as an adult or as a child, and having a close relative or friend deliberately killed. Less than one third of women had not experienced a traumatic event. These rates are fairly comparable to other studies. For example, although the NVAWS found higher rates for total physical assaults as a child or as an adult, the rates for having been beaten, the definition used in this study, are identical for the national sample and Washington women: 6% as children, 11% as adults; and virtually the same as the 10% rate of physical assault reported in the NWS. The rate of having a close friend or family member deliberately killed is higher (18%) than the two national studies that have evaluated this experience, 9% (Amick-McMullen, Kilpatrick, & Resnick, 1991) and 13% (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). This difference is probably accounted for by the fact that those studies only inquired about family members.

The rates for stalking for Washington women are more than a fourfold greater prevalence (33% v. 7%) compared to the NVAWS. However, this may be accounted for by different definitions. In the NVAWS, there were multiple behaviorally specific questions about forms of unwanted contact that induced fear while this study only had a single question about unwanted contact that was frightening. The NVAWS also required that that unwanted contact occur more than once as well as be frightening to meet the definition for stalking.

Sexual assault victims in Washington were more likely to have experienced all of the other types of traumatic events than women who had not been sexually victimized. More than three fourths of sexually assaulted women had also experienced one or more other types of victimization. The rates of other forms of victimization varied by ethnicity with American Indian and African American women tending to have higher rates of most traumatic events and Asian-Pacific Islander women having lower rates. The only event that did not differ among ethnic groups was stalking. Again, caution is warranted in drawing firm conclusions about specific rates of these experiences in various minority groups because of the small numbers of women in the different racial/ethnic groups.

Characteristics of the sexual assault experiences of Washington women are comparable to the experiences of women reported in the national studies and in many other studies (e.g., Berliner & Elliott, 2001). Although, the majority of experiences were a one-time event, many involved repeated sexual assaults by the same offender. Most victims know or are related to their offenders, although the proportion of stranger offenders for Washington women is lower than in the national studies. Not surprisingly for child victims, parents and other relatives comprise a significant percentage of offenders, whereas for adults, intimate partners or ex-intimate partners are more common offenders. However, even for those victimized as children, intimate partners, primarily boyfriends or ex-boyfriends, were the offenders in more than a tenth of cases. The most typical offender, however, was an acquaintance, or someone known but not related to the victim.

As is reported in the two national studies, the use of weapons and injury to the victim were relatively infrequent. The perception of life threat, the victim's view that she might be killed or badly harmed is more common, occurring in a third of all victims, and even more of those who had been raped. The reason why this variable is important is that the perception of threat to life or limb, even when there is no weapon used or injury to the victim, increases the likelihood of developing posttraumatic stress responses.

Additionally, a significant percentage of women said that they had forgotten some or all of their sexual assault experiences at some point. The figure for Washington women (42%) is similar to the 38% found by Williams (1994) in her prospective study of women seen for confirmed child sexual assault in a hospital emergency room 17 years prior. The phenomenon of forgetting all or part of a traumatic event has been documented in many surveys in recent years. There are controversies about what accounts for this reported memory loss and whether it reflects a special memory mechanism associated with trauma or whether normal memory processes can explain it. Regardless of the explanation, the fact that it is commonly reported may contribute to understanding differences in

prevalence rates since some percentage of women in studies may not recall their experiences when interviewed for a study or even in every day interactions with other people. Relatively few women attribute forgetting to alcohol or drug use.

Many women had apparently not told anyone about their sexual assault experiences. These results are similar to those found in other studies (e.g., Finkelhor, Hotaling, Lewis, Smith, 1990). There was an age trend, with younger women being more likely to tell others compared to older women. Even so, almost a third of women under 30 years old whose sexual assault experiences would have mostly occurred during the past two decades when societal attitudes toward sexual assault have significantly changed had not told anyone.

Overall, few women had sought medical assistance for their experiences. The rate was higher for women who had been forcibly raped and even higher for women under 30 years old who were raped. However, even among women who were injured, only about a quarter saw a doctor. When comparing rape victims in Washington State to the NVAWS and the NWS (which only included rape victims), the rate for injury was very similar, 29%, 31%, and 30% respectively. More injured rape victims sought medical care in the NVAWS (36%) compared to Washington women (23%). This may be accounted for by the fact that the NVAWS asked about more different types of medical care than this study which had a single question regarding seeing a doctor.

Slightly more than a third of victims had sought counseling. Rape victims were more likely to see a counselor than those who experienced non-forced child sexual abuse only. Younger women were also much more likely to have gone to counseling. Less than a fifth of women over 60 years old had ever seen a therapist. Almost half of women under 30 years old who reported being raped saw a counselor, as did half of women who had been sexually assaulted for the first time as an adult. When women did seek therapy most had relatively few sessions. The number of sessions is consistent with other studies showing that even treatment seeking victims tend to receive modest amounts of therapy. The results are fairly comparable to victims in Washington State who have reported the crime and sought Crime Victims Compensation to pay for the costs of treatment (New & Berliner, 2000).

Few women reported the crimes to the police. The percentage is virtually the same as the NWS. However, younger women were much more likely to have reported the crimes. About a quarter of young women made a police report. For comparison purposes, it is interesting to note that about a third of women or girls over 12 years report their sexual assault to the police according to the annual National Crime Victimization Survey (NCVS) conducted by the US Department Justice. Although this study encompassed all experiences that had occurred in the woman’s lifetime and the NCVS documents experiences within the past six months in a large national sample, the results converge in showing that the rate of reporting is higher for more recent crimes.

For those women who did report, charges were filed in about half of the cases. This figure is roughly comparable to charging practices in studies of child sexual abuse case

processing in the criminal justice system (Cross, Walsh, & Jones, 2001). A surprisingly high proportion of women reported that they had a legal advocate although younger children and adults were more likely to have had an advocate than teenagers. This would appear to reflect a positive change in the legal systems' response to sexual assault victims. Unfortunately about a fourth of women said their experiences with the police were not helpful. This study did not inquire about the reasons so it is not possible to know whether these findings reflect how they were treated or because there was an unsatisfactory outcome.

Women who reported the crimes to the police were substantially more likely to have received counseling than those who did not, suggesting that reporting to police enhances the likelihood of receiving other services. One possible explanation, at least for women who have been victimized in the past 20 years is that they become eligible for Crime Victims Compensation Programs that are only available to victims who report their crimes. In addition, other studies have shown that sexually abused children who are involved with formal government systems are more likely to receive therapy. It may be that involvement in the criminal justice system serves as a gateway for obtaining other services.

Overall, women found telling others, seeking services and reporting to the police to be at least somewhat helpful, with very few reporting that these activities were unhelpful. A higher percentage said that police reporting was unhelpful, but this could be because an offender was not identified, the case could not be prosecuted, the offender was not convicted, the offender was convicted of a lesser crime or received a short sentence. These are factors that might readily influence a perception of the criminal justice response, but they are not entirely within the control of the criminal justice personnel.

The impact of sexual victimization is significant. Women who have been sexually assaulted are six times more likely to meet diagnostic criteria for PTSD and more than three times as likely to meet diagnostic criteria for Major Depressive Episode in their lifetime compared to women who have not been sexually assaulted. Similar differences were found for whether women currently met diagnostic criteria. The rates of PTSD and depression for sexual assault victims as compared to non sexual assault victims are very similar to those in the NWS (PTSD: Washington women, 35%, NWS, 31%; depression: Washington women 31%, NWS 30%). Even if women have not met diagnostic criteria for these conditions, they are likely to have experienced significantly more posttraumatic stress and depression symptoms than non sexual assault victims ever in their lives and currently.

Sexual assault victims are also more likely to rate their general health status less positively. While sexual assault victims do not differ from non sexual assault victims in alcohol use, they are more likely to consume more than four drinks at a setting than non sexual assault victims and more likely to have used drugs in the past month. These results are consistent with the NWS that showed high rate of alcohol and drug related disorders in sexual assault victims.

Not all women develop a psychological condition as a result of a sexual assault experience. In this study, the factors associated with getting PTSD include having multiple victimization experiences and the woman perceiving that she was in danger of being killed or seriously hurt during the sexual assault. These factors have been consistently found to be associated with developing PTSD in other studies (e.g., Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). Multiple sexual assault experiences were also related to developing depression. Not surprisingly, receiving counseling was associated with both diagnoses since it is likely that women who experienced more severe psychological symptoms would seek therapy.

When the impact of sexual assault is assessed in terms of victim report of changes in various life domains or beliefs a different pattern emerges. A majority of sexual assault victims do not report that the experience has had an impact on work or school, relationships with important people in their lives, trusting others, their religious or spiritual beliefs, their feelings about themselves as person or their view of the world. In general, for those women who reported that there had been an impact on these aspects of their lives, the changes were as likely to be for the better as for the worse, with the exception of trusting other people, which most often changed for the worse. In the case of religious or spiritual beliefs, the change was much more likely to be for the better. However, women with multiple sexual victimizations were more likely to be affected and to be affected for the worse. Those women who had developed PTSD were understandably more likely to report a change for the worse in these various domains. Having significant psychological distress would be likely to influence perceptions about the negative impact of the experience.

These results show that the impact of sexual assault is not just evident in psychological conditions, but also appears in beliefs and assumptions. Importantly, when impact is examined from this perspective, many women did not report a change and among those who did the change was often for the better. Interestingly, Non-White women were more likely to report changes for the better. Apparently many women who are victims find a way to derive a positive outlook from difficult life experiences, especially in the area of religious or spiritual beliefs. Understandably and perhaps regrettably necessary, the one area where changes were most often for the worse was in how trusting the women were of others.

Sexual assault also has an impact on how women live their lives. About half the victims changed their daily activities in terms of taking greater safety precautions. In addition, a fifth of women reported that they moved residence as a result of the sexual assault experience. Women who had been sexually assaulted multiple times were much more likely to make these kinds of changes in their lives.

Somewhat surprisingly, there were no differences in the characteristics of sexual assault experiences or in the impact for experiences occurring in childhood compared to those taking place for the first time in adulthood. This may in part be accounted of by the fact that a large majority of all experiences occurred in childhood and among women victimized as adults, many had also been abused in childhood.

Other victimization experiences also have an impact on women's health, psychological functioning, and alcohol and drug use. Having been victimized at all was associated with increased levels of psychological distress, poorer reports of health status, and more heavy drinking and drug use. As would be expected, women who had no victimization experiences had the lowest levels of impairment and those with both sexual and non-sexual victimization experiences had the highest levels. Interestingly, sexual assault experiences appeared to have a more specific impact on drug use with women who had been sexually victimized only or both sexually and non-sexually victimized having three times the rate of drug use as non-victims or non-sexual victims only.

Importantly, multiple victimization experiences, either more than one sexual victimization or sexual plus non-sexual victimization were associated with significantly higher rates of all forms of negative health and psychological consequences. Women with both sexual and non-sexual victimization were much more likely to have had PTSD or depression than those who had sexual only or non-sexual only victimization experiences as well as more than those who had no victimization. In addition, women with multiple victimizations were more likely to report that their experiences had an impact on various domains of life and perceptions. In some cases, they were equally likely to report a better as a worse outcome, while in others they were more likely to report worse outcome. Impact for the worse was especially notable for relationships with other people, trusting others, and feelings about self as a person among multiple sexual assault victims, but not evident when comparing victims of sexual assault only to sexual plus non-sexual victims. This finding suggests that multiple sexual assault experiences have a particularly pernicious effect on interpersonal relationships.

These results underscore the importance of childhood victimization, especially sexual abuse, as a risk factor. All of the women who had multiple sexual assault experiences had been victimized as children, and most of the other non-sexual assault experiences occurred in adulthood. This suggests that being sexually abused in childhood creates a vulnerability to subsequent victimization experiences. Previous studies have found that childhood sexual abuse increases the risk for subsequent sexual victimization. Although a single sexual victimization by itself is harmful, multiple victimization experiences are clearly associated with much more severe negative consequences.

Overall women perceived violent and more gender specific crimes (e.g., domestic violence, sexual assault, and sexual harassment) as more of a problem now, with very few women reporting that any of these crimes were less of a problem. Only sexual harassment was seen as having improved by a substantial percentage of women. When sexual assault victims' perceptions were compared to those of non-sexual assault victims some interesting patterns emerged. While there were no differences in perceptions of how problematic domestic violence is, for other crimes, sexual assault victims tended to see more improvement or status quo, whereas non sexual assault victims were more likely to think these crimes were more of a problem now. When total victimization experiences were considered, those women who had only sexual assault experiences tended to see more improvement compared to women who had not been victimized, those with only

non-sexual victimizations or those who had been both sexually and non-sexually victimized.

In general, non-victims tended to see violent crimes as more of a problem than victims. Crime victims are likely taking their own experiences into account in evaluating whether crime is increasing or not. Since they have already been victimized, they may have a more accurate perception than non-victims who may be responding to media reports and a general societal view that crime is worse now than it has been in the past. Sexual assault only victims differed from victims of non-sexual assault or non-sexual plus sexual assault, as well as from non-victims in perceiving greater improvement. This result suggests that societal efforts directed at increasing sexual assault awareness, services and specialized response may be having the intended effect for sexual assault victims.

The women in this study viewed personal safety for women as having gotten worse since they were children. Again, sexual assault victims were more likely than non-sexual assault victims to perceive improvements for personal safety for women; and women who had experienced any form of victimization saw more improvements than women who had not been victimized at all. Victims, whether of sexual assault or other crimes, may respond to the increased societal focus on victimization of women in a different way than non-victims. For victims public attention may be interpreted as evidence for greater concern for victims and that more is being done on behalf of victims. Whereas, the perceptions of non-victims may be more influenced by media accounts that can create the impression that violence against women is increasing. There were no differences between victims and non-victims in level of concern for personal safety, with most women having low levels of concern over all. Discrepancies between general perceptions and personal experiences have been noted in various other arenas (e.g., public education, politicians). While people may have an overall negative view, they may not apply it to their own circumstances.

Women's perceptions of their own community's response to crimes against women and children were largely favorable. A large majority believed that there was a high level of community awareness; most women reported that there were community services, specialized sexual assault programs, and medical services for sexual assault victims. However, sexual assault victims were more likely to be aware of the availability of sexual assault services and victims of sexual plus non-sexual crimes were more aware of services for victims of violence in general. It appeared that women in more rural areas of Washington State had higher levels of awareness of services in their communities compared to women in the more urban regions. Most women believed that the legal systems response was positive, although victims tended to rate the legal response less positively than non-victims. Virtually no one believed that the community response had gotten worse.

Twenty to thirty percent of women did not know whether their community had services for victims of violence, sexual assault programs or a specialized medical response for sexual assault victims. Non-victims were more likely not to know whether these services were available, as were women from more urban areas.

The results of the study make clear that sexual assault experiences are a part of the lives of many women in Washington State. Although official crime rates have declined in recent years, these data suggest the possibility that sexual assault has increased in the past few decades since young women report the highest lifetime rates of sexual assault. Because most sexual assault victims do not report to the police their experiences will not show up in official statistics.

At the same time it evident that the changes in societal awareness, response, and availability of services that have taken place in the past few decades are making a difference. Women whose experiences have occurred more recently are more often telling someone, seeking counseling and reporting to the police. Unfortunately it is still the case that many victims do not tell anyone, and as result they do not get help they may need.

Telling someone about the victimization appears to be a very important step for victims to take since telling is associated with an increased likelihood of getting counseling and medical care, and reporting to police. The study also shows that women in Washington would recommend these actions if someone close to them were assaulted. Receiving such advice could be an important factor in encouraging victims to get help and to report. In addition, women have a positive view of the community response to victims in this state and are fairly knowledgeable about the availability of specialized services in their communities. These views may help explain the advice they say they would give as well as serve to create a supportive climate for victims who tell.

Given these results, it seems clear that continued efforts to encourage victims in coming forward are warranted. Special attention needs to be paid to children and adolescents since so much sexual assault occurs in childhood. Young children may not know that what happened was wrong or that there is help available, while teenagers may be more concerned about how they will be treated if they do report. Because studies show that most child victims do not spontaneously report their victimization, but are identified because of a concerned adult, adults as well as children need to be targeted.

Specialized sexual assault service providers have an important role to play if victims make contact with them. Not only can they offer information, advocacy, crisis response and therapy, they can assist victims in making informed decisions. There may be times when sexual assault victims or their families have legitimate personal reasons for choosing not to tell others, seek therapy or report to the police. They may not have supportive others in their social network. Not everyone will need formal counseling to recover since most victims do not develop a psychiatric condition. The personal cost of participating in the adversarial criminal justice process may seem too high. On the other hand, victims often will not have the accurate information and support they need to make decisions and contact with specialized services may make a critical difference.

The small number of women who contacted a rape crisis line may reflect an assumption that this resource is reserved for women who have been acutely assaulted. Expanding the reach of crisis lines to encompass women assaulted in the past who are still suffering the

after effects may mean that a greater emphasis needs to be placed on describing impacts of sexual abuse experiences to the community and on encouraging getting help even if the assault occurred in the past.

Finding ways to encourage victims to tell someone and making sure they have access to services is not only important in insuring that their sexual assault experienced is adequately addressed. It creates the opportunity to intervene to reduce risk for subsequent sexual and non-sexual victimization. Since most victims are children or young woman, intervention at the earliest possible time can have long lasting effects on women's lives.

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APPENDIX A

Section E screening questions for Sexual Assault Experiences

Another type of a stressful event that many women have experienced is unwanted sexual experiences. Women do not always report such experiences to the police or discuss them with family or friends. The person who did it isn't always a stranger, but can be a friend, a boyfriend, or even a family member. Such experiences can occur any time in a woman's life-even as a child. You may find the next questions disturbing, but it is important we ask them this way, and we are using correct medical terms, sop that everyone is clear about what we mean.

Again, I would like to remind you that any information you give would be kept confidential. Because these questions are sensitive, if you feel you might need to talk to someone after this interview, I will give you the Office of Crime Victims Advocacy (OCVA) hotline number at the end of the interview. (if the respondent wants the number now the telephone number is 1-800-822-1067)

Regardless of how long ago it happened or who did it…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 a penis in your vagina.

Has anyone 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 a boy put his penis in your mouth or someone penetrated your vagina or anus with their mouth or tongue.

Has anyone EVER made you have anal sex by using force or threat of harm?

Has anyone EVER put fingers or objects in your vagina or anus against your will by using force or threats?

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?

Has anyone EVER touched your breasts, buttocks or genital area by using force or threatening to hurt you or someone close to you?

Has anyone ever, made you have any kind of sexual intercourse when you had drank too much alcohol or taken drugs and could not agree to have sex or say no to having sex?

When you were a child, by this we mean 17 years old or less, did anyone more than 5 years older than you EVER have any kind of sexual intercourse with you WITHOUT using force or threatening to harm to you or someone else? *

When you were a child, by this we mean 17 years old or less, did anyone more than 5 years older than you Ever touch your breasts, or genital area WITHOUT using force or threatening to harm you or someone close to you? *

Now I would like you to think about the (specific) experience that happened to you. Was this a single event done by 1 person, a single event involving 2 or more people, a series of unwanted sexual events done by one person, or was it multiple events done by 2 or more different people?

Section A—Personal Safety

I will be asking about your personal experiences…The rest of the survey will be asking about your moods, emotions, overall health, as well as WOMEN'S safety issues. Some of the questions may sound similar to those I have already asked, however the following questions are referring to WOMEN ONLY.

Would you say that PERSONAL SAFETY FOR WOMEN has IMPROVED since you were a child, GOTTEN WORSE since you were a child, or STAYED ABOUT THE SAME?

Do you think VIOLENT CRIME is MORE OF A PROBLEM FOR WOMEN today, LESS OF A PROBLEM or ABOUT THE SAME?

Do you think DOMESTIC VIOLECE is MORE OF A PROBLEM FOR WOMEN today, LESS OF A PROBLEM or ABOUT THE SAME?

Do you think SEXUAL ASSAULT is MORE OF A PROBLEM FOR WOMEN today, LESS OF A PROBLEM, or ABOUT THE SAME?

Do you think SEXUAL HARRASSMENT is MORE OF A PROBLEM FOR WOMEN today, LESS OF A PROBLEM, or ABOUT THE SAME?

How concerned are you about YOUR OWN personal safety? Are you…
VERY CONCERNED?
SOMEWHAT CONCERNED?
JUST A LITTLE CONCERNED?
OR NOT CONCERNED?

Section K—Questions about the Community

The next questions are about your opinions of your community. By your community we mean the city, town, county or area where you live and would turn for help with services, programs or a police department.

How many years have you lived in this community?

How many months have you lived in this community?

How would you describe the level of community awareness of violence against women? Would you say…
VERY AWARE?
SOMEHWAT AWARE?
A LITTLE AWARE?
NOT AT ALL AWARE?

Does your community have programs or services for women or children who have been victims of violence?

Does your community have a hospital or medical center that takes care of rape or sexual assault cases?

How would you rate the police or legal system's response to violence against women or children in your community? Would you say…
EXCELLENT?
VERY GOOD?
GOOD?
FAIR?
POOR?

Compared to how things were in the past, in your opinion is your community's response to violence against women BETTER, WORSE, OR ABOUT THE SAME?

Section D

I am now gong to ask about some events that happen to a lot of people. First, please tell me old you are now?

Have you ever see someone seriously injured or violently killed? (if the Respondent asks if we are talking about real like or TV then clarify: “We are talking about real life.”)

Have you ever been stalked? By this we mean someone following, calling or trying to make contact with you when you didn’t want them to and it made you feel scared?

As an adult age 18 or older, have you ever been beaten or hurt so badly you had to see a doctor?

As a child, by this we mean 17 years old or less, have you ever been beaten or hurt so badly you had to see a doctor?

Has a close friend or family member of yours ever been deliberately killed or murdered by another person or killed by a drunk driver?

Was it homicide or drunk driving?