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TECHNICAL REPORT

A Compendium of Sexual Assault Research

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with

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Prepared for the Office of the Secretary of Defense

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Preface

Sexual assault may be the largest unreported violent crime in the United States (Karjane, Fisher, and Cullen, 2002). Over the last two decades, public interest and concern regarding sexual assault have grown considerably, with special attention paid to sexual assault on university campuses and within the military. The large volume of research conducted during these decades has contributed to an enhanced understanding of the problem, including an evolving definition of sexual assault and the recognition of acquaintance rape as a type of rape.

This compendium provides a guide and introduction to the more recent research that the authors deem relevant and useful to our research sponsor and other policymakers interested in sexual assault issues. This report does not provide an exhaustive description of each of the included works, nor does it assess their quality; instead, it is intended as a compilation of the available research, with an emphasis on findings we deem to be most useful and relevant to sexual assault policymakers. We describe selected research that addresses different aspects of sexual assault, including victim and perpetrator risk factors, the role of alcohol consumption, contextual issues and prevention programs, disclosure of the assault, victim coping and recovery issues, health care programs, victim advocacy programs, and issues related to investigative and legal processes. In the main body of this report, we provide a brief summary of the findings of these works; in the annotated bibliography, we provided a more detailed summary for each publication. Again, this document is not intended as a critical review of this research; instead, this resource is intended as a consolidation of available research to facilitate further investigation. This report should be of interest to policymakers and laypeople who are interested in the lessons to be learned from academic research of sexual assault, as well as to the analytic community that studies this topic.

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Contents

Preface iii
Tables vii
Summary ix
Abbreviations xiii

SECTION 1
Introduction 1
The Effect of Sexual Assault 1
Measuring Sexual Assault 2
Overview of Historical and Legal Milestones 4
Scope of This Compendium 5
Goals and Parameters 5
Organization of Discussion 6
Summary Tables 6
Annotated Bibliography 7
Compendium Limitations and Reader Guidelines for Assessing Publications 7

SECTION 2
Victim Risk Factors 11

SECTION 3
Perpetrator Risk Factors 25

SECTION 4
Alcohol 37

SECTION 5
Context and Prevention of Sexual Assault 47

SECTION 6
Recovery and Coping 63

SECTION 7
Sexual Assault Disclosure 75

SECTION 8
Health Care Programs and Services 89

SECTION 9
Victim Advocacy Programs and Services 99

SECTION 10
Investigative and Legal Processes 107

Annotated Bibliography 123
References 303

Tables

1.1. Laws Regarding Sexual Assault on College Campuses 4
1.2. Selected Laws and Events Regarding Sexual Assault in the Military 5
1.3. Summary of Studies That Provide an Overview of Sexual Assault and/or Assess Its Prevalence 8
2.1. Summary of Studies on Sexual Assault Victim Risk Factors 13
3.1. Summary of Studies on Sexual Assault Perpetrator Risk Factors 27
4.1. Summary of Studies on the Role of Alcohol in Sexual Assault 39
5.1. Rape Myth Statements 48
5.2. Summary of Studies on the Context and Prevention of Sexual Assault 50
6.1. Summary of Studies on Recovery from and Coping with Sexual Assault 66
7.1. Summary of Studies on the Disclosure of Sexual Assault 78
8.1. Summary of Studies on Sexual Assault Health Care Programs and Services 91
9.1. Summary of Studies on Sexual Assault Victim Advocacy Programs and Services 101
10.1. Summary of Studies on Sexual Assault Investigative and Legal Processes 111

Summary

Introduction

Sexual assault is a violent crime that has tremendously pernicious effects on the victim. However, there is a lack of consensus regarding the prevalence of sexual assault: Estimates vary among studies, in part because of differing definitions of sexual assault, different populations studied, and different methods employed for selecting the sample. As a result, while many studies indicate that sexual assault is a pervasive problem, the estimated prevalence ranges considerably. For example, estimates of sexual assault involving female victims range in studies of community samples from 15 to 51 percent (Masho, Odor, and Adera, 2005; Ullman and Siegel, 1993; Elliott, Mok, and Briere, 2004; Randall and Haskell, 1995). One of these studies also included male subjects and found the prevalence of sexual assault victimization among those men to be 4 percent (Elliott, Mok, and Briere, 2004). Studies of college samples measured sexual assault rates at 21 to 42 percent among female samples (Combs-Lane and Smith, 2002; Easton et al., 1997; Fisher, Cullen, and Turner, 2000; Gross et al., 2006; Kalof, 2000a; Nasta et al., 2005; Synovitz and Byrne, 1998; Krebs et al., 2007). Studies that focused specifically on military samples have reported a range from 2 percent to 51 percent for female subjects (Lipari, Lancaster, and Jones, 2005; Sadler et al., 2003; Skinner et al., 2000; Martin, Rosen, et al., 1998; Merrill et al., 1998), and in those that included male military subjects, up to 7 percent of the men studied had been sexually assaulted (Lipari, Lancaster, and Jones, 2005, and Martin et al., 1998). Finally, one prominent large-scale study has estimated a national prevalence for rape or attempted rape of women at approximately 18 percent (Tjaden and Thoennes, 2000).[1]

In spite of this variation in prevalence rates—or perhaps as a result of it—recognition of sexual assault, and especially of acquaintance rape, has dramatically increased in recent decades. The 1990s witnessed important legal reforms regarding sexual assault on college campuses, including requirements for colleges to publicly disclose crime statistics and crime prevention activities. Parallel to the civilian reforms, there were also notable revisions to law, policy, and practice regarding responses to sexual assault in the military community. Although the allegations of sexual assaults perpetrated by military personnel against both men and women during the 1991 Tailhook convention, a gathering of Navy aviators, had received considerable attention, the issue was somewhat dormant until the 2000 Air Force Inspector General (IG) investigation of sexual assault at the Air Force Academy. This in turn prompted additional

[1] Of the studies cited here, Elliott, Mok, and Briere, 2004; Tjaden and Thoennes, 2000; Lipari, Lancaster, and Jones, 2005; Martin et al., 1998; and Merrill et al., 1998, include mixed-gender samples. The other studies include only women in their samples.

investigations and was subsequently followed by the establishment of the U.S. Department of Defense (DoD) Sexual Assault Task Force (to investigate sexual assault allegations among deployed service members), the Task Force on Sexual Harassment and Violence at the Military Academies, and the creation of the Sexual Assault Prevention and Response Office within DoD.

These legal reforms and other events informed, and were informed by, a large and diverse body of empirical research that has rapidly grown in recent decades. This body of work is represented in this compendium, which categorizes and summarizes publications related to different aspects of sexual assault. In each section, we discuss the included research and provide a table summarizing the subjects, sample size, method, objective, and selected findings of each publication.[2] We list the highlights of each section in the remainder of this summary. Additionally, this document concludes with an annotated bibliography of the included research.

Victim and Perpetrator Risk Factors

The majority of studies regarding the risk factors for victims or perpetrators of sexual assault have focused on incidents involving a female victim and a male perpetrator. A common finding is that a victim's prior sexual assault is a significant predictor of future or additional sexual assault. The research also suggests that youth, lower-income status, and African-American ethnicity were additional victim risk factors. Studies of assault victims have indicated that intimate partners, and not strangers, are most frequently the perpetrators of assault.

Among perpetrators, hostile masculinity was most often found to be a significant predictor of sexual assault perpetration; men who adhered to aggressive sexual beliefs were also considered at high risk of perpetrating sexual assault, as were those with a history of being coercive or committing assault.

Context and Prevention of Sexual Assault

Much of the research addressing the prevention of sexual assault consists of evaluations of various prevention programs. Many of the programs focus on the identification and reversal of rape-supportive attitudes and perceptions, such as those commonly referred to as "rape myths." Examples of rape myths include "women secretly want to be raped" and "rapists are almost always strangers." Other programs address specific behaviors or the interpretations of sexual scenarios. While most evaluations of these programs have relied on the reported change in attitudes or intended behavior, some did measure actual outcomes, such as subsequent victimization. In general, the studies indicate the limitations of sexual assault prevention programs. While many programs indicate a beneficial outcome, those outcomes tend to diminish over time, as measured by follow-up assessments.

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[2] Throughout this compendium, we provide only selected findings in the summary tables and tend especially not to focus on null findings. Interested readers are encouraged to refer to the original work for more details of the research. Additionally, the *N* reported in the summary tables and abstracts reflects the total number of data points on which findings are based. The sample size may vary through a study because of attrition over time, for example, or because participants did not complete all data-collection instruments.

Recovery and Coping

Another portion of sexual assault research addresses the issue of how victims respond to sexual assault. We place into this category research that emphasizes the physical and mental health outcomes of sexual assault and victims' coping mechanisms.[3] The physical health outcomes include sexually transmitted diseases, gynecological or reproductive problems, and other physical problems, such as hypertension, high cholesterol, and heart attack. The mental health outcomes can include posttraumatic stress disorder, depression, and other potentially related consequences, such as eating or sleep disorders. This research also addresses factors that positively influence victim recovery, such as the role of social support. Many of these studies used victim attributes or incident characteristics to help explain the variation in victim recovery.

Sexual Assault Disclosure

Many studies of sexual assault focus on to whom a victim discloses an assault, the factors related to the victim's disclosure decision, and the reactions to victims by formal support providers. This research indicates generally that victims are more likely to disclose to informal support providers, such as family and friends, than to formal support providers. Many of the studies attempt to identify the factors that influence the decision of whether to disclose an assault to the police or to present for medical treatment, and these factors typically include the victim or perpetrator race, gender, co-occurrence with another crime, alcohol consumption, additional injury, and the relationship between the victim and perpetrator. This research also explores the relationship between concerns about secondary victimization and other negative social reactions that contribute to victim feelings of shame or embarrassment. Broadly, obtaining a better understanding of reasons for nondisclosure—that is, reasons for underreporting—was a goal of many of these studies. Reasons included both perceived and psychological barriers as well as concrete obstacles, such as a lack of resources.

Health Care Programs and Services

This body of research addresses the programs and professionals involved in providing medical treatment to sexual assault victims, as well as the types of treatments involved and the effectiveness of the treatments. The majority of this research concerns civilian Sexual Assault Nurse Examiner (SANE) programs. SANEs are registered nurses with additional education and clinical training on interacting with sexual assault victims. The research generally indicates an improved quality of care received from SANE programs.

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[3] Some of these studies consider revictimization as a post-assault outcome, but we discuss findings of this nature in the aforementioned victim risk factors section (Section 2).

Victim Advocacy Programs and Services

Victim advocacy services are typically offered by rape crisis centers, organizations expressly dedicated to victim advocacy (even beyond sexual assault), and institutions focused on counseling services. The majority of victim advocacy studies involved an assessment of program or service effectiveness, and the research suggests that program effectiveness varied, at least in part due to the different measures used; some were objective, while others, such as victim perceptions, were more subjective.

Investigative and Legal Processes

This research includes a wide range of studies assessing the progress of sexual assault incidents through the criminal justice system. Some of these studies attempt to identify the factors that influence whether law enforcement personnel question a suspect or determine a case to be founded. These studies also examine whether and how forensic and medical evidence and other individual and case-related factors predict legal outcomes. For example, some research indicates that the quality and source of forensic evidence improves investigative and legal outcomes, as does participation in SANE or Sexual Assault Response Team (SART) programs. Research also indicates that victim behaviors, such as risk-taking, and victim characteristics are related to legal outcomes. This research also indicates the extent to which ill-informed or negative perceptions of law enforcement and legal personnel toward assault victims can affect outcomes.

Abbreviations

DoD	U.S. Department of Defense
DoJ	U.S. Department of Justice
ED	emergency department
IG	Inspector General
NCS	National Crime Survey
NCVS	National Crime Victimization Survey
NIBRS	National Incident-Based Reporting System
NVAWS	National Violence Against Women Survey
PTSD	posttraumatic stress disorder
SAEK	Sexual Assault Evidence Kit
SANE	Sexual Assault Nurse Examiner
SAPI	Sexual Assault Prevention Intervention
SART	Sexual Assault Response Team
STD	sexually transmitted disease
STOP	Services*Training*Officers*Prosecutors
UCMJ	Uniform Code of Military Justice
VIS	victim impact statement

SECTION 1

Introduction

In this initial section of the compendium, we discuss the background of sexual assault research, the prevalence of sexual assault, and historical and legal milestones relevant to sexual assault. This section is supported by Table 1.3, at the end of the section, in which we list broad overview documents and research pertaining to the prevalence of sexual assault.

The Effect of Sexual Assault

In this compendium, we categorize and summarize publications related to different aspects of sexual assault. As will be evident from the literature discussed herein, sexual assault has a tremendously negative effect on the victim. Marx (2005) describes sexual assault as a life-altering event with "pernicious effects" experienced long after the incident. The research featured in this compendium considers not only the physical and emotional harm resulting from the incident itself, but also the physical and mental issues associated with recovery, including sexually transmitted diseases, anxiety, drug and alcohol abuse, depression, and other personal difficulties. The negative consequences also include interpersonal difficulties, as sexual assault victims may encounter negative social reactions from criminal justice and health care support providers (e.g., police, physicians), such as blaming the victim for the incident. Additionally, family members, friends, and even society as a whole (e.g., Nagel et al., 2005) may have negative attitudes toward sexual assault victims.

The negative effects of sexual assault extend beyond the personal or interpersonal and also include professional effects, as the victims of sexual assault may struggle to maintain their professional lives despite the personal ramifications described above. Such workplace effects are especially of importance in the military, given that military personnel experience frequent stress, live in close proximity to one another when deployed, and must react to potentially life-threatening situations. A military unit with an alleged victim or perpetrator (or both) among its ranks may suffer reduced readiness or effectiveness in the aftermath of the incident. At a minimum, the military commander of either the victim or the perpetrator is involved in the resolution of the issue to a much greater extent than would be a supervisor from the civilian sector.

There is also a societal negative effect of sexual assault, described by Post et al. (2002), for example. Their research enumerates both the tangible (medical and mental health services costs; loss of economic productivity; police, prosecution, and correctional costs) and intangible effects (psychological pain and suffering and generalized fear of victimization in society) of sexual assault. Specifically, they calculated that, nationally, the total cost of one rape or sexual

assault was over $94,000 in 1996. This societal effect may be particularly strong in the military sector; given the closed nature of the military, with its own investigative, legal, and health care systems in place, it might absorb many of the costs that are diffused across different institutions and stakeholders in the civilian sector.

Measuring Sexual Assault

While some studies indicate that sexual assault appears to be a pervasive problem, the estimated prevalence ranges considerably, and it is often difficult to compare rates across studies. Bryden and Lengnick (1997) observed that it was difficult to determine whether there was a rape "epidemic," particularly in terms of an increasing prevalence. To show this difficulty, they note how trends in national crime statistics data sources maintained by the same government agency vary, and we found that prevalence measures of sexual assault also vary considerably across other data sources and among different studies. For example, estimates of sexual assault involving female victims range in studies of community samples from 15 to 51 percent (Masho, Odor, and Adera, 2005; Ullman and Siegel, 1993; Elliott, Mok, and Briere, 2004; Randall and Haskell, 1995). Of these studies, one included male subjects (Elliott, Mok, and Briere, 2004) and found that the prevalency of sexual assault victimization among those men was 4 percent. Studies of college samples measured assault at 21 to 42 percent among female samples (Combs-Lane and Smith, 2002; Easton et al., 1997; Fisher, Cullen, and Turner, 2000; Gross et al., 2006; Kalof, 2000a; Nasta et al., 2005; Synovitz and Byrne, 1998; Krebs et al., 2007). Studies that focused specifically on military samples reported a range from 2 to 51 percent among women (Lipari, Lancaster, and Jones, 2005; Sadler et al., 2003; Skinner et al., 2000; Martin et al., 1998; Merrill et al., 1998), and in those that included male subjects, up to 7 percent of the men studied had been sexually assaulted (Lipari, Lancaster, and Jones, 2005; Martin et al., 1998). Finally, one prominent large-scale study estimated a national prevalence for rape or attempted rape of women at approximately 18 percent (Tjaden and Thoennes, 2000). Other researchers estimate that one in four women will be raped in their lifetime (Campbell and Wasco, 2005).[1]

A host of definitional, methodological, and data issues have contributed to this striking range in estimates of the prevalence of sexual assault. In other words, despite the dramatic increase of studies and published reports in recent decades (Koss, 2005), it is still very difficult to ascertain the prevalence of sexual assault, for several reasons, including definitional issues, data measurement issues, and the change in rape reporting rates. First, as noted in works such as Acierno, Resnick, and Kilpatrick (1997), DeKeseredy and Schwartz (2001), and Desai and Saltzman (2001), the definitions of different types of sexual violence against women are not standardized.[2] Sometimes these definitional differences are associated with different sponsors or fields of study, such as the narrow definitions used by government agencies or legal research

[1] Of the studies cited here, Elliott, Mok, and Briere, 2004; Tjaden and Thoennes, 2000; Lipari, Lancaster, and Jones, 2005; Martin et al., 1998; and Merrill et al., 1998, used mixed-gender samples. The other studies included only women in their samples.

[2] As Acierno, Resnick, and Kilpatrick (1997) note, depending on the study, rape may be narrowly defined as forced vaginal intercourse without consent, may encompass forced penetration of any kind, or may also include unforced penetration while the victim is under the influence of alcohol or drugs.

as compared with the broader definitions used by those studying psychological or emotional abuse (DeKeseredy and Schwartz, 2001). Differences in definitions have clear implications for the study and measurement of sexual assault. Another change over time has been the gradual recognition, beginning in the early 1990s, of acquaintance rape as a type of rape (e.g., Fisher, Cullen, and Daigle, 2005). Even as definitions used in an official context or capacity have evolved, a separate, persistent issue is individual variation in whether victims label their incident as a rape or a sexual assault of some kind; although some incidents may meet a legal definition of sexual assault, for instance, some victims may not characterize their experience as such.

There are additional measurement issues, as described, for example, by Desai and Saltzman (2001) and Fisher and Cullen (2000). Beyond the definitional issue, which Desai and Saltzman (2001) agree is paramount, the way that the information is collected (either from individuals or from records), the methods used to extract the information, the time period included in the study (i.e., whether the study measures lifetime prevalence rates or incidence rates over a study period), and the measures used to calculate the findings vary considerably among studies and suggest a lack of consistent, comprehensive, and accurate information. Further, these data are confounded by assertions that relatively few rape victims report their victimization (Karjane, Fisher, and Cullen, 2002), although research indicates that the reporting rate has consistently increased over the last several decades (Baumer, Felson, and Messner, 2003). Additionally, research indicates that self-reported victimization tends to be higher than self-reported perpetration, with little explanation for this gap (e.g., Kolivas and Gross, 2007).[3]

Thus, prevalence measures tend to compare unlike data and are subject to biases inherent in many data-collection efforts, such as the context of the data collection, the precise wording of questions, and issues of timing. Nonetheless, we note that some researchers claim a relatively consistent female rape prevalence rate of 15 percent (Rozee and Koss, 2001), and various military assessments have typically found that women experience sexual assaults while in the military at a rate of around 4 to 7 percent (e.g., Lipari, Lancaster, and Jones, 2005; Harned et al., 2002). Other studies of military sexual assault include the 2003 U.S. Department of Defense (DoD) report on sexual misconduct within the Air Force Academy, which found that 19 percent of female Air Force cadets were the victims of assault or attempted assault and that 7 percent had suffered rape or attempted rape (Panel to Review Sexual Misconduct Allegations at the U.S. Air Force Academy, 2003). This study was followed by the 2005 Defense Manpower Data Center survey of the academies, which found that 4 percent of women at the U.S. Air Force Academy had suffered sexual assault (Cook et al., 2005).

For comparison purposes, we include studies of civilian campuses, which place the sexual assault prevalence rate at 18 to 20 percent of female students each academic quarter, with 7 percent of them experiencing rape (e.g., Gidycz, Laymen, et al., 2001). But in one study, 18 to 21 percent of the participants were sexually assaulted just during the two-month follow-up period (Gidycz, Lynn, et al., 2001).

It is also worth noting that different populations have different risk and victimization rates; including or omitting particularly vulnerable groups, such as rural women, Native Amer-

[3] Although the published research does not directly address these differences, it is possible that there are insights to be gained about these differences from the research on victims' experiences with formal reporting channels as well as other disclosure issues, which we discuss in Section 7 of this compendium.

icans, or Hispanic women, can change results considerably (e.g., Wahab and Olson, 2004; Hazen and Soriano, 2007; Rosen, 2007).

Overview of Historical and Legal Milestones

The impact and prevalence of sexual assaults has motivated rape law and reforms in a couple of areas. Table 1.1 lists key federal changes in the law pertaining to sexual assault on college campuses.

More broadly, there was considerable reform of state rape legislation across the country. Michigan was the first state to enact rape reforms in 1974, and other states followed in the successive decades. In general, these reforms shifted the focus of the legal issue to the behavior of the perpetrator rather than the victim, redefined rape, eliminated or modified the need for corroboration (which had prohibited conviction based only on the testimony of the victim), and established rape-shield laws that limited the use of a victim's own personal history during the legal procedure (Clay-Warner and Burt, 2005).

Thereafter, the military community—and the public looking at the military from outside—also became more aware of sexual assault issues. Table 1.2 provides a timeline of important events for the military sector and conveys the increased scrutiny of sexual assault at the military academies and in the broader military community. This scrutiny resulted in the establishment of the Sexual Assault and Prevention Office in the Office of the Secretary of Defense in 2005, and, in conjunction with rape reform in civilian legal status, likely influenced the 2007 revisions to Uniform Code of Military Justice (UCMJ) Article 120.[4]

The legal reforms have informed, and have been informed by, a large and diverse body of empirical research that has grown considerably in the era of rape law reform. For instance, in the early 1980s, there existed little research on the prevalence of sexual assault. Instead, a limited understanding of the issue came from anecdotal accounts of rape crises centers (Campbell and Wasco, 2005). Research documenting the extent of the issue came soon thereafter, as the

Table 1.1
Laws Regarding Sexual Assault on College Campuses

Year	Legislative Action
1990	Congress passes the Student Right-to-Know Act and the Crime Awareness and Campus Security Act (P.L. 101-542) to require all Title IV–eligible schools to publicly disclose crime statistics and crime prevention and security policies/procedures on campuses.
1992	Congress amends the Student Right-to-Know Act and the Crime Awareness and Campus Security Act to afford victims basic rights.
1998	Congress amends the Student Right-to-Know Act and the Crime Awareness and Campus Security Act to emphasize reporting obligations of schools. The law is renamed the Jeanne Clery Disclosure of Security Policy and Campus Crime Statistics Act, or the Clery Act.

[4] The National Defense Authorization Act for Fiscal Year 2006 indicated an expansion of the categories of sexual offenses included under Article 120 of the UCMJ. There are now 14 graded offenses in Article 120, including rape, rape of a child, aggravated sexual assault, aggravated sexual assault of a child, aggravated sexual contact, aggravated sexual abuse of a child, abusive sexual contact, abusive sexual contact with a child, indecent liberty with a child, indecent act, forcible pandering, wrongful sexual contact, and indecent exposure. The new article provides definitions and also prescribes new rules regarding proof and the effect of different factors, including the ages of children, threats, marriage, and consent.

Table 1.2
Selected Laws and Events Regarding Sexual Assault in the Military

Year	Law or Event
1991	Attention and concern from Tailhook.[a]
2000	Air Force Inspector General (IG) investigation (at the request of the Senate Armed Services Committee) of sexual assault at the Air Force Academy.
2003	Secretary of the Air Force directs permanent process to address sexual assault issues at the Air Force Academy.
2003	Air Force IG investigation of Air Force Academy.
2003	Title V of the Emergency Wartime Supplemental Appropriations Act (P.L. 108-11) establishes an independent panel to review allegations of sexual misconduct at the Air Force Academy.
2004	DoD Sexual Assault Task Force established to investigate allegations of sexual assaults on service members deployed to Iraq and Kuwait.
2004	IG investigation, survey, and report regarding Air Force Academy.
2004	Task Force on Sexual Harassment and Violence at Military Service Academies established.
2004	The National Defense Authorization Act for Fiscal Year 2005 (P.L. 108-375) requires DoD to develop comprehensive policy regarding the prevention and response to sexual assault.
2005	Establishment of Sexual Assault Prevention and Response Office (SAPRO) within DoD.
2006	Section 352 of the National Defense Authorization Act for Fiscal Year 2007 (P.L. 109-364) requires the Secretary of Defense to submit an annual report to Congress regarding sexual harassment and sexual assault at the U.S. military academies.
2007	Revision of UCMJ Article 120.

[a] The Tailhook Association, an organization of naval aviators, meets for an annual convention. The organization received considerable press after its September 1991 convention, with public accounts of numerous incidents of sexual assault by naval aviators.

first studies of national incidence and prevalence occurred during the mid-1980s (Koss, 2005). In the late 1980s and early 1990s, research studies began to acknowledge the existence of acquaintance rape (Fisher, Cullen, and Daigle, 2005). These works were followed and complemented by a rapidly growing amount of work that not only examined prevention efforts and but also assessed the aftermath of rape, including the negative effects of the event on the individual as well as the response from the community in general and different support systems (health care, investigative, legal) in particular.

Scope of This Compendium

Goals and Parameters

This compendium, which consists of this discussion, tables that group research efforts according to their findings, and an annotated bibliography, is intended as a tool for those interested broadly in the issue of sexual assault. In selecting studies to include in this compendium, we used the acts of rape and sexual assault that would be counted among UCMJ Article 120

offenses as a starting point. This focus is also consistent with much of the research on "sexual violence," which is the more frequently used civilian terminology. We excluded research pertaining only to other types of sexual victimization that either are not typically within the purview of the criminal justice system, as in the case of sexual harassment, or are less relevant to the military context, such as child abuse and prison crime. Lastly, given the military force is an adult one, we omitted studies that pertained primarily to minors.

Within this topical scope of work, we have focused on published empirical research, literature reviews, and meta-analyses. We have omitted journalistic or narrative accounts, op-eds or opinion pieces, and descriptions of programs that do not include a scientific evaluation. The research that was included primarily represents social science research rather than clinical medical research or legal research, published within the 15-year period of 1993–2008.[5]

Organization of Discussion

This discussion is organized to provide a road map of research falling under different categories relevant to sexual assault. The next two sections provide orienting discussion of the research pertaining to victim characteristics and risk factors (Section 2) and perpetrator characteristics and risk factors (Section 3). Section 4 discusses research of the role of alcohol in predicting/contributing to sexual assault. Section 5 includes research about the context of rape, attitudes toward rape, and rape prevention programs. Section 6 describes the research addressing coping and recovery. Research of reporting and disclosure is included in Section 7. Section 8 discusses Sexual Assault Nurse Examiner (SANE) and Sexual Assault Response Team (SART) programs, and is followed by a section on Victim Advocacy research. The final section outlines research pertaining to the investigative and legal aspects of sexual assault.

Summary Tables

Each of these sections features a summary table that provides an overview of relevant research. For each study, the table lists (1) a citation, directing the reader to the full annotated entry in the bibliography; (2) a brief description of the sample used in the study; (3) the number of data points on which the study is based;[6] (4) a brief description of the study's method(s);[7] (5) a short

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[5] We initially searched for studies using terms such as "rape," "sexual violence," "sexual aggression," "sexual assault," "sexual coercion," "sexual victimization," "SART," and "SANE." Social or behavioral science databases we accessed include Web of Science and OCLC/First Search, and, although we did not focus on clinical or legal research, we did conduct searching using medical databases, such as OVID, and legal ones, such as HEIN Online. We also sought working papers and publications from research institutes, such as the U.S. Army Research Institute for the Behavioral and Social Sciences, the RAND Corporation, and university-based research centers, as well as research sponsored by government agencies, such as the National Institute of Justice (National Institute of Justice, no date) and the Department of Defense (see U.S. Department of Defense, no date). After compiling an initial set of hundreds of publications, we snowball sampled both forward and backward; we obtained relevant publications listed in bibliographies of our initial publication set as well as publications that later cited literature reviews and meta-analyses in our initial set. Finally, we compared our set against other sexual assault bibliographies (e.g., Domestic Violence and Sexual Assault Data Resource Center, no date) and then applied our inclusion criteria to obtain the final set of articles featured in this compendium. Although we strove to be thorough and systematic in both collecting and screening publications, it is possible this compendium may not list a publication a reader may deem worthy of inclusion. This may be due to differing interpretation regarding the application of our inclusion criteria or the idiosyncrasies of the databases used in this endeavor.

[6] The *N* reported in the summary tables and abstracts reflects the total number of data points on which findings are based. The sample size may vary through a study because of attrition over time, for example, or because participants did not complete all data-collection instruments.

[7] For the "Method(s)" column, where the entries note secondary data analysis, the researchers extracted the data from existing records, such as medical records, or used existing datasets, and assessed such data either quantitatively or qualita-

summary of the study's purpose or objective; and (6) a summary of selected findings. Some publications address topics across the structure of this document, and therefore are included in more than one summary table; however, overview documents are included only in Table 1.3. In addition, Table 1.3 is structured slightly differently from the tables in the successive sections: Instead of providing information on sample size and methodology, Table 1.3 simply lists citation and title for each publication, along with a brief description of its topic.

Annotated Bibliography

Much of this compendium consists of an annotated bibliography of the resources discussed in this document. We wrote these annotations specifically for this document, tailoring them for an audience of policymakers and informed lay readers. Specifically, we strived to provide a greater sense of the findings and relevant recommendations of each work than published abstracts typically do, to inform readers who do not intend to read beyond this compendium, and to facilitate selection of specific articles for readers who wish to target their additional reading.

Compendium Limitations and Reader Guidelines for Assessing Publications

This compendium does not provide an exhaustive description of each of the included works; instead, it is intended as a compilation of the available research, with an emphasis on findings we deem to be most useful and relevant to sexual assault policymakers. Readers are encouraged to refer to the original publications for further investigation. Nor does this work provide a critical review of the research categorized herein; given the different disciplines, research methods, and sampled populations that make up this body of work, such an assessment was beyond the scope of this effort, and thus we did not evaluate the quality of the studies themselves.

Accordingly, readers should bear in mind the strengths and weaknesses of the different methods used in the studies (e.g., experiment, interview, survey) and make their own determination of these publications' methodological rigor. Considerations for such an evaluation might include the sampling framework, with, for example, larger, more randomly sampled populations supporting more generalizable findings. The reader should also be mindful that, while some research based on statistical analysis notes an association between characteristics, that does not necessary imply causality. Another methodological issue that can affect the quality of data collected via surveys, interviews, or focus groups: When participants are asked to recall circumstances (such as prior assaults), there may be retrospective or recall-based bias in the resultant data. Studies based on the analysis of administrative data, such as medical records, police case files, or legal documentation are also subject to bias, albeit one of a different nature, because these data include only victims who presented for treatment or entered the criminal justice system. Further, these studies are constrained by the nature of the data included in such records, which were not created primarily for research purposes, as well as the consistency of data across records, particularly when they are obtained from different service providers or jurisdictions. Stronger studies include, but are not limited to, those that address the shortcomings of a particular method or data source with additional data-collection efforts or other corroborating data.

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tively. In the case of existing datasets (e.g., large-scale surveys such as the National Crime Victimization Survey), multiple studies may have used the same datasets. Thus the reader should be aware that multiple studies with the same findings may represent multiple analyses of the same data source, possibly with a different subset or year of data.

Table 1.3
Summary of Studies That Provide an Overview of Sexual Assault and/or Assess Its Prevalence

Source	Title	Topic
Averill, Padilla, and Clements, 2007	Frightened in Isolation: Unique Considerations for Research of Sexual Assault and Interpersonal Violence in Rural Areas	Highlights the relative lack of knowledge about sexual assault in rural communities and the implications for research and care.
Banyard et al., 2005	Revisiting Unwanted Sexual Experiences on Campus: A 12-Year Follow-Up	An assessment of whether and how prevalence changed at a single college campus over a 12-year period.
Bryden and Lengnick, 1997	Rape in the Criminal Justice System	A comprehensive discussion of the empirical underpinnings of rape law reform.
Campbell and Wasco, 2005	Understanding Rape and Sexual Assault: 20 Years of Progress and Future Directions	A brief discussion of landmark sexual assault research in the past 20 years.
Care for Victims of Sexual Assaults Task Force, 2004	Report on Care for Victims of Sexual Assault	This report summarizes a review of DoD sexual assault policies and programs and makes recommendations for improvement.
Carr, 2005	Campus Violence White Paper	A comprehensive discussion of campus violence including, but not limited to, sexual violence.
Cook et al., 2005	Service Academy 2005 Sexual Harassment and Assault Survey	Results of the survey conducted by DMDC in response to a requirement in the National Defense Authorization Act for 2004.
Coxell and King, 1996	Male Victims of Rape and Sexual Abuse	A discussion of the very limited research and literature regarding male victims of sexual assault.
Defense Task Force on Sexual Harassment and Violence at the Military Service Academies, 2005	Report of the Defense Task Force on Sexual Harassment and Violence at the Military Service Academies	A review of possible sexual misconduct at the U.S. Military Academy and the U.S. Naval Academy.
DeKeseredy and Joseph, 2006	Separation and/or Divorce Sexual Assault in Rural Ohio: Preliminary Results of an Exploratory Study	Presents preliminary findings regarding the problem of sexual abuse among women separating from or divorcing partners. This study also addresses the relative lack of knowledge of rural victims.
DeKeseredy, Rogness, and Schwartz, 2004	Separation/Divorce Sexual Assault: The Current State of Social Scientific Knowledge	Articulates the lack of knowledge of sexual assault during marital or relationship dissolution and asserts the need for both research and for policies and practices to aid victims.
DeKeseredy and Schwartz, 2001	Definitional Issues	A chapter addressing the inconsistencies in defining violence against women.
Desai and Saltzman, 2001	Measurement Issues for Violence Against Women	A chapter addressing the inconsistencies in gathering data and measuring violence against women.
Fisher and Cullen, 2000	Measuring the Sexual Victimization of Women: Evolution, Current Controversies, and Future Research	A discussion of the advances in research over the past two decades and the subsequent research need.
Fisher, Cullen, and Daigle, 2005	The Discovery of Acquaintance Rape: The Salience of Methodological Innovation and Rigor	A review of research within the past two decades that confirmed the existence of rape by acquaintances.
Fisher, Cullen, and Turner, 2000	The Sexual Victimization of College Women	A comprehensive study of sexual assaults of college women.

Table 1.3—Continued

Source	Title	Topic
Gerber and Cherneski, 2006	Sexual Aggression Toward Women: Reducing the Prevalence	A review of sexual assault literature, suggesting that societal changes are needed to reduce the prevalence of acquaintance and date rape.
Greenfeld, 1997	Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault	A compilation of incidence, prevalence, victim and offender data from more than two dozen datasets from the Bureau of Justice Statistics and the FBI.
Harned et al., 2002	Sexual Assault and Other Types of Sexual Harassment by Workplace Personnel: A Comparison of Antecedents and Consequences	A comparison of the rate of incidents of sexual assault and sexual harassment among military women and the relationship between the military workplace and these incidents.
Hazen and Soriano, 2007	Experiences with Intimate Partner Violence Among Latina Women	A study of sexual assault among Latina women.
Kolivas and Gross, 2007	Assessing Sexual Aggression: Addressing the Gap Between Rape Victimization and Perpetration Prevalence Rates	A discussion of sexual victimization and perpetration incidence and prevalence rates.
Koss, 2005	Empirically Enhanced Reflections on 20 Years of Rape Research	An examination of the publication and funding data over time, suggesting that funding and research relevant to sexual assault have slowed.
Leonard, 1999	Defining Sexual Assault Where Acquaintances Are Involved: Exploring Commonalities and Differences	An evaluation of sexual assault definitions, such as acquaintance rape.
Lipari et al., 2008	2006 Gender Relations Survey of Active Duty Members	An assessment of gender issues in the military. Most importantly, this version includes a baseline assessment of unwanted sexual contact, consistent with the amended UCMJ Article 120.
Lipari, Lancaster, and Jones, 2005	2004 Sexual Harassment Survey of Reserve Component Members	The first of this type regarding Reserve Component personnel, this report provides the results of a DoD survey of 76,031 reserve component members.
Lira, Koss, and Russo, 1999	Mexican American Women's Definitions of Rape and Sexual Abuse	A discussion of rape definitional differences between Mexican American immigrants and popular American culture.
Martin et al., 1998	Prevalence and Timing of Sexual Assaults in a Sample of Male and Female U.S. Army Soldiers	A study addressing the prevalence and timing of sexual assault in combat service and combat service support units.
Martin, Taft, and Resick, 2007	A Review of Marital Rape	A historical review of marital rape, including its legal history, categories of marital rape, prevalence, risk factors, consequences, and victim recovery.
Marx, 2005	Lessons Learned from the Last Twenty Years of Sexual Violence Research	A research review describing the most important lessons learned from prior research.
Marx, Van Wie, and Gross, 1996	Date Rape Risk Factors: A Review and Methodological Critique of the Literature	A consideration of lessons that can be learned from the literature on date rape. The article asserts that methodological issues and definitional variation in the terms used prevent a consistent interpretation of the literature.
Merrill et al., 1998	Prevalence of Premilitary Adult Sexual Victimization and Aggression in a Navy Recruit Sample	An estimation of the prevalence of sexual assault victimization or perpetration among Navy recruits prior to joining the military.

Table 1.3—Continued

Source	Title	Topic
Nagel et al., 2005	Attitudes Toward Victims of Rape: Effects of Gender, Race, Religion, and Social Class	An examination of attitudes held by members of society toward sexual assault victims.
Office of the Assistant Secretary of the Air Force (Manpower and Reserve Affairs), 2004	Report Concerning the Assessment of USAF Sexual Assault Prevention and Response	An assessment of sexual assault issues in the Air Force, conducted to determine whether the Air Force Academy incidents were isolated or reflective of broader problems throughout the Air Force.
Panel to Review Sexual Misconduct Allegations at the U.S. Air Force Academy, 2003	Report of the Panel to Review Sexual Misconduct Allegations at the U.S. Air Force Academy	A review of allegations of sexual misconduct at the U.S. Air Force Academy.
Post et al., 2002	The Rape Tax: Tangible and Intangible Costs of Sexual Violence	A discussion of the extent to which rape is a "noneconomic violent" crime, as determined by a Supreme Court ruling.
Rosen, 2007	Rape Rates and Military Personnel in the United States: An Exploratory Study	An analysis of whether rape rates in different states are associated with the proportion of military personnel in the population.
Rozee and Koss, 2001	Rape: A Century of Resistance	An overview of the contributions of feminist theory to the discussion of rape and rape research.
Scarce, 1997	Same-Sex Rape of Male College Students	A discussion of the issues surrounding same-sex male rape, and recommendations for campus officials.
Testa et al., 2004	Assessing Women's Experiences of Sexual Aggression Using the Sexual Experiences Survey: Evidence for Validity and Implications for Research	An assessment of the ability of the Sexual Experiences Survey to accurately capture whether women had been raped.
Tjaden and Thoennes, 2000	Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey	Findings from a national survey of violence against women.
Tjaden and Thoennes, 2006	Extent, Nature, and Consequences of Rape Victimization: Findings from the National Violence Against Women Survey	Findings from a national survey of violence against women.
U.S. Department of Defense, 2008	Department of Defense FY07 Report on Sexual Assault in the Military	The annual assessment of sexual assault incidents in the military and the assessment and program plans of DoD's and the services' sexual assault prevention and response offices.
Wagner, 2008	Domestic Violence and Sexual Assault Data Resource Center, Final Report	A documentation of the status of domestic violence and sexual assault data collection in the United States.
Wahab and Olson, 2004	Intimate Partner Violence and Sexual Assault in Native American Communities	A review of research regarding sexual violence in the lives of Native American women.

SECTION 2

Victim Risk Factors

The articles in this section, listed in Table 2.1, all aim to provide insight into victim *risk factors*—our general term for the characteristics, situations, and/or behaviors of those who are sexually assaulted. The majority of the articles examined victimization in a college setting, but military and community settings are also represented. The most common study subjects were women victimized by men, which is not surprising given that this is the most common form of victimization (e.g., Acierno, Resnick, and Kilpatrick, 1997; Tjaden and Thoennes, 2000), but several articles also address male-male and female-male victimization (Isely and Gehrenbeck-Shim, 1997; O'Sullivan, Byers, and Finkelman, 1998; Tewksbury and Mustaine, 2001), and a few address female-female victimization (e.g., Davies, Pollard, and Archer, 2006).

A common finding among studies is that prior sexual assault is a significant predictor of future or additional sexual assault (also referred to as "revictimization"). In most cases, childhood sexual abuse was the focus of this type of research, and it often was related to an increased risk of adult sexual assault (e.g., Humphrey and White, 2000; Siegel and Williams, 2003; Söchting, Fairbrother, and Koch, 2004). Other studies considered revictimization risk factors from a different angle (e.g., Messman-Moore and Brown, 2006). By way of illustration, Gidycz, Hanson, and Layman (1995) found that severity of past sexual abuse predicted the severity of later sexual abuse, and several publications documented that women with histories of multiple types or incidents of abuse have even higher risk of future victimization (e.g., Merrill et al., 1997; Smith, White, and Holland, 2003).[1] While most of these endeavors were conducted in a community setting, we also found some revictimization studies based on military personnel. Stander et al. (2006), for instance, surveyed female Navy recruits' experiences during their first year of military service and discovered that, during that one-year timeframe, women with a history of childhood sexual abuse were 2.5 times more likely to be raped, those with a history of premilitary rape were 3.5 times more likely to be raped, and those with a history of both childhood sexual abuse and premilitary rape were 6 times more likely to be raped. In addition, researchers have tried to explain why certain women are at a greater risk of revictimization.

Another common risk factor, youth, was significant for both women and men (e.g. Elliott, Mok, and Briere, 2004; Isely and Gehrenbeck-Shim, 1997; Ullman, 1999a), as was being single (e.g., Söchting, Fairbrother, and Koch, 2004; Stermac, del Bove, and Addison, 2004) or divorced (e.g., Cloitre et al., 1996; Elliott, Mok, and Briere, 2004). For women only, other factors related to risk of victimization were low-income status (Acierno, Resnick, and Kilpatrick,

[1] Most of these studies assessed how different factors were associated with whether women were revictimized, but they did not address the reasons and thus they are not intended to imply causality of revictimization.

1997) and African-American ethnicity (Gross et al., 2006; Kalof, 2000a). Among men only, physical, psychiatric, and cognitive disabilities (Stermac et al., 1996; Stermac, del Bove, and Addison, 2004) were also significant risk factors.

With regard to situational risk factors for victimization, the number of prior sexual partners was a significant predictor of assault for women in many college studies (e.g., Greene and Navarro, 1998; Söchting, Fairbrother, and Koch, 2004; Synovitz and Byrne, 1998) and some community studies (e.g., Siegel and Williams, 2003). While alcohol and drug use are discussed in more detail in Section 4, we note here that alcohol use was also reported as a risk factor for both genders in the majority of studies done in a college setting (e.g., Combs-Lane and Smith, 2002; Larimer et al., 1999) and some studies within community settings (e.g., Masho, Odor, and Adera, 2005; Testa and Dermen, 1999), but not in military studies. Substance use was also related to sexual assault in several community studies (e.g., Testa, VanZile-Tamsen, and Livingston, 2007; Ullman, 2007b) and college studies (e.g., Cass, 2007; Tewksbury and Mustaine, 2001).

Several studies also looked at the victim-perpetrator relationship and how it affects the nature of the assault. For female victims, an intimate partner was most often the perpetrator (e.g., Gross et al., 2006; Jones et al., 2004). Some studies found that greater intimacy increased the level of violence (e.g., Tjaden and Thoennes, 2000), though others found differing results (e.g., Stermac, del Bove, and Addison, 2004; Ullman and Siegel, 1993). There was greater consensus on weapon use: It was most common when the perpetrator was a stranger, for both men (e.g., Stermac, del Bove, and Addison, 2004) and women (e.g., Jones et al., 2004).

Most of the studies discussed in this section were either literature reviews (e.g., Acierno, Resnick, and Kilpatrick, 1997; Söchting, Fairbrother, and Koch, 2004) or empirical studies that involved some form of organized data collection from individuals (e.g., Greene and Navarro, 1998), administrative data (e.g., Stermac, del Bove, and Addison, 2001), or use of previously collected survey data (e.g., Skinner et al., 2000).

There are some limitations of the findings across these studies due to consistency issues with the size and selection of the samples. In particular, many of the college studies used convenience (nonrandom) samples of 100 participants or fewer, which creates various levels of bias in the results (e.g., Gidycz, Van Wynsberghe, and Edwards, 2008; Himelein, 1995). With regard to the community samples, several rely on data from sexual assault victims that presented to a health care setting for care (e.g., Stermac et al., 1996), which inherently excludes those victims who did not seek care.[2]

[2] Later sections of this compendium outline research that provides insights about why victims may not have sought care, including stigmatization stemming from the experience or secondary victimization that may occur when a victim presents for medical care or reports the incident to police.

Table 2.1
Summary of Studies on Sexual Assault Victim Risk Factors

Source	Sample	N	Method(s)	Study Purpose/Objective
Acierno et al., 2001	Female rape victims from the National Women's Study	3,218	Secondary data analysis	Compare the characteristics of recently perpetrated assaults on younger women and distant-past assaults on older women
Selected Results: Assault characteristics did not vary significantly between groups in the context or circumstances of the assault, but the reported prevalence of assaults was greater among younger women than older women.				
Acierno, Resnick, and Kilpatrick, 1997	Research of assault prevalence and risk factors	N/A	Literature review	Discuss prevalence and risk factors for all types of assault, including sexual assault
Selected Results: Prevalence rates are inconsistent due to the variety of definitions of *rape* and other terms. The range of lifetime prevalence among women for rape was between approximately 3% and 15%, and the lifetime rate of physical assault was 7 to 12%. College women and Caucasian women are at greater risk for sexual assault. Youth are also more at risk of sexual assault, with the majority of assaults happening before the age of 18.				
Addington and Rennison, 2008	Sexual assault incidents from the NCVS and NIBRS	396 from NCVS; 22,876 from NIBRS	Secondary data analysis	Understand the frequency with which rape co-occurs with other serious crimes, and to determine how such co-occurrence influences rape reporting and police clearance of rape incidents
Selected Results: Rape co-occurrence with other crimes was less likely when the victim was under age 18 and when the victim had previously been intimate with the perpetrator. It was more likely when the victim was older, white, or owned a home.				
Alexander, Franklin, and Wolf, 1995	Worker compensation claims filed by women who suffered work-related rape	63	Secondary data analysis	Determine nature of workplace sexual assault
Selected Results: Assaults were characterized by isolation from the public and coworkers, and more than half of them occurred at night. The occupations of the rape victims were similar to those known to be high-risk for other intentional injuries, such as taxicab drivers and convenience store clerks. The victims were often young, and the majority of them did not know their perpetrators.				
Banyard et al., 2007	Male and female college students	651	Survey	Identify gender differences in victimization rates and consequences
Selected Results: Women were more likely to be victimized, but among victims there was no difference in context of unwanted sexual experiences, rates of disclosure, or negative consequences. Alcohol and gender were strong predictors of assault. Women received more on-campus training/services than men.				
Basile, 2008	Female victims of intimate partner rape	41	Interviews	Describe victimization experiences among women who experienced intimate partner rape
Selected Results: A substantial percentage of the women reported a history of child abuse: 49% reported childhood verbal abuse, 32% reported childhood physical abuse, and 10% reported childhood sexual abuse. 76% of the sample had experienced verbal abuse, and 51% had experienced physical abuse. A large percentage reported that their current or former partners were controlling. When a relationship included isolating control, control of money, and control of appearance, it typically also included sexual coercion.				
Bostock and Daley, 2007	Active duty Air Force women	2,018	Survey	Estimate sexual assault and harassment rates among Air Force women
Selected Results: Lifetime rape prevalence rates were twice the national average in this sample; most of the rapes happened when the women were civilians.				

Table 2.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Brecklin and Ullman, 2005	Female college student respondents from the National Survey of Intergender Relationships who had reported sexual assault	1,623	Secondary data analysis	Determine relationship between women's self-defense/assertiveness training and physical or psychological responses to subsequent rape attacks
Selected Results: Women with self-defense or assertiveness training were more likely to have experienced an attempted rape and less likely to have been raped.				
Breitenbecher, 1999	Female college students	224 at wave 1; 66 at wave 2	Experiment, survey	Determine the relationship between threat perception while dating and sexual victimization
Selected Results: There was no significant relationship between threat perception and previous sexual abuse/assault, or with subsequent sexual assault in the study follow-up.				
Breitenbecher, 2001	Research of women who were sexually victimized	N/A	Literature review	Examine risk factors for female sexual revictimization
Selected Results: Risk factors were categorized into eight categories: spurious factors, situational variables, disturbed interpersonal relationships, cognitive attributions, self-blame and self-esteem, coping skills, perception of threat and trauma-related symptomatology, and general psychological adjustment. None of these theories has received unequivocal support in the literature; however, reduced threat perception is related to increased risk of sexual revictimization. Studies have shown strong empirical support for situational and environmental factors, but the literature reveals conflicting findings, especially regarding alcohol use and multiple sex partners.				
Buddie and Testa, 2005	Female college students and college-age women	330	Interviews, survey	Compare rates and predictors of sexual aggression victimization among female college students and other women of the same age range
Selected Results: While female college students were not more likely to experience sexual assault, those living away from parents in any situation were. College was not an inherently risky environment. Instead, risky behaviors, such as heavy episodic drinking, were predictive of rape or attempted rape. Additionally, subjects' number of sex partners was predictive of attempted rapes and rapes in the past year.				
Campbell et al., 2003	Active duty military women	616	Interview	Determine prevalence and characteristics of intimate partner violence (IPV) among active duty military women
Selected Results: 30% of those interviewed had experienced lifetime IPV and 22% had experienced IPV while in the military. 3% reported sexual abuse to the exclusion of emotional and physical abuse, while 22% reported experiencing all three types of abuse.				
Cass, 2007	Male and female college students	3,036	Secondary data analysis	Assess whether student's routine activities and school-level factors explain the probability of sexual assault
Selected Results: Risk factors for sexual assault included being female, engaging in recreational drugs, and being single. No school-level factors were significant; these findings suggest that routine activities theory may not adequately explain sexual assault on college campuses.				
Cloitre et al., 1996	Female patients admitted to a psychiatric hospital	409	Interviews, secondary data analysis	Analyze the relationship between childhood abuse and adult sexual assault
Selected Results: There were no significant demographic (age, race/ethnicity, education, employment) differences between those who had and had not experienced sexual assault as an adult, although women who had experienced childhood abuse were more than 3 times as likely to experience an adult assault. Women who reported being divorced or separated were also more likely to have been sexually assaulted.				

Table 2.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Combs-Lane and Smith, 2002	Female college students	126	Surveys	Assess risk factors for sexual victimization
Selected Results: 13% of respondents reported new victimization in the 5 months between two points of data collection. Of those women, 31% had been victimized prior to the first assessment, but, statistically, this prior victimization was not related to victimization between the assessments. Instead, alcohol use, followed by expected engagement in heavy drinking, expected involvement in risky sex, and expected involvement and exposure to potential perpetrators, was associated with subsequent victimization.				
Coyle, Wolan, and Van Horn, 1996	Female military veterans seeking care at a Veterans Affairs medical center	429	Survey	Estimate prevalence of sexual abuse among Veterans Affairs medical center patients
Selected Results: 55% of respondents reported sexual abuse (pressure to do something sexual, excluding unwanted sexual intercourse) either during or outside of their military career. This was the most common form of abuse reported by this sample, followed by physical abuse (48%) and rape (41%). Within the victim groups, 44% of those reporting sexual abuse and 52% of those reporting rape were not victimized during active duty. Risk factors for sexual abuse included being under age 50; being single, separated, or divorced; and being enlisted rather than an officer.				
Cue, George, and Norris, 1996	Female college students	165	Experiment	Assess perceptions and likelihood of sexual behavior/aggression in different situations
Selected Results: Women rated men in dating scenarios to be more likely to commit nonconsensual sexual acts when the man had rape-congruent characteristics, and when the women were judging another woman on the date rather than themselves.				
Davies, Pollard, and Archer, 2006	Male and female college students	161	Experiment	Determine effects of perpetrator gender and victim sexuality on blame toward male victims
Selected Results: Female participants were more likely to assign blame to the perpetrator than to the victim, and male participants assigned less blame to female perpetrators, and to male and female assaulters of homosexual victims.				
Elliott, Mok, and Briere, 2004	Men and women	941	Survey	Examine the prevalence and impact of adult sexual assault
Selected Results: 22% of female and 4% of male respondents reported adult sexual assault. The factors predictive of adult sexual assault included younger age, female sex, childhood sexual assault, childhood physical abuse, and adult physical assault.				
Gidycz, Hanson, and Layman, 1995	Female college students	Varied	Surveys	Conduct a prospective study of sexual revictimization
Selected Results: The risk of sexual victimization at each time period was predicted by victimization in the previous time period, and more severe victimization increased the likelihood of subsequent victimization.				
Gidycz, McNamara, and Edwards, 2006	Empirical studies of risk perception and victimization	N/A	Literature review	Assess relationship between risk perception and sexual victimization
Selected Results: While women without a history of assault were likely to perceive a global risk of assault, they did not translate this into a feeling of specific risk for themselves. Additionally, these women believed that they were better able to handle risky situations.				

Table 2.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Gidycz, Van Wynsberghe, and Edwards, 2008	Female college students who had been sexually assaulted	68	Survey	Assess predictors of sexual assault resistance strategies
Selected Results: Women who had planned to use assertive resistance strategies in a sexual assault situation were more likely to do so. Women's use of assertive resistance strategies was positively correlated with their use of nonforceful verbal resistance. Nonforceful verbal resistance was correlated with using immobility (freeze, turn cold), but the use of assertive resistance strategies was not. Physical restraint and previous sexual victimization significantly predicted women's use of nonforceful verbal resistance, while childhood sexual victimization and other previous sexual victimization predicted women's use of immobility as a resistance strategy.				
Greene and Navarro, 1998	Female college students	274 at Time 1; 88 at Time 2; 105 at Time 3	Surveys	Ascertain protective and risk factors for sexual victimization
Selected Results: Situation-specific assertiveness toward men was a robust protective factor against sexual victimization. Conversely, risk factors included prior victimization, alcohol use, multiple sexual partners, insecurity about romantic relationships, poor adjustment (based on depression and anxiety indicators).				
Gross et al., 2006	Female college students	935	Survey	Study the prevalence and correlating factors of many kinds of sexual victimization
Selected Results: 27% of respondents reported unwanted sexual experiences since enrolling in college, and 37% of these reported multiple forced sexual experiences. Being forced to participate in kissing and petting was the most commonly reported coercive experience (13%), but 9% had engaged in unwanted intercourse. African-American women were slightly more likely to have had unwanted sexual experiences, and among whites there was a significant relationship between alcohol consumption by the victim and the perpetrator and sexually aggressive acts. Boyfriends were the most common perpetrators of sexual aggression.				
Himelein, 1995	Female college students	100	Survey	Identify predictors of sexual victimization
Selected Results: Precollege sexual victimization in dating was the strongest predictor of victimization during college dating, and greater use of alcohol and higher levels of consensual sex were associated with dating victimization. Only one attitudinal factor was predictive: Sexual conservatism was negatively associated with college victimization.				
Humphrey and White, 2000	Female college students	747	Survey	Study vulnerability to sexual assault, including risk of initial victimization and of subsequent victimization based on prior victimization
Selected Results: The risk of initial victimization after childhood was most often during late adolescence, with risk declining thereafter. Childhood sexual victimization nearly doubled the risk of later adolescent victimization. Women who were victims of adolescent sexual assault were 4.6 times more likely to be assaulted during college than nonvictims. The more severe the adolescent victimization, the greater the risk of college victimization.				
Isely, 1998	Research of sexual assault of men	N/A	Literature review	Discuss risk factors and experience of male victims of sexual assault
Selected Results: The existing literature suggests that college-age men are at risk for assault, and the experience of sexual victimization can cause serious psychosocial dysfunction. Male victims are also much less likely to report assault or seek treatment.				
Isely and Gehrenbeck-Shim, 1997	Agencies providing support to male sexual assault victims who sought treatment	3,635 cases at 172 agencies	Survey	Determine the nature and prevalence of sexual assault of men
Selected Results: The majority of victims were young (between 16 and 30), white, and heterosexual. 40% of victims were intoxicated at the time of the assault.				

Table 2.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Jones et al., 2004	Medical records of female rape victims	849	Secondary data analysis	Determine the nature of injuries related to different forms of victim-perpetrator relationships
Selected Results: 76% of the victims knew their attackers; of these, 68% were acquaintances, 21% were boyfriends or spouses, and 5% were family members. Of those raped by strangers, the assault was more likely to involve weapons or physical coercion, occur in the home of the victim, and result in more nongenital trauma. There was little difference between types of relationship with regard to anogenital trauma, with approximately three-quarters of victims experiencing this form of trauma in both groups and both experiencing the same mean number of anogenital injuries.				
Kalof, 1993	Female college students	216	Survey	Assess the relationship between sorority membership and rape-supportive attitudes
Selected Results: Sorority membership was associated with more conservative views toward gender, sex, and rape, and support of stereotypes about violence and rape myths, as well as significantly higher rates of alcohol-related nonconsensual sex and physical coercion. There were no significant differences between the sorority and nonsorority women in prevalence of rape or victimization by social coercion.				
Kalof, 2000a	Female college students	383	Survey	Assess differences in prevalence of sexual assault by ethnic group
Selected Results: 33% of respondents experienced some type of sexual assault during college, with 22% of those saying they had been raped. 26% of Hispanic women had been victims of an attempted rape, compared with 6% to 9% of the other women. African-American women reported the highest rates of forced intercourse through verbal threats or pressure, while Asian Americans had the lowest. 52% of the full sample reported unwanted sexual activity prior to college (younger than age 18). African-Americans, along with white women, were more likely than Hispanic women to have had experiences that qualify as rape, but not to consider themselves a rape victim. The likelihood of victimization in college increased for those women victimized prior to college and those women that drank alcohol.				
Kalof, 2000b	Female college students	54	Survey	Address the relationship between rape-supportive attitudes, prior experiences with sexual coercion, and vulnerability to sexual coercion among college students
Selected Results: There was little evidence to support such relationships; attitudes were not predictive of sexual victimization, and prior sexual coercion did not predict subsequent vulnerability.				
Kimerling et al., 2002	Medical charts for male and female rape victims seeking treatment	970	Secondary data analysis	Examine differences between male and female rape victims
Selected Results: Male victims were more likely to identify as gay or bisexual and to report current psychiatric symptoms as well as a history of psychiatric disorder and hospitalization. Women were more likely to be a member of a minority ethnic group. Lifetime history of victimization did not differ between genders; about a third reported childhood abuse, and half of each gender reported adult sexual assault.				
Kleck and Tark, 2005	Sexual assault cases and assault incidents from the NCVS	733 rapes, 1,278 sexual assaults, 12,235 assaults	Secondary data analysis	Assess whether victims' resistance is effective to avoid rape and whether resistance is associated with additional injuries other than rape
Selected Results: Rape victims' self-protection actions (both forceful and nonforceful) reduced the probability of rape completion and did not significantly increase the risk of injury.				

Table 2.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Krahé, Scheinberger-Olwig, and Kolpin, 2000	Heterosexual men and women, homosexual men	1,290	Surveys	Discuss the role of ambiguous communication of sexual intentions as a risk factor for sexual assault
Selected Results: Token resistance significantly increased risk of sexual victimization in two of three studies, while two also found compliance to be a risk factor. Overall, ambiguous communication in sexual encounters was linked with an increased risk of victimization and of perpetration.				
Krebs et al., 2007	Male and female college students	6,841	Survey	Determine nature of sexual assaults in a college setting
Selected Results: 14% of college women and 4% of college men reported being victims of at least one completed sexual assault since entering college, and 5% of women were victims of physically forced sexual assault. 8% of female respondents were sexually assaulted after they voluntarily consumed drugs and/or alcohol, and 1% were sexually assaulted after they had been given drugs without their knowledge.				
Larimer et al., 1999	Male and female college students	296	Survey	Investigate prevalence of sexual assault victimization/perpetration within Greek system
Selected Results: Men were as likely to be sexually coerced as women were, but women were more likely to be victims of physically forced sexual coercion.				
Long et al., 2007	African-American women	495	Survey	Determine relationship between age and educational differences on sexual assault
Selected Results: Participants reported similar sexual assault characteristics across age and education levels, but older, less educated African-American women assigned more blame to themselves after an assault.				
Maker, Kemmelmeier, and Peterson, 2001	Female college students	131	Survey	Examine risk factors and consequences of sexual assault
Selected Results: The occurrence of child sexual abuse predicted adult sexual assault, independent of number of perpetrators, age at sexual abuse, and severity of abuse.				
Masho, Odor, and Adera, 2005	Women	1,769	Interviews	Assess prevalence and factors of sexual assault in Virginia
Selected Results: 28% of those interviewed reported a sexual assault during their lifetime, while 18% reported rape specifically. 78% of those who reported some sexual assault stated that it occurred for the first time during childhood/adolescence. Those who were sexually assaulted were more likely to be between 35 and 44 years old, divorced/separated/widowed, drink alcohol 4 or more times a week, ideate suicide, and perceive their health to be poor.				
McConaghy and Zamir, 1995	Male and female medical students	182	Survey	Explore how sexual coercion/rape relates to the idea of normal male behavior
Selected Results: Similar proportions of men (30%) and women (35%) had experienced constant physical sexual coercion. Only 16% of women and 7% of men experienced coercion involving the threat or use of force.				
McFarlane, Malecha, Watson, et al., 2005	Female physical assault victims	148	Interviews	Describe intimate partner sexual assault characteristics and consequences
Selected Results: 68% of the sample reported sexual assault. 50% of the sexually assaulted women said the perpetrator consumed alcohol before the assault, and 40% said that the perpetrators used illegal drugs before the assault. Repeated sexual assaults were related to sexually transmitted disease; 15% of women reported one or more sexually transmitted diseases after the assault. Regarding the relationship between help-seeking behaviors and repeated sexual assault, women who contacted police were 59% less likely to experience another assault; those who sought a protection order were 70% less likely; and those who received medical care were 32% less likely.				

Table 2.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Merrill et al., 1997	Female Navy recruits	1,140	Survey	Analyze risk factors for sexual revictimization and racial/ethnic differences in sexual victimization
Selected Results: 40% of respondents reported childhood sexual abuse, and these female recruits were 4.70 times more likely to have been raped. Women who experienced both physical and sexual abuse as children had the highest rates of rape. Childhood sexual abuse was a stronger predictor of sexual revictimization than either alcohol problems or number of sex partners. Among the recruits who reported childhood sexual abuse, Hispanic women had the highest odds of reporting they had also been raped.				
Messman-Moore and Brown, 2006	Female college students	262	Survey	Analyze the relationship between risk perception, rape, and sexual revictimization
Selected Results: 43% of the respondents reported an unwanted sexual experience at some time during the study, and 54% of women raped during the study period had a history of sexual victimization. Increased sexual victimization risk was related to prior victimization and impaired risk perceptions.				
Messman-Moore and Long, 2000	Female college students	633	Survey	Examine revictimization patterns among child sexual assault victims
Selected Results: 20% of the women surveyed indicated they experienced sexual abuse as a child, 52% reported adult unwanted sexual contact, and 26% indicated experiencing unwanted sexual intercourse. Child sexual abuse victims were more likely than nonvictims to report unwanted sexual intercourse with an acquaintance as a result of physical force and unwanted sexual intercourse with a stranger or an acquaintance stemming from the perpetrator's misuse of authority. They were also more likely to report unwanted sexual contact when alcohol or drug use was involved, physical abuse, and psychological maltreatment (e.g., dominance or isolation by a partner, emotional abuse by a partner).				
Monnier et al., 2002	Female rape victims	47	Interviews	Assess patterns of intimate partner violence
Selected Results: 75% of those interviewed reported that the index rape was perpetrated by a stranger. 60% reported being the victim of a prior rape, and 49% disclosed past physical assault. Women with a history of intimate partner rape or physical assault were no more likely to have their index rape perpetrated by an intimate partner than those without such a history. 4% of women experienced a rape between the first and second waves of data collection, 4% reported a rape between the second and third waves of data collection, and 17% of women experienced a physical assault between the second and third waves of data collection.				
Nasta et al., 2005	Female college students	234	Survey	Assess the prevalence of sexual victimization among female college students, their awareness of resources available to sexual assault victims, and their utilization of such resources
Selected Results: 38% of the sample reported some kind of sexual assault incident, including 6% of women who had experienced a completed rape and 4% who had experienced an attempted rape. Almost 40% of those who had been sexually victimized indicated they were unable to resist unwanted sexual advance because they had used drugs or consumed alcohol. Among both victims and nonvictims, campus psychological services had the highest rates of awareness (90% and 88%, respectively), and health services had the second highest rate of awareness. Actual resource utilization by victims was low: only 22% of victims reported the sexual assault to any type of campus-based resource, and only 6% turned to an off-campus resource.				
Norris, Nurius, and Dimeff, 1996	Female college students	66	Survey, focus groups	Assess perceptions of acquaintance rape
Selected Results: The majority of participants felt they were at low risk for acquaintance rape and believed they could resist successfully if they were sexually assaulted. The greater the presence of psychological barriers, such as embarrassment and fear of rejection by the man, the less likely women were to voice intentions to use direct resistance strategies, such as verbal assertiveness or physical resistance. Those who had a history of prior victimization felt they were at a higher risk for future sexual aggression than did nonvictims, reported more behaviors and circumstances that may put them at risk, and tended to believe they could not resist sexual assault effectively.				

Table 2.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Nurius et al., 1996	Male and female college students	100	Survey, focus groups	Explore the social context of interactions among heterosexual college students as well as their expectations regarding perpetration and reaction to sexual aggression
Selected Results: Men's and women's expectations and responses differed on various dimensions. For instance, women believed their risk of acquaintance sexual assault to be lower than what the men assessed the women's risk to be. Victims of acquaintance sexual aggression perceived their risk of future victimization to be higher than nonvictims.				
O'Sullivan, Byers, and Finkelman, 1998	Male and female college students	433	Survey	Assess the contexts of and reactions to sexual coercion in the college environment
Selected Results: More men than women reported being sexually coercive, and more women than men reported being sexually coerced. Sexual coercion typically occurred within the context of a heterosexual dating situation, usually in the evening (91% of incidents) and usually in one of the dating party's residences. More than half of respondents indicated that they had engaged in consensual sexual activity with the perpetrator prior to the coercion incident. Most victims used verbal responses rather than physical force as a resistance strategy, and more women than men reported negative reactions to the behavior and stronger resistance. Few respondents reported negative consequences of sexual coercion relating to academic or social activities.				
Parks et al., 2008	Female college students	886	Survey	Examine how changes in alcohol consumption are related to victimization risk
Selected Results: The odds of sexual victimization during the freshman year increased when there was a prior history of victimization, evidence of psychological symptoms related to somatization, depression or anxiety, or a higher number of sexual partners. Drinkers were more likely to report physical and sexual victimization than those who abstained from alcohol consumption.				
Pazzani, 2007	Sexual assault cases from the Violence and Threats of Violence Against Women and Men in the United States survey	208	Secondary data analysis	Identify whether correlates of stranger rape and acquaintance rape differ
Selected Results: Acquaintance rapes were predicted by the victim's prior child abuse and prior sexual assaults and were negatively associated with a culture of gender equality. Stranger rapes were positively associated with a culture of hypermasculinity at the state level. Divorce rate was negatively associated with acquaintance rape at the state level.				
Randall and Haskell, 1995	Women	420	Survey	Estimate prevalence and effects of sexual abuse and violence
Selected Results: 51% of the women reported an attempted or completed rape, and 42% reported some type of childhood sexual abuse. Those abused during childhood were more likely to experience victimization as an adult. 30% of sexual assault cases were perpetrated by husbands, intimate partners, or boyfriends, and 28% were perpetrated by dates or acquaintances. 25% of rape cases were perpetrated by husbands and 12% by strangers.				
Roberto and Teaster, 2005	Case data of women in Adult Protective Services	125	Secondary data analysis	Examine the context and outcomes for sexual abuse cases in the Adult Protective Services system
Selected Results: The most common types of abuse were sexualized kissing and fondling (68%) and unwelcome sexual interest (44%). Rape was reported in 17% of cases and was more frequently reported by women age 18 to 39 than women in other age categories. 63% of victims were age 60 or older. For victims living in the community, the majority of sexual abuse was perpetrated by a family member, while for women living under facility care, the perpetrator was most often another resident. Adult Protective Services workers indicated that 12% of women were at risk of additional abuse by the perpetrator.				

Table 2.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Sadler et al., 2003	Female military veterans	558	Survey	Examine the military environmental factors associated with rape during military service
Selected Results: 28% of study participants reported rape, a consistent finding regardless of when the women served. Factors that increased likelihood of rape included sexual harassment allowed by officers, observing heterosexual sexual activities in sleeping quarters, on-duty physical intimidation, and the existence of unwanted sexual advances on-duty and in sleeping quarters. Other related factors that increased likelihood of rape were young entry into military service or history of rape prior to military.				
Schultz et al., 2006	Female military veterans	223	Survey	Examine childhood sexual abuse, adult sexual victimization, and adult sexual assault
Selected Results: Female veterans reported much greater levels of sexual assault than did civilian women. Rates of childhood sexual abuse and adult sexual victimization were similar for both groups, but female veterans reported longer durations of childhood abuse and significantly greater levels of severity for adult victimization than did civilian women. Veterans were also more likely to have been abused by a father figure.				
Schwartz et al., 2001	Male and female college students	3,142	Survey	Determine whether alcohol and/or recreational drug use is associated with higher rates of victimization or sexual aggression; determine whether men are more likely to be sexually abusive when their male peers encourage them to be so
Selected Results: 46% of female respondents reported some type of sexual victimization. 83% of women who reported frequent drug use indicated they had been sexually abused, compared with 41% of women who stated they did not use drugs. 36% of female heavy drinkers reported being rape victims, compared with 12% of abstainers and 16% of light drinkers.				
Siegel and Williams, 2003	Women	411	Survey	Explore the effect of sexual victimization during childhood on later risk of revictimization
Selected Results: Childhood sexual abuse before age 13 was not a significant factor in adult sexual victimization, but the combination of childhood and adolescent sexual victimization was a risk factor for adult victimization. Alcohol abuse and number of sex partners were also related to sexual victimization as an adult.				
Skinner et al., 2000	Female veterans who accessed care at Veterans Health Administration facilities	3,632	Survey	Determine prevalence of military sexual violence and differences between victims and nonvictims in both prevalence rates and outcomes
Selected Results: 23% indicated being sexual assaulted while in the military. Women reporting sexual assault were 6 years younger, on average, and slightly more educated than those who did not report any sexual assaults. Those who reported sexual assault also tended to have served longer on active duty and were less likely to have been officers than nonvictims. Women who were sexually assaulted were more likely to have served in the Army than in the other military branches.				
Smith, White, and Holland, 2003	Female college students	1,569	Survey	Conduct a longitudinal study of physical and sexual victimization in dating relationships
Selected Results: Women most at risk for either physical or sexual victimization had a history of both any type of childhood victimization and physical victimization during adolescence. Women who were not victimized during either childhood or adolescence had the lowest risk for college victimization.				

Table 2.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Söchting, Fairbrother, and Koch, 2004	Research of college prevention programs	N/A	Literature review	Review research done on college sexual assault prevention programs
Selected Results: Single status, low income, being a Native American or African-American, having emotional or mental difficulties, and prior history of sexual victimization were all reported by multiple studies as risk factors. One study found membership in sororities to be a risk factor. Factors at the time of rape that increased risk were dating location, sexual behavior and frequency, alcohol use, attitudes and beliefs, lack of assertiveness and miscommunication, and limited ability to detect danger cues. Self-defense training holds the most promise as a prevention technique, but it is not widely used currently in college programs. Also, based on risk factors, rape prevention programs should augment self-defense training with counseling on risk behaviors that can be modified, such as drinking and dating location, as well as attitudes toward sex roles and rape acknowledgment and resistance.				
Stander et al., 2006	Female Navy recruits	465	Survey	Assess the effect of premilitary sexual victimization on rape during the first year of military service; examine ethnic differences in sexual victimization and revictimization
Selected Results: Women with a history of childhood sexual abuse were 2.5 times more likely to be raped during their first year of military service than women without such a history. This revictimization pattern was stronger for African-American and Hispanic women than for white women. Women with a history of premilitary rape were 3.5 times more likely to be raped during their first year of military service than women with no such history, and this revictimization effect was strongest for African-American women. Women with a history of both childhood sexual abuse and premilitary rape were 6 times more likely to be raped during their first year than women without such a history.				
Stermac et al., 1996	Sexual assault crisis unit records for male sexual assault victims seeking treatment	29	Secondary data analysis	Examine the circumstances and characteristics of sexual assaults with male victims
Selected Results: The majority of victims were young gay men, and many of them had physical and/or cognitive disabilities.				
Stermac, del Bove, and Addison, 2001	Sexual assault care center records for female sexual assault victims seeking treatment	547	Secondary data analysis	Compare characteristics of sexual assault perpetrated by spouses, boyfriends, and acquaintances
Selected Results: The injuries of those assaulted by spouses were likely to be more severe than those of acquaintance assault victims, but were similar to those of women assaulted by their boyfriends.				
Stermac, del Bove, and Addison, 2004	Sexual assault care center records for male and female sexual assault victims seeking treatment	251	Secondary data analysis	Compare characteristics of stranger-perpetrated sexual assaults with male victims, acquaintance-perpetrated sexual assaults with male victims, and acquaintance-perpetrated sexual assaults with female victims
Selected Results: Male sexual assault victims tended to be young and single, with vulnerabilities such as a history of homelessness and physical, psychiatric, or cognitive disabilities. Men assaulted by strangers were more likely to be threatened with weapons and physical violence than were any victims of acquaintance assault. Men assaulted by strangers were also more likely to be attacked by multiple assailants than were female victims and were more frequently assaulted outdoors than any victims of acquaintance assault.				
Synovitz and Byrne, 1998	Female college students	241	Survey	Assess differences between sexual assault victims and nonvictims
Selected Results: 42% reported sexual victimization. Compared with nonvictims, sexual assault victims had a higher number of lifetime sexual partners and were more likely to dress provocatively and consume alcohol before or during a date.				

Table 2.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Testa and Dermen, 1999	Women with higher alcohol use and sexual frequency	180	Survey, interviews	Examine the correlates of sexual coercion and rape (or attempted rape) among at-risk women
Selected Results: Low self-esteem, low assertiveness, and high sex-related alcohol expectancies were related to experiencing sexual coercion, but not rape or attempted rape. Greater amounts of alcohol consumed and casual sexual activity were related to all types of assault.				
Testa et al., 2003	Women	1,014	Survey, interview	Compare the prevalence and factors associated with two different types of rape: forcible rape and incapacitated rape
Selected Results: Age and childhood sexual abuse were related to forcible rape but not incapacitated rape, while adolescent alcohol and drug use were associated with incapacitated rape but not forcible rape. Incapacitated rape differed from forcible rape in that it was less often perpetrated by someone the victim had been intimate with before the assault, occurred more often after patronizing a bar or attending a party, and less often resulted in physical injury.				
Testa, VanZile-Tamsen, and Livingston, 2007	Women	927	Survey, interviews	Determine whether substance use, sexual activity, and sexual assertiveness predict sexual victimization by either intimate or nonintimate perpetrators
Selected Results: Factors associated with sexual victimization by an intimate perpetrator were low sexual refusal assertiveness, drug use, and prior intimate partner victimization. However, victimization by a nonintimate perpetrator was predicted by heavy drinking and number of sexual partners.				
Tewksbury and Mustaine, 2001	Male college students	541	Survey	Determine predictors of male sexual assault risk (committed by male or female perpetrators)
Selected Results: Demographics, high school experiences, drug use, and athletic participation in college all were related to serious sexual assault victimization (i.e., assaults that involved the use of threat or force). White men and men with siblings were less likely to be assaulted, and those with a greater number of siblings, frequent drug users, and college athletes were more likely to be victims of serious sexual assault.				
Tjaden and Thoennes, 2000	Men and women	16,005	Survey	Gather data on the prevalence, incidence, and consequences of violence against women
Selected Results: Women were more likely than men to be raped, physically assaulted, and/or stalked by an intimate partner. The likelihood that a female victim was injured increased when the perpetrator was a current or former intimate partner.				
Ullman, 1999a	Police reports of sexual assault cases	1,819	Secondary data analysis	Identify differences between gang and individual rapes
Selected Results: Gang rape victims and perpetrators tended to be younger, unemployed, and under a greater influence of alcohol and drugs compared with those involved in individual rapes. Gang rape assaults also involved more night attacks, less forceful physical resistance by the victim, and more completed rapes than did individual rape incidents. In addition, factors related to more severe physical injury in gang rapes included known assailants and indoor attacks, while for individual rapes, more dangerous assault characteristics, such as the use of a weapon, offender violence, and outdoor attacks, were associated with greater physical injury.				
Ullman, 2007b	Female sexual assault victims	1,084	Survey	Describe differences between gang and individual rapes
Selected Results: 18% of subjects raped were gang raped. Compared with victims of individual rape, gang rape victims were more likely to have had childhood sexual abuse, faced more lifetime traumatic events, experienced post-assault posttraumatic stress disorder, and reported more lifetime suicide attempts. They also had, on average, more physical injuries related to the assault than did individual rape victims, and those assaults involved more physical violence, victim resistance, and substance use.				

Table 2.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Ullman et al., 2006	Female sexual assault victims	1,084	Survey	Assess differences in background, assault, and post-assault factors by victim-perpetrator relationship
Selected Results: Compared with victims of acquaintances, victims of stranger rape had greater perceived life threat related to the assault, had more severe sexual assaults, and were more likely to be an ethnic minority.				
Ullman and Siegel, 1993	Female sexual assault victims	240	Survey	Assess whether differences in sexual assault experiences and outcomes can be explained by the victim-perpetrator relationship
Selected Results: The use of weapons and physical harm were more prevalent in assaults committed by intimate partners than those committed by acquaintances, whereas physical resistance was more likely when the perpetrator was an acquaintance rather than an intimate.				
Van Wie, Gross and Marx, 1995	Female college students	101	Experiment, survey	Assess perceptions of when a woman would want her dating partner to stop making sexual advances based on perceived token resistance and previous sexual contact
Selected Results: While listening to a recorded vignette of a dating situation that escalated into date rape, participants who were told that the female dating partner gave token resistance on a previous date took longer to designate the stopping point for the man's sexual advances than did those who were told the couple had sexual contact without resistance on a prior date.				
Vanzile-Tamsen, Testa, and Livingston, 2005	Women	318	Survey	Analyze the relationship between sexual assault history and relationship context to assessment of acquaintance sexual assault risk
Selected Results: Sexual assault history did not have a direct influence on appraisal or intended response but did have a modest indirect influence on sexual assertiveness. Appraisal and response were mostly affected by perpetrator intimacy such that women approached within the context of an intimate relationship were less likely to feel threatened or resist.				
Vogel and Himelein, 1995	Women about to enter college	320	Survey	Assess factors associated with sexual assault and date rape
Selected Results: Early childhood sexual assault, greater frequency of alcohol/drug use, stronger adversarial sexual beliefs, and lower assertiveness were related to increased risk of sexual victimization.				
Winslett and Gross, 2008	Male and female college students	166	Experiment, survey	Discern when a woman would want her partner to stop making sexual advances based on whether clearly articulated sexual boundaries were given prior to sexual activity
Selected Results: Participants were split into groups and given different background information before listening to an audio recording of a date rape scenario and stopping the recording at the time they felt the man's sexual advances should cease. The participants who were told of a discussion between partners in which the woman articulated her sexual boundaries before sexual contact occurred indicated that the man's sexual advances should stop sooner than those who were not advised of such a discussion. There was no significant difference between the reaction times of male and female participants.				

NOTES: NCVS = National Crime Victimization Survey; NIBRS = National Incident-Based Reporting System.

SECTION 3

Perpetrator Risk Factors

In this section, we review research that focuses on perpetrator risk factors—that is, the characteristics and/or behaviors of those who commit sexual assault. Most of this research examines perpetration in a college setting, but military and community settings are also represented. There is some overlap between the studies we discuss in this section and those we discussed in Section 2, on victim risk factors; in particular, we include studies dealing with victim-perpetrator relationships (e.g., Grossin et al., 2003; Hannon et al., 1996) in both sections. As with publications highlighted in the preceding section, the majority of the studies focused on male perpetration of assault against female victims (e.g., Bondurant and Donat, 1999; Farris et al., 2008; Marshall and Holtzworth-Munroe, 2002). A much smaller number of studies looked at the prevalence of both sexes as perpetrators (e.g., Larimer et al., 1999; O'Sullivan, Byers, and Finkelman, 1998), and we only located two articles that probed female perpetrator characteristics (McConaghy and Zamir, 1995; Ménard et al., 2003). Most of the studies we included in this section were empirical, and methodological issues similar to those noted in the victim risk factors section are also present here (e.g., small sample size, nonrandom samples, focus on cases in which the victim presented for treatment). We also include in this section a collection of literature reviews (e.g., McCabe and Wauchope, 2005; Polaschek and Ward, 2002), and one study based on interviews (Monahan, Marolla, and Bromley, 2005) that looked at the typology and categorization of rapists. As this is an emerging field, these papers did not present any definitive findings. Table 3.1 summarizes the publications discussed in this section.

Hostile masculinity was most often found to be a significant behavioral predictor of sexual assault perpetration (e.g., Hall et al., 2006; McConaghy and Zamir, 1995; Wheeler, George, and Dahl, 2002). Closely related to hostile masculinity is calloused and/or aggressive sexual beliefs; several studies found that men who more closely agreed with these types of beliefs (e.g., agreement with such statements as "Get a woman drunk, high, or hot and she'll let you do whatever you want") were more likely to commit sexual assault (e.g., Abbey, McAuslan, et al., 2001; Bernat, Wilson, and Calhoun, 1999). Another predictor of sexual aggression was physical and/or psychological aggression (e.g., Marshall and Holtzworth-Munroe, 2002). Empathy was found to mitigate these behavioral risk factors (Abbey et al., 2007; Wheeler, George, and Dahl, 2002).

A history of being coercive or committing assault (e.g., Abbey et al., 2006; Loh et al., 2005) or of experiencing childhood sexual abuse (e.g., Abbey et al., 2006; Senn et al., 2000) was also found to be predictive; however, Merrill et al. (2001) found that once alcohol and number of sex partners were controlled for, the experience of childhood sexual abuse was no longer a significant predictor of committing assault. Hall et al. (2006) looked at predictors spe-

cific to race and found that loss of face was more likely to predict sexual coercion among Asian American men than among European Americans.

This compendium also includes a number of research studies that explored other characteristics or risk factors. The most commonly reported situational risk factor for perpetration was alcohol use (e.g., Abbey, Clinton-Sherrod, et al., 2003; Abbey and McAuslan, 2004; Zawacki et al., 2003), which we discuss more in the next section. A higher number of sexual partners was also found to increase the risk of perpetration (e.g., Abbey and McAuslan, 2004; Abbey, McAuslan, et al., 2001). The findings are uncertain with regard to how membership in social or formal groups is related to sexual assault. Loh et al. (2005) found that fraternity members were more likely to be perpetrators, and Boeringer (1999) found that fraternity members held more rape-supportive attitudes than a control group of college students, but that they scored significantly lower on rape-supportive attitudes than college athletes. However, Jackson, Veneziano, and Riggen (2004) found that group affiliation to a fraternity or an athletic team had a negative effect on sexual deviance. Carroll and Clark (2006) report that, when asked to describe events leading up to a woman reporting rape, college males more often ascribed blame to the perpetrator, while military academy males most often exhibited traditional gender attitudes and ascribed blame to the victim, displaying greater rape-supportive attitudes than the college cohort. Overall, several studies found that men's likelihood of perpetrating sexual assault depended on the level of rape-supportive attitudes among their peers (e.g., Fabiano et al., 2003; Humphrey and Kahn, 2000).

Table 3.1
Summary of Studies on Sexual Assault Perpetrator Risk Factors

Source	Samples	N	Method(s)	Study Purpose/Objective
Abbey, 2005	Literature on sexual assault	N/A	Literature review	Assess lessons gained in past 20 years regarding sexual assault
Selected Results: The prevalence of sexual assault is startlingly high, and sexual assault perpetrators appear to be otherwise "normal" men. Prior studies have found that one-third of men have said they would be willing to commit sexual assault, and one-fourth have verbally or physically forced some type of sex.				
Abbey et al., 2006	Men	163	Survey	Explore the prevalence and risk factors for sexual assault perpetration
Selected Results: 25% of the sample reported committing an attempted or completed rape after the age of 14; 39% reported perpetrating some other lesser form of sexual assault. Factors associated with sexual assault included childhood sexual abuse, adolescent delinquency, alcohol problems, sexual dominance, positive attitudes about casual sexual relationships, and prior perpetration. There were no significant differences in these results for African-American versus Caucasian subjects.				
Abbey et al., 2007	Men	163	Survey	Find predictors of different types of sexual assault
Selected Results: Perpetrators of assault that qualifies as rape were more likely to register lower scores on empathy and adult attachment and have more positive responses to attitudes about casual sex, sexual dominance, and peer approval of forced sex. Non-offenders differed significantly on these scores in the expected directions, while scores for perpetrators of lesser sexual assault were in between the other two types of offenders. 60% of those who had committed any assault had committed multiple assaults.				
Abbey, Clinton-Sherrod, et al., 2003	College male perpetrators	113	Survey	Assess whether the amount of alcohol consumed was related to the kind of sexual assault and the aggression involved
Selected Results: Increased alcohol use was associated with increased aggression; moderate alcohol use was associated with the highest levels of sexual assault.				
Abbey and McAuslan, 2004	Male college students	197	Survey	Determine whether repeat perpetrators reported more extreme hostility toward women, sexual experiences, and drinking in sexual situations
Selected Results: Repeat assaulters had more extreme scores for hostile gender beliefs, delinquency, past sexual experiences, and alcohol consumption in sexual situations than did single assaulters and non-assaulters. Repeat assaulters were less likely to express remorse than were single assaulters.				
Abbey, McAuslan, et al., 2001	Male college students	343	Survey	Explore whether individual and situational factors could distinguish between perpetrators and nonperpetrators, and for perpetrators, whether these factors could distinguish between forced sexual contact, sexual coercion, and rape
Selected Results: Sexual coercions and rapes were more likely to occur with a steady dating partner; forced sexual contacts were equally likely to occur with a casual or steady dating partner; and worst dates were more likely to occur with a casual date. Attitudes about hostility toward women, the acceptability of verbal pressure, and alcohol's enhancement of sex drives differed between perpetrators and nonperpetrators.				
Abbey, Zawacki, and Buck, 2005	Male college students	153	Experiment	Examine the effects of past sexual assault perpetration and alcohol consumption on men's reactions to a female peer
Selected Results: Self-acknowledged rapists and verbal coercers both felt more sexually drawn to the woman than did the nonperpetrators. Rape perpetrators thought the woman behaved more sexually and were more interested in being in another study with their partner, as compared with the other participants. Verbal coercers' scores were higher on these two measures than those of nonperpetrators. All participants who consumed alcohol perceived themselves and their partner as acting more sexually than the sober participants.				

Table 3.1—Continued

Source	Samples	N	Method(s)	Study Purpose/Objective
Anderson, Simpson-Taylor, and Hermann, 2004	Middle school, high school, and college students	361	Survey	Determine student understanding of social rules for situations when sex is desired, expected, or obligatory
Selected Results: Greater agreement with rape-supportive rules among men was associated with more self-reported sexually coercive behaviors.				
Bernat, Wilson, and Calhoun, 1999	Male college students	165	Experiment, survey	Determine how calloused sexual beliefs and token resistance affect attitude toward coerced sex
Selected Results: Men who scored high on the calloused sexual beliefs scale and had a history of coercion took significantly longer to stop a taped date rape scenario than coercive men who scored low on the calloused sexual beliefs scale. There were no significant results with respect to token resistance.				
Boeringer, 1999	Male college students	477	Survey	Explore rape-supportive attitudes of college men, including athletes and fraternity members
Selected Results: Although fraternity members and controls predominantly disagreed with rape-supportive beliefs, fraternity members scored higher on five supportive statements. Athletes differed more from the control group than did fraternity members, and athletes had significantly higher percentages of strong agreement on 6 of 8 rape myth questions than did either fraternity men or the controls.				
Bondurant and Donat, 1999	Male college students	432 in 2 separate studies	Surveys	Challenge the notion that acquaintance rape results from miscommunication by examining men's perceptions of women's sexual interest
Selected Results: Men who were rated as sexually aggressive were significantly more likely to misperceive an example woman's mundane and romantic behavior as sexually suggestive than were men who were rated as sexually nonaggressive. Men with higher endorsement of affective rape-supportive attitudes were more likely to infer sexual interest from both mundane and romantic behaviors.				
Carroll and Clark, 2006	Male college and military academy students	430	Survey	Determine whether background experiences made any difference in how men reported on an acquaintance rape script
Selected Results: The participants were asked to describe the events that would lead up to a scripted end; their responses fell generally into five scenarios—that the man was wrongly accused, that it happened related to a party, that it had to do with alcohol interacting with an ongoing relationship, that the woman was not ready for sex, or that the date was for sex only. College men were more likely to report a script about acquaintance rape involving alcohol, while military academy men were more likely to report a script of relationships that went too far sexually for the woman who was not ready for sex, or where the man was wrongly accused and the event was not a rape.				
Cleveland, Koss, and Lyons, 1999	Female college employees who were rape victims	257	Survey, interviews	Examine tactics used in the context of different perpetrator-victim relationships
Selected Results: There was not a relationship between the use of power tactics and drug tactics. The use of power tactics to obtain sex decreased as the perpetrator-victim relationship became closer, with the exception of ex-husbands. Acquaintances and dates were more likely than husbands to use alcohol and drug tactics.				
Crosset, Benedict, and McDonald, 1995	Campus police departments; university judicial affairs offices	20 campus police departments; 10 university judicial affairs departments	Survey	Examine the relationship between participation in men's varsity sports at NCAA Division I universities and sexual assaults
Selected Results: During the 1991–1993 timeframe, male college student-athletes were responsible for a significantly higher proportion of sexual assaults reported to university judicial affairs offices and police departments than the overall male student population.				

Table 3.1—Continued

Source	Samples	N	Method(s)	Study Purpose/Objective
Edward and MacLeod, 1999	Literature providing research evidence of rape myths	N/A	Literature review	Assess the extent to which rape myths are related to negative attitudes toward rape victims and to negative outcomes, such as rape proclivity and underreporting of incidents to police
Selected Results: A small number of studies have documented a positive relationship between rape myth acceptance and a propensity to commit sexual assaults.				
Fabiano et al., 2003	Male and female college students	618	Survey	Examine social norms concerning consent and willingness to intervene in sexual assault situations
Selected Results: Men's willingness to stick to only consensual activity and to act as women's allies was dependent on their perceptions of what other men and women consider normal behavior. They were also only willing to intervene in a situation to prevent sexual assault where other men would be also willing to intervene. The strongest predictor of the level of importance that men put on consent was their perception of women's norm for consent.				
Farris et al., 2008	Sexual assault research focusing on sexual misperception	N/A	Literature review	Assess the role of misperceptions of female sexual interest in sexual assault cases
Selected Results: Men consistently perceive a greater degree of sexual interest in women's behavior, as compared with women, though some studies state that this may be driven by a smaller group of sexually aggressive/coercive men. Situational factors, such as alcohol use, provocative dress, and dating behaviors, all are associated with greater perceived female sexual interest by men.				
Grossin et al., 2003	Police records of male and female sexual assault cases	418	Secondary data analysis	Describe victim, perpetrator, and assault characteristics, based on when the victim was examined in the emergency room
Selected Results: Those examined after 72 hours were more likely to have been assaulted by a family member (58% of those cases), with the father the most common perpetrator. Among those examined within 72 hours, a stranger was the most common perpetrator (51%).				
Hall et al., 2006	Male college students	565	Survey	View patterns of sexually coercive behavior in Asian and European Americans
Selected Results: The strongest predictor of sexual coercion was previous sexual coercion. Those categorized as persistent sexual coercers were more likely to have delinquency and hostile masculinity in their history. Perceived minority status was predictive of self-reported sexual coercion. Loss of face was a particular predictor for sexual coercion in Asian American men, while this only predicted sexual harassment in European Americans.				
Hannon et al., 1996	Male and female college students	195	Experiment	Assess judgments about sexual aggression and how judgments related to level of resistance and type of sexual behavior
Selected Results: Students identified more with victims than with aggressors, and students expected that aggressors do not evaluate their own behavior negatively.				
Humphrey and Kahn, 2000	Male college students	182	Survey	Examine the relationship between sexual assault and membership in athletic teams and/or high-risk fraternities
Selected Results: Members of fraternities and athletic teams that were judged to be high-risk based on other students' perceptions had higher scores on measures of sexual aggression and hostility toward women than those in the low-risk groups or control group. There were not significant differences between the control group and the low-risk fraternity/athletic group with regard to sexual aggression or hostility toward women. The high-risk group also scored higher than the low-risk group on endorsement of sexual aggression by male peers, but was not significantly different from the control group. The high-risk group also scored higher than the low-risk group on marijuana use, drinking frequency, and drinking intensity.				

Table 3.1—Continued

Source	Samples	N	Method(s)	Study Purpose/Objective
Isely and Gehrenbeck-Shim, 1997	Agencies providing support to male sexual assault victims who sought treatment	3,635 cases at 172 agencies	Survey	Determine the nature and prevalence of sexual assault of men
Selected Results: The majority of perpetrators were white, an acquaintance, perceived heterosexual, and male (only 6% were female). 68% of perpetrators used physical threat; a weapon was used 49% of the time.				
Jackson, Veneziano, and Riggen, 2004	Male college students	304	Survey	Determine whether prior deviance (delinquent and criminal behavior) is a better predictor of sexual deviance (perpetration of unwanted sexual activity) than membership in college groups, such as athletic teams or fraternities
Selected Results: A history of deviance did predict deviance during college. Group affiliation showed a negative effect on sexual deviance.				
Knight et al., 1998	Perpetrator data from the FBI's Behavioral Science Unit and an offender treatment center	395	Secondary data analysis	Evaluate the Criminal Investigative Analysis procedures for identifying rape perpetrators
Selected Results: Positive predictive results were shown for adult antisocial and expressive aggression predictor domains. Sadism, offense planning, and relation with victim showed consistency, indicating that predictive scales are possible for these domains.				
Koss and Cleveland, 1996	Research of male fraternity members and college athletes, and sexual assault	N/A	Literature review	Discuss why research has been inconclusive regarding fraternity members and athletes
Selected Results: Future studies need to address the sampling shortcomings and disentangle the causal relationships when considering athletes and fraternities, since those are groups that both select and self-select.				
Krahé, Scheinberger-Olwig, and Kopin, 2000	Heterosexual men and women, homosexual men	1,290	Surveys	Discuss the role of ambiguous communication of sexual intentions as a risk factor for sexual assault
Selected Results: Token resistance was linked to a higher likelihood of perpetrating sexual aggressive acts. Overall, ambiguous communication in sexual encounters is linked with an increased risk of victimization and of perpetration.				
Lackie and de Man, 1997	Male college students	86	Survey	Measure the relationship between sexual aggression and sex role stereotyping with individual factors, including participation in fraternities or athletics
Selected Results: Sexual aggression was related to physical aggression, suggesting that sexual violence is motivated by aggression rather than sex. Among respondents, there was a relationship between sexual aggression and physical aggression, masculinity, fraternity membership, and acceptance of interpersonal violence and traditional sex beliefs.				
Larimer et al., 1999	Male and female college students	296	Survey	Investigate prevalence of sexual assault victimization/perpetration within the Greek system
Selected Results: There were no differences between men and women in rates of instigating unwanted sexual contact.				

Table 3.1—Continued

Source	Samples	N	Method(s)	Study Purpose/Objective
Lisak and Miller, 2002	Male college students who admitted to rape but were never prosecuted	120	Survey	Describe a sample of undetected rapists
Selected Results: A majority of the men committed multiple rapes, and a majority admitted to other acts of interpersonal violence, including intimate partner battery, child abuse, and forced sexual contact. In all, these 120 men were responsible for 1,225 different acts of interpersonl violence; repeat rapists averaged 5.8 rapes each and were responsible for 85% of the total acts of interpersonal violence.				
Loh et al., 2005	Male college students	325 for Time 1; 253 for Time 2; 234 for Time 3	Survey	Evaluate risk factors for sexual assault perpetration
Selected Results: 31% of the survey sample reported committing sexually aggressive acts prior to entering the study. During the two follow-up periods, 17% (3-month follow-up) and 12% (7-month follow-up) of the sample reported sexually aggressive behavior. Perpetration of sexual assault at one time period predicted perpetration in the next time period. Alcohol was not a predictor when other variables were included in the analysis. In retrospective analyses, perpetration history was related to perceived token resistance and hypergender ideology. In prospective analyses, fraternity membership predicted perpetration during the 3-month follow-up period, and adherence to adversarial beliefs predicted similar behaviors during the 7-month follow-up point.				
Loh et al., 2007	Male college students	231	Experiment	Examine men's ability to recognize sexual aggression in videos and in themselves
Selected Results: Men with a history of sexual aggression identified more closely with both male actors displaying sexually coercive behavior and those displaying noncoercive behaviors than did men without such a history, which the authors state reflects the sexually aggressive men's inability to identify coercive actions as inappropriate.				
Malamuth, 1995	Men and their female partners, as applicable	354 men for Time 1; 176 men and 91 partners for Time 2	Secondary data analysis, survey, observation	Examine the utility of the confluence model of sexual aggression, which asserts that sexual aggression is the confluence of hostile masculinity and promiscuous-impersonal sex
Selected Results: The confluence model was appropriate for characterizing factors of sexual aggression, and it predicted sexually aggressive behavior in men. There was a direct relationship between measured sexual aggression and general conflict with women 10 years later. The two-path model predicted later conflict with women better than did sexual aggression alone.				
Marshall and Holtzworth-Munroe, 2002	Couples	164	Survey	Examine relationship between husband sexual aggression and physical and psychological aggression
Selected Results: Both husbands' physical and psychological aggression predicted sexual coercion, but only husbands' physical aggression predicted threatened/forced sex. Husbands were categorized using an earlier-published typology of violent and nonviolent husbands (six subtypes in total), and the most severely physically violent husbands within that typology were more likely than other husband types to engage in threatened/forced sex. Evidence of an additional violent husband subtype, which is exclusively sexually violent, was also revealed.				
McCabe and Wauchope, 2005	Alleged male sexual assault perpetrators, court cases	130 perpetrators, 50 cases	Secondary data analysis	Determine how well common rapist typologies align with the characteristics of alleged and actual sexual assault perpetrators
Selected Results: Both studies supported the validity of two rapist types—"power reassurance" rapists and "sadistic" rapists. Behavioral characteristics exhibited by alleged and actual perpetrators did not always fit well with the "anger" and "power exploitative" rapist types, suggesting a need to further refine these two categories.				

Table 3.1—Continued

Source	Samples	N	Method(s)	Study Purpose/Objective
McConaghy and Zamir, 1995	Male and female medical students	182	Survey	Explore how sexual coercion/rape relates to the idea of normal male behavior
Selected Results: Similar proportions of men (30%) and women (35%) had experienced constant physical sexual coercion. Such coercion tended not to involve threat or use of force, to be heterosexual in nature, and to be perpetrated by similar proportions of men (20%) and women (15%). With respect to perpetration, 20% of men and 15% of women reported engaging in constant physical sexual coercion, and as many as 4% of men and 2% of women reported using threat of force or actual force to attempt or engage in intercourse. The level of sexual coercion perpetrated by men and women was related to their masculine sex role scores.				
Ménard et al., 2003	Male and female college students	426	Survey	Analyze use and predictors of sexually harassing and coercive behaviors by sex
Selected Results: Men's average scores on the sexual coercion scales were 3.5 times higher than the women's. Among men, adult sexually coercive behavior was accounted for by adult sexual victimization and alcohol outcome expectancy. Alcohol expectancy mediated the influence of aggression. Among women, only personality was associated with sexual coercion: A hostile manner of relating to others mediated the effects of child sexual abuse and adult sexual victimization as predictors.				
Merrill et al., 2001	Male Navy recruits	7,850 across three samples	Survey	Determine the influence of childhood sexual abuse and childhood physical abuse on male recruits' premilitary rape of women
Selected Results: Among three separate samples, 11%, 12%, and 10% of male recruits reported committing premilitary rape. Male recruits who experienced either childhood sexual abuse or childhood physical abuse were more likely to perpetrate premilitary rape than men who were not abused. Male recruits who had experienced both forms of childhood abuse were most at risk for committing rape. However, when alcohol problems and number of sex partners were taken into account, childhood sexual abuse was no longer a significant predictor.				
Monahan, Marolla, and Bromley, 2005	Incarcerated, admitted rapists	33	Interviews	Explore how perpetrators organize stranger rape
Selected Results: The five phases evident in the rapes described by perpetrators— preexisting life tensions, transformation of motivation into action, perpetrator-victim confrontation, situation management, and disengagement—were very similar to the phases related to homicide and robbery. Within these phases, the perpetrators were differentially aware of their actions, applied a variety of meanings to what seemed to be similar actions, and engaged in varying degrees and types of organization.				
Murnen, Wright, and Kaluzny, 2002	Studies of sexual aggression and gender roles, sex roles, masculinity	N/A	Meta-analysis	Determine how strongly different measures of masculine ideology are associated with sexual aggression
Selected Results: 10 of the 11 examined masculine ideology measures had a statistically significant association with sexual aggression. The two largest effects were for "hostile masculinity" and "hypermasculinity," which included notions of acceptance of aggression against women as well as negative, hostile beliefs about women. There was a weaker-than-expected relationship between rape myth acceptance and sexual aggression, which contradicts prior research.				
Nicholson et al., 1998	Male and female college students	1,084	Survey	Identify interrelationships between alcohol consumption, rape and other unwanted sexual activity, and nonsexual assault on a college campus
Selected Results: 36% of female and 8% of male respondents indicated they were a victim of unwanted sexual activity of any type. Alcohol was involved in the majority of those cases, and women were more likely than men to report that involvement. 5% of the sample—8% of men and 2% of women—reported they had perpetrated unwanted sexual activity. Again, alcohol was involved in a majority of cases. Overall, the results show a significant correlation between alcohol consumption and a wide range of both sexual and nonsexual assaults.				

Table 3.1—Continued

Source	Samples	N	Method(s)	Study Purpose/Objective
Nurius et al., 1996	Male and female college students	100	Survey, focus groups	Explore the social context of interactions among heterosexual college students as well as their expectations regarding sexual aggression
Selected Results: Men's and women's expectations and responses differed on various dimensions. Men expressed that they would be least likely to stop sexual activity when women used only indirect means, while previously victimized women reported they were most likely to use means of that nature.				
Oliver, 2007	Studies of female sex offenders	N/A	Literature review	Describe the characteristics of female sex offenders and provide suggestions for preventive programs targeted to female offenders
Selected Results: Adult female sex offenders tend to be in their 20s or 30s, may act with a male accomplice, and tend to target children and adolescents. Adolescent female sex offenders tend to act alone and target young children. Compared with male offenders, female offenders are similar in their ethnicity, level of education, and drug/alcohol use, but they tend to be younger and more likely to target young children.				
O'Sullivan, Byers, and Finkelman, 1998	Male and female college students	433	Survey	Assess the contexts of and reactions to sexual coercion in the college environment
Selected Results: More men than women reported being sexually coercive, and more women than men reported being sexually coerced. Sexual coercion typically occurred within the context of a heterosexual dating situation, usually in the evening (91% of incidents) and usually in one of the dating party's residences. More than half of respondents indicated that they had engaged in consensual sexual activity with the perpetrator prior to the coercion incident.				
Polaschek and Ward, 2002	Cognitive research of rapists and rape-prone men	N/A	Literature review	Review and extend research related to the cognitions of rapists and rape-prone men
Selected Results: The research in this field is disparate, stemming in part from a lack of theoretical underpinnings. Rape is related to more than sex, so sex-related theories alone cannot explain rape propensity. The authors suggest implicit theory as a theoretical approach that can facilitate organizing different cognitions, provide a basis for linking cognitions to goals and/or behaviors, and inform therapeutic treatment.				
Rubenzahl and Corcoran, 1998	Male college students	104	Experiment	Determine the usefulness of a new methodology in closing the gap between rates of reported acquaintance rape victimization and admitted acquaintance rape perpetration
Selected Results: 10% of participants reported committing acquaintance rape based on stringent definition, and 24% of participants reported committing acquaintance rape based on a broad definition. These rates were higher than perpetration rates documented in previous studies on acquaintance rape and were more closely aligned with victimization rates in those studies.				
Sadler et al., 2003	Female military veterans	558	Survey	Examine the military environmental factors associated with rape during military service
Selected Results: Factors related to an increased likelihood of rape included sexual harassment allowed by officers, observing heterosexual sexual activities in sleeping quarters, on-duty physical intimidation, the existence of unwanted sexual advances on-duty and in sleeping quarters, young entry into military service, and a history of rape prior to entering the military. Over half of all perpetrators were reported to have used alcohol and/or drug use during time of assault.				

Table 3.1—Continued

Source	Samples	N	Method(s)	Study Purpose/Objective
Schwartz et al., 2001	Male and female college students	3,142	Survey	Determine whether alcohol and/or recreational drug use is associated with higher rates of victimization or sexual aggression; determine whether men are more likely to be sexually abusive when their male peers encourage them to be so
Selected Results: 20% of men reported having committed sexual victimization. Men who admitted to committing sexual abuse were more likely to drink or to use drugs than those who did not. Male peers' encouragement to commit sexual abuse was the strongest factor predictive of self-reported sexually abusive behavior by men.				
Schwartz and Nogrady, 1996	Male college students, both fraternity and nonfraternity members	119	Survey	Assess whether fraternity members were more likely to adhere to rape myths and be sexual victimizers of women
Selected Results: Fraternity members were not more likely than other students to support rape myths or be sexual victimizers. Peer support was important, however: Victimizers were considerably more likely to report friends who were victimizers and who supported that behavior.				
Senn et al., 2000	Men from the community	195	Survey	Identify the factors related to sexually coercive behavior
Selected Results: 27% reported having been sexually coercive. Childhood abuse, adolescent promiscuity, and restrictive emotionality were all predictors of sexual coercion.				
Simpson and Senn, 2003	Male and female college students	198	Survey	Determine whether the relationship between different types of sexual victimization and hostile behavior toward the opposite sex varies by gender
Selected Results: Women scored lower on hostility scores toward men than men did toward women. Although the rates of sexual victimization varied greatly by sex, both male and female respondents who reported the most serious form of sexual victimization (attempted or completed rape) expressed significantly more hostility toward the opposite sex than respondents who had not been victimized.				
Stermac et al., 1996	Sexual assault crisis unit records for male sexual assault victims seeking treatment	29	Secondary data analysis	Examine the circumstances and characteristics of sexual assaults with male victims
Selected Results: The majority of assaults were perpetrated by a man, one was perpetrated by a woman, and two were perpetrated by a group of mixed sex. About half of the assaults were perpetrated by acquaintances, and, among the stranger-perpetrated assaults, few were related to antigay violence.				
Ullman, 1999a	Police reports of sexual assault cases	1,819	Secondary data analysis	Identify differences between gang and individual rapes
Selected Results: Gang rape victims and perpetrators tended to be younger, unemployed, and under a greater influence of alcohol and drugs compared with those involved in individual rapes.				
Wheeler, George, and Dahl, 2002	Male college students	209	Survey	Predict sexually aggressive behavior in undergraduate male students
Selected Results: Dispositional characteristics, such as empathy, hostile masculinity, and impersonal sex, interacted to account for sexual aggression on college campuses. Men with high levels of hostile masculinity and interpersonal sex were at the greatest risk of perpetrating sexual aggression. This risk was moderated by men's level of empathy.				

Table 3.1—Continued

Source	Samples	N	Method(s)	Study Purpose/Objective
White and Smith, 2004	Male college students	543 at Time 1	Survey	Examine the relationship between childhood victimization and sexual aggression
Selected Results: Men who were physically punished, sexually abused, or witnessed domestic violence during childhood were more likely to have perpetrated sexual aggression during adolescence. Those who perpetrated sexual aggression during adolescence were more likely to do so again in college.				
Winslett and Gross, 2008	Male and female college students	166	Experiment, survey	Discern when a woman would want her partner to stop making sexual advances based on whether clearly articulated sexual boundaries were given prior to sexual activity
Selected Results: Participants were split into groups and given different background information before listening to an audio recording of a date rape scenario and stopping the recording at the time they felt the man's sexual advances should cease. The participants who were told of a discussion between partners in which the woman articulated her sexual boundaries before sexual contact occurred indicated that the man's sexual advances should stop sooner than those who were not advised of such a discussion. There was no significant difference between the reaction times of male and female participants.				
Zawacki et al., 2003	Male college students	356	Survey	Compare perpetrators of assaults that involved alcohol with both nonperpetrators and perpetrators of assaults in which alcohol was not a factor
Selected Results: 18% of the men reported committing an act that met the legal definition of rape or attempted rape, and 58% had committed some type of sexual assault. 54% of sexual assaults respondents disclosed involved alcohol. Perpetrators of alcohol- and non-alcohol-related sexual assaults differed primarily in their beliefs about alcohol, the amount of alcohol consumed in sexual situations, and their impulsivity.				

SECTION 4

Alcohol

In this section, we describe research on the relationship between alcohol consumption and sexual assault. More specifically, in this portion of the literature review, we focus on studies that examined the role and impact of alcohol on victims' and perpetrators' expectancies and attitudes in rape situations; risk factors such as alcohol consumption and sexual assertiveness; how alcohol consumption affects a victim's risk perception ability; and how mechanisms surrounding alcohol consumption affect the severity of sexual assault. Additionally, a small number of studies included in this section pertain to substance abuse or so-called "date rape drugs." Because sexual assault is an especially common phenomenon among college students and in at least half of the cases the perpetrator, victim, or both consume alcohol (Abbey, 2002), the majority of this literature is geared toward the role that alcohol plays in college students' sexual assault experiences. Table 4.1 summarizes the publications discussed in this section.

Understanding the relationship between alcohol and sexual assault is the principal aim of much of this research, including the effect of alcohol consumption by the victim on his or her perception of and response to unwanted sexual advances (e.g., Davis, George, and Norris, 2004; Loiselle and Fuqua, 2007; Mohler-Kuo et al., 2004; Parks and Fals-Stewart, 2004; Testa and Parks, 1996) as well as the influence of the perpetrator's alcohol consumption on sexual assault outcomes (e.g., Martin and Bachman, 1998; Testa, VanZile-Tamsen, and Livingston, 2004; Ullman, Karabatsos, and Koss, 1999a; Ullman, Karabatsos, and Koss, 1999b). Other authors focused their efforts on additional factors that play a part in the relationship between alcohol and sexual assaults. For instance, Abbey and Harnish (1995) evaluated how a person's gender, rape beliefs, and consumption of alcohol were related to his or her perception of a date's sexual intent; Fitzgerald and Riley (2000) included additional rape-facilitating drugs besides alcohol in their review; and Hughes, Johnson, and Wilsnack (2001) considered how alcohol abuse helped to explain differences in the sexual assault experiences of lesbians and heterosexual women.

Many of the studies included in this section were controlled experiments that assessed how responses to a rape scenario varied between a group or groups of participants that consumed alcohol during the experiment and a control group that did not consume alcohol. Other methodologies included interviews, surveys of victims and/or perpetrators, statistical analysis of sexual assault cases, and literature reviews. Given the emphasis of this line of inquiry on the college setting, most of the study samples were college women and men from mid- to large-sized universities (e.g., Abbey, Clinton-Sherrod, et al., 2003; Benson, Gohm, and Gross, 2007; Foubert, Garner and Thaxter, 2006; Gidycz et al., 2007; Girard and Senn, 2008), although a few studies included older participants from the general population (e.g., Horvath and

Brown, 2007; Hughes, Johnson, and Wilsnack, 2001; Martin and Bachman, 1998; Testa et al., 2003).

The program evaluations often attempted to measure the perceptions and misperceptions of sexual intent, cognitive distortions, and alcohol's impact on the victim's vulnerability during rape (e.g., Abbey, Zawacki, and Buck, 2005; Bernat, Calhoun, and Stolp, 1998; Davis, George, and Norris, 2004; Gidycz et al., 2007; Harrington and Leitenberg, 1994; Loiselle and Fuqua, 2007). A small number of included studies examined alcohol-related topics in conjunction with measures of the victim-perpetrator relationship in order to understand how familiarity or unfamiliarity affects sexual assault likelihood or severity (e.g., Ullman, 2003; Ullman and Brecklin, 2000).

Perhaps the most striking result of this research is its inconsistency. Based on their literature review, Abbey et al. (2004) assert that a causal relationship between alcohol consumption and sexual assault has not been confirmed, and empirical studies, such as Martin and Bachman (1998), did not find a significant association between alcohol and sexual assault–related outcomes. However, other researchers have found support for a link, either direct or indirect, between alcohol consumption and sexual assault. Specifically, some studies have demonstrated that alcohol consumption makes women more vulnerable and causes them to act passively in response to sexual advances (e.g., Davis, George, and Norris, 2004; Harrington and Leitenberg, 1994; Loiselle and Fuqua, 2007; Nicholson et al., 1998). Other authors have focused on alcohol consumption by the perpetrator in addition to or instead of that by the victim and found significant results. For example, Brecklin and Ullman (2002) determined that perpetrator alcohol consumption affected the likelihood of rape. Further complicating the matter is the existence of research with less certain findings; as Testa and Parks (1996) noted in their literature review, for instance, studies do find correlation between alcohol and sexual victimization, but the strength of this relationship is uncertain. The results of this body of work may vary not only because, as Gidycz et al. (2007) noted, the link between sexual assault and alcohol consumption is complex, but also because of methodological differences across the studies.

Table 4.1
Summary of Studies on the Role of Alcohol in Sexual Assault

Source	Sample	N	Method(s)	Study Purpose/Objective
Abbey, 2002	Research of alcohol and sexual assault on college campuses	N/A	Literature review	Summarize research on the role alcohol plays in college students' sexual assault experiences
Selected Results: Alcohol's effects on a person's psychological, cognitive, and motor skills increase the likelihood of sexual assault. Alcohol consumption by either the perpetrator and/or the victim contributes to sexual assault.				
Abbey et al., 1996	Female college students	1,160	Survey	Determine relationships between alcohol, dating, and consensual and nonconsensual sex
Selected Results: Most sexual assaults were committed by someone the victim knew, and most often a sexual assault occurred when the perpetrator, the victim, or both had consumed alcohol. Consuming alcohol during consensual sex was positively related to alcohol consumption during sexual assault.				
Abbey et al., 2004	Research of sexual assault	N/A	Literature review	Review studies of alcohol's role in sexual assault and identify the types of research still needed to lead future prevention programs
Selected Results: No direct causal relationship between alcohol consumption and sexual assault has been documented. Other factors, such as life experiences and personality characteristics, matter more for the perpetrator than for the victim. Therefore, both alcohol consumption and sexual assault are motivated by a variety of other factors.				
Abbey, Buck, et al., 2003	College students	180	Experiment	Study the impact of alcohol consumption on college students' expectancies and attitudes in potential rape situations
Selected Results: Participants assigned to drink alcohol and read a fictional scenario during the experiment were more likely to perceive the woman in the scenario as more sexually aroused and the man's behavior as more appropriate, compared with participants who did not drink alcohol; both of these perceptions were negatively related to subjects' perceptions of the likelihood that forced sex would happen. Male and female participants' responses were similar.				
Abbey, Clinton-Sherrod, et al., 2003	Male college students who committed a sexual assault	113	Survey	Assess whether the amount of alcohol consumed was related to the kind of sexual assault and the level of aggression involved
Selected Results: The perpetrator's alcohol consumption during sexual assault was positively related to his increased aggressiveness. The victim's alcohol consumption was linearly related to more severe forms of assault. The more intoxicated the perpetrator, the more the victim tended to resist the assault.				
Abbey and Harnish, 1995	College students	400	Experiment	Evaluate the role and impact of a participant's gender and rape beliefs on their perceptions of a vignette character's sexual intent, given character's alcohol consumption
Selected Results: Both male and female characters in a dating vignette were considered most sexual by the opposite sex when both had been drinking alcohol. Alcohol consumption was perceived as most suitable when both were drinking and least acceptable when only the woman drank alcohol. Men were perceived as more likely to initiate sexual intercourse, but both men and women were perceived as likely to initiate sexual activity when they consumed alcohol together. Shared alcohol consumption may be misperceived as a sexual cue.				
Abbey, McAuslan, and Ross, 1998	Male college students	798	Survey	Examine the link between alcohol and sexual assault
Selected Results: Alcohol increased the chance that a man would incorrectly perceive a woman as wanting sexual advances, and such misperception increased the likelihood of sexual assault.				

Table 4.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Abbey, Zawacki, et al., 2001	Research of sexual assault	N/A	Literature review	Summarize the knowledge of the relationship between alcohol consumption and sexual assault
Selected Results: Alcohol consumption has been linked with assault perpetration through several pathways. First, when men drink heavily in social situations, it can lead to assault. Second, heavy drinkers may use alcohol as an excuse for unacceptable behavior. Third, there may be personality characteristics that contribute both to drinking and to committing sexual assault. Alcohol consumption by the victim also plays a role in sexual assault, as does the effect that alcohol has on cognitive and motor skills.				
Abbey, Zawacki, and Buck, 2005	Male college students	153	Experiment	Examine the effects of past sexual assault perpetration and alcohol consumption on men's reactions to a female peer
Selected Results: All participants who consumed alcohol perceived themselves and their partner as acting more sexually than the sober participants.				
Benson, Gohm, and Gross, 2007	Female college students	350	Survey	Evaluate the relationship between alcohol, sex-related alcohol expectancies, and sexual assaults among female college students
Selected Results: 21% of participants had been victims of attempted rape, and 13% were victims of rape. Women with a history of rape reported consuming more alcohol. Victims also endorsed higher levels of sex-related alcohol expectancies.				
Bernat, Calhoun, and Stolp, 1998	Male college students	102	Experiment	Measure the aggressive levels of college men and how these levels are affected by alcohol consumption
Selected Results: Whether or not a man was sexually aggressive affected perceptions of whether the man in a fictional scenario had gone too far with regard to his sexual advances toward a woman clearly not wanting any advances. Those in the aggressive group who believed alcohol was involved were more likely to interpret the woman's resistance as false.				
Brecklin and Ullman, 2002	Female sexual assault victims	859	Secondary data analysis	Study the roles of victims' and offenders' alcohol use in sexual assault incidents
Selected Results: The perpetrator's alcohol consumption was associated with a greater probability of rape, but was unrelated to physical injury or need for medical care for the victim. Neither the victim's drinking at the time of the incident nor her drinking patterns over the last year was related to the assault.				
Combs-Lane and Smith, 2002	Female college students	126	Survey	Assess risk factors for sexual victimization
Selected Results: Alcohol use, followed by expected behavior in heavy drinking, expected involvement in risky sex, and expected involvement and exposure to potential perpetrators, was associated with subsequent victimization.				
Corbin et al., 2001	Female college students	238	Survey	Investigate risk factors (alcohol consumption and sexual assertiveness) for sexual assault
Selected Results: Women with severe victimization experiences (attempted or completed rape) reported a higher alcohol consumption rate, less likelihood of refusing unwanted sexual behavior, and greater expectancies for alcohol consumption.				
Davis, George, and Norris, 2004	Women with moderate drinking histories	60	Experiment	Study the link between moderate alcohol consumption by the victim and the victim's responses to unwanted sexual advances in a dating context
Selected Results: Overall, alcohol consumption was positively related to an increased likelihood of responding passively to sexual advances.				

Table 4.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Fitzgerald and Riley, 2000	Research on drug-facilitated rape conducted by the U.S. Department of Justice	N/A	Literature review	Summarize research on drug-facilitated rape conducted by the Department of Justice
Selected Results: The prevalence of drug-facilitated rape is very difficult to measure, given that existing indicators do not adequately capture these incidents. The best scientists can do is to interview victims and investigate the voluntary consumption of these drugs, which is increasing. In spite of the inaccuracy of reporting such rapes, it is clear that the risks exist.				
Foubert, Garner, and Thaxter, 2006	Male fraternity members	37	Focus groups	Study attitudes of fraternity members toward drinking and sexual consent
Selected Results: Participants described ambiguity in the definition of consent when alcohol was involved. Participants were uncomfortable with requesting consent before sexual intimacy.				
Gidycz et al., 2007	Female college students	257	Surveys	Examine the relationship among alcohol consumption, risk perception, and sexual assault
Selected Results: There was not a direct link between alcohol and sexual assault; instead, findings suggest that the relationship between the two is complex. There was not a reciprocal relationship between assault and drinking habits. Alcohol seemed to moderate the relationship between history of victimization and revictimization. Those women with a history of sexual victimization who increase their alcohol use were at a greater risk for sexual revictimization.				
Girard and Senn, 2008	College students	280	Experiment	Assess how drug and alcohol use, both voluntary and involuntary, affects audience perceptions of sexual assault blame and responsibility
Selected Results: Participants held perpetrators more responsible and the victims were blamed less when the victim was drugged or deliberately provided with large amounts of alcohol, without her notice. Participants placed more responsibility on the victim and less on the perpetrator when the female had voluntarily consumed drugs before the attack.				
Gross et al., 2001	Male college students	160	Experiment	Assess how alcohol affects the ability to discern when to stop making sexual advances
Selected Results: Participants who consumed or expected to consume alcohol took longer to identify inappropriate sexual behavior in a scenario. Those who consumed alcohol also rated the woman's sexual arousal level higher.				
Gross et al., 2006	Female college students	935	Survey	Study the prevalence and correlating factors of many kinds of sexual victimization
Selected Results: Among whites (as compared to African-Americans) there was a significantly greater relationship between alcohol consumption by the victim and the perpetrator and sexually aggressive acts.				
Harrington and Leitenberg, 1994	Female college students	942	Survey	Determine the effect of women's alcohol consumption on their vulnerability to sexual assault, with a special focus on alcohol's role in women consenting to sexual activity that occurs immediately prior to sexual aggression
Selected Results: Women who had consumed enough alcohol to feel some level of intoxication reported higher levels of consensual sexual activity immediately before the assault and lower levels of resistance. There were not differences in prior consensual sexual contact based on the inebriation of the perpetrator. However, victims who were assaulted by a romantic acquaintance and perceived the perpetrator to be somewhat inebriated reported significantly less resistance than those who perceived their romantic acquaintance perpetrator to be completely sober.				

Table 4.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Himelein, 1995	Female college students	100	Survey	Identify predictors of sexual victimization
Selected Results: Greater use of alcohol and higher levels of consensual sex were associated with dating victimization.				
Horvath and Brown, 2006	Police records of rape cases	91	Secondary data analysis	Examine factors distinguishing rapes involving alcohol/drugs from rapes that did not
Selected Results: Alcohol was more likely to be a factor in rape cases when the victim and perpetrator were friends or strangers, as opposed to partners or ex-partners. The victim's state of sobriety was more important than the perpetrator's. When the victim was inebriated, the assault was more likely to occur in a private home (other than the victim's), the victim was more likely to be moved, fondling occurred more, and the assault was less likely to involve physical restraint.				
Horvath and Brown, 2007	Police records of rape cases in which the victim was intoxicated by drugs or alcohol	93	Secondary data analysis	Examine the role of alcohol as a facilitator of sexual assaults
Selected Results: In some rape cases in which the victim was intoxicated, there was a degree of preplanning by the offender, suggesting that the offender was predatory. But in the majority of reported rapes involving alcohol or drugs, the victim self-intoxicated herself through alcohol consumption. The majority of victims knew the perpetrator. There were some differences in perpetrator behavior in predatory cases as compared with opportunistic cases, including greater amounts of kissing, fondling, and asking the victim to cooperate, which might be considered normalizing behaviors.				
Hughes, Johnson, and Wilsnack, 2001	Women	120	Interviews	Highlight the similarities and differences of sexual assault experiences for lesbians and heterosexual women, and identify the relationship between sexual assault and alcohol abuse
Selected Results: Lesbian women suffered more sexual abuse during their childhood and were more likely to consider themselves victims of childhood sexual abuse. Childhood sexual abuse was associated with a long-term addiction to alcohol in both lesbian and heterosexual women. Heterosexual women's adult sexual assault experiences seemed directly associated with alcohol abuse, but this was not the case for lesbians.				
Johnson and Stahl, 2004	College students	287	Survey	Assess the association between drinking games and sexual victimization by identifying specific types of sexual behaviors occurring within the drinking game context
Selected Results: Both men and women reported being sexually taken advantage of during or after games. Men were more likely to report being perpetrators and typically reported multiple perpetration. Some men played drinking games primarily to have sex, and they were more likely to perpetrate. Among men, frequency of play and the amount of alcohol consumed while playing did not predict frequency of perpetration or victimization for men. Among women, frequency of play and amount of alcohol consumed did marginally predict perpetration and was associated with victimization.				
Kalof, 1993	Female college students	216	Survey	Assess the relationship between sorority membership and rape-supportive attitudes
Selected Results: Sorority membership was associated with significantly higher rates of alcohol-related nonconsensual sex.				
Kalof, 2000a	Female college students	383	Survey	Assess differences in prevalence of sexual assault by ethnic group
Selected Results: The likelihood of victimization in college increased for those women that drank alcohol.				

Table 4.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Kilpatrick et al., 1997	Women	3,006	Survey	Determine the relationship between assault on women and escalation of substance use
Selected Results: Women who used drugs prior to the study were more likely to report an assault during the 2-year study. After a new assault, the odds of both alcohol and drug use were significantly increased. The authors suggest there is a cyclical relationship between assault and substance use.				
Krebs et al., 2007	Male and female college students	6,841	Survey	Determine the nature of sexual assaults in a college setting
Selected Results: 8% of female respondents were sexually assaulted after they voluntarily consumed drugs and/or alcohol, and 1% were sexually assaulted after they had been given drugs without their knowledge.				
Loiselle and Fuqua, 2007	Female college students	42	Experiment	Address the relationship between alcohol consumption and the victim's risk perception ability
Selected Results: Those who consumed alcohol (approximately .04 blood alcohol content) and those who had higher levels of rape myth acceptance showed a decrease in risk recognition as they reviewed an audiotape scenario that escalated into date rape.				
Macy, Nurius, and Norris, 2007	Female college students	415	Survey	Explore situational response to acquaintance sexual assault in order to improve prevention programs
Selected Results: Based on their personal history, precautionary habits, and sexual assault experience, women fell into one of four subgroups. The authors suggest that these subgroups provide a basis to tailor sexual assault prevention programs so they are effective for women in all four subgroups.				
Martin and Bachman, 1998	Female rape or attempted rape victims from NCVS	279	Secondary data analysis	Examine how perpetrator's alcohol consumption relates to the likelihood of a rape being completed, the likelihood of victim injury due to rape, and the seriousness of physical injuries
Selected Results: Perpetrator alcohol consumption reduced the likelihood of rape completion and increased the likelihood of victim injury. There was not a statistically significant relationship between perpetrator alcohol consumption and the severity of victim injury.				
Martino, Collins, and Ellickson, 2004	Men and women	2,140	Survey	Examine the relationship between alcohol and marijuana use and risk of sexual or physical victimization
Selected Results: Marijuana use predicted both women and men's later sexual victimization, even after controlling for previous victimization. Alcohol use did not significantly predict sexual assault for either gender.				
Marx et al., 2000	Female college students	176	Survey	Assess the relationship between sexual assault status, self-reported current alcohol consumption, and perceptions of the expected effects of alcohol by examining the variation of responses between victims of different types of sexual assault and nonvictims
Selected Results: Victims of alcohol- or drug-related sexual assault reported more frequent and greater alcohol consumption and endorsed alcohol outcome expectancies (e.g., its role in social and physical pleasure, its role in powerful and aggressive behavior) to a greater extent than other victims or nonvictims. The quantity of alcohol consumed was associated with different alcohol outcome expectancies.				
Marx, Gross, and Juergens, 1997	Male college students	153	Experiment	Assess whether men's perception of when a woman wants her partner to cease in his sexual advances is influenced by perceptions of token resistance by the woman or the effects induced by alcohol consumption
Selected Results: Participants who consumed alcohol, or expected to consume alcohol but did not, took more time to determine that a man should not attempt further advances than did their experimental counterparts.				

Table 4.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Masters et al., 2006	Women	371	Experiment	Evaluate responses to a sexual assault scenario, given different levels of alcohol consumption
Selected Results: When asked to project themselves into a hypothetical assault scenario, women who consumed alcohol during the experiment were less likely to be verbally assertive with the first assault action and were less likely to show physical assertion as resistance.				
McFarlane, Malecha, Watson, et al., 2005	Female physical assault victims	148	Interviews	Describe intimate partner sexual assault characteristics and consequences
Selected Results: 68% of the sample reported sexual assault. 50% of the sexually assaulted women said the perpetrator consumed alcohol before the assault, and 40% said that the perpetrators used illegal drugs before the assault.				
Mohler-Kuo et al., 2004	Female college students	23,980 (across three samples)	Survey	Determine both the prevalence of rapes in which the victim was unable to give consent due to intoxication and the risk factors associated with that type of assault
Selected Results: 5% of respondents had been raped, and 72% of these victims were raped while intoxicated. College women at greatest risk of being raped while under the influence include white women, women younger than 21, those who resided in a sorority house, those who used illegal drugs, those who had consumed large quantities of alcohol in high school, and those who attended colleges with high rates of heavy episodic drinking.				
Nasta et al., 2005	Female college students	234	Survey	Assess the prevalence of sexual victimization among female college students, their awareness of resources available to sexual assault victims, and their utilization of such resources
Selected Results: 38% of the sample reported some kind of sexual assault incident, including 6% of women who had experienced a completed rape and 4% who had experienced an attempted rape. Almost 40% of those who had been sexually victimized indicated they were unable to resist unwanted sexual advance because they had used drugs or consumed alcohol.				
Nicholson et al., 1998	Male and female college students	1,084	Survey	Identify interrelationships between alcohol consumption, rape and other unwanted sexual activity, and nonsexual assault on a college campus
Selected Results: 36% of female and 8% of male respondents indicated they were a victim of unwanted sexual activity of any type. Alcohol was involved in the majority of those cases, and women were more likely than men to report that involvement. 5% of the sample—8% of men and 2% of women—reported they had perpetrated unwanted sexual activity. Again, alcohol was involved in a majority of cases. Overall, the results show a significant correlation between alcohol consumption and a wide range of both sexual and nonsexual assaults.				
Parks et al., 2008	Female college students	886	Survey	Examine how changes in alcohol consumption are related to victimization risk
Selected Results: Drinkers were more likely to report physical and sexual victimization than those who abstained from alcohol consumption. Continuing to drink upon entering college but increasing or decreasing the weekly amount increased the odds of sexual victimization.				
Parks and Fals-Stewart, 2004	Female college students	94	Interviews	Examine how the likelihood of sexual and nonsexual victimization varies based on the level of alcohol consumption
Selected Results: Women were 9 times more likely to experience sexual victimization on days with heavy drinking (5+ drinks) and 3 times more likely on days with any drinking (1+ drinks) compared with days with no alcohol consumption.				

Table 4.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Schwartz et al., 2001	Male and female college students	3,142	Survey	Determine whether alcohol and/or recreational drug use is associated with higher rates of victimization or sexual aggression; determine whether men are more likely to be sexually abusive when their male peers encourage them to be so
Selected Results: Men who admitted to committing sexual abuse were more likely to drink or to use drugs than those who did not. 83% of women who reporting using drugs often indicated they had been sexually abused, compared with 41% of women who stated they did not use drugs. 36% of female heavy drinkers reported being rape victims, compared with 12% of abstainers and 16% of light drinkers.				
Seifert, 1999	Medical charts of sexual assault victims	234	Secondary data analysis	Examine the role of substance use by victims and assailants in sexual attacks
Selected Results: Pre-assault substance use (alcohol, drugs, or both) was reported by 51% of victims, and in 44% of cases victims reported pre-assault substance use by the perpetrator. Only 2% of victims believed they had unknowingly been given a substance. Pre-assault victim substance use was significantly associated only with impaired memory for key details of the sexual assault, such as the number of perpetrators or their relationship to the victim.				
Testa, 2004	Research of substance use, physical violence, and sexual violence	N/A	Literature review	Discuss the relationship between substance use and different types of violence against women
Selected Results: Research supports that men's substance use is related to physical violence and that women's substance abuse is related to sexual victimization. However, there is less evidence that men's substance abuse is related to sexual violence or that women's use is related to physical victimization.				
Testa et al., 2003	Women	1,014	Survey, interview	Compare the prevalence and factors associated with two different types of rape—forcible rape and incapacitated rape
Selected Results: Age and childhood sexual abuse were related to forcible rape but not incapacitated rape, while adolescent alcohol and drug use were associated with incapacitated rape but not forcible rape. Incapacitated rape differed from forcible rape in that it less often was perpetrated by someone the victim had been intimate with before the assault, occurred more often after patronizing a bar or attending a party, and less often resulted in physical injury.				
Testa and Parks, 1996	Research of alcohol use and sexual assault	N/A	Literature review	Assess whether alcohol consumption increases a woman's likelihood of sexual victimization
Selected Results: There is a relationship between alcohol and sexual victimization, but the strength of their association and the means by which they are linked are still unclear.				
Testa, VanZile-Tamsen, and Livingston, 2004	Sexually assaulted women	359	Interviews, survey	Assess the impact of substance use by both the perpetrator and victim on rape outcomes and victim injury
Selected Results: Compared with sexual assaults without completed intercourse, those with completed intercourse were more likely when the victim was less sexually assertive and when she was highly intoxicated. Conversely, sexual assault with completed intercourse was less likely when the perpetrator was intoxicated. With respect to victim injury, the likelihood of injury was higher when penetration occurred and when the perpetrator was intoxicated but the victim was not.				
Ullman, 2003	Nonexperimental field studies of sexual assault	N/A	Literature review	Examine studies addressing the role of alcohol pre– or post–sexual assault
Selected Results: Childhood/early sexual victimization leads to drinking alcohol to cope, as well as to other risky behaviors and contexts that may increase adult sexual assault risk and subsequent alcohol abuse. Alcohol use by either the victim or the perpetrator is influenced by the victim and perpetrator's familiarity with one another, the victim's typical use of alcohol, and aspects of the social context. Drinking by the victim or perpetrator affects two intervening measures, perpetrator aggression and victim resistance, which in turn have implications for the severity of the sexual assault and physical injury.				

Table 4.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Ullman and Brecklin, 2000	Female sexual assault victims from the National Study of Health and Life Experiences of Women	163	Secondary data analysis	Examine the role of alcohol use in sexual assault
Selected Results: Alcohol use by the victim prior to her assault was related to more stranger assaults, heavy episodic drinking by the victim, and more perpetrator pre-assault alcohol use. Alcohol use by the perpetrator prior to the assault was also related to more stranger assaults, and it was associated with more victim injury and greater perpetrator aggression. Perpetrator alcohol use and perpetrator aggression increased the odds of physical injury, whereas victim alcohol use decreased those odds.				
Ullman, Karabatsos, and Koss, 1999a	Male college students who admitted in a national survey of college students to committing some type of sexual aggression	694	Secondary data analysis	Analyze the role of alcohol in sexual assaults committed by college men
Selected Results: Habitual alcohol abuse by the perpetrator and pre-assault alcohol consumption by the victim each were linked to sexual aggression severity, both directly and indirectly. The level of pre-assault alcohol consumption by the perpetrator was not directly associated with either perpetrator aggression or assault severity.				
Ullman, Karabatsos, and Koss, 1999b	Female college students who reported in a national survey of college students some type of sexual victimization	1,667	Secondary data analysis	Determine how mechanisms surrounding alcohol consumption, such as social contexts and behavior patterns, affect alcohol's role in sexual assault
Selected Results: Factors directly related to more severe sexual assault victimization include victim propensity toward alcohol abuse, pre-assault alcohol consumption by the victim, and pre-assault alcohol consumption by the perpetrator. Alcohol consumption was also indirectly related to sexual assault.				
Zawacki et al., 2003	Male college students	356	Survey	Compare perpetrators of assaults that involved alcohol with both nonperpetrators and perpetrators of assaults in which alcohol was not a factor
Selected Results: 54% of sexual assaults that respondents disclosed involved alcohol. Perpetrators of alcohol- and non-alcohol-related sexual assaults differed primarily in their beliefs about alcohol, the amount of alcohol consumed in sexual situations, and their impulsivity.				

SECTION 5

Context and Prevention of Sexual Assault

In this section, we describe research pertaining to the context and prevention of sexual assault, and we summarize these publications in Table 5.2. We include in this section (1) studies about the prevalence of rape myths, rape-supportive rules, and other relevant attitudes, including blame for victims, and (2) studies focusing on the establishment, conduct, and evaluation of sexual assault prevention programs for adults, many of which focus on changing attitudes about rape, such as the definition of "real" rape. The latter set of articles includes discussions of program guidelines and empirical evaluations of existing programs, as well as some quantitative meta-analyses of rape prevention programs. A large portion of this line of inquiry covers attitudes that either contribute to sexual assault risk or influence the behavior of victims and perpetrators, and therefore all the studies in this section could be included in the previous sections on victim and perpetrator risk factors. However, we have chosen to partition these works separately, for the ease of and usefulness to the reader.

Again, stereotypes and rape myths were the basis of much of this research, including the articles that specifically addressed the prevalence and acceptance of rape myths (e.g., Cowan, 2000; Hinck and Thomas, 1999; Shechory and Idisis, 2006) and those that examined the prevalence of those attitudes within certain groups (e.g., Johnson, Kuck, and Schander, 1997; Kalof, 1993). Additionally, many of the evaluations of existing rape prevention programs focused on the prevalence of rape myths and used the change in acceptance of those myths as an outcome measure (e.g., Foubert, 2000; Gidycz, Layman, et al., 2001; Heppner et al., 1999; Johansson-Love and Geer, 2003). Schwartz and DeKeseredy (1997) explain that individuals who hold rape myths do not necessarily support rape; the issue is considerably more complicated. Instead, rape myths support a very narrow definition of rape, and adherence to rape myths permits men to excuse and rationalize extreme sexual behavior. Further, both perpetrators and nonperpetrators may believe rape myths, and rape myths may also affect the extent to which sexual assault victims are blamed (e.g., Davies, Pollard, and Archer, 2006; Varelas and Foley, 1998). Table 5.1 includes rape myth statements, consistent with those used in many of the studies discussed herein. Agreement with or belief in these myths might be used to excuse some acts of sexual aggression, to blame the victim, and to deny that some sexually aggressive acts equate to sexual assault.

Some studies focus on victim blame assignation/disapproval of sexual assault behavior by self and peers (e.g., Davies and Rogers, 2006; Hannon et al., 1996; Van Wie, Gross, and Marx, 1995). These studies were conducted by presenting participants with a script or tape they used to judge behaviors and/or assign blame. Most of these studies found that prior sexual history and token resistance decreased the likelihood that participants would judge an encounter to be an assault, and encouraged them to place more blame on the victim.

Table 5.1
Rape Myth Statements

Blaming the woman	Women provoke rapes.
	Women secretly want to be raped.
	A woman's reputation should be an issue.
	A woman can't be raped without a weapon.
	Healthy women can resist rape.
Excusing the man	Most men are capable of rape.
	Men have sexual urges they can't control.
	Men who rape are sick or emotionally disturbed.
	Men who rape hate women.
Justifications for acquaintance rape	Rapists are almost always strangers.
	A man has the right to assume a woman wants to have sexual intercourse with him if • she allows him to touch her in a sexual way • she touches him in a sexual way • she has an oral sexual encounter with him.
	If a woman has previously had sex with a man, she cannot claim that she was raped if the same man has sex with her again.
	If a man pays for everything on a date, a woman is obligated to have sex with him.

SOURCE: Johnson, Kuck, and Schander (1997, p. 697).

This section includes some studies that either broadly described sexual assault programs or proposed lessons or general guidelines for consideration when developing sexual assault programs (e.g., Meilman and Haygood-Jackson, 1996; Schwartz and DeKeseredy, 1997; Ullman, 2007a). Many of the included studies, however, are evaluations of specific rape prevention programs (e.g., Gidycz et al., 2006; Kelley et al., 2005; O'Donohue, Yeater, and Fanetti, 2003). Such evaluations were usually controlled experiments that compared the program participants, typically college students, against a control group. The studies varied in whether the program analyzed (and thus whether the study sample included) both men and women or members of only one gender. The programs that were evaluated ranged from short intervention videos or lectures (e.g., Breitenbecher and Scarce, 1999; Choate, 2003) to longer or multiple-session programs (e.g., Foubert and Perry, 2007; Klaw et al., 2005; Lonsway et al., 1998). Typically, participants completed a pretest and a posttest evaluation, and studies sometimes included follow-up evaluations, although the follow-up times varied (e.g., Breitenbecher and Scarce, 1999; Gidycz, Lynn, et al., 2001).

The preponderance of the program evaluations relied on measures of rape knowledge and rape attitudes, such as adherence to rape myths, and predicted behavior as outcomes (e.g., Choate, 2003; Lanier et al., 1998); relatively few of the studies featured in this section actually used measures of behavior, either of victims or of perpetrators. Exceptions include Gidycz, Lynn, et al. (2001), who measured the victimization and revictimization of their participants following the program participation; Breitenbecher and Scarce (2001), who assessed the dating behaviors of their female participants; and Foubert and Perry (2007), who assessed the subsequent behavior of male participants. Even those research efforts measuring behav-

ioral outcomes, however, relied on self-reports. In general, the program evaluation research found uneven results: Some studies showed a change in knowledge, attitudes, or behavioral measures after participation in prevention programs, but the meta-analyses (Anderson and Whiston, 2005; Brecklin and Forde, 2001) confirm that the longer the follow-up period, the less likely the changes were to remain, and the effect of attitudinal and knowledge changes on actual sexual assault incidences is not known. Other findings suggest that programs should include both risk reduction programs for women and rape prevention programs for men, and that programs for women should be tailored to accommodate their prior victimization history (Ullman, 2007a).

Table 5.2
Summary of Studies on the Context and Prevention of Sexual Assault

Source	Sample	N	Method(s)	Study Purpose/Objective
Abbey and Harnish, 1995	College students	400	Experiment	Evaluate the role and impact of participants' gender and rape beliefs on their perceptions of a target's sexual intent, given target's alcohol consumption
Selected Results: Participants tended to disagree with rape myths, but those who were more accepting of rape myths also perceived characters in a dating vignette more sexually.				
Anderson et al., 1998	College students	215	Experiment, survey	Assess two different types of rape prevention programs
Selected Results: Both talk show and video participants demonstrated a decrease in their rape-supportive attitudes, but the changes were not stable and had rebounded by the 7-week follow-up. Women, those who knew rape victims, and prior victims had lower agreement with rape-supportive attitudes.				
Anderson, Simpson-Taylor and Herrmann, 2004	Middle school, high school, college students	361	Survey	Determine student understanding of social rules for situations when sex is desired, expected, or obligatory
Selected Results: Male students agreed with more rape-supportive rules than female students did. The number of rape-supportive rules endorsed had an inverse relationship with school level, such that middle school students endorsed more rape-supportive rules than high school students, and both middle school and high school students endorsed more rules than did university students. Middle school boys and high school men showed greater consensus than did girls and women regarding which rape-supportive rules were agreed upon. Greater agreement with rape-supportive rules among men was associated with more self-reported sexually coercive behaviors.				
Anderson and Swainson, 2001	College students	120	Survey	Determine whether men or women were more likely to identify sex or power as motivation for rape
Selected Results: Men were more likely to interpret rape as an act of sex than an act of power, and they were more likely to interpret rape as an act of either sex or power than were women. Women may perceive other motivations for rape.				
Anderson and Whiston, 2005	Studies of college sexual assault education programs	69	Meta-analysis	Conduct meta-analysis of 69 studies involving 102 interventions to determine outcomes and moderators
Selected Results: There were significant average effect sizes for rape attitudes, rape-related attitudes, rape knowledge, behavioral intent, and incidence of sexual assault, but not for rape empathy and rape awareness behaviors. Longer programs had more effect on rape attitudes and rape-related attitudes.				
Banyard, Moynihan, and Plante, 2007	College students	389 in pretest; 83 at 12-month follow-up	Experiment; survey	Evaluate different versions of a program that teaches responsible bystander intervention practices
Selected Results: The programs significantly increased prosocial bystander attitudes, bystander efficacy, and also increased self-reported bystander behaviors. Both program versions produced significant changes, but greater changes were seen in the group that attended the three-session program. Effects did decline before the 4- and 12-month follow-up, but the stability of the data is unclear due to attrition from the sample before those later follow-ups.				
Banyard, Plante, and Moynihan, 2004	Literature on bystander intervention	N/A	Literature review	Synthesize literature to outline prosocial bystander behavior as a new area for sexual violence prevention
Selected Results: The authors describe the development of a bystander intervention program they have developed and are in the process of empirically evaluating. Mobilizing prosocial behavior in bystanders to prevent sexual violence is a unique approach because it accounts for a broader community context.				

Table 5.2—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Basile et al., 2005	Personnel from health departments and government agencies	119 survey; 14 site visits; 5 focus groups	Survey, site visit interviews, focus groups	Evaluate and suggest improvements for the Centers for Disease Control and Prevention's Rape Prevention and Education Program
Selected Results: Disseminating materials and providing training were the most common activities of respondents. 70% reported activities for minorities and rural communities. 42% reported internal evaluations, but findings suggest that they lack sophistication. Community sensitivity to the topic of sexual violence was the most reported barrier (87%).				
Becker and Reilly, 1999	Literature on sexual abuse and assault programs	N/A	Literature review	Review sexual assault prevention using a public health framework
Selected Results: Society must determine whether the goals of programs are either risk reduction and avoidance or prevention. More research is needed that assesses program outcomes by the type of offender; that is based on controlled evaluation; and that assesses the durability of the results. Sexual assault prevention research would benefit from a public health approach similar to those used for smoking, drinking, and HIV.				
Berg, 1999	Male college students	54	Experiment, survey	Evaluate a rape prevention program designed to produce empathy for the victim
Selected Results: Participants did not display a change in rape-supportive attitudes or empathy.				
Black et al., 2000	College students, faculty, parents	81	Experiment, survey	Determine whether theatrical sexual assault prevention programs induce long-term attitude change
Selected Results: Posttest scores were lower than pretest and control group scores. Some scores were maintained at follow-up. However, the very small sample that completed follow-up undermines findings.				
Black and Gold, 2008	Male and female college students	160	Experiment	Examine judgments about blame in hypothetical date rape scenarios
Selected Results: Men assigned more blame to the victim and less to the perpetrator, compared with women. Men also assigned more blame when the perpetrator was described as a bus driver instead of as a doctor, and were less likely to agree that the man should be found guilty of rape. In contrast, women assigned more blame to the victim raped by the bus driver than to the victim raped by the doctor.				
Brecklin and Forde, 2001	Evaluation studies of rape education programs targeted to college students	45	Meta-analysis	Conduct meta-analysis of 45 evaluations of rape education programs to determine the aspects of the programs most effective at reducing rape myth and rape-supportive attitudes
Selected Results: Training conducted in single gender groups is most effective at changing men's attitudes. The length of the session does not matter. Longer follow-ups indicate less effect.				
Brecklin and Ullman, 2005	Female college student respondents from the National Survey of Intergender Relationships who reported sexual assault	1,623	Secondary data analysis	Determine relationship between women's self-defense/assertiveness training and physical or psychological responses to subsequent rape attacks
Selected Results: Women with self-defense or assertiveness training were more likely to have experienced an attempted rape and less likely to have been raped. Victims with self-defense or assertiveness training before their assault experienced fewer verbal threats during their assaults, were more likely to report that their resistance stopped the offender or made him less aggressive, felt more responsible for the result, believed that their resistance was less than those without training, and were angrier and less scared during the assault.				

Table 5.2—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Breitenbecher, 2000	Sexual assault prevention programs	N/A	Program review	Discuss the elements of successful programs and assess whether current efforts are sufficient
Selected Results: Most of the studies examined show positive short-term effectiveness in modifying rape-related attitudes, rape myth acceptance, attitudes toward rape, and in increasing rape-related knowledge. There was mixed evidence about reducing the likelihood of sexually aggressive behaviors. Programs tended to have less effect on women who have already been victimized. Most programs showed some positive change if measured shortly after the intervention, but the clinical significance is unclear, and it is not known whether subsequent, desirable behaviors result from the programs.				
Breitenbecher and Gidycz, 1998	Female college students	406	Experiment, survey	Design and evaluate a program to reduce the risk of multiple sexual victimization
Selected Results: The program evaluated was not effective, and this finding did not differ by prior victimization.				
Breitenbecher and Scarce, 1999	Female college students	275	Intervention, survey	Evaluate a rape education and prevention program consisting of a lecture and discussion
Selected Results: The program increased knowledge and decreased rape-supportive attitudes, and these findings were still evident at the 7-month follow-up. However, the study was not effective in reducing the likelihood of sexual victimization; prior victims were more likely to be revictimized, regardless of their inclusion in the study or the control group.				
Breitenbecher and Scarce, 2001	Female college students	94	Intervention, survey	Evaluate a sexual assault education program consisting of a lecture presentation and small group sessions
Selected Results: The program did not affect any of the outcome measures, including knowledge of sexual assault, perception of risk, attitudes about sexual assault, or dating behaviors.				
Carroll and Diane, 2006	Male college students; male military academy students	147 college students; 283 military students	Survey	Explore whether background experiences affect acquaintance rape scripts
Selected Results: When asked to complete an acquaintance rape scenario, responses fell into five categories: that the man was wrongly accused, that the incident was related to a party, that it had to do with alcohol in an ongoing relationship, that the woman was not ready for sex, and that the date was for sex only. College students were more likely than military students to mention alcohol, whereas military students were more likely to mention that the relationship went too far for a woman that was not ready for sex, or that the man was wrongly accused.				
Choate, 2003	Male fraternity members	130	Intervention, survey	Explore the effectiveness for male fraternity members of a 1-hour rape prevention presentation entitled "Men Against Violence"
Selected Results: The study provided some insights regarding the information needs of male fraternity members, and likely other male students. The evaluations indicated that participants had learned facts about sexual assault, but they expressed confusion and concern about legal interpretations of situations, such as those involving alcohol.				
Cowan, 2000	Female college students	155	Survey	Analyze the relationship between the levels of women's hostility toward women and their adherence to rape myths
Selected Results: Women who believe in negative stereotypes about women were more likely to agree with rape myths.				

Table 5.2—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Davies, Pollard, and Archer, 2006	Male and female college students	161	Experiment	Determine effects of perpetrator gender and victim sexuality on blame toward male victims
Selected Results: Male participants assigned more blame to a male victim when the victim was assaulted by a woman or the victim was homosexual and assaulted by a male perpetrator. Female participants supported the victims regardless of the perpetrator's gender or the victim's sexual orientation. Male and female participants viewed male perpetrators equally negatively, but male participants viewed female perpetrators less negatively than did female participants. The researchers infer that victims with greater sexual experience were evaluated more negatively.				
Davies and Rogers, 2006	Male victims of sexual assault	N/A	Literature review	Assess perceptions of male victims of sexual assault
Selected Results: Greater blame is assigned to male victims than female sexual assault victims, due to a perception that men should be able to physically defend themselves from such an attack. Homosexual male victims generally are assigned greater blame than heterosexual victims, particularly when judged by heterosexual men. Male victims of female perpetrators are assigned more blame than male victims of male perpetrators.				
Day, 1994	N/A	NA	Conceptual framework	Describe a conceptual framework and recommend strategies to reduce fear of assault and actual occurrence of assault
Selected Results: Multiple strategies at the societal, individual, university campus (macroscale), and university campus (microscale) levels can both reduce fear and potentially reduce the occurrence of sexual assaults.				
Day, 1995	Sexual assault prevention strategies at colleges	2	Case study, interviews, secondary data analysis	Investigate and compare the individual and organizational strategies at two colleges
Selected Results: Strategies used at the colleges included school strategies (e.g., transportation, patrol services, security guards, door lock systems) and individual strategies (e.g., walking with others, using safe paths, awareness of surroundings, using locks). These strategies tend to reinforce victims' blame rather than address societal characteristics conducive to assault.				
Earle, 1996	Male college students	347	Experiment, surveys	Determine the effects of three different types of rape prevention programs on the attitudes of college men regarding women and sexual assault
Selected Results: Small group interactive training sessions conducted by male peer facilitators had the most effect on male student attitudes, but there were still limitations on the effects.				
Easton et al., 1997	Female college students	334	Survey	Examine perceptions about resistance to sexual assault
Selected Results: 21% of respondents had been sexually assaulted. Of those, 90% changed their lifestyle to prevent another assault, but less than 20% took a self-defense class. 44% of the women felt they could escape from an armed assailant, and 72% believed they could escape from an unarmed assailant. 22% of the women said they would resist sexual assault by an armed stranger, and 52% said they would resist sexual assault by an unarmed stranger. Participants were significantly more likely to believe that physically resisting an attacker with a weapon was a "bad idea," compared with resisting an unarmed attacker.				
Fisher and Sloan, 2003	College students	3,472	Survey	Assess fear of victimization and levels of rape fear during day and night
Selected Results: Younger women were more fearful of nighttime rape than were older women; for daytime rape, there was not an age difference				
Flores and Hartlaub, 1998	Studies evaluating sexual assault prevention programs	N/A	Meta-analysis	Analyze published accounts of interventions designed to change rape-supportive beliefs
Selected Results: Programs can reduce rape myth acceptance. There was no relationship between length of the intervention and the effect. However, the later the posttest, the less significant the results, suggesting the short-lived nature of the interventions' effectiveness.				

Table 5.2—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Forst, Lightfoot, and Burrichter, 1996	College students	55	Experiment	Assess the effects of two different rape prevention programs on prior victims and students who knew a participant in a sexual assault
Selected Results: Those participants who had previously been victimized were less likely to have rape-supportive beliefs. Those participants who personally knew a victim or offender tended to be more receptive to the information provided and to retain it better.				
Foubert, 2000	Male fraternity members	145	Experiment, surveys	Determine the effectiveness of empathy-based rape prevention program for fraternity men
Selected Results: Levels of sexual coercion were not changed and were equivalent to those for the control group. Rape myth acceptance attitudes and likelihood to rape were significantly changed, and these results persisted at the 7-month follow-up.				
Foubert and Marriott, 1997	Male fraternity members	77	Experiment	Evaluate an all-male peer education program focused on how to help a rape survivor; determine whether the program decreases rape myth acceptance or rape intent and whether the effect is stable
Selected Results: Participants indicated less support for rape myths and less likelihood of being sexually coercive. However, there was no significant difference from the control group after the follow-up period.				
Foubert and McEwen, 1998	Male fraternity members	155	Experiment	Determine whether a one-time, 1-hour program affects fraternity men's acceptance of rape myths or their intent to rape
Selected Results: The program did affect both the acceptance of rape myths and the intent to rape. The more motivated the participants were to participate in the program, the greater the effect. This study supports prior research findings that programs should be provided in a single-gender setting.				
Foubert and Newberry, 2006	Male fraternity members	261	Experiment	Evaluate a rape prevention program augmented with either bystander intervention training or training to define consent
Selected Results: Augmenting the program with bystander intervention training was more effective than augmenting with training to define consent, suggesting that approaching program participants as potential helpers rather than potential rapists is more productive.				
Foubert and Perry, 2007	Male college students	24	Intervention, focus groups, survey	Evaluate an empathy-based rape prevention program consisting of a presentation and focus groups
Selected Results: All participants reported attitude or behavior changes. While the effect of the program on attitudes and behaviors was uncertain, the program appears to be effective in increasing rape empathy.				
Frazier, Valtinson, and Candell, 1994	Sorority and fraternity members	192	Experiment, surveys	Assess the effects of a coeducational, interactional rape prevention program
Selected Results: The program reduced stereotypical beliefs and rape-supportive beliefs and attitudes, but the differences between the intervention and control group did not persist at the 1-month follow-up.				
Gidycz et al., 2006	Female college students	500	Experiment, surveys	Evaluate a sexual assault prevention program with self-defense element
Selected Results: Although program participants showed increased protective behaviors, there were no differences between the groups on rates of sexual victimization, assertive communication, or feelings of self-efficacy. Results suggest that the program increases awareness of sexual assault but does not affect the likelihood of victimization.				

Table 5.2—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Gidycz, Layman, et al., 2001	College students	1,108	Experiment, survey	Assess the effects of a prevention program on self-reported male sexually aggressive behavior and female victimization
Selected Results: The program lowered rape myth acceptance but did not affect attitudes toward women, rape empathy, sexual aggression, or victimization.				
Gidycz, Lynn, et al., 2001	Female college students	532	Experiment, survey	Evaluate a sexual assault self-defense and risk-reduction program
Selected Results: There was no difference at the 2-month measurement between the control and test group. Participants that were moderately victimized at the 2-month point were less likely to be revictimized by the 6-month point. Of those women who were severely victimized (raped) during the 2-month period, the program did not decrease their likelihood of being revictimized by the 6-month period.				
Hannon et al., 1996	Male and female college students	195	Experiment	Assess judgments about sexual aggression and how they related to level of resistance and type of sexual behavior
Selected Results: In a variety of vignettes depicting sexual aggression, students identified more with victims than with aggressors, and students expected that aggressors do not evaluate their own behavior negatively. In a vignette that involved physical resistance and eventual intercourse, 53% of participants acknowledged that a date rape had occurred. Participant victimization histories did not affect the disapproval ratings for either male or female participants.				
Hanson and Gidycz, 1993	Female college students	360	Experiment, survey	Evaluate a sexual assault prevention program
Selected Results: The program was effective in changing acquaintance rape-related dating behaviors of women who had not previously been victimized, but not the behaviors of prior victims.				
Heppner et al., 1995	Male and female college students	258	Experiment, survey	Compare the effectiveness of two substantive rape prevention programs (interactive drama, video program) in changing attitudes, behavior, or knowledge
Selected Results: The interactive video was most effective for several measures, including altering perceptions of coercion versus consent and inspiring issue-relevant thinking. The rape video was more effective than the control session. However, the attitude changes were not stable; the data showed evidence of attitude rebound at the 5-month measurement.				
Heppner et al., 1999	Male racially diverse college students	119	Experiment, survey	Design and evaluate a rape intervention program to produce long-term results in the form of decreased acceptance of rape-supportive attitudes
Selected Results: Respondents showed reduced agreement with rape-supportive attitudes, and that finding persisted at the 5-month assessment. This assessment also indicated the merit of culturally specific content in rape intervention sessions.				
Himelein, 1999	Female college students with high risk of sexual assault	7	Intervention, survey	Evaluate an acquaintance rape prevention program for high-risk women
Selected Results: After the program, knowledge about sexual assault and use of precautionary dating behaviors increased.				
Hinck and Thomas, 1999	College students	158	Survey	Determine the current acceptance of the rape myth by college students and the factors related to acceptance or nonacceptance
Selected Results: Respondents consistently disagreed with rape-supportive statements, but that finding might belie differences in the strength of disagreement. Gender and prior attendance at a rape prevention workshop also affected rape myth agreement. Prior workshop attendance may explain the gendered study findings.				

Table 5.2—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Hollander, 2004	Female college students who participated in self-defense training	36	Survey	Determine whether self-defense training reduces violence to women
Selected Results: Self-defense training positively affects women's lives, including their level of assertiveness, their fear of violence, and their confidence in dealing with violence.				
Hong, 2000	Male student members of the Men Against Violence executive board	8	Participant observation, interviews, document review	Discuss the extent to which the Men Against Violence rape prevention program reconstructs masculinity
Selected Results: The author asserts that the program redefines masculinity in order to disassociate traditional male roles with violence.				
Johansson-Love and Geer, 2003	Male college students	151	Experiment, surveys	Test the effectiveness of a commercially available video to reduce rape myth attitude and assess whether the effect withstood time
Selected Results: The video reduced the rape myth attitudes of its observers, compared with the control group. The attitude change was sustained to the 2-week assessment.				
Johnson, Kuck, and Schander, 1997	College students	149	Survey	Evaluate the persistence of rape myths among college students
Selected Results: Rape myths were supported by almost all participants, with differences in rape myth support by gender, race, and age. Men were more likely than women to accept myths that blame the victim, excuse the offender, and justify acquaintance rape. Blacks were more likely than whites to justify acquaintance rape, and younger participants were more likely to support myths asserting that males have uncontrollable sexual urges.				
Kalof, 1993	Female college students	216	Survey	Assess the relationship between sorority membership and rape-supportive attitudes
Selected Results: Sorority membership was associated with more conservative views toward gender, sex, and rape, and sorority members were more likely to support stereotypes about violence and rape myths.				
Kalof, 2000b	Female college students	54	Survey	Address the relationship between rape-supportive attitudes, prior experiences with sexual coercion, and vulnerability to sexual coercion while college students
Selected Results: There was an increase in nonviolent unwanted sex for women who endorsed sex role stereotypes and a decrease in nonviolent unwanted sex for women who endorsed rape myths. However, women's attitudes were generally not predictive of their vulnerability.				
Kalra et al., 1998	Women age 18 to 85	115	Survey	Consider age-based differences in dating experiences and rape myth adherence
Selected Results: The survey revealed many similarities in experiences, although older women were more likely to report a higher incidence of unwanted affection, greater concern about potential date rape, and more endorsement of rape myths. Unwanted affection, physical contact, and rape did not seem to predict the level of rape myth adherence.				
Kassing, Beesley, and Frey, 2005	Men	48	Survey	Assess the relationship between homophobia, gender role conflict, and male rape myth acceptance
Selected Results: Adherence to rape myths was associated with homophobia and competitive attitudes. Older and less educated respondents were more likely to endorse rape myths.				

Table 5.2—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Kelley et al., 2005	Patrons of a military sexual assault prevention training victim advocacy program	Varied	Survey	Assess the Navy Sexual Assault Victim Intervention (SAVI) program
Selected Results: Respondents believed that training provided sufficient sexual assault prevention and satisfied the program objectives.				
Klaw et al., 2005	Male and female college students	35	Focus groups, document review	Examine students' experiences participating in a semester-long community health class designed to train undergraduates to facilitate rape education workshops
Selected Results: Participants became more informed of sexual assault prevalence. Some female participants experienced an increased sense of vulnerability, but prior victims were helped to cope with their past experiences. Participants also indicated increased empathy for victims, perceived empowerment against rape, and greater interpersonal and social activism.				
Kopper, 1996	Male and female college students	534	Survey	Examine factors affecting assignment of blame in acquaintance rape and perceived avoidability
Selected Results: Men and women with low rape myth acceptance were less likely to blame the victim in a rape scenario, more likely to blame the perpetrator, and less likely to believe the assault could have been avoided. Initial resistance by the victim early in the rape was related to less blaming of the victim and situation, more blaming of the perpetrator, and less tendency to believe that the situation could have been avoided.				
Lackie and de Man, 1997	Male college students	86	Survey	Measure the relationship between sexual aggression and sex role stereotyping with individual factors, including participation in fraternities or athletics
Selected Results: Among respondents, there was a relationship between sexual aggression and physical aggression, masculinity, fraternity membership, and acceptance of interpersonal violence and traditional sex beliefs. Sexual violence is motivated by aggression rather than sex.				
Lanier et al., 1998	Incoming college students	436	Experiment, surveys	Determine whether a program affected attitudes regarding date rape
Selected Results: Participants showed improvement in date rape attitudes, compared with the control group, and the effect was equal for male and female participants. However, the participants showed low tolerance for date rape preceding the intervention, and the durability of findings was not apparent.				
Lee et al., 2005	Asian and Caucasian college students	149	Survey	Determine whether there are differences in rape attitudes between Asian and Caucasian college students
Selected Results: Asian students were more likely to believe that women should have the responsibility for preventing rape, that sex motivates rape, that victims precipitate rape, that rapists should be severely punished, and that rape perpetrators are strangers. Male students were more likely to believe that women should be responsible for rape prevention and that victims precipitate rape. Male students were also more likely to feel negatively toward the rape victim.				
Lee et al., 2007	Sexual violence prevention efforts	N/A	Discussion	Description of the role of education in sexual violence prevention and best strategies for community-level prevention
Selected Results: Assault prevention strategies should be cognizant of societal factors while also promoting healthy behaviors. Effectiveness of programs is determined by content, structure, and delivery of material. Community-level strategies for long-term change include community mobilization, social norms approaches, social marketing, and policy work. Strategies must focus on adolescents.				

Table 5.2—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Lonsway, 1996	Research of sexual assault prevention programs	N/A	Literature review	Provide a critical review of rape prevention education
Selected Results: Existing programs tend to be aimed at college students and typically target rape-supportive attitudes, under the presumption that changes to those attitudes result in desirable outcomes, such as decreased sexual aggression, increased empathy for victims, and increased awareness or resistance by women. Research does not provide an understanding of which attitudes are easiest to change or lead to most positive outcomes.				
Lonsway et al., 1998	College students	170	Experiment, survey	Assess the effects of a uniquely intensive rape education program
Selected Results: Program participants experienced changes in rape-related beliefs and attitudes, and these findings persisted to 2-year follow-up. Female participants appeared more likely to cope well with assault situations. Male participants appeared to take greater responsibility for their actions and be more communicative.				
Lonsway and Kothari, 2000	College students	170	Intervention, surveys	Evaluate the impact of a rape education program mandatory for first-year college students
Selected Results: The program had a positive impact on attitudes and judgments of a rape scenario, but only immediately following workshop participation. Knowledge increases were maintained for up to 7 weeks, and participants were more likely to support rape prevention efforts after participating in the program. Students who participated in additional education programs had more positive results, suggesting the importance of repeated exposure to programming.				
Macy, Nurius, and Norris, 2007	Female college students	415	Survey	Explore the situational response to acquaintance sexual assault in order to improve prevention programs
Selected Results: Based on their personal history, precautionary habits, and sexual assault experience, women fall into one of four subgroups. These subgroups provide a basis to tailor sexual assault prevention programs so they are effective for women in all four subgroups.				
Masters et al., 2006	Women	371	Experiment	Evaluate responses to a sexual assault scenario, given different levels of alcohol consumption
Selected Results: The majority of participants expressed beliefs about the differences between male and female sexuality and sexual rules. 44% also included themes about managing relationships and reducing conflict. 37% indicated physical resistance to the assault attempt.				
Marx et al., 2001	Female college students with histories of sexual victimization	61	Experiment, survey	Evaluate an intervention designed to reduce the risk of sexual revictimization
Selected Results: The program reduced rape revictimization, increased self-efficacy, and decreased symptom severity.				
Meilman and Haygood-Jackson, 1996	Sexual assault incidents recorded at one university	65	Secondary data analysis	Determine the patterns from past sexual assault incidents and the apparent lessons for sexual assault prevention programs
Selected Results: Compared with non-rape incidents, rapes were more likely to occur on weekends, to involve alcohol, and to involve first- or second-year students as victims. Rape victims were more likely to know the assailant. A significant minority of rape cases did not involve pressure, and only a small percentage of cases were reported during the 72-hour period when evidence can be collected.				
Morrison et al., 2004	Studies about sexual assault prevention interventions	N/A	Literature review	Document programs to identify gaps in current sexual assault intervention programs
Selected Results: 64% of interventions included both male and female participants. Approximately 25% had sample sizes larger than 500. 80% of the studies reported mixed results. No study with a follow-up period of longer than 4 months showed continued positive effect.				

Table 5.2—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Muir, Lonsway, and Payne, 1996	College students	1,096	Survey	Determine whether U.S. students had higher acceptance of rape myths, compared with Scottish students, given the higher rate of assaults in the U.S.
Selected Results: Male students and U.S. students reported higher rape myth acceptance.				
O'Donohue, Yeater, and Fanetti, 2003	Male college students	102	Experiment	Evaluate the effectiveness of a video addressing rape myths, empathy for victims, and the negative outcomes of sexually coercive behavior
Selected Results: Participants who viewed the video indicated more change in attitudinal measures, relative to the control group that viewed a more traditional rape prevention video. The traditional video did not target constructs such as rape myths and victim empathy, which were the focus of the experimental video.				
Pinzone-Glover, Gidycz, and Jacobs, 1998	College students	152	Experiment, survey	Analyze the effects of a sexual assault prevention program on attitudes
Selected Results: Participants became significantly more empathetic with rape victims. Male participants were more likely (compared with the control group) to change in their attitudes and to define situations as rape. Female participants evidenced less change; this was in part because their initial attitudes were more liberal toward women and their knowledge was more correct.				
Potter, Krider, and McMahon, 2000	College and university representatives	78	Interviews	Determine whether randomly selected colleges and universities had implemented sexual assault prevention and response policies, and categorize the nature and approach of those programs
Selected Results: Roughly 80% of schools had sexual violence policies. The most common policies targeted deterrence and focused on sanctions. The next most common set of policies focused on environmental issues, such as risk reduction, opportunity reduction, and target hardening.				
Rosenthal, Heesacker, and Neimeyer, 1995	College students	245	Experiment, survey	Assess the appropriateness of an intervention for both traditional and nontraditional individuals
Selected Results: The intervention resulted in positive change across 10 measures of rape-relevant attitudes and beliefs. There were not differences by traditionality or for gender.				
Rothman and Silverman, 2007	First-year college students	1,988	Experiment, survey	Analyze the effect of a sexual assault prevention program on the incidence of sexual assaults during the first year of college
Selected Results: Students who participated in the program were less likely to have experienced a sexual assault during their first year in college, compared with students from the prior year. Men, women, heterosexuals, and those who had not previously experienced a sexual assault benefited from the intervention.				
Schewe and O'Donohue, 1996	High-risk male college students	74	Experiment, survey	Assess the effect of two video rape prevention programs on males who tested moderately high on the Attraction to Sexual Aggression scale
Selected Results: The video that aimed to reduce the cognitive distortions that might justify rape had a greater effect than the video that focused on the negative consequences of rape, but both produced a greater effect than observed in the control group.				
Schwartz and DeKeseredy, 1997	Sexual assault	N/A	Theoretical overview	Discuss sexual assault at colleges; discuss theory and incidence of male peer support for assault
Selected Results: All men should participate in reducing female victimization, and approaches include individual strategies, individual sports strategies, collective strategies, and strategies with fraternities.				

Table 5.2—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Schwartz and Nogrady, 1996	Male college students	119	Survey	Assess whether fraternity members were more likely to adhere to rape myths and be sexual victimizers of women
Selected Results: Fraternity members were not more likely than other students to support rape myths or be sexual victimizers. Peer support was significant, however. Victimizers were considerably more likely to report friends who were victimizers and who supported that behavior.				
Shechory and Idisis, 2006	Female college students; female therapists	125 students; 51 therapists	Survey	Investigate the relationship between rape myths and stereotypes and social distance from sex offenders and from victims
Selected Results: Students were more likely than therapists to adopt stereotypes and accept rape myths. Both students and therapists were more likely to believe rape myths about male victims. Participants preferred not to have a close relationship with victims and socially rejected offenders.				
Shultz, Scherman, and Marshall, 2000	College students	60	Experiment	Determine the effectiveness of an interactive drama program for date rape prevention
Selected Results: The program reduced rape-supportive attitudes. The program did not affect behavioral change measures.				
Sinclair and Bourne, 1998	College students	96	Experiment	Determine whether a legal verdict affects application of rape myth acceptance and victim empathy
Selected Results: Men were more easily influenced by the trial outcomes. Men showed greater rape myth acceptance after a not-guilty verdict and lower acceptance after a guilty verdict. Women had opposite reactions to not-guilty and guilty verdicts.				
Söchting, Fairbrother, and Koch, 2004	Research of college sexual assault prevention programs	N/A	Literature review	Review research done on college sexual assault prevention programs
Selected Results: Pre-assault behaviors that increased risk were dating location, sexual behavior and frequency, alcohol use, attitudes and beliefs, assertiveness and communication, and ability to detect danger cues. Self-defense training holds the most promise as a prevention technique, but it is not widely used currently in college programs. Also, based on risk factors, rape prevention programs should augment self-defense training with counseling on risk behaviors that can be modified, such as drinking and dating location, as well as attitudes toward sex roles and rape acknowledgement and resistance.				
Stein, 2007	Male first-year college students	156	Survey	Examine whether personal attitudes, perceptions of close friends' attitudes, and exposure to peer educators predict willingness to prevent rape
Selected Results: Most men indicated a willingness to prevent rape. Subjects perceived that they had much greater willingness to prevent rape than did their peers. They also believed their peers held more rape-supportive attitudes than they themselves did.				
Stephens and George, 2004	Male college students	45	Experiment, survey	Determine whether the effects of a rape prevention video depend on the coercive history of the male audience
Selected Results: Male participants with a sexually coercive past did not show any change from viewing the prevention video. Male participants without a sexually coercive history showed changes in rape myth acceptance and sex-related alcohol expectancy scores.				
Ullman, 2007a	Research of sexual assault	N/A	Discussion	Review the history of sexual assault and sexual assault prevention; discuss trends and gaps in current research
Selected Results: Most studies focus on reducing attitudes, such as rape prevention; there is little evidence that attitudes can be changed for long periods of time, or that attitude change results in fewer assaults. Rape prevention programs tend not to teach women about risky situations and effective resistance, and few include self-defense training. There is a need for a two-pronged approach to rape prevention: programs that address potential perpetrators and programs that teach women rape avoidance.				

Table 5.2—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Van Wie, Gross, and Marx, 1995	Female college students	101	Experiment, survey	Assess perceptions of when a woman would want her dating partner to stop making sexual advances based on perceived token resistance and previous sexual contact
Selected Results: While listening to a recorded vignette of a dating situation that escalated into date rape, participants who were told that the female dating partner gave token resistance on a previous date took longer to designate the stopping point for the man's sexual advances than did those who were told the couple had sexual contact without resistance on a prior date.				
Varelas and Foley, 1998	College students	126	Experiment, survey	Determine whether rape myth adherence and race influence the interpretation of a date rape scenario
Selected Results: White participants were more likely to define the incident as rape and to attribute blame to the perpetrator, but they also attributed less blame to the white victim raped by a black man than to the black victim raped by the black man. All participants attributed more blame to the black perpetrator than to the white perpetrator; and black participants were more lenient toward the white rapist than the black rapist, except that white men held the white perpetrator more accountable. Regardless of race, women were more likely to interpret the scenario as rape. In general, rape myth adherence was predictive of the scenario interpretation.				
Vickio, Hoffman, and Yarris, 1999	College campus sexual assault prevention programs	N/A	Description	Provide six guidelines for successful university programs
Selected Results: The six guidelines are (1) use a team approach, (2) determine the mission statement and goals, (3) secure support from top university administrators, (4) identify a central location and a contact person, (5) publicize the efforts, and (6) evaluate and document the program.				
Ward, 1995	Theoretical research on rape attitudes	N/A	Discussion	Discuss feminist and psychological theory and research on rape attitudes
Selected Results: Our society is prejudiced against the rape victim. Research indicates that programs can change rape attitudes. However, the resiliency of that change and the behavioral implications of that change remain unclear.				
Yeater et al., 2004	Female college students	110	Surveys, interviews	Evaluate a self-help book's efficacy to prevent sexual assault for college-age women
Selected Results: Participants found the book useful, but the study did not find a reduction in victimization rates; 38 cases of sexual assault were reported by participants during the study.				
Yeater and O'Donohue, 1999	Sexual assault prevention programs	N/A	Discussion	Discuss the problems apparent in prevention programs
Selected Results: Problems include the lack of outcome data that substantiate efficacy; the lack of information on programming preferences of participants; the lack of consistent and comparable information about the attitudes, thought processes, and behavior changes and the duration of those changes from different programs; the lack of assessment of whether participants comprehended all the material; problems of biased results; and the issue of clinical significance as compared with statistical significance. One very basic problem is the analytical inability to identify the causal mechanisms responsible for sexual assault or for sexual victimization.				
Yeater and O'Donohue, 2002	Female college students	300	Experiment	Compare victims' and nonvictims' responses and rate of learning in a sexual assault prevention program
Selected Results: On questionnaires intended to gauge their rate of learning, women required more than one attempt on each dependent measure (e.g., rape myths and facts, risk factors and risk perception) to reach a 90% accuracy threshold. Women victimized only once took significantly longer to be trained on the risk factors and risk perception segment than revictimized women, but revictimized women did not take longer to be trained than either nonvictimized women or those with only one victimization experience. The results imply that women need repeat exposures to sexual assault prevention materials.				

SECTION 6

Recovery and Coping

In this section, we describe studies related to how victims respond to sexual assault, with an emphasis on physical or mental health outcomes and coping mechanisms, both attitudinal and behavioral. Additional topics relate to the social support victims observe from informal sources[1] and their influence on victim recovery. Some of these studies consider revictimization as a post-assault outcome, but findings of this nature were previously covered in Section 2, on victim risk factors. Most of the studies pertain to female sexual assault victims, although there are exceptions (e.g., Anderson, 2007; Doherty and Anderson, 2004; Zinzow et al., 2008). Studies in this section featured both military and civilian samples (those that used a military sample include Frayne et al., 1999; Hankin et al., 1999; and Sadler et al., 2000). A list of studies that fall into this research category and descriptive details about them are provided in Table 6.1.

As suggested at the outset of this report, sexual assault victims face a wide array of health challenges in their immediate and long-term recovery from the assault. In studies that examine these challenges, female sexual assault victims were typically compared with other groups, such as victims of other types of crime (e.g., Campbell and Soeken, 1999), other veterans (e.g., Zinzow et al., 2008), and other women more generally (e.g., Cloutier, Martin, and Poole, 2002). Researchers have documented sexual assault victims' propensity toward developing such physical health problems as sexually transmitted diseases (Sarkar and Sarkar, 2005), gynecological or reproductive problems (e.g., Campbell and Soeken, 1999; Frayne et al., 1999), hypertension (Cloutier, Martin, and Poole, 2002), high cholesterol (Cloutier, Martin, and Poole, 2002), obesity (Cloutier, Martin, and Poole, 2002), and heart attack (Frayne et al., 1999). Other studies described these victims' physical ailments in more general terms, such as their risk for chronic health problems (Sadler et al., 2000) or poor physical functioning (Surís et al., 2007).

A number of studies examined the mental health and psychological difficulties encountered by sexual assault victims. Many studies have documented the prevalence of, severity of, or correlates to PTSD (e.g., Borja, Callahan, and Long, 2006; Davis and Wood, 1999; Frazier and Haney, 1996; Orth and Maercker, 2004; Surís et al., 2004; Ullman et al., 2006; Ullman and Filipas, 2001). Other mental health issues examined by researchers include depression (e.g., Hankin et al., 1999), anxiety (e.g., Ullman and Siegel, 1993), sexual distress (e.g., Ullman and Siegel, 1993), poor body image (e.g., Campbell and Soeken, 1999) and suicide ideation (e.g., Brener et al., 1999). Studies such as Padden (2008) and Sarkar and Sarkar (2005) are particularly useful in that they summarize research on these and potentially related psychological consequences of sexual assault, such as eating disorders and sleep disorders.

[1] The reactions of formal support providers and their influence on victim health outcomes are covered in Section 7, on disclosure.

While the bulk of studies we identified as pertaining to the aftermath of sexual assault considered victim health outcomes, there were studies that considered other types of effects as well. For example, Feehan et al. (2001) examined sexual assault victims' unemployment rates in conjunction with health outcomes. Surís et al. (2004) compared female sexual assault victims in terms of their health care costs, and Stander et al. (2007) assessed differences in attrition rates between military personnel who reported premilitary rape and those who had not. In a related vein, Sadler et al. (2000) found that rape victims were less likely, compared with women who were not raped, to report graduating from college or earning an annual income greater than $25,000.

How victims cope with sexual assault may affect—and be affected by—the aforementioned challenges. Although explicitly defining and measuring coping in the context of sexual assault is not a common research subject, and there is no universally coping typology, there were some studies that investigated such coping strategies as avoidance coping (e.g., Lefley et al., 1993; Littleton et al., 2006), approach coping (Frazier et al., 2004), and religious coping (Frazier et al., 2004) or coping patterns (e.g., Macy, Nurius, and Norris, 2007).[2] Other studies focused on an additional type of cognitive response, victim self-blame for the assault (e.g., Long et al., 2007; Schwartz and Leggett, 1999). Sexual assault victims may also engage in coping-related behaviors that put them at risk of future harm or health problems. Such risky behaviors include physical altercations with an intimate partner (Brener et al., 1999), having multiple sex partners (Brener et al., 1999), smoking cigarettes (e.g., Cloutier, Martin, and Poole, 2002), and suicide attempts (e.g., McFarlane, Malecha, Gist, et al., 2005; Ullman, 2007b), but the most frequent risky behavior examined by researchers was alcohol and substance abuse (e.g., Cloutier, Martin, and Poole, 2002; Davis and Wood, 1999; Miranda et al., 2002). For instance, Hankin et al. (1999) found that female Veterans Affairs patients reporting sexual assault were twice as likely as those who did not report sexual assault to meet probable alcohol abuse criteria. Additional studies describe interventions intended to minimize such alcohol and substance use following sexual assault (e.g., Acierno et al., 2003; Resnick et al., 2005; Resnick et al., 2007), but these interventions seem to be only moderately effective.

Other studies sought to understand why sexual assault victims were more likely to experience the negative outcomes discussed above as well as to identify factors that positively influence victim recovery. A common topic in this line of inquiry is the role of social support[3] or social reactions (e.g., Campbell, Ahrens, et al., 2001; Borja, Callahan, and Long, 2006; Feehan et al., 2001; Filipas and Ullman, 2001; Ullman, 1996a, 1996c; Ullman et al., 2006). Ullman (1999b) reviewed research on the role of social support in sexual assault recovery and noted that, while positive social reactions varied in having either favorable or no implications for victim recovery, negative social reactions had more consistently negative effects on victims. She further found that the effect of social support on recovery was mediated by assault characteristics, provider factors, victim coping and self-blame, having a pre-assault support network, and

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[2] Avoidance coping strategies are employed by a victim to deny the incident happened, to avoid addressing its implications, or to refrain from experiencing the emotions associated with the assault, whereas approach-oriented strategies are ones in which the victim deliberately acknowledges and addresses the incident (e.g., by considering it from a different perspective). Religious coping includes strategies such as finding meaning through religion and turning to God for help in recovering. As Frazier et al., 2004, indicate, psychometric scales have been developed to measure a victim's use of each type of strategy.

[3] Recall that the emphasis in this section is on informal support. Formal support is addressed in the sections that follow.

criminal justice system involvement. While social reactions appeared to predominate in this type of research, we also note the use of victim attributes, including demographics (e.g., Bletzer and Koss, 2006; Ullman and Filipas, 2001) and coping strategies (e.g., Frazier et al., 2004), and incident characteristics, such as the victim's relationship with the perpetrator (e.g., Feehan et al., 2001), to help explain variation in victim recovery.

Table 6.1
Summary of Studies on Recovery from and Coping with Sexual Assault

Source	Sample	N	Method(s)	Study Purpose/Objective
Acierno et al., 2003	Female rape victims presenting for forensic rape examinations	124	Experiment, interviews	Evaluate a video intervention aimed to minimize anxiety during forensic rape examinations and reduce substance use and abuse following rape
Selected Results: Women in the intervention group with a prior history of alcohol or marijuana use reported less substance abuse at 6 weeks. The results suggest that the video may lead to better outcomes following rape examinations.				
Anderson, 2007	Male and female college students	119	Experiment, vignettes	Examine perceptions of female and male rape
Selected Results: Participants were asked to describe a typical rape of a man or woman. The typical female rape was described as a stranger rape scenario. The typical male rape was viewed in terms of victim/rapist sexual orientation and the rapist calling the victim names, with findings that were sexualized and homophobic.				
Bletzer and Koss, 2006	Female rape victims	62	Interviews	Examine Southwestern women's descriptions of coping with rape
Selected Results: The majority of the women were raped by acquaintances, and most did not seek formal support services. Most of the women reported difficulty coping and a desire to forget the rape, although Anglo women reported more rage toward their perpetrators than did Native Americans or Mexican Americans.				
Borja, Callahan, and Long, 2006	Female college students	517	Survey	Examine adjustment and social support following sexual assault
Selected Results: Positive reactions from informal and formal support providers were associated with benefits. Only negative informal reactions were related to specific posttraumatic distress. Neither positive nor negative reactions from formal or informal providers were associated with more general psychological distress.				
Brener et al., 1999	Female college students	4,609	Survey	Examine the prevalence of lifetime rape among female college students and the relationship between rape and health risk behaviors
Selected Results: 20% of female college students reported a history of rape; most of these rapes were during the teen years. There was no difference in the incidence of forced sex by race or ethnicity, parents' education, or sorority membership. Women with a history of rape were significantly more likely to engage in health risk behaviors, including physical fighting with spouses or boyfriends, drinking and driving, considering suicide, smoking cigarettes, using alcohol or drugs during last sexual intercourse, and having multiple sexual partners.				
Campbell, Ahrens, et al., 2001	Female rape victims	102	Interviews	Examine social reactions to rape victims and resulting health outcomes
Selected Results: The number of positive social reactions experienced did not affect health outcomes, but being believed and having someone to talk to were associated with better health outcomes when the victim perceived this reaction as healing. Being patronized and called irresponsible were associated with worse health outcomes when the victims perceived these reactions as hurtful. Certain reactions, such as having someone want to seek revenge, led to differing outcomes depending on how they were perceived by the victims.				
Campbell and Soeken, 1999	Battered women	159	Interviews	Examine the health consequences of forced sex
Selected Results: 46% of the sample had experienced sexual assault in addition to physical assault. Women who were sexually assaulted had more negative health symptoms, gynecological problems, and homicide risk factors than women who were only physically assaulted. Victims who experienced more sexual assaults had higher levels of depression and less positive body image.				
Cloutier, Martin, and Poole, 2002	Female respondents to the Behavioral Risk Factor Surveillance System survey	2,109	Secondary data analysis	Estimate the prevalence of sexual assault for women in North Carolina and the relationship between sexual assault and health risk factors
Selected Results: 19% of the women reported a history of sexual assault; the majority of these were rapes or attempted rapes. Victims of rape or attempted rape were more likely to be obese and to report one or more health risk factors, such as hypertension, high cholesterol, or diabetes.				

Table 6.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Culbertson, Vik, and Kooiman, 2001	Female college students	314	Survey	Describe how sexual assault, relationship to perpetrator, and location of assault affect perceived safety
Selected Results: Female victims of sexual assault felt less safe than nonvictims. The relationship between the victim and the perpetrator affected feelings of safety. Additionally, women assaulted at home felt less safe at home than women assaulted away from home, and women assaulted outside their homes felt less safe in isolated public settings than women assaulted at home.				
Davis and Wood, 1999	Female veterans participating in PTSD or substance abuse treatment at a veterans' hospital	38	Survey, Interviews, Secondary data analysis	Describe substance abuse, PTSD, and sexual assault history in a sample of female veterans
Selected Results: Participants displayed a high incidence of PTSD related to sexual trauma, and there was a high rate of substance abuse among women with past sexual trauma.				
Doherty and Anderson, 2004	Men and women	60	Interviews	Examine opinions about male rape
Selected Results: Participants broadly discussed the experience of male rape and responses to male rape victims. Most used phallocentric reasoning to argue that rape is more traumatic for heterosexual men than it is for women or gay men. Male rape victims are viewed differently from female victims and this affects the social support they receive.				
Feehan et al., 2001	Male and female victims of sexual or physical assault	374	Interviews	Examine psychological distress following sexual assault
Selected Results: 33% of the female victims had psychological distress sufficient to affect daily life, compared with 20% of the male victims. For female victims, increased psychological distress was associated with an unwitnessed assault, an assault in the victim's home, being assaulted by a relative or partner, and not resisting the assault. For male victims, increased distress was related to an unwitnessed assault, multiple assailants, the use of a weapon, and not resisting the assault.				
Filipas and Ullman, 2001	Female sexual assault victims	323	Survey	Examine the nature of social reactions observed by sexual assault victims after their disclosure of the assault and how those reactions affect their psychological well-being
Selected Results: Victims typically experienced both positive and negative reactions upon disclosure, but were more often confronted by negative reactions when seeking support from formal resources. Positive reactions from friends and others close to victims were especially helpful in terms of psychological outcomes, while negative reactions were distressful regardless of support type.				
Frayne et al., 1999	Female veterans who accessed care at Veterans Affairs facilities	3,632	Survey	Describe the physical symptoms of women who experienced sexual assault while in the military
Selected Results: 23% of the sample had a history of sexual assault while in the military, and these women had more physical symptoms and medical conditions in every category assessed. The women who had been assaulted were more than twice as likely to report 12 or more of 24 symptoms and conditions covered in the survey. For example, those who experienced sexual assault while in the military were more likely to report being treated for a heart attack in the past year than women who did not experience sexual assault while in the military, even after controlling for age, hypertension, diabetes, and smoking. And even after controlling for age, females with a history of sexual assault were 2.5 times more likely to report poor reproductive outcomes.				
Frazier et al., 2004	Female sexual assault victims	171	Survey	Identify factors related to positive life changes in sexual assault victims
Selected Results: The factors most related to positive life change immediately following sexual assault were social support, approach-oriented coping, religious coping, and control over the recovery process. Over time, increases in these four factors led to improved life change.				

Table 6.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Frazier and Haney, 1996	Police records for female rape cases, and female rape victims	569 cases; 90 victims	Secondary data analysis, survey	Assess the level of attrition for sexual assault cases during the legal process, identify factors related to that attrition, and describe victims' experiences with the legal system and their effect on victims' recovery
Selected Results: There was no relationship between either victim attitudes toward the legal system or case outcomes and victim PTSD.				
Hankin et al., 1999	Female veterans who accessed care at Veterans Affairs facilities	3,632	Survey	Evaluate depression and alcohol abuse among female veterans with a history of sexual assault while in the military
Selected Results: 23% of the national sample reported having experienced sexual assault while in the military. Women reporting sexual assault were 3 times more likely to meet criteria for probable depression and 2 times more likely to meet criteria for probable alcohol abuse, compared with women who did not report sexual assault while in the military. 50% of victims with probable depression and 40% of victims with probable alcohol abuse reported receiving mental health treatment in the past 3 months.				
Isely and Gehrenbeck-Shim, 1997	Agencies providing support to male sexual assault victims who sought treatment	3,635 cases at 172 agencies	Survey	Determine the nature and prevalence of sexual assault of men
Selected Results: The majority of victims reported PTSD as a result of the assault. 46% of victims reported suicide ideation, and 76% of these victims attempted suicide.				
Larimer et al., 1999	Male and female college students	296	Survey	Investigate prevalence of sexual assault victimization/perpetration within the Greek system
Selected Results: Heavier alcohol use was reported by victims of both sexes. Depression rates were higher for male victims than for nonvictimized men.				
Lebowitz and Roth, 1994	Female rape victims	15	Interviews	Examine how rape victims make sense of their experiences
Selected Results: In open-ended interviews, the women incorporated cultural constructions of gender, sexuality, and rape into their descriptions; they linked female socialization with rape; and some women described the threat of rape as a form of social control.				
Lefley et al., 1993	Women	190	Survey	Analyze cultural beliefs about rape
Selected Results: Hispanics were the most likely, and whites the least likely, to blame the victim. Hispanic victims experienced the most psychological stress, intrusive thoughts, and were most likely to use avoidance as a coping mechanism. Overall, ethnicity appeared to be less important than degree of victimization in the psychological response to rape.				
Littleton et al., 2006	Female college rape victims	256	Survey	Examine the relationship between acknowledgment of forced sex as rape and behaviors following assault
Selected Results: All of the women had experienced forced sex, unwanted sex, or sex while they were incapacitated, but less than a quarter of these women labeled the experience as rape. Women who felt they were victims used more avoidance coping strategies, disclosed to more individuals, and had stronger beliefs that the world is just. Assaults on unacknowledged victims were less likely to involve perpetrator force or victim resistance and more likely to involve alcohol.				
Long et al., 2007	African-American women	495	Survey	Determine relationship between age and educational differences on sexual assault
Selected Results: Participants reported similar sexual assault characteristics across age and education levels, but older, less educated African-American women assign more blame to themselves after an assault.				

Table 6.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Macy, Nurius, and Norris, 2007	Female college sexual assault victims	415	Survey	Examine victim responses to acquaintance sexual assault sexual assault in order to improve prevention programs
Selected Results: Women with differing profiles of prior victimization, alcohol consumption, positive relationship expectations, and precautionary habits reported differing patterns of coping with acquaintance sexual assault.				
Maker, Kemmelmeier, and Peterson, 2001	Female college students	131	Survey	Examine risk factors and consequences of sexual assault
Selected Results: Adult victims of sexual assault had poorer mental health (e.g., anxiety, depression) and behavioral outcomes (e.g., antisocial behavior, drug consumption) than victims of abuse before age 16 (child sexual abuse or peer sexual abuse).				
Mason, Riger, and Foley, 2004	Female college students	157	Survey	Assess whether rape survivors differ in how they interpret a sexual assault scenario
Selected Results: Those with higher rape myth acceptance were more likely to blame the victim, but there were no differences in scenario interpretation based on their own sexual assault history.				
McFarlane, Malecha, Gist, et al., 2005	Female physical assault victims	148	Interviews	Examine substance use, femicide, and suicidality among sexually assaulted women
Selected Results: Women who experienced more than one sexual assault were more than 3 times more likely to initiate or increase substance use, compared with women who experienced only one sexual assault. Women experiencing any sexual assault had more risk factors for femicide compared to women only experiencing physical assault; they were also more than 5 times more likely to report threatening or attempting suicide.				
Miranda et al., 2002	Female college students	318	Survey	Explore the link between sexual victimization and alcohol use
Selected Results: A history of sexual assault was related to higher levels of psychological distress, which in turn was associated with alcohol consumption via negative reinforcement. Further, sexual assault was directly related to negative reinforcement, and that link was predictive of alcohol use. The results support the hypothesis that alcohol consumption by sexually assaulted women stems at least in part from a desire to self-medicate.				
Murdoch et al., 2004	Male and female veterans	3,337	Survey	Assess the prevalence of in-service and post-service sexual assault among veterans seeking benefits for PTSD
Selected Results: 4% of the men and 71% of the women had been sexually assaulted while in the service. Men who had been sexually assaulted while in the service were more likely to have been assaulted after their time in service. The opposite was true for women.				
Orth and Maercker, 2004	Victims of violent crime, including rape	168	Surveys	Determine whether victim attendance at perpetrators' trials exacerbates posttraumatic stress reactions
Selected Results: This article reports results from two studies. The first found that the greater the victim's moral satisfaction with the trial outcome, the lower the posttraumatic stress reaction after the trial. No other trial-related factors were related to posttraumatic stress. The second study found that, even within the first few weeks after the trial, posttraumatic stress reactions did not increase. Overall, the results of the two studies imply that trials do not typically retraumatize victims of violent crime.				
Padden, 2008	Studies of sexual assault, sexual abuse, and rape trauma	N/A	Literature review	Educate nurses about sexual assault screening, support, and counseling by providing an overview of relevant terminology, prevalence data, victim health outcomes, and nursing best practices
Selected Results: Sexual assault victims can suffer from physical and mental health problems, both short-term and permanent, following sexual violence. Problems include gynecologic and menstrual disorders; gastrointestinal upset; sleep disorders; PTSD symptoms; depression; eating disorders; sexual dysfunction; and anxiety disorders.				

Table 6.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Rentoul and Appleboom, 1997	Literature on psychological impact of sexual assault of male victims	N/A	Literature review	Review the literature focusing on the psychological impact of sexual assault on male victims in the United Kingdom
Selected Results: There is a lack of empirical studies on male sexual assault in the United Kingdom regarding both the prevalence of the problem and its effects on male victims. It is unclear whether research on female rape victims applies to male victims. For example, rape trauma syndrome appears among both female and male victims, but male victims have immediate reactions to rape that are different than those of female victims. An overview of treatment for male victims of rape and sexual assault is also provided, including findings regarding successful counseling for male sexual assault victims.				
Resnick et al., 1999	Female victims of forced vaginal, oral, or anal penetration within the previous 72 hours	48	Intervention, Surveys	Determine whether a video intervention can mitigate the high levels of acute psychological distress during post-rape forensic evidence collection procedures
Selected Results: The video intervention reduced distress during forensic exams.				
Resnick et al., 2005	Victims consenting to a forensic rape exam at a medical center	205 at time of exam; 123 provided follow-up data at the 6-week point	Intervention, Surveys	Evaluate an acute video intervention for victims undergoing a forensic rape exam
Selected Results: Post-exam anxiety levels were lower for women who received the video intervention. Women assigned to the video treatment condition also reported lower marijuana abuse 6 weeks later. For women with a prior history of rape, viewing the video was also associated with a lower rate of PTSD classification at the 6-week follow-up.				
Resnick et al., 2007	Female sexual assault victims undergoing rape exams	268	Intervention, Interviews	Evaluate a video intervention for sexual assault victims undergoing rape exams; the video was intended to reduce distress during the exam and prevent subsequent substance abuse
Selected Results: The video did not affect alcohol or hard drug abuse, but it did reduce marijuana use among those using marijuana before the assault.				
Sadler et al., 2000	Female veterans	537	Survey	Examine the health-related consequences of rape or physical assault while in the military
Selected Results: Women who were raped were more likely to report chronic health problems, use of prescription medicine for emotional problems, and an annual income of less than $25,000 than were women who were not raped. Rape victims were also less likely to report completion of college, compared with women who were not raped.				
Sarkar and Sarkar, 2005	Literature on sexual assault	N/A	Literature review	Summarize the consequences of sexual assault for women
Selected Results: Victims often report decreased physical and mental health-related quality of life, and they sometimes report sexually transmitted infections or posttraumatic difficulties such as mental problems, sleep disorders, sexual problems, and suicidal ideation. Victims are at risk of revictimization, and recovery patterns are often affected by the care and emotional support received, positive life changes following the assault, religious faith, and social support.				
Schwartz and Leggett, 1999	Female college students	388	Survey	Compare perspectives of women raped while too intoxicated to resist with those of women raped by force
Selected Results: 17% of the women described experiences that met legal definitions of rape, and the vast majority of these women were affected in some way. 79% of women who were raped while intoxicated and 50% of women who were raped by force or threat of force blamed themselves at least somewhat. 26% of the women raped blamed themselves completely. Most of the women whose experiences met legal definitions of rape did not label their experiences as rape.				

Table 6.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Sheldon and Parent, 2002	Clergy	112	Survey	Investigate clergy's attitudes toward female rape victims
Selected Results: More fundamental and sexist clergy had more negative attitudes toward rape victims. When deciding whether rape occurred and the extent to which the victim was to blame, clergy considered the woman's provocative behavior, consent or lack thereof, self-defense efforts, marital role, decisionmaking, and unusual behavior.				
Skinner et al., 2000	Female veterans who accessed care at Veterans Affairs facilities	3,632	Survey	Determine the prevalence of military sexual violence and differences between victims and nonvictims in both prevalence rates and outcomes
Selected Results: Women who reported either sexual harassment or sexual assault while serving in the military also tended to report more problems related to military service, including greater feelings of personal isolation in the military. These women also experienced a more difficult transition back to civilian life, including more health problems, compared with female veterans who did not report either type of abuse. Women who reported sexual harassment or assault reported more problems securing employment, more drinking or drug problems, more depressive symptoms, more sleep disturbances, higher anxiety levels, and poorer body images than those who did not.				
Stander et al., 2007	Female Navy recruits, military records	2,431	Survey, secondary data analysis	Examine the relationship between premilitary sexual victimization and military attrition
Selected Results: Victims of premilitary rape were 1.7 times more likely to attrit from the Navy, compared with those not reporting premilitary rape.				
Starzynski et al., 2005	Female sexual assault victims	1,084	Survey	Determine how demographic, assault, and post-assault characteristics influence to whom women report an assault and the types of social reactions they receive in response
Selected Results: Women were more likely to report their assault to both formal and informal support sources when the perpetrator was a stranger, when a weapon was used, when they exhibited greater symptoms of PTSD, and when they had higher self-blame scores. Women who reported the assault to both informal and formal support sources experienced more negative social reactions than those who reported the assault only to informal sources. Women encountered more negative social reactions when they thought their life was in danger during the assault, had more symptoms of PTSD, and had higher self-blame scores. Positive social reactions were higher when the woman thought her life was in danger during the attack and when a weapon was used.				
Surís et al., 2004	Female veterans, medical administrative records	270	Interviews, secondary data analysis	Analyze PTSD risk, health care utilization, and cost of care among female veterans treated at a Veterans Affairs clinic
Selected Results: Women sexually assaulted while in the military were 9 times more likely to develop PTSD than were women without a history of sexual assault. Female veterans who reported military sexual assault also had a higher rate of depressive disorders than those who had never been sexually assaulted. There was no increase in the cost of care related to military sexual assault, implying that female veterans who experienced a military sexual assault accessed fewer health care services than did those who experienced childhood sexual assault.				
Surís et al., 2007	Female veterans	270	Survey	Compare physical functioning, psychiatric symptoms, and quality of life of victims and nonvictims of rape
Selected Results: Rape victims reported poorer physical functioning, psychiatric symptoms, and quality of life functioning than nonvictims. Victims raped while in the military scored worse than victims raped as civilians on some of the outcomes measured.				
Ullman, 1996a	Female sexual assault victims	155	Survey	Determine factors related to the timing of sexual assault disclosure, subsequent social reactions experienced, and post-assault experiences
Selected Results: The majority (91%) of women disclosed their assault to friends or relatives, and they were the support provider most frequently cited as helpful. Avoidance coping strategies were associated with negative social reactions. Less post-assault distress was related to positive social reactions.				

Table 6.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Ullman, 1996c	Female sexual assault victims	155	Survey	Analyze the types of social reactions observed by sexual victims and their relationship with victims' post-assault adjustment
Selected Results: Being believed was related to one measure of recovery, and being listened to was favorably related to multiple measures of recovery and to fewer psychological symptoms. Negative social reactions were more strongly related to increased psychological symptoms and poorer adjustment. Being blamed for the assault was associated with poorer recovery, and being treated differently, having someone take control, and distraction had negative implications for recovery and psychological symptoms. Many of the findings were significant even when the timing of the disclosure was taken into account.				
Ullman, 1999b	Research of social support in recovery from sexual assault	N/A	Literature review	Review empirical studies on the role of social support in recovery from sexual assault
Selected Results: Some studies show no effect, and others show positive effects, of social support on recovery. Negative social reactions are less studied but show consistently strong negative effects on victims. The effect of social support on recovery may be mediated by assault characteristics, provider factors, victim coping and self-blame, having a pre-assault support network, and criminal justice system involvement.				
Ullman, 2003	Nonexperimental field studies of sexual assault	N/A	Literature review	Examine studies addressing the role of alcohol pre– or post–sexual assault
Selected Results: Childhood/early sexual victimization leads to drinking alcohol to cope as well as to other risky behaviors and contexts that may increase adult sexual assault risk and subsequent alcohol abuse.				
Ullman, 2007b	Female sexual assault victims	1,084	Survey	Describe differences between gang and individual rapes
Selected Results: Compared with victims of individual perpetrator rape, gang rape victims were more likely to have experienced post-assault PTSD and reported more lifetime suicide attempts.				
Ullman et al., 2006	Female sexual assault victims	1,084	Survey	Assess differences in background, assault, and post-assault factors by victim-perpetrator relationship
Selected Results: Stranger victims reported more traumatic events, and victims of strangers or relatives had more PTSD symptoms and negative social reactions than victims of other perpetrators. Negative social reactions to the sexual assault were significant predictors of PTSD among victims of all types, and avoidance coping and self-blame were associated with PTSD for most victim groups.				
Ullman and Filipas, 2001	Female sexual assault victims	323	Survey	Identify factors related to social reactions experienced by victims upon disclosure and to the severity of PTSD symptoms
Selected Results: Ethnic minorities, victims of more severe assaults, those who disclosed their assault to a lesser extent, and those who told more people about the assault experienced more negative social reactions after disclosure. Negative social reactions were related to greater PTSD severity.				
Ullman and Siegel, 1993	Female sexual assault victims	240	Survey	Assess whether differences in sexual assault experiences and outcomes can be explained by the victim-perpetrator relationship
Selected Results: Sexual distress was more common among victims of intimate partner assault, and fear/anxiety was more common among victims of stranger assault.				

Table 6.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Zinzow et al., 2008	Male and female veterans treated at Veterans Affairs medical centers	816	Secondary data analysis	Examine the prevalence of sexual assault and its relationship to mental health disorders and health care service use within the veteran population

Selected Results: 38% of female veterans reported a history of sexual assault, compared with 6% of male veterans. Male veterans who were victims of sexual assault were more likely to report suicidality and to exhibit worse global mental health functioning than male nonvictims. Female veterans who were victims of sexual assault were more likely than female nonvictims to meet criteria for any psychiatric diagnosis, to meet criteria for a greater number of psychiatric diagnoses, and to exhibit worse global mental health functioning. Male veterans with a history of sexual assault were more than twice as likely as male nonvictims to use emergency room services, and female veterans with a history of sexual assault were more likely than female nonvictims to seek mental health services.

SECTION 7

Sexual Assault Disclosure

This section covers literature on sexual assault disclosure, including whether and to whom a victim discloses an assault; factors related to a decision to report the assault to formal support providers; social reactions from and secondary victimization by those support providers; and reasons for nondisclosure. Disclosure is alternately referred to in this body of work as victim "reporting" or "presenting," with "reporting" typically used in studies pertaining to disclosure of an assault to police and "presenting" cited in the context of seeking medical treatment. Research that we determined had sexual assault–related disclosure findings are summarized in Table 7.1. As the table entries suggest, studies pertaining to disclosure involved many different data sources and employed a variety of methods. Secondary data, such as the National Crime Victimization Survey and National Crime Survey, served as the foundation for some studies, while other works featured primary data collection in the form of surveys or interviews.

Studies that focused on to whom a victim disclosed an assault (e.g., Feldhaus, Houry, and Kaminsky, 2000; Meilman and Haygood-Jackson, 1996; Neville and Pugh, 1997) tended to distinguish between *informal* support providers, such as family and friends, and *formal* support providers, such as police, physicians, social workers, and legal personnel, and these studies reported the frequency with which victims disclosed to one or both types. For example, Filipas and Ullman (2001) surveyed female sexual assault victims and found that, while almost all of the victims disclosed their assault to family or friends, the proportions of those who disclosed to different types of formal support providers were considerably lower. In general, the percentage of victims disclosing to informal sources of support was higher than comparable figures for formal sources. These studies frequently discussed the reasons *why* victims opted to tell someone about their assault as well. In studies by Ahrens et al. (2007), Dunn, Vail-Smith, and Knight (1999), and others, the victim's need for help or assistance was a prime reason for victim disclosure. Fear was also a motivator; Resnick, Holmes, et al. (2000) found that the victim's fear of sexually transmitted diseases was predictive of her presenting for medical treatment after an assault.

A large number of studies attempted to identify factors that account for victims' disclosure behaviors, especially with respect to a decision to report an assault to police. Many of the studies listed in Table 7.1 feature findings of this nature, including Bachman (1993, 1998), Clay-Warner and Burt (2005), Felson and Paré (2005), and Ruch, Coyne, and Perrone (2000). In general, these studies include victim, perpetrator, and incident characteristics in statistical models, with disclosure as the outcome measure. In most cases, disclosure to police was the focus, but some studies (e.g., Campbell, Wasco, et al., 2001; Millar, Stermac, and Addison, 2002) considered seeking medical attention in addition to or instead of police reporting. For example, Carbone-Lopéz (2005) found that victim education level, perpetrator race, the use

of a weapon, and additional victim injury all helped to predict disclosing of sexual assault to police, and Feldhaus, Houry, and Kaminsky (2000) determined that women assaulted by a stranger were more likely to report the crime to police and to present for medical treatment. Attributes that this line of inquiry suggests are predictive of sexual assault disclosure include, but are not limited to, victim or perpetrator race (e.g., Bachman, 1998; Fisher et al., 2003), victim gender (e.g., Kimerling et al., 2002; Pino and Meier, 1999; Rumney, 2008), co-occurrence with another crime (e.g., Addington and Rennison, 2008), perpetrator alcohol consumption (e.g., Ullman, 1996a), additional injury during the assault (e.g., Bachman, 1998; Du Mont, Miller, and Myhr, 2003), and victim-perpetrator relationship (e.g., Felson and Paré, 2005; McGregor et al., 2000). Among the most robust findings are that reporting was more likely when the victim did not know the perpetrator or when she sustained additional injury and/or required medical attention. These findings are not only consistent across studies, but also consistent with aforementioned traditional definitions of rape and stereotypes of "real" rape.

Our survey of the literature suggests that the social reactions encountered by victims who *do* disclose their sexual assault to formal support resources are another common research topic. Negative social reactions, as described by Ahrens et al. (2007), include blame, doubt, and general unsupportiveness. Secondary victimization, a related concept, includes telling the victim her assault was not serious enough to pursue (Campbell and Raja, 2005), questioning the victim's clothing at the time of the assault or sexual history (Campbell and Raja, 2005), and, for men in particular, questioning the victim's sexual orientation (Rumney, 2008). Researchers examined not only the types of social reactions observed by victims (e.g., Ahrens, 2006), but also factors that influenced victims' perceptions of social reactions (e.g., Ullman, 1996a), service providers' agreement with victims about the nature of their reactions (e.g., Campbell, 2005), how social reactions differed by formal support provider type (e.g., Campbell and Raja, 1999; Monroe et al., 2005; Ullman, 1996b), and the impact of secondary victimization by formal support providers on victim health outcomes (e.g., Campbell, Wasco, et al., 2001).[1] With respect to differences by provider type, investigative and legal personnel were more likely to commit secondary victimization following sexual assault than were medical or social service professionals (see Campbell, Wasco, et al., 2001, for an example). In addition, Campbell and Raja went one step further in their 2005 study, in which they compared the prevalence of secondary victimization among military legal and medical personnel with that of their civilian counterparts. As the review by Edward and MacLeod (1999) suggests, such reactions may stem at least in part from rape myth acceptance by formal support resources. Research such as Campbell's (1995) work on police officers' beliefs regarding acquaintance rape, Campbell and Johnson's (1997) work on police officers' definition of rape, and Martin and Powell's (1994) study on why organizations that process rape cases appear unresponsive (e.g., a prosecutor's need to represent the state's interest rather than the victim's) may also help explain why sexual assault victims perceive secondary victimization.

Concerns about secondary victimization and other types of negative social support helped account for victim decisions *not* to disclose their assault, particularly to formal support provid-

[1] Recall in the Recovery and Coping section (Section 6) that social reactions from informal support resources, such as family and friends, were related to health outcomes, such as adjustment, depression, and posttraumatic stress. Findings of a similar nature have been noted with respect to formal service providers, but we have included them in this section instead so that all findings related to formal support providers could be presented together.

ers (see Felson and Paré, 2005, for an example). More broadly, obtaining a better understanding of reasons for nondisclosure (i.e., explanations for underreporting) was a goal of many studies included in Table 7.1. These reasons included both perceived or psychological barriers as well as concrete obstacles, such as a lack of resources. For example, a number of studies found that feelings of shame or embarrassment discouraged sexual assault victims from disclosing their assault (e.g., Finkelson and Oswalt, 1995; Sable et al., 2006), and a fear of negative consequences such as retaliation appeared to be another prevalent concern (e.g., Felson and Paré, 2005; Logan et al., 2005; Neville and Pugh, 1997). Another common finding was that victims' alcohol consumption prior to their assault emerged as a reason for nondisclosure (e.g., Finkelson and Oswalt, 1995). Studies on how "unacknowledged" rape victims define rape (Kahn, Mathie, and Torgler, 1994; Kahn et al., 2003) and research on how sexual assault victims' definitions of rape vary (Littleton, Breitkopf, and Berenson, 2008) offer support for this finding as well. Perceptions of support provider incompetence (e.g., Logan et al., 2005) or inefficiency (e.g., Felson and Paré, 2005) also help to account for victim nondisclosure. Turning toward barriers of a more tangible nature, Logan et al. (2005) identified a number of factors that helped account for either not seeking medical or mental health treatment or not turning to the criminal justice system for support. Studies such as Lang and Brockway (2001) and Karjane, Fisher, and Cullen (2002) also discuss barriers to medical and legal support for sexual assault victims that may help account for underreporting. Additionally, some studies considered how nondisclosure reasons differ based on such victim characteristics as gender (e.g., Rumney, 2008; Sable et al., 2006) and race/ethnicity (e.g., Thompson et al., 2007; Washington, 2001).

Table 7.1
Summary of Studies on the Disclosure of Sexual Assault

Source	Sample	N	Method(s)	Study Purpose/Objective
Addington and Rennison, 2008	Sexual assault incidents from NCVS and NIBRS	396 from NCVS; 22,876 from NIBRS	Secondary data analysis	Understand the frequency with which rape co-occurs with other serious crimes, and determine how such co-occurrence influences rape reporting and police clearance of rape incidents
Selected Results: Only a small percentage of rapes co-occur with other serious crimes. Those that do are more likely to involve weapons, strangers, additional injury to the victim, and multiple offenders. Further, they are more likely to be reported to the police and to be cleared by police than rapes that happen independent of other serious crimes.				
Ahrens, 2006	Female rape victims	8	Interviews	Understand better how some rape victims become reluctant to talk about their experience with anyone
Selected Results: Victims experienced at least one of four general types of negative reactions: being blamed, receiving insensitive reactions, receiving ineffective disclosures, and receiving inappropriate support. The first three of these reactions were especially prevalent among victims who went to formal community systems (e.g., legal, medical). The analysis also revealed five common reasons for stopping discussion of the assault: a lack of support options, fears of negative reactions or consequences, ineffective support, self-blame or embarrassment, and failure to qualify for support.				
Ahrens et al., 2007	Female rape victims	102	Interviews	Describe victim's disclosure decision process and characterize outcomes of that disclosure
Selected Results: 75% of first disclosures were to informal support providers (e.g., partner, friend), and 64% of victims who disclosed the assault to someone cited seeking help as a reason for their disclosure. The majority of victims reported receiving positive reactions, but 39% of victims noted negative reactions, such as blame, doubt, detachment, and general unsupportiveness. The impact of disclosure on the victims was dependent on the type of reaction received; for example, those who received negative reactions were more likely to describe detrimental outcomes (e.g., feeling hurt, feeling angry) than beneficial ones (e.g., feeling better, feeling validated).				
Bachman, 1993	Sexual assault incidents from NCVS	207	Secondary data analysis	Identify factors related to police reporting of rape and attempted rape
Selected Results: Incidents in which the victim was of lower socioeconomic status (based on education and family income), the perpetrator used force, the victim received medical attention for rape-related injuries, or the rape was completed were more likely to be reported by the victim to police.				
Bachman, 1998	Sexual assault incidents from NCVS	348	Secondary data analysis	Identify factors related to both police reporting of and arrest for rape and other types of sexual assault
Selected Results: Incidents in which the victim was African-American or sustained injury were more likely to be reported to police. None of the factors included in the analysis model significantly influenced the likelihood of perpetrator arrest.				
Baumer, Felson, and Messner, 2003	Sexual assault incidents from NCS and NCVS	1,609 from NCS; 636 from NCVS	Secondary data analysis	Identify factors related to police reporting of rape and other types of sexual assault
Selected Results: Police notification of rape incidents increased over the timeframe of the study (1973–2000), due in large part to increased reporting by third parties. In the last decade of the study timeframe, reporting rates were comparable for rapes committed by strangers and those committed by nonstrangers.				
Bletzer and Koss, 2006	Female rape victims	62	Interviews	Examine Southwestern women's descriptions of coping with rape
Selected Results: The majority of the women were raped by acquaintances, and most did not seek formal support services.				

Table 7.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Campbell, 1995	Police officers	91	Survey	Examine how police officers' work experience and general beliefs about women influence their perceptions of date rape
Selected Results: Officers with more experience with rape victims had more sympathetic beliefs about date rape, and those who felt the training they had received on rape was helpful had less "victim-blaming" perceptions of date rape. Officers with more experience, those who thought their rape training was helpful, and those with greater awareness of workplace-based sexual harassment held more favorable views toward women, which in turn was related to less victim-blaming perceptions of date rape. 62% of survey respondents' views toward date rape had changed over their career; that change was frequently due to experience with rape victims and departmental training and policies.				
Campbell, 2005	Female rape victims, health care providers, investigators	81 victims; 26 nurses; 18 doctors; 22 police officers	Interviews, secondary data analysis	Obtain and compare victim and provider perspectives on medical and legal services received immediately after a rape
Selected Results: Agreement between rape victims and police officers regarding legal services received and between victims and health professionals regarding medical services received was high. Agreement between victims and both types of service providers was lower regarding the occurrence of secondary victimization emotions. Agreement between victims and police officers was also relatively low regarding occurrence of secondary victimization behaviors, but relatively high between victims and health professionals.				
Campbell et al., 1999	Female rape victims	102	Interviews	Assess how rape victims' contact with community service providers affects their psychological well-being
Selected Results: Secondary victimization in either the legal or medical arenas was associated with higher posttraumatic stress. Additional findings pertained to the moderating role of victim-perpetrator relationship type on the relationship between community service provider contact and posttraumatic stress. For instance, victims who had been raped by someone they knew and experienced secondary victimization from the medical system had higher levels of posttraumatic stress.				
Campbell and Johnson, 1997	Police officers	91	Survey	Assess how closely aligned police officers' definitions of rape are with state law
Selected Results: One group of officers defined rape primarily as involving penetration and a lack of consent. A second group focused on use of force, penetration, and threat of force. A third group described rape in terms of penetration, sexual gratification, and consent. The second group, which made up 19% of the sample, offered the definition most closely in line with the reformed legal definition of rape.				
Campbell and Raja, 1999	Licensed mental health professionals	415	Survey	Learn about the prevalence of secondary victimization of rape victims from the perspective of service providers
Selected Results: The majority of respondents agreed that rape victims can be further traumatized by service providers after the assault. 89% believed the medical rape exam was traumatizing to rape victims, and 81% felt that contact with the legal system was distressful to rape victims. 80% agreed that contact with service providers can have negative effects on rape victims, but only 48% felt that interaction with community service providers could have a positive impact on them.				
Campbell and Raja, 2005	Female military veterans seeking medical treatment at a Veterans Affairs clinic	260	Survey	Assess the help-seeking experiences of female veterans who had been raped, including the extent to which they were subject to secondary victimization by legal or medical support providers
Selected Results: Most of the respondents who sought legal or medical help from military or civilian systems after their assault reported that the contact made them feel guilty, depressed, anxious, distrustful, and reluctant to seek further help. Assaults that took place during military service were more likely to be reported than those outside of military service. Victims who reported an assault to military officials were more likely to be told that the assault was not serious enough to pursue than were victims who reported the assault to civilian police. Other types of secondary victimization were more prevalent among civilian police: They were more likely to question victims about their clothing at the time of the assault and their prior sexual history. Medical secondary victimization behaviors were more common in incidents reported to civilian officials.				

Table 7.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Campbell, Wasco, et al., 2001	Female rape victims	102	Interviews	Assess how rape victims' contact with community service providers affects their psychological and physical health
Selected Results: Victims who did not know the perpetrator sought legal or medical assistance more often than victims who did. Race played a role in seeking support from a mental health facility or rape crisis center: White rape victims contacted these institutions more frequently than did minority rape victims. Rape victims experienced the most difficulty with the legal system and the least difficulty with mental health professionals, rape crisis centers, and religious communities. Negative interactions with social service providers, particularly in the legal and medical systems, were related to poorer health outcomes.				
Carbone-Lopéz, 2005	Sexual assault incidents from NCVS	526	Secondary data analysis	Determine how race influences victim decisions to report rape
Selected Results: Rapes were more likely to be reported to police when the perpetrator was black, regardless of the race of the victim. Rapes that involved the use of a weapon or serious additional injury to the victim were more likely to be reported, but the greater the victim's level of education, the less likely the rape was to be reported.				
Clay-Warner and Burt, 2005	Sexual assault incidents from NVAWS	824	Secondary data analysis	Assess changes in sexual assault reporting trends since the passage of rape reform legislation
Selected Results: Rapes that took place during the modern reform era (1990–1996) were more likely to be reported than ones that occurred prior to reforms (pre-1975). Aggravated rapes were more likely to be reported than simple rapes, and the difference between reporting rates for aggravated and simple rapes was not significantly different across the three time periods studied.				
Du Mont, Miller, and Myhr, 2003	Medical cases for female sexual assault victims	186	Secondary data analysis	Assess how rape myth–associated characteristics of sexual assault influence female victims' police reporting behavior
Selected Results: Two elements of "real rape," the use of force and clinically observed physical injuries, increased the odds of reporting the assault to the police. None of the victim attributes related to "real victim" stereotypes (e.g., age, race/ethnicity, marital status, and alcohol use) were significant predictors of victim reporting behavior.				
Dunn, Vail-Smith, and Knight, 1999	College students	828	Survey	Understand victim disclosure of date or acquaintance rape from the perspective of college students to whom a victim reported the assault
Selected Results: 34% of respondents knew at least one woman who had disclosed being a victim of date or acquaintance rape, and 68% of them reported they were friends of the victim who told them. Catalysts for this disclosure included the victim's need for help or assistance, her desire to prevent others from experiencing the same type of assault, the respondent's own inquiry regarding indicators of distress or hearsay evidence of rape, alcohol consumption, and an academic requirement. The students surveyed reported responding in different ways to the victim's disclosure.				
Edward and MacLeod, 1999	Literature providing research evidence of rape myths	N/A	Literature review	Assess the extent to which rape myths are related to negative attitudes toward rape victims and to negative outcomes, such as rape proclivity and underreporting of incidents to police
Selected Results: Studies have found a high level of rape myth acceptance in police, medical, and legal professions; that rape myths are related to adversarial sexual beliefs, acceptance of interpersonal violence, and gender-role stereotypes; and that rape myth acceptance and attitudes toward victims can evolve over time. A small number of studies have documented a positive relationship between rape myth acceptance and a propensity to commit sexual assaults.				

Table 7.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Feldhaus, Houry, and Kaminsky, 2000	Female patients who presented at an urban trauma center for noncritical illness	360	Interviews	Assess lifetime prevalence rates of sexual assault as well as patterns of reporting to police, health care providers, and social service agencies
Selected Results: 39% of interviewees experienced a sexual assault at some point in their life, and 70% of the interviewees who had been assaulted were 16 years or older at the time of the assault (i.e., were assaulted as adults). Among those who were assaulted during adulthood (N=97), 70% indicated the perpetrator was someone they already knew. In addition, 46% of women assaulted during adulthood reported the crime to police, 43% sought medical treatment, and 25% turned to a social service agency. Women who were assaulted by a stranger were more likely to report the crime to police and to obtain medical treatment than women assaulted by someone they knew.				
Felson and Paré, 2005	Physical assault and sexual assault incidents from NVAWS	6,291 physical assaults; 1,787 sexual assaults	Secondary data analysis	Assess how gender, victim-perpetrator relationship, and assault type influence victims' reporting of assault to police
Selected Results: Victims were less inclined to report an assault if they knew the perpetrator, if they were male and the perpetrator was female, if the perpetrator was of the same gender, or if they were sexually assaulted. Sexual assaults perpetrated by acquaintances, friends, or dates were especially unlikely to be reported. Reasons why victims of sexual assault were less likely to report such as incident than victims of nonsexual physical assault include (1) the victims were more likely to be embarrassed, (2) they were more likely to fear retaliation, (3) they were more likely to think the police would not believe them, and (4) they were more likely to view the police as ineffective.				
Filipas and Ullman, 2001	Female sexual assault victims	323	Survey	Examine the nature of social reactions observed by sexual assault victims after their disclosure of the assault and how those reactions affect their psychological well-being
Selected Results: 94% of the women surveyed disclosed their assault to family or friends, 52% reported it to mental health professionals, and 27% notified a physician or police. 62% told both formal and informal sources, while 38% told only informal support providers. Victims typically experienced both positive and negative reactions upon disclosure, but were more often confronted by negative reactions when seeking support from formal resources. Positive reactions from friends and others close to victims were especially helpful in terms of psychological outcomes, while negative reactions were distressful regardless of support type.				
Finkelson and Oswalt, 1995	Female college students	140	Survey	Estimate the extent to which date rapes are reported by college women and identify reasons for nonreporting
Selected Results: 5% of respondents reported being date raped, but none of them reported the rape to either campus security or police. Reasons for nondisclosure included concern that her actions would be viewed negatively, feelings of embarrassment, feeling some responsibility for the incident, and being under the influence of alcohol.				
Fisher et al., 2003	Female college students who participated in the NCVS	691	Secondary data analysis	Identify the types of people to whom female college students disclose sexual victimization, the reasons why they do not disclose such incidents, and the types of factors associated with reporting to police
Selected Results: While only 2% of the female victims surveyed disclosed sexual victimization to police and 4% disclosed it to campus authorities, 88% of them discussed it with friends. When reporting rates were broken down by type of incident, still only 5% of rapes were reported to police. Across all types of victimization, 82% of female college students did not think the incident was serious enough. This figure was 71% for rape. Incidents in which the perpetrator was a stranger, the victim was African-American, the perpetrator and victim were of different races/ethnicities, a weapon was used, the victim regarded the incident as rape, or the incident occurred on campus property were more likely to be reported to police than threats, while victimization classified as sexual contact was less likely to be reported to police than threats.				

Table 7.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Grossin et al., 2003	Police records of male and female sexual assault cases	418	Secondary data analysis	Describe victim, perpetrator, and assault characteristics, based on when the victim was examined in the emergency room
Selected Results: Those examined after 72 hours were more likely to have been assaulted by a family member (58% of those cases), with the father the most common perpetrator. A stranger was the most common perpetrator in the first group (<72 hours) (51%). Victims who presented to the emergency room within 72 hours of the assault were more likely to have been threatened, and have general body trauma or genital trauma. They were also significantly older than the group examined after 72 hours; 76% of the cases in the second group were younger than 15 years.				
Isely, 1998	Research of sexual assault of men	N/A	Literature review	Discuss risk factors and experience of male victims of sexual assault
Selected Results: The existing literature suggests that college-age men are at risk for assault and that the experience of sexual victimization can cause serious psychosocial dysfunction. Male victims are much less likely to report assault or seek treatment.				
Jordan, 2004	Police department sexual assault and rape case files	164	Secondary data analysis	Examine how victim credibility factors into police handling of sexual assault cases
Selected Results: Police tended to review reports of sexual assault with a "mindset of suspicion." Police perceptions of victim credibility appeared to be influenced by the victim's alcohol or drug use, delay in reporting, prior consensual sex with the perpetrator, previous allegations of rape, previous false complaints, severe mental health issues or other intellectual impairments, concealment of key details, and perceived immorality of the victim. The effect of these attributes varied depending on which ones occurred in conjunction with one another and whether there were resultant negative or positive attributions by police.				
Kahn et al., 2003	Female college students	491	Survey	Understand differences between female sexual assault victims who define their experience as rape and those who do not
Selected Results: Women who acknowledged they were raped were less familiar with the perpetrator and reported more negative affect than those who did not acknowledge they were raped. Acknowledged victims were also more likely to report that sexual intercourse occurred after they genuinely said no, because they felt threatened, or because the man used force than were unacknowledged victims. If the victim characterized the perpetrator as her boyfriend, noted severe drug or alcohol impairment, or described the act as involving oral or digital penetration, she was less inclined to have acknowledged herself as a rape victim.				
Kahn, Mathie, and Torgler, 1994	Female college students	198	Survey	Understand differences between female sexual assault victims who define their experience as rape and those who do not
Selected Results: Victims who acknowledged being raped were more likely to report violence in both rape and non-rape sexual experiences (e.g., threats or use of force, but intercourse did not occur) than victims who did not acknowledge being raped. Rape scripts drafted by unacknowledged victims as part of the study were more likely to involve a stranger, an outdoor attack, physical attack, threat or use of a weapon, physical resistance by the victim, a perpetrator who leaves the scene after the rape, or a victim who reports the rape to police than those drafted by acknowledged victims. They were less likely to include physical restraint without attack, verbal protest by the victim, or alcohol consumption.				
Karjane, Fisher, and Cullen, 2002	Institutions of higher education	2,438	Survey, focus groups, secondary data analysis	Conduct a comprehensive baseline investigation of campus sexual assault policies and procedures
Selected Results: The report is organized around nine major sets of findings, including variation in definitions of sexual assault; the existence and publication of policies for campus sexual assault; training for those to whom sexual assaults tend to be reported; on- and off-campus reporting options and procedures for sexual assault victims; policies and practices that may hinder reporting of sexual assaults; and policies and practices that may facilitate reporting, investigation, and/or prosecution of a sexual assault.				

Table 7.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Kimerling et al., 2002	Medical charts for male and female rape victims seeking treatment	970	Secondary data analysis	Examine differences between male and female rape victims
Selected Results: Women were more likely than men to fill out a police report.				
Koss, 2006	Literature pertaining to victims, victim advocates, health care providers, investigators, and the legal system	N/A	Literature review	Identify victims' needs and assess how well the community, the justice system in particular, responds to them
Selected Results: Five topics are covered in this review: health care and criminal justice needs created by sexual assault; the range of formal support providers that assist victims; the ability of current criminal and civil justice options to satisfy victims' justice needs; agreement between restorative justice elements and the anti-rape movement's values and priorities; and a call to action to those working to end sexual assault. The author emphasizes an evaluation of justice system processes, including reporting, prosecution, trials, civil tort options, non-tort civil actions, and legal reforms. Other sections of the review pertain to revictimization before and during a trial, and victim-centered justice options, ranging from charging decision–related changes to restorative justice.				
Lang and Brockway, 2001	Stakeholders from criminal justice system, medical system, victim advocacy organizations, and others	Not specified	Not specified	Identify barriers to service and to justice for sexual assault victims, suggest ways to reduce those barriers, and devise strategies to implement the solutions developed by the task force
Selected Results: The report is divided into four sections, in which both important issues and recommendations are briefly summarized. The prevention section describes developing a larger coordinated system and working with the media. The victim services section describes needed services, collaboration and cooperation needs, reaching underserved populations, and service accessibility. Issues outlined in the medical system section pertain to coordination across disciplines, mandated reporting of sexual assault, training, forensic nurse examiner programs, drug and alcohol facilitated assault, sexual assault forensic evidence (SAFE) collection kits, and evidentiary exams. The last section, on the criminal justice system, covers a statewide law enforcement protocol for sexual assault cases, training, prosecution, court practices, sex offender treatment and management, DNA-based arrest warrants, assaults of adolescents, assaults of people with disabilities, Michigan's rape shield law and rules of evidence, and legislative issues.				
Littleton, Breitkopf, and Berenson, 2008	Female visitors at university-administered family planning clinics	1,033	Survey	Understand differences between female sexual assault victims who define their experience as rape and those who do not
Selected Results: 16% of survey respondents had experiences of forced or unwanted sex. Women who did not label the experience as rape were more likely to have been assaulted by a romantic partner, reported more alcohol use before the assault, reported less violent assault, disclosed the assault less often, and reported feeling less stigma than those who did label the experience as rape.				
Logan et al., 2005	Women	30	Focus groups	Identify barriers to rape support–related services for both rural and urban rape victims
Selected Results: Barriers to health and mental health services were related to cost, limited services, lack of awareness of services, misperception of services, cumbersome bureaucracy, staff incompetence, lack of resources, shame and blame, lack of sensitivity, community and family backlash, confidentiality concerns, and loss of trust. Barriers to criminal justice services were related to limited police availability, politics (in rural areas only), lack of priority of rape cases, revictimization by the system, lack of efficacy, fear of police and perpetrator retaliation, and police and criminal justice attitudes.				

Table 7.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Magid et al., 2004	Medical records for female sexual assault victims presenting at an emergency department (ED)	257	Secondary data analysis	Examine trends in county rape incidence, physical trauma stemming from sexual assault, and medical treatment provided to victims
Selected Results: There was a 60% increase in sexual assault victims in the ED from 1974 to 1991, and this increase was mainly due to a rise in women seeking care at the ED after rape by a known assailant.				
Martin and Powell, 1994	Law enforcement, health, and legal organizations involved in processing rape victims	130	Interviews, observations, secondary data analysis	Assess how unresponsive organizations are in handling rape victims and to identify causes of such unresponsiveness
Selected Results: Some organizations, particularly legal ones, are unresponsive to rape victims due to organizational mission (e.g., prosecution must represent the state's interests) and, more generally, to a tendency to treat victims as witnesses to rape rather than individuals recovering from an assault.				
McGregor et al., 2000	Medical records for sexual assault victims who sought medical treatment	958	Secondary data analysis	Determine why the majority of sexual assault cases are not reported to police
Selected Results: Sexual assault cases less likely to be reported to the police include those in which the victim knew the perpetrator, those with no additional physical injury, and those that did not occur within Vancouver (the city where examinations and treatment were provided to victims).				
Meilman and Haygood-Jackson, 1996	Sexual assault incidents recorded at one university	65	Secondary analysis	Determine the patterns from past sexual assault incidents and the apparent lessons for sexual assault prevention programs
Selected Results: Only 12% of rapes were reported during the 72-hour period during which evidence can be collected, and 38% of rapes were reported 1 year after the assault or later. The majority of rapes (69%) were reported by the victim to the university's sexual assault response coordinator and/or to the counseling center. 21% of rapes were reported by the victim to campus police, and 5% of them were reported to city police.				
Millar, Stermac, and Addison, 2002	Database entries for female sexual assault victims who presented at a Canadian sexual assault medical treatment center	1,118	Secondary data analysis	Identify demographic and assault-specific factors that influence the timing in which victims sought treatment
Selected Results: Factors related to victims' presenting earlier for treatment included the following: the victim was of South Asian, Hispanic, or First Nations/Aboriginal descent, the victim did not know the perpetrator, the victim was forced to perform fellatio during the assault, a weapon was used during the assault, and coercion in terms of physical threats, physical actions, or confinement/restraint was used during the assault. In addition, victims who presented within the first 12 hours following their assault were more likely to be admitted to the hospital, to have police involvement related to their treatment, to have a physical exam, and to request a forensic kit completed than those who presented later.				
Monroe et al., 2005	Sexual assault victims who received treatment at sexual assault centers	125	Interviews	Assess the experiences, needs, and recommendations of sexual assault victims treated at Maryland sexual assault centers
Selected Results: 32% of interviewees reported having a medical examination, and the vast majority of those that did were satisfied with it. Only 19% of interviewees knew that they would not be charged hospital fees for sexual assault services, and just 40% treated at a hospital indicated they indeed had not been charged. 31% of interviewees indicated they would or did file charges against the perpetrator, and 46% of those who filed charges were dissatisfied with the police interview. All services provided by a sexual assault center were favorably viewed. Group therapy for sexual assault victims was the most frequently cited recommendation for improved care at sexual assault centers, and interviewees also recommended opening more centers and providing additional services for sexual victims.				

Table 7.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Nasta et al., 2005	Female college students	234	Survey	Assess the prevalence of sexual victimization among female college students, their awareness of resources available to sexual assault victims, and their utilization of such resources
Selected Results: 38% of the sample reported some kind of sexual assault incident, including 6% of women who had experienced a completed rape and 4% who had experienced an attempted rape. Among both victims and nonvictims, campus psychological services had the highest rates of awareness (90% and 88%, respectively), and health services had the second highest rate of awareness. Actual resource utilization by victims was low: Only 22% of victims reported the sexual assault to any type of campus-based resource, and only 6% turned to an off-campus resource. Common impediments to resource usage included a lack of awareness of resources and concerns pertaining to confidentiality, fear, embarrassment, and guilt.				
Neville and Pugh, 1997	African-American female sexual assault victims	29	Survey, interviews	Examine African-American women's reporting of sexual assault and perceived social support
Selected Results: 17% reported their assaults to the police, and those who did not tended to be deterred by police concerns, fear of negative consequences, and culture-specific concerns. 90% told someone about the assault, and most of them received positive social support from the first person they told. The women who delayed disclosure or never disclosed their assault said that family concerns, personal/perceptive factors, and negative consequences discouraged them.				
Pino and Meier, 1999	Sexual assault incidents from NCVS	890	Secondary data analysis	Compare male and female sexual assault victim reporting behaviors
Selected Results: Women were more than 1.5 times more likely than men to report rape to police. Men were more likely than women to be raped during the day, in a public area, by multiple perpetrators, by a stranger/strangers, and when a weapon was present. Women were more likely to report rape when the perpetrator was a stranger, when something was stolen, when a weapon was used, when they sustained physical injury, and when they required medical attention than when the opposite condition was present (e.g., the perpetrator was someone the woman knew). Income and education were also positively related to women's police reporting behavior. For men, only physical injury and requiring medical attention were associated with a higher probability of reporting the assault to police.				
Resnick, Holmes, et al., 2000	Women who participated in the National Women's Study	3,006	Interviews	Identify the proportion of adult rape victims in the U.S. who had received medical care, determine the timing of such care, and identify factors associated with the receipt of medical care following adult rape
Selected Results: 7% of the women had experienced rape as an adult, and 26% of them received rape-related medical care following that incident. 66% of those who received care did so within 48 hours of the incident. The strongest predictors of receiving timely medical care were presenting to law enforcement or other authorities and fearing a sexually transmitted disease. Non-white women, those who sustained physical injury during the assault, and those who feared being publicly named as a rape victim were also more likely to receive medical treatment. Women who used drugs or alcohol and those raped by their partner were less likely to receive medical treatment.				
Ruch, Coyne, and Perrone, 2000	Sexual assault treatment center data for female sexual assault victims who received treatment within 1 year of the assault	709	Secondary data analysis	Identify the factors associated with reporting sexual assault to the police
Selected Results: Seven factors were associated with a higher likelihood of reporting a sexual assault to police: the assailant threatened to harm or kill the victim; the victim attempted to escape the assailant; the victim yelled or screamed for help; the victim tried to trick or fool the assailant; the victim sustained no additional physical injury; the victim was not Asian; and the victim did not have high levels of self-blame for the assault.				

Table 7.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Rumney, 2008	Male sexual assault victims who disclosed the assault to police	5	Interviews	Augment and summarize the small body of research on the treatment of male sexual assault victims by the criminal justice system
Selected Results: Male sexual assault victims report their assault to police at rates lower than those for female victims. Reasons for nondisclosure include not knowing it was a crime, concerns that sexuality may become an issue, feeling ashamed, and concern about how the disclosure would affect one's family. Among those who did report the assault, there was a great deal of variation in individual experiences with police; in some instances, police were responsive and helpful, while in others they were described as disinterested, unwilling to take the allegation seriously, and even homophobic. Secondary victimization was a reoccurring theme across studies, although it sometimes differed from that experienced by female victims (e.g., more questions regarding sexual orientation).				
Sable et al., 2006	College students	215	Survey	Identify what college men and women perceive as barriers to reporting sexual assault
Selected Results: The most highly rated reporting barriers were "shame, guilt, and embarrassment," "confidentiality concerns," and "fear of not being believed." While these barriers were the top barriers for both genders, they were rated significantly higher for male victims than female victims. Barriers regarded as significantly more important for female victims were related to fear of retaliation, perpetrator-related impediments, a desire to protect the perpetrator from prosecution, insufficient resources to seek help, and cultural or language barriers to help-seeking. College women rated "insufficient resources to seek help" more highly than college men did as a barrier for female rape victims, and college men rated feelings of "shame, guilt, and embarrassment" more highly than college women did as a barrier for male rape victims.				
Sampson, 2002	Literature on acquaintance rape victims, perpetrators	N/A	Literature review	Improve law enforcement agencies' prevention programs for and response to acquaintance rape
Selected Results: An overview of research findings is presented related to the following topics: victim underreporting, types of acquaintance rape, risk factors associated with acquaintance rape, victim injuries (both physical and psychological), repeat victimization, repeat offense, societal attitudes about acquaintance rape, the role of alcohol, and the role of membership in fraternities and athletic teams.				
Scott and Aneshensel, 1997	Adults participating in the Los Angeles Epidemiologic Catchment Area study	3,132	Secondary data analysis	Examine the reliability of sexual assault reports, including factors related to report retraction
Selected Results: Given an initial report of sexual assault, women, non-Latino whites, and unmarried respondents were more likely to make the same positive report at their follow-up interview than men, Latinos, and married respondents. Among those who change their reports, 60% were retractors. Men, individuals with less than a high school education, and married respondents were more likely to retract a sexual assault report at follow-up, and women and non-Latino whites were more likely to disclose a previously unmentioned sexual assault at follow-up. With respect to negative reports (i.e., no sexual assault), men, Latinos, and those with less than a high school education were more likely to make another negative report at follow-up than were women, non-Latino white, and individuals with at least a high school education. Consistency in negative reporting was high (95%).				
Shechory, and Idisis, 2006	Female college students and female therapists	125 students; 51 therapists	Survey	Consider whether attitudes, gender role stereotypes, and rape myths prejudice both therapists' and students' willingness to be socially interactive with both sex offenders and sex crime victims
Selected Results: Both therapists and students declined to have continued social contact with victims and offenders; therapists showed higher degree of willingness for social contact than students.				

Table 7.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Starzynski et al., 2005	Female sexual assault victims	1,084	Survey	Determine how demographic, assault, and post-assault characteristics influence to whom women report an assault and the types of social reactions they receive in response
Selected Results: Women were more likely to report their assault to both formal and informal support sources when the perpetrator was a stranger, when a weapon was used, when they exhibited greater symptoms of PTSD, and when they had higher self-blame scores. Women who reported the assault to both informal and formal support sources experienced more negative social reactions than those who reported the assault only to informal sources. Women encountered more negative social reactions on average when they thought their life was in danger during the assault, had more symptoms of PTSD, and had higher self-blame scores. Positive social reactions were higher on average when the woman thought her life was in danger during the attack and when a weapon was used.				
Stermac, del Bove, and Addison, 2001	Sexual assault care center records for female sexual assault victims seeking treatment	547	Secondary data analysis	Compare characteristics of sexual assault perpetrated by spouses, boyfriends, or acquaintances
Selected Results: Those who were abused by their spouse were more likely to involve police than were women assaulted by an acquaintance, and both spousal and boyfriend assault victims presented for treatment sooner than acquaintance assault victims. Victims of spousal or boyfriend abuse were also more likely to complete a physical exam and forensic evidence collection.				
Stermac, del Bove, and Addison, 2004	Sexual assault care center records for male and female sexual assault victims seeking treatment	251	Secondary data analysis	Compare characteristics of stranger-perpetrated sexual assaults with male victims, acquaintance-perpetrated sexual assaults with male victims, and acquaintance-perpetrated sexual assaults with female victims
Selected Results: Male victims of either stranger-perpetrated or acquaintance-perpetrated sexual assault were similar to female acquaintance assault victims in terms of completing physical exams and sexual assault evidence collection.				
Thompson et al., 2007	Female college students	492	Survey	Identify reasons for nondisclosure of sexual and physical assaults and factors related to those reasons
Selected Results: Women were more likely to mention the following reasons for not reporting a sexual assault than for a physical assault: the incident would be viewed as their fault, they were ashamed or embarrassed, they did not want anyone to know about it, and they did not want the police involved. Many reasons for nondisclosure of sexual assault, including it being viewed as the victim's fault and feeling of shame and embarrassment, were more frequently provided by non-white women, those assaulted off-campus, and those who experienced more severe sexual assaults.				
Ullman, 1996a	Female sexual assault victims	155	Survey	Determine factors related to the timing of sexual assault disclosure, subsequent social reactions experienced, and post-assault experiences
Selected Results: Child sexual assault history, completed rape, and an avoidance-oriented coping strategy were related to delayed disclosure, while alcohol use by the perpetrator before the assault and seeking medical treatment after the assault were related to early disclosure. More positive social reactions were predicted by higher income, little or no physical injury, less self-blame, less distress after the assault, and perceptions that a friend/relative or rape crisis center helped. More negative social reactions were predicted by an avoidance-oriented coping strategy, seeking medical treatment after the assault, and reporting the assault to police.				

Table 7.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Ullman, 1996b	Female sexual assault victims	155	Survey	Analyze the types of social reactions observed by sexual victims and their relationship with victims' adjustment post-assault
Selected Results: Those reporting to physicians or to police tended to experience positive reactions in the form of tangible information and aid along with negative reactions, such as blaming the victim, treating her differently, acting distracted, and discouraging her from talking about the assault. Victims who disclosed their assault to rape crisis centers more commonly observed position reactions, in terms of not only tangible information and aid but also emotional support.				
Ullman, 2007b	Female sexual assault victims	1,084	Survey	Describe differences between gang and individual rapes
Selected Results: Gang rape victims more often reported to formal support providers for help than did individual rape victims, and they received greater negative social reactions from those they told.				
Ullman and Filipas, 2001	Female sexual assault victims	323	Survey	Identify factors related to social reactions experienced by victims upon disclosure and to the severity of PTSD symptoms
Selected Results: Ethnic minorities, victims of more severe assaults, those who disclosed their assault to a lesser extent), and telling more people about the assault on average experienced more negative social reactions after disclosure. Negative social reactions were related to greater PTSD severity.				
Washington, 2001	Black female sexual assault victims	12	Interviews	Describe how sexual violence affects black women's lives, the factors that influence their disclosure decision, and the effects of that decision
Selected Results: 5 of the 12 women disclosed their victimization within 24 hours of the incident, and all of them disclosed it to family members or close friends. Only one of them, a childhood sexual assault victim, was satisfied with the outcome of that disclosure. The 7 victims who did not immediately disclose details of their victimization offered reasons for their nondisclosure that mapped onto several themes: inadequate or inappropriate socialization related to sexuality, community of origin issues (i.e., norms of the black community), the strong black woman/weak white woman stereotype, racial tensions between blacks and the criminal justice system, and perceptions that medical and crisis intervention service professions are white-dominated.				

NOTES: NCS = National Crime Survey; NVAWS = National Violence Against Women Survey.

SECTION 8

Health Care Programs and Services

In this section, we discuss research that focuses on the programs and professionals involved in providing medical treatment to sexual assault victims, typically but not exlusively in a community or civilian setting. Accordingly, we describe the types of treatments provided to victims and treatment or program effectiveness. Most of the research focuses on health care immediately post-assault, and many of the articles do not define the criteria for patients to be considered rape or sexual assault victims. Rather, studies use phrases such as "victim presented at a sexual assault emergency center" to bound a sample or rely on the fact that the victim received sexual assault treatment as the criterion for study inclusion. Studies included in this portion of the literature review are summarized in Table 8.1.

The majority of research concerning sexual assault health care programs and professionals has focused on civilian Sexual Assault Nurse Examiner (SANE) programs. SANE programs have emerged in the past several decades as a valuable alternative to the traditional model of sexual assault evidence examinations, which typically involved treating the victim in an ED without special consideration or specially trained staff (Littel, 2001). SANEs are registered nurses who have received additional education and clinical training on forensic examinations for sexual assault victims, and SANE programs have multiple components designed to provide a more client-centered type of care and address gaps in the medical-legal response for victims (Littel, 2001). Many of the studies we located consist of quantitative comparisons of SANEs with traditional models of care (e.g., Crandall and Helitzer, 2003; Derhammer et al., 2000; Du Mont and Parnis, 2003; Plichta, Clements, and Houseman, 2007; Sievers, Murphy, and Miller, 2003; Stermac and Stirpe, 2002). These include pre- and post-studies of SANE programs, cross-site comparisons of SANE and non-SANE programs, and internal comparisons of SANEs and non-SANEs at the same facility. Several studies provide examinations of SANE programs nationwide (Campbell et al., 2006, Ciancone et al., 2000; Logan, Cole, and Capillo, 2007; Patterson, Campbell, and Townsend, 2006). Some of these articles provide objective overviews of SANE programs in the United States, while others feature subjective program descriptions, such as how the goals of particular SANE programs influenced patient care practices. SANE literature also included detailed evaluations of small numbers of SANE programs (Ahrens et al., 2000; Logan, Cole, and Capillo, 2006; Stermac, Dunlap, and Bainbridge, 2005).

Overall, the studies we reviewed showed that SANE programs provide better quality of care than traditional methods of care for sexual assault victims. Researchers found improved overall quality of care in quasi-experimental (pre- and post-) studies (Crandall and Helitzer, 2003; Derhammer et al., 2000), longitudinal studies (Campbell et al., 2006), and literature reviews (Campbell, Patterson, and Lichty, 2005). Improved care included shorter time spent in

the hospital (Stermac and Stirpe, 2002). When partial (non-24-hour) versus full SANE coverage was compared, the quality of care was higher in the full SANE coverage situation (Plichta, Clements, and Houseman, 2007). This improved quality also extends to better collection of sexual assault evidence by SANE nurses (Sievers, Murphy, and Miller, 2003). At the same time, researchers have highlighted remaining issues in SANE programs, such as a general lack of formal systems for informing SANE staff about case outcomes (Logan, Cole, and Capillo, 2007). It is important to note that much of the data on SANE programs was taken from self-reports by SANE program coordinators, and studies did not analyze victims' subjective experiences with SANE services. Further, many SANE studies were limited to analysis of one or two programs, thereby limiting the robustness and generalizability of their findings. Nevertheless, available evidence strongly supports use of SANE programs to improve post-assault health care.

Other studies included in this part of our literature review took the form of evidence-based guidance for medical treatment of sexual assault victim, with applications for both SANE and non-SANE programs. These articles provided either detailed guidance on establishing SANE programs (Houmes, Fagan, and Quintana, 2003; Ledray, 1997) or general recommendations on care for sexual violence victims (Ericksen et al., 2002; Kilpatrick, Resnick, and Acierno 1997; Padden, 2008). Additionally, several literature reviews summarized research on general emergency evaluations and health care interventions for sexual assault victims (Martin et al., 2007; Resnick, Acierno, et al., 2000).

Table 8.1
Summary of Studies on Sexual Assault Health Care Programs and Services

Source	Sample	N	Method(s)	Study Purpose/Objective
Ahrens et al., 2000	SANE program staff	Unspecified	Interviews	Describe how SANE programs differ from traditional models of care and how alternative programs were developed
Selected Results: Successful SANE programs need strong organizational history, use of sexual assault councils and task forces, affiliation with larger organizations, positive relationships with hospitals, training and collaboration with community systems, and strategies for resolving difficulties.				
Campbell, 2005	Female rape victims, health care providers, investigators	81 victims; 26 nurses; 18 doctors; 22 police officers	Interviews, secondary data analysis	Obtain and compare victim and provider perspectives on medical and legal services received immediately after a rape
Selected Results: Agreement between victims and health professionals regarding medical services received was high.				
Campbell et al., 2006	Personnel from SANE programs	Undisclosed number of people from 110 programs	Survey, interviews	Measure the consistency of SANE programs in the provision of 17 medical and emotional care services for victims, including physical and emotional health services for screening and treatment
Selected Results: SANE programs consistently offered forensic evidence collection, STD prophylaxis, information on HIV, information on pregnancy risk, and referrals to community resources. However, the majority of programs did not regularly perform STD cultures, or HIV testing and prophylaxis. The reasons that programs did not offer some services included financial constraints, the relationship between medical care and legal prosecution, and affiliations with Catholic hospitals.				
Campbell, Patterson, and Lichty, 2005	Literature on SANE programs	N/A	Literature review	Review empirical literature that specifically focuses on the effectiveness of SANE programs in five major areas: psychological recovery, comprehensive medical care, accurate collection and documentation of forensic evidence, improving prosecution, and creating community change
Selected Results: Preliminary evidence seems to support the effectiveness of SANE programs in all aspects of care, but findings are tentative.				
Campbell, Wasco, et al., 2001	Female rape victims	102	Interviews	Assess how rape victims' contact with community service providers affects their psychological and physical health
Selected Results: Victims who did not know the perpetrator sought legal or medical assistance more often than victims who did. Negative interactions with social service providers, particularly in the legal and medical systems, were related to poorer health outcomes.				
Ciancone et al., 2000	SANE programs	61	Survey	Study SANE programs and their characteristics, examination elements, and legal issues in the United States
Selected Results: There were many similarities in the design and management of SANE programs: They are consistently affiliated with EDs, most of the programs used prepared commercial sexual assault kits, and the program directors were predominantly registered nurses. However, there was considerable variability in the medical services provided, especially in the tests offered to victims. For example, although most offered pregnancy testing and prophylaxis for pregnancy and sexually transmitted diseases, HIV testing was not offered in 54% of the programs.				
Cole and Logan, 2008	SANE program coordinators	231	Interviews	Investigate the relationship between SANE programs and victim advocacy organizations
Selected Results: The vast majority of interviewees reported good or excellent relationships with victim advocacy organizations. When conflicts did emerge, they most frequently pertained to autonomy, control, or turf issues (80%). Other sources of conflict were role conflict or ambiguity (44%), differences in objectives or values (13%), and volunteer advocates' lack of training or professionalism (9%). The most frequently cited conflict avoidance or resolution strategy was open communication (81%), followed by defining explicit roles and setting boundaries (67%).				

Table 8.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Crandall and Helitzer, 2003	Sexual assault victims; health, law, victim services, and prosecution stakeholders	957 victims; 28 stakeholders	Interviews, focus groups, survey, secondary data analysis	Determine the effect of a SANE program at a hospital facility, focusing on four areas: health care, law enforcement, victim services, and prosecution
Selected Results: The SANE program seems to have improved multiple aspects of the post–sexual assault intervention, including the quality of health care for sexual assault victims, the quality of forensic evidence, and the ability for law enforcement to file charges and successfully prosecute cases. Specifically for health care, post-SANE victims received more medical services and a greater number and more comprehensive types of referrals for other victim services.				
Derhammer et al., 2000	Sexual assault victims	169	Interviews, secondary data analysis	Compare a SANE program with a previous approach that used the emergency room on-call aid administered to victims of sexual assault by on-call obstetricians and gynecologists
Selected Results: There was not a decrease in time spent in the ED, but there was an increase in examination time. The quality of care evident in the examination procedures showed substantial improvement.				
Du Mont and Parnis, 2003	Nurses employed in sexual assault care centers	118	Survey	Assess whether participation in SANE training accounted for differences in nurse perceptions and practices related to forensic evidence collection
Selected Results: SANE and non-SANE nurses had very different attitudes and approaches to forensic evidence collection. SANE nurses intersected with the legal system much more often than their non-SANE counterparts and had a greater awareness of the role and properties of medical evidence. Nurses who had participated in SANE training were more likely to feel that certain required elements of the Sexual Assault Evidence Kit should not be included and less likely to feel that evidence of physical injury or collection of semen and/or sperm were extremely important for favorable legal outcomes. SANE-trained nurses were more likely to report experiencing dilemmas with respect to their dual role as caretaker and evidence collector.				
Epstein and Langenbahn, 1994	Investigative, legal, medical, and social service organizations	Unspecified	Secondary data analysis, interviews, case studies	Inform investigative, legal, medical, and social service personnel who work with sexual assault victims and on sexual assault-related issues about exemplary organizational and procedural practices in use
Selected Results: This report discusses organizational, procedural, and training issues encountered and addressed by four key types of organizations: law enforcement agencies, prosecution offices, rape crisis centers, and hospitals. Practices associated with successful collaboration across these types of organizations are also featured.				
Ericksen et al., 2002	Sexual assault victims	8	Interviews	Explore patients' perceptions of their post–sexual assault care within an ED setting
Selected Results: Nine themes for manifesting a positive experience were identified across cases: being respected as a whole person, nursing presence, feeling safe, being touched, being in control, being reassured, demonstrated experience, being given information and meaningful follow-on.				
Feldhaus, Houry, and Kaminsky, 2000	Female patients who presented at an urban trauma center for noncritical illness	360	Interviews	Assess lifetime prevalence rates of sexual assault as well as patterns of reporting to police, health care providers, and social service agencies
Selected Results: 39% of interviewees experienced a sexual assault at some point in their life, and 70% of the interviewees who had been assaulted were 16 years or older at the time of the assault (i.e., were assaulted as adults). 43% of women assaulted during adulthood sought medical treatment. Women who were assaulted by a stranger were more likely to report the crime to police and to obtain medical treatment than women assaulted by someone they knew.				

Table 8.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Hall et al., 2007	Health care providers	34	Survey	Examine the care practice system for military sexual trauma providers in the Veterans Health Administration Northwest region
Selected Results: There is wide variability across individuals and facilities. Manageable workloads, reasonable scheduling, supportive culture, effective leadership, and adequate resources were positively correlated with perceived organizational support. Ethical conflicts, burnout, vicarious trauma, and isolation were negatively correlated with organizational support.				
Herz, Stroshine, and Houser, 2005	Victim advocates, mental health service providers, substance abuse treatment providers	415	Survey	Assess the level of agreement between victim advocates, mental health service providers, and substance abuse treatment providers on how to best serve domestic violence and sexual assault victims
Selected Results: The level of agreement regarding specific interventions tended to vary both within each service provider group and between the groups. Significant differences between groups were present regarding whether one should encourage the victim to report an incident to police if not already reported and whether one should help the victim set and obtain life goals. Within the groups, victim advocates and mental health providers tended to exhibit moderate agreement—agreement on 6 to 8 of the 10 interventions—while substance abuse treatment providers had somewhat lower agreement.				
Houmes, Fagan, and Quintana, 2003	Literature on SANE programs	N/A	Literature review	Describe the goals and benefits of a SANE program in an ED as compared with traditional care and describe the requirements, objectives, and resources required when establishing a SANE program
Selected Results: Most SANE programs require between 1 and 3 years to develop, and initial program costs average $30,000 to $40,000. Most SANE programs employ nurses as clinical and administrative managers and a physician medical director. Forensic sexual assault exams should include STD and pregnancy prophylaxis, injury treatment, crisis intervention counseling, and evidence collection.				
Kassing and Prieto, 2003	Counselor trainees	183	Survey	Understand beliefs regarding victim blame for rape, specifically the attitudes of counselors in training toward male victims
Selected Results: 96% of the counselor trainees believed that men could be rape victims. Male counselor trainees were more likely than their female counterparts to accept rape myths. The counselors did not clearly reject beliefs that blamed male rape victims. These blame beliefs toward male victims were not dependent on the trainees' age, sex, or experience with victims, but instead a cultural understanding of responsibility. That is, most trainees inherently believed that male victims of rape have some ability to protect themselves from both the likelihood and occurrence of rape.				
Kilpatrick, Resnick, and Acierno, 1997	Literature on interpersonal violence and health issues	N/A	Literature review	Address the implications of the health impact of U.S. interpersonal violence on clinical practice and policy
Selected Results: Recommendations for clinicians include devoting more time to case identification and victim screening, familiarizing oneself with cognitive behavioral treatments, using preventive interventions such as risk reduction education, and linking mental health and physical health providers to provide comprehensive care for women exposed to violent assaults. Specialty-specific physician training for treating violence victims is also proposed, so that appropriate referrals, education, and interventions are provided for victims throughout the medical system.				
Konradi and DeBruin, 2003	College students	1,051	Survey	Implement and evaluate an advertising campaign on the accessibility and appeal of SANE services on a college campus
Selected Results: As a result of the promotional efforts, there was an increase in students' understanding of SANE services.				

Table 8.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Lang and Brockway, 2001	Stakeholders from criminal justice system, medical system, victim advocacy organizations, and other institutions	Not specified	Not specified	Identify barriers to service and justice for sexual assault victim, suggest ways to reduce those barriers, and devise strategies to implement the solutions developed by the task force
Selected Results: The report is divided into four sections, one of which focuses on the medical system. The authors summarize and make recommendations about issues pertaining to coordination across disciplines, mandated reporting of sexual assault, training, forensic nurse examiner programs, drug and alcohol facilitated assault, sexual assault forensic evidence SAFE collection kits, and evidentiary exams.				
Ledray, 1997	SANE programs	47	Survey	Determine the best location for carrying out SANE examinations and provision of care
Selected Results: ED settings, which have been the traditional location for operating SANE programs, may no longer be the most appropriate. Few victims suffer injuries requiring ED care, the atmosphere of the ED may be inhospitable for victims, and there are costs associated with operating in an ED.				
Linden, 1999	Literature on current recommendations for evaluation and treatment of sexual assault victims	N/A	Literature review	Summarize current recommendations for treating sexual assault victims from a medical and psychological perspective
Selected Results: The necessary rape victim treatment information is provided for ED personnel. This knowledge includes physical treatment of injuries, provision of safe environment, evidence recollection, STD and pregnancy prophylaxis, and emotional and physical follow-up care.				
Littel, 2001	N/A	N/A	Description	Provide an overview of the SANE programs since their introduction to the U.S. health care system, including a history of the programs' development, their positive impacts on victims, the basics of the program implementations, and best practice suggestions
Selected Results: SANEs first emerged as quality programs in the 1970s and have spread throughout the United States since then. SANEs address the problems inherent in the traditional medicolegal system of care for sexual assault victims in many ways, including prompter examinations, improved evidence collection, and better access to follow-up services. SANEs must be part of a coordinated post-assault response to maximize the victim's personal health care.				
Logan et al., 2005	Women	30	Focus groups	Identify barriers to rape support–related services for both rural and urban rape victims
Selected Results: Barriers to health and mental health services were related to cost, limited services, lack of awareness of services, misperception of services, cumbersome bureaucracy, staff incompetence, lack of resources, shame and blame, lack of sensitivity, community and family backlash, confidentiality concerns, and loss of trust.				
Logan, Cole, and Capillo, 2006	Sexual assault victim reports, SANE manager	444 reports; 1 manager	Secondary data analysis, interview	Examine the growth and development of SANE operations in depth and describe the demographic, incident, and examination characteristics for those patients completing SANE treatment over a 5-year period
Selected Results: Within the SANE program, lifetime sexual revictimization rates were high and victim substance abuse before the assault was higher than in previous studies.				

Table 8.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Logan, Cole, and Capillo, 2007	SANE programs	231	Interviews	Conduct telephone interviews with coordinatiors of a random sample of SANE programs, with a focus on how these programs impact health care, evidence collection, and patient access
Selected Results: 91% of SANE program coordinators stated that provision of client-centered care was a major advantage of the SANE program. 39% of programs reported having a formal system for tracking investigative and legal case outcomes, and of those programs with formal systems, 44% were aware of the number of arrests made in the past year.				
Magid et al., 2004	Medical records for female sexual assault victims presenting at an ED	257	Secondary data analysis	Examine trends in county rape incidence, physical trauma stemming from sexual assault, and medical treatment provided to victims
Selected Results: There was a 60% increase in sexual assault victims in the ED from 1974 to 1991, and this increase was mainly due to a rise in women seeking care at the ED after rape by a known assailant. The 1991 data also showed a rise in the proportion of rapes involving oral and anal intercourse, a greater rate of physical trauma accompanying sexual assault, and more frequent pregnancy and STD prophylaxis prescription.				
Martin et al., 2007	Literature on health care–related interventions for sexual assault victims	30	Literature review	Review lessons deduced from empirical research that had studied health care –related interventions for female victims of sexual violence
Selected Results: Studies fell into five broad categories: studies that examined sexual assault training programs for clinicians; studies that surveyed clinicians who assess and/or care for sexual assault victims; studies that compared two methods of delivering services to sexual assault victims; studies that focused on post-exposure prophylaxis for sexual assault victims; and descriptive and follow-up studies describing the patients seen and/or services provided at health care–based sexual assault services. The authors identify the contributions of each study, methodological weaknesses of each research stream, and questions in need of further study.				
Martin and Powell, 1994	Law enforcement, health, and legal organizations involved in processing rape victims	130	Interviews, observations	Assess how unresponsive organizations are in handling rape victims and to identify causes of such unresponsiveness
Selected Results: Some organizations, particularly legal ones, are unresponsive to rape victims due to organizational mission (e.g., prosecution must represent the state's interests) and, more generally, to a tendency to treat victims as witnesses to rape rather than individuals recovering from an assault. In a related vein, some medical personnel did not perceive rape victims as "real" patients because their medical exam is primarily for evidence.				
McGrath et al., 1997	Physicians, nurses, and social workers	116 physicians; 76 nurses; and 15 social workers	Survey	Determine health care provider behaviors in screening for sexual assault and domestic violence, provider training for sexual assault and domestic violence, provider knowledge of sexual assault and domestic violence protocols, and provider opinions regarding barriers to intervention
Selected Results: While providers felt it was part of their role to intervene in sexual assault cases, sexual assault screening rates and training levels were low among both physicians and nurses. Intervention barriers cited by survey respondents included lack of experience, misdiagnosis concerns, personal discomfort, concerns about invading family privacy, a lack of time to handle cases effectively, frustration that victims would return to their abusive partners, lack of police response, lack of 24-hour access to the social worker, and reluctance to be involved in the criminal justice process.				

Table 8.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Monroe et al., 2005	Sexual assault victims who received treatment at sexual assault centers	125	Interviews	Assess the experiences, needs, and recommendations of sexual assault victims treated at Maryland sexual assault centers
Selected Results: 32% of interviewees reported having a medical examination, and the vast majority of those that did were satisfied with it. Only 19% of interviewees knew that they would not be charged hospital fees for sexual assault services, and just 40% treated at a hospital indicated they indeed had not been charged. Group therapy for sexual assault victims was the most frequently cited recommendation for improved care at sexual assault centers, and interviewees also recommended opening more centers and providing additional services for sexual victims.				
Nasta et al., 2005	Female college students	234	Survey	Assess the prevalence of sexual victimization among female college students, their awareness of resources available to sexual assault victims, and their utilization of such resources
Selected Results: 38% of the sample reported some kind of sexual assault incident, including 6% of women who had experienced a completed rape and 4% who had experienced an attempted rape. Among both victims and nonvictims, campus psychological services had the highest rates of awareness (90% and 88%, respectively), and health services had the second highest rate of awareness. Actual resource utilization by victims was low: Only 22% of victims reported the sexual assault to any type of campus-based resource, and only 6% turned to an off-campus resource. Common impediments to resource usage included a lack of awareness of resources and concerns pertaining to confidentiality, fear, embarrassment, and guilt.				
Padden, 2008	Studies of sexual assault, sexual abuse, and rape trauma	N/A	Literature review	Educate nurses about sexual assault screening, support, and counseling by providing an overview of relevant terminology, prevalence data, victim health outcomes, and nursing best practices
Selected Results: Sexual assault victims can suffer from physical and mental health problems, both short-term and permanent, following sexual violence. The author suggests the following best practices for nurses: sensitive screening and support (after building strong and trusting rapport with victims), a focus on referrals within the system, and an emphasis on prevention in addition to treatment.				
Parnis and Du Mont, 2002	Nurses, physicians, police, and forensic scientists	8 nurses; 6 physicians; 51 police; 2 forensic scientists	Survey, interviews	Determine the degree to which standard guidelines in the collection and processing of medicolegal evidence were adhered to by health care and investigative professionals
Selected Results: The majority of physicians and nurses did not always follow the standard Sexual Assault Evidence Kit (SAEK) criteria. When asked to specify the conditions under which they would encourage an assaulted woman to complete an SAEK, the responses differed greatly. All three types of professionals indicated there were contexts in which they would discourage a sexually assaulted woman from completing an SAEK.				
Parnis and Du Mont, 2006	Police officers, forensic scientists, SANEs, physicians, and nurses	Not provided	Survey, interviews, focus groups	Consider how different values and interpretations can shape the standard practices used to collect and process the medical forensic evidence that comprises rape kits
Selected Results: The nature of rape kit procedures as well as the agencies employing the results are subject to varied, narrow, profession-specific values and interpretations. The variety of interpretations in turn can lead to multiple interpretations of the meanings of these rape kits along the evidentiary chain—or in other words, the movement of evidence from the medical setting to the law enforcement context to the judicial realms.				
Patterson, Campbell, and Townsend, 2006	SANE nurses	110	Interviews	Evaluate how the SANE program goals and philosophy vary by program and influence patient care practices
Selected Results: There were three main types of SANE programs: high-prosecution programs, which focused on case prosecution as a primary goal; community change programs, which focused on patient emotional needs and feminist values; and low-prosecution programs, which placed the least importance on prosecution and average emphasis on other goals. High-prosecution SANE programs were more likely to be hospital-based and less likely to provide comprehensive health care services, such as education about STDs and emergency contraceptives.				

Table 8.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Plichta, Clements, and Houseman, 2007	Emergency departments	62	Survey, secondary data analysis	Characterize and evaluate sexual violence–related health care models of care used by EDs
Selected Results: Five models of care categories were documented: (1) no SANE services (27%), (2) transfer of the victim to another facility (15%), (3) partial in-house coverage (16%), (4) on-call SANEs brought in from off-site (7%), and (5) full in-house coverage (36%). ED model of care was significantly related to the quality of care provided for sexual violence victims: Facilities with on-call SANE support or full in-house SANE coverage (two models combined for this analysis) provided a higher quality of care for victims than facilities organized along the other models of care.				
Resnick, Acierno, et al., 2000	Literature on various forms of physical and sexual assault	N/A	Literature review	Review the literature on sexual and physical assault, with an emphasis on findings especially useful for health care professionals
Selected Results: Topics covered in this review include the prevalence and characteristics of physical and sexual assaults; outcomes for victims of such violence; issues and strategies related to screening for physical and/or sexual assaults; victim treatment; and specialized programs for rape victims.				
Resnick, Holmes, et al., 2000	Female rape victims	3,006	Interviews	Identify the proportion of U.S. adult rape victims who had received medical care, determine the timing of such care, and identify factors associated with the receipt of medical care following adult rape
Selected Results: 7% of the women had experienced rape as an adult, and 26% of them received rape-related medical care following that incident. 66% of those who received care did so within 48 hours of the incident. The strongest predictors of receiving timely medical care were presenting to law enforcement or other authorities and fearing an STD. Non-white women, those who sustained physical injury during the assault, and those who feared being publicly named as a rape victim were also more likely to receive medical treatment. Women who used drugs or alcohol and those raped by their partner were less likely to receive medical treatment.				
Sievers, Murphy, and Miller, 2003	Sexual assault evidence kit data	515	Secondary data analysis	Compare the quality of evidence collection performed by SANE-trained health care personnel versus that performed by non-SANE-trained health care personnel
Selected Results: Evidence kits prepared by SANE-trained physicians and nurses were more accurate and complete than those prepared by health staff who were not SANE-trained, supporting the view that SANE-specialized training can improve forensic evidence collection.				
Stermac, Dunlap, and Bainbridge, 2005	Clinical records for female patients seen by SANEs at a hospital-based sexual assault care center	1,018	Secondary data analysis	Evaluate clinical nursing practices among SANEs at an emergency sexual assault center in Canada
Selected Results: SANE programs provide advantages over traditional ED treatment of sexual assault victims. The percentages of women receiving STD and pregnancy prophylaxis were significantly higher in the experimental sample than in national surveys. Waiting times for SANEs were also shorter compared with the average wait time for a general emergency.				
Stermac and Stirpe, 2002	Hospital records for female patients at sexual assault care center	515	Secondary data analysis	Compare the quality of care and evidence collection provided by SANEs and non-SANE-trained physicians
Selected Results: Compared with SANEs, physicians handled more cases involving physical trauma and clients with a higher number of injuries. SANEs and physicians provided comparable services, but patients who received SANE treatment had shorter treatment durations, shorter waiting times, and fewer service interruptions than patients seen by physicians. SANEs more often conducted partial physical examinations and partial Sexual Assault Evidence Kit evidence collection than did physicians.				

Table 8.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Way et al., 2004	Clinicians who provide treatment for sexual assault victims or perpetrators	347	Survey	Examine characteristics of clinicians working with either sexual assault victims or perpetrators and assess differences between the two groups

Selected Results: 76% of clinicians reported at least one type of abuse or neglect as a child, and 54% had experienced multiple types of mistreatment. 52% of the sample scored in the clinical range for vicarious trauma. Clinicians with less time providing sexual abuse treatment indicated a greater amount of vicarious trauma. Compared with clinicians who treated perpetrators, clinicians who treated victims were more likely to report seeking professional support and using positive personal coping strategies. Greater trauma effects were associated with greater use of both positive and negative personal coping strategies.

SECTION 9

Victim Advocacy Programs and Services

In this section, we summarize research pertaining to victim advocacy programs and the professionals involved in such programs. These programs were generally located in civilian settings. Victim advocacy–oriented services are typically offered by rape crisis centers, organizations expressly dedicated to victim advocacy (even beyond sexual assault), and institutions focused on counseling services, whereas support providers include but are not limited to social workers, counselors, mental health professionals, and victim advocates. Table 9.1 lists the studies featured in this portion of our review. In general, they resemble the health care studies discussed in Section 8 in that they cover assessments of effectiveness. In addition, as in much of the research on health care programs and services, victims are typically included in research based on their presenting for treatment or receiving services rather than meeting explicit criteria related to their sexual assault. Not all studies are victim-centric, however; as discussed below, some are focused instead on the professionals and volunteers involved in helping sexual assault victims.

One set of studies included in this section pertains to the types of victim advocacy services and utilization. For example, Campbell and Martin (2001) reviewed the range of services offered by rape crisis centers, and Karjane, Fisher, and Cullen (2002) documented the resources, such as support and counseling, available to victims. Zweig and Burt (2004) also considered services available to sexual assault victims but from a different angle: They assessed how STOP (Services*Training*Officers*Prosecutors) federal funding influenced victim service offerings. Other studies (e.g., Lang and Brockway, 2001; Ullman and Townsend, 2007) considered direct service barriers that victims faced, such as accessibility issues and limited resources.

As noted above, the experiences and perspectives of victim advocacy–related support providers were a topic of study as well. Du Mont, Miller, and White (2007) examined social workers' perceptions regarding the usefulness of victim impact statements, for instance, and Curtis-Fawley and Daly (2005) assessed victim advocacy personnel views toward another aspect of the legal system, the use of restorative justice. Hellman and House's (2006) work represents a different line of research also focused on victim support providers. Specifically, the authors identified factors related to volunteer victim advocates' job attitudes (e.g., job satisfaction) and intent to remain with their volunteer organization. In addition, among the studies we reviewed, the one by Herz, Stroshine, and Houser (2005) was unique: The researchers surveyed victim advocates along with mental health service providers and substance abuse treatment providers to gauge their level of agreement on how to best serve sexual assault victims.

The work of Herz, Stroshine, and Houser (2005) is a reminder that there are different types of providers involved in victim advocacy–type support. The varied providers within the

victim advocacy arena, along with a number of other formal support providers involved in the health care, investigative, and legal systems, inspired a number of studies regarding interaction between victim advocacy personnel and other types of support providers. Kilpatrick, Resnick, and Acierno (1997) were among those who cited a need for greater coordination among those supporting sexual assault victims. Challenges related to collaboration or coordination across support providers were a topic of studies by Cole and Logan (2008), Epstein and Langenbahn (1994), and Payne (2007). Conversely, studies also examined interaction in terms of best practices (e.g., Epstein and Langenbahn, 1994) and facilitators (e.g., Zweig and Burt's 2004 study on the influence of federal funding).

The majority of studies we categorized as related to victim advocacy involve some sort of assessment of victim advocacy programs or service effectiveness. Effectiveness was measured in different ways: Some studies (e.g., Gilson, 1997, Wilson and Klein, 2005) conducted program evaluations using external or objective criteria, such as resource availability or client usage rates, while others (e.g., Wasco et al., 2004; Zweig and Burt, 2007) employed more subjective effectiveness measures (e.g., based on victim perceptions). Kelley et al.'s (2005) study is one example of the latter category: They surveyed Navy Sexual Assault Victim Intervention (SAVI) program clients to assess whether the program helped sexually assaulted clients cope better with assault-related trauma. As was the case for research on SANE programs, the victim advocacy–oriented evaluations tended to analyze only one or two programs, which has implications for how generalizable their results may be. Additional studies with an emphasis on effectiveness described exemplary organizational and procedural practices (e.g., Epstein and Langenbahn, 1994) or documented suggestions for improvement (e.g., Campbell and Salem, 1999).

Table 9.1
Summary of Studies on Sexual Assault Victim Advcacy Programs and Services

Source	Sample	N	Method(s)	Study Purpose/Objective
Campbell, 1998	Rape victim advocates	168	Interviews	Document the local resources available to rape victims as well as the advocates' own experiences with recent rape victims
Selected Results: Victims' experiences fell into three categories. One category of victims had a relatively positive experience in the legal, medical, and mental health systems. Assaults that involved a stranger, use of a weapon, and/or physical injury were more common in this group. The second category of victims had a good experience only with the medical system. Assaults that involved someone the victim knew and/or alcohol consumption by the victim and those that did not involve a weapon were more common in this group. Those in the third category had problems with all three systems. Fewer patterns were common among victims in this final group. They were better understood in terms of what their cases did *not* involve: strangers, weapons, alcohol use, or "good victim" behavior.				
Campbell, 2006	Female rape victims who sought medical treatment	81	Interviews	Assess the impact of rape victim advocate involvement on rape victims' experiences with the medical and legal systems
Selected Results: Victims who received assistance from a rape victim advocate were more likely to have police reports taken, were less likely to disclose secondary victimization by police, and indicated less distress stemming from their legal system experience. Victims who used a rape victim advocate received more medical services and were less likely to report secondary victimization by health care professionals, and they indicated less distress based on their interaction with the medical system.				
Campbell and Martin, 2001	Literature on rape crisis centers	N/A	Literature review	Describe the purpose and effectiveness of rape crisis centers in supporting sexual assault victims
Selected Results: The article describes the conditions that contributed to the development and persistence of rape crisis centers, the range of services these institutions provide, and their impact on victims and society. The authors incorporate results from past research to contextualize the emergence of rape crisis centers, document the services they offer, and highlight various metrics used to gauge their efficacy.				
Campbell and Salem, 1999	Rape victim advocates; rape crisis center staff members	168 advocates, 20 staff members	Interviews, pile sort	Illustrate the utility of the concept mapping method and identify how the legal, medical, and mental health systems could more effectively meet sexual assault victims' needs
Selected Results: The final concept map included 10 clusters of recommendations for broad-based changes and system-specific ones related to the following areas: victim attitudes and behaviors, community education, policy changes, policies and services for rape crisis center and mental health professionals, sensitizing medical staff, sensitizing police, tips for juries, tips for prosecutors, medical services, and court improvements.				
Cole and Logan, 2008	SANE program coordinators	231	Interviews	Investigate the relationship between SANE programs and victim advocacy organizations
Selected Results: The vast majority of interviewees reported good or excellent relationships with victim advocacy organizations. When conflicts did emerge, they most frequently pertained to autonomy, control, or turf issues (80%). Other sources of conflict were role conflict or ambiguity (44%), differences in objectives or values (13%), and volunteer advocates' lack of training or professionalism (9%). The most frequently cited conflict avoidance or resolution strategy was open communication (81%), followed by defining explicit roles and setting boundaries (67%).				
Curtis-Fawley and Daly, 2005	Victim advocacy organization personnel	15	Interviews	Document the views of Australian victim advocacy organizations with respect to restorative justice
Selected Results: Interviewees were generally favorable regarding the use of restorative justice in cases of gendered violence. It was seen as a clear alternative to the current, adversarial system. Restorative justice was also regarded as a way to empower victims and to lower the stakes for a perpetrator to admit his guilt. The interviewees cautioned that restorative justice could lead to revictimization and be viewed as second class or "cheap" justice that results in too lenient a punishment. Overall, the interviewees were open to restorative justice as a parallel or alternative process, but still advocated some sort of reliance on criminal law.				

Table 9.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Du Mont, Miller, and White, 2007	Social workers	15	Interviews	Document the perceptions of social workers regarding the use of victim impact statements (VISs) in sexual assault cases
Selected Results: The social workers were largely unaware of VIS-related legislative changes, and some incorrectly believed a VIS could influence a trial's verdict rather than the sentence rendered. Social workers felt the VIS's primary function was to provide victims with an opportunity to communicate or express how they felt about the assault, whereas victims wanted the VIS to have an impact on how the perpetrator was punished. The social workers themselves did not tend to think that the VIS influenced legal outcomes, however, and instead observed its benefits as being more therapeutic.				
Epstein and Langenbahn, 1994	Investigative, legal, medical, and social service organizations	Unspecified	Literature review, statute review, interviews, case studies	Inform investigative, legal, medical, and social service personnel who work with sexual assault victims and on sexual assault-related issues about exemplary organizational and procedural practices in use
Selected Results: The bulk of the report discusses organizational, procedural, and training issues encountered and addressed by four key types of organizations: law enforcement agencies, prosecution offices, rape crisis centers, and hospitals. Practices associated with successful collaboration across these types of organizations are also featured.				
Gilson, 1997	A YWCA women's advocacy program	1	Case study based on interviews, secondary data analysis, and site visits	Conduct a program evaluation of the YWCA's Women's Advocacy Program
Selected Results: Program strengths included providing victims with safety and security from further victimization and connecting them with others who understand and even share their experiences, emotions, and struggles. Challenges included defining services, resource availability, staff turnover, training, and communication.				
Hellman and House, 2006	Rape crisis center volunteer victim advocates	28	Survey	Identify factors related to volunteer victim advocate's overall satisfaction, affective commitment, and intent to remain with the center
Selected Results: Satisfaction and affective commitment were positively correlated with intent to remain with the center. The perceived value of monthly informational meetings was positively associated with satisfaction, commitment, and intent to remain. Volunteers' self-efficacy was positively related to satisfaction and commitment, while encountering those with victim-blaming views was negatively correlated with those two attitudes. Social support received from family and friends was only correlated with job satisfaction.				
Herz, Stroshine, and Houser, 2005	Victim advocates, mental health service providers, substance abuse treatment providers	415	Survey	Assess the level of agreement between victim advocates, mental health service providers, and substance abuse treatment providers on how to best serve domestic violence and sexual assault victims
Selected Results: The level of agreement regarding specific interventions tended to vary both within each service provider group and between the groups. Significant differences between groups were present regarding whether one should encourage the victim to report an incident to police if not already reported and whether one should help the victim set and obtain life goals. Within the groups, victim advocates and mental health providers tended to exhibit moderate agreement—agreement on 6 to 8 of the 10 interventions—while substance abuse treatment providers had somewhat lower agreement.				

Table 9.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Karjane, Fisher, and Cullen, 2002	Institutions of higher education	2,438	Secondary data analysis, surveys, focus groups	Conduct a comprehensive baseline investigation of campus sexual assault policies and procedures
Selected Results: The report is organized around nine major sets of findings, including variation in definitions of sexual assault; the existence and publication of policies for campus sexual assault; training for those to whom sexual assaults tend to be reported; on- and off-campus reporting options and procedures for sexual assault victims; and resources available for victims' safety, support, medical treatment, and counseling.				
Kelley et al., 2005	Patrons of a military sexual assault prevention program that provides trained advocates to victims	Varied	Survey	Assess the Navy Sexual Assault Victim Intervention (SAVI) program
Selected Results: Respondents believed that training provided sufficient sexual assault prevention and satisfied the program objectives. Those respondents that had been sexual assault victims also believed the program had helped them cope with the sexual trauma.				
Kilpatrick, Resnick, and Acierno, 1997	Literature on interpersonal violence and health issues	N/A	Literature review	Address the implications of the health impact of U.S. interpersonal violence on clinical practice and policy
Selected Results: There should be increased focus on sexual assault screening and prevention in the clinical setting as well as greater coordination between the stakeholders involved in the assault victim treatment.				
Koss, 2006	Literature on victims, victim advocates, health care providers, investigators, and the legal system	N/A	Literature review	Identify victims' needs and assess how well the community, the justice system in particular, responds to them
Selected Results: Five topics are covered in this review: health care and criminal justice needs created by sexual assault; the range of formal support providers that assist victims; the ability of current criminal and civil justice options to satisfy victims' justice needs; agreement between restorative justice elements and the anti-rape movement's values and priorities; and a call to action to those working to end sexual assault. The author emphasizes an evaluation of justice system processes, including reporting, prosecution, trials, civil tort options, non-tort civil actions, and legal reforms. Other sections of the review pertain to revictimization before and during a trial, and victim-centered justice options, ranging from charging decision–related changes to restorative justice.				
Koss et al., 2004	Literature on victims, perpetrators, victim advocates, investigators, and the legal system	N/A	Literature review	Introduce restorative justice, particularly the RESTORE program, as an alternative to the current criminal justice program that addresses some of its shortcomings
Selected Results: There are three problems with the extant criminal justice system in handling sexual violence: Minor offenses are often precursors to a career of sexual offenses, yet they are not treated as such by the justice system; underreporting and low prosecution rates mean many perpetrators are not held accountable for their actions; and the justice system response frequently revictimizes and disappoints sexual assault victims. Restorative justice is discussed as an alternative approach for date/acquaintance rape and nonpenetration sexual crimes.				

Table 9.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Lang and Brockway, 2001	Stakeholders from the criminal justice system, medical system, and victim advocacy organizations	Not specified	Not specified	Identify barriers to service and to justice for sexual assault victims, suggest ways to reduce those barriers, and devise strategies to implement the solutions developed by the task force
Selected Results: The report is divided into four sections, in which both important issues and recommendations are briefly summarized. The prevention section describes developing a larger coordinated system and working with the media. The victim services section describes needed services, collaboration and cooperation needs, reaching underserved populations, and service accessibility. Issues outlined in the medical system pertain to coordination across disciplines, mandated reporting of sexual assault, training, forensic nurse examiner programs, drug and alcohol facilitated assault, SAFE collection kits, and evidentiary exams. The last section, on the criminal justice system, covers a statewide law enforcement protocol for sexual assault cases, training, prosecution, court practices, sex offender treatment and management, DNA-based arrest warrants, assaults of adolescents, assaults of people with disabilities, Michigan's rape shield law and rules of evidence, and legislative issues.				
Monroe et al., 2005	Sexual assault victims who received treatment at sexual assault centers	125	Interviews	Assess the experiences, needs, and recommendations of sexual assault victims treated at Maryland sexual assault centers
Selected Results: Only 19% of interviewees knew that they would not be charged hospital fees for sexual assault services, and just 40% treated at a hospital indicated they indeed had not been charged. All services provided by a sexual assault center were favorably viewed. Group therapy for sexual assault victims was the most frequently cited recommendation for improved care at sexual assault centers, and interviewees also recommended opening more centers and providing additional services for sexual victims.				
O'Sullivan and Carlton, 2001	Rape crisis centers	16	Case study based on interviews, secondary data analysis	Compare victim services and outreach efforts of rape crisis centers that focus on sexual assault with those that support other types of victims as well
Selected Results: The multiservice centers served fewer sexual assault victims, did not regularly receive referrals from law enforcement or medical centers, and did not engage in systematic efforts to educate the community. The independent centers that dealt exclusively with sexual assault were the only centers that had detailed definitions of sexual assault, were cognizant of cultural issues that could affect their services and/or community outreach, used volunteers to educate the community, and targeted educational outreach to male and to young people.				
Payne, 2007	Sexual assault crisis center workers	44	Survey	Identify barriers to collaboration between victim advocates and various groups of formal support providers: law enforcement, criminal justice, health care, mental health, victim or witness programs, and social services
Selected Results: Overall, respondents indicated fewer problems working with health care professionals than with law enforcement and criminal justice professionals. The four barriers that victim advocates felt impeded their interactions with health care providers were geographic isolation, overstepping of functional boundaries, subcultural problems across the two groups, and communication. The victim advocates also identified four types of challenges they encountered when working with mental health professionals: role ambiguity, inappropriate referrals, funding-related concerns, and a lack of understanding for the dynamics of sexual assault.				
Ullman and Townsend, 2007	Rape victim advocates	25	Interviews	Identify barriers that victim advocates face in supporting sexual assault victims
Selected Results: Four categories of barriers were identified: societal attitudes, organizational barriers, staff burnout, and direct service barriers. Societal attitudes identified included denial of rape and biases related to race and class, gender, sexual orientation, and disabilities. Organizational barriers included lack of funding, environmental factors, a clash of philosophies regarding professionalization, and racism. Staff burnout was related to inadequate supervision, inadequate pay, lack of support, lack of accountability, rigid work demands, and worker abuse. Direct service barriers included access and availability barriers, lack of resources to meet survivor needs, and secondary victimization.				

Table 9.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Wasco et al., 2004	Female sexual assault victims	771	Interviews, surveys	Evaluate hotline, advocacy, and counseling services provided to sexual assault victims in Illinois
Selected Results: The majority of respondents who either accessed the hotline or received advocacy services felt that they gained a lot of information and received a lot of support. The majority of advocacy recipients also indicated they received a lot of help in making decisions. With respect to counseling, a comparison of counseling outcomes and posttraumatic stress–related measures pre- and post-counseling showed statistically significant, clinically favorable changes on all measures (e.g., self-blame, low energy).				
Zweig and Burt, 2004	STOP-funded victim services agencies	200	Interviews	Assess the relationship between STOP grant funding and (1) the organization's interaction with other community agencies and (2) improvements in victim service offerings
Selected Results: The pre-STOP amount of services and state-level STOP program support both were positively associated with post-STOP victim services. The interaction of STOP-funded agencies with other community organizations was related to improved support of victims and to an improved community ability to meet the needs of sexual assault victims. Overall, STOP funding has had a positive impact, especially in communities that had little activity supporting female victims of violent crime prior to receiving STOP funding.				
Zweig and Burt, 2007	Women in communities in which a STOP-funded victim services agency was located	1,509	Interviews	Identify factors that explain women's perceptions of the helpfulness of domestic violence and sexual assault–focused victim services and those that predict their willingness to use such services again
Selected Results: Factors related to the perceived helpfulness of sexual assault agencies varied based on the category of service. The number of positive behaviors exhibited by staff members was associated with greater helpfulness for all five categories: safety issues, child advocacy, emotional support, legal advocacy, and individual advocacy. The higher women's sense of control when working with an agency, the more likely they were to indicate they would use the agency again.				

SECTION 10

Investigative and Legal Processes

In this section, we discuss studies that focused on sexual assault incidents as they make their way through the criminal justice system, from the time the assault is reported to law enforcement through final case disposition. These studies are listed in Table 10.1. We discussed health care support available to victims after an assault—presumably during the same timeframe as the incident receives any investigative or legal attention—in Section 8, but we include additional health care–related findings in this section to the extent they have implications for investigative and/or legal processes.

The first group of publications in this section considered the victim-, perpetrator-, and incident-related factors that help explain decisions made by investigators, typically police, such as whether to question a suspect or determine a case to be founded. For example, studies examined such victim attributes as age (e.g., Du Mont and Myhr, 2000), race (Horney and Spohn, 1996), and income level (McGregor et al., 1999), as well as perpetrator attributes, such as prior felony record (Horney and Spohn, 1996) and number of perpetrators (McGregor, Du Mont, and Myhr, 2002). Numerous incident-related factors were assessed as well, including many consistent with aforementioned "rape myths": the nature of the victim-perpetrator relationship (e.g., Bouffard, 2000), use of a weapon (e.g., Bachman, 1998), the co-occurrence of another crime (Addington and Rennison, 2008), victim resistance (e.g., Du Mont and Myhr, 2000), additional injury (e.g., Frazier and Haney, 1996), and alcohol consumption (e.g., Scott and Beaman, 2004). Some studies also examined the influence of forensic or medical evidence; for example, Bouffard (2000) assessed the impact of victim agreement to a sexual assault exam on whether a case was founded or unfounded.

Research of this nature was often based on statistical analysis of survey data, including those from the National Crime Victimization Survey, or of administrative case records from specific jurisdictions. Data from large-scale surveys have the advantages of covering a large number of jurisdictions and offering instances of nonsexual crimes to serve as a point of comparison. On the other hand, data from specific law enforcement agencies are frequently longitudinal in nature and include many characteristics potentially important to this type of analysis. Both sources of data are limited due to the general underreporting of sexual assault, while other shortcomings are unique—survey data are cross-sectional and may only feature a small number of relevant measures, while individual jurisdiction or agency data often require researchers to make judgment calls in the hope of standardizing administrative data of varying quality across incidents and across municipalities.

These strengths and weaknesses suggest that the different data sources can be complementary, but they also may help explain the amount of variation across studies. For example, a large number of studies included the nature of the victim-perpetrator relationship as a poten-

tial explanatory factor (e.g., Addington and Rennison, 2008; Bachman, 1998; Du Mont and Myhr, 2000; Du Mont and Parnis, 2000; McGregor, Du Mont, and Myhr, 2002; Scott and Beaman, 2004). However, the findings were inconsistent and even contradictory. Du Mont and Myhr (2000), McGregor and his colleagues (1999), and Bouffard (2000) all demonstrated that victims who knew the perpetrator were more likely to have their cases founded or otherwise forwarded to the prosecutor, but Frazier and Haney (1996) showed that suspects were more likely to be questioned by police when the victim did *not* know the perpetrator, and Bachman's (1998) work was inconclusive in this respect. In all of these studies, the victim-perpetrator relationship was characterized based on how long or how intimately the victim knew the perpetrator (e.g., stranger, someone known at least 24 hours, intimate partner).

A related line of inquiry, which includes some of the same studies, pertains to factors that predict legal outcomes, such as the prosecution's decision to accept a case, whether a case proceeds to trial, perpetrator conviction, and sentence length. These studies relied less on national datasets and more on records available from local jurisdictions. For example, Kingsnorth and various colleagues (1998; 1999) examined sexual assault cases within the Sacramento County, California, legal system, and Spohn and Holleran (2001) analyzed cases from Kansas City and Philadelphia. Generally, the research approach was similar to that used to assess investigative outcomes: A combination of many aforementioned victim, perpetrator, and incident attributes (and others) were featured in statistical models intended to explain a particular legal outcome. Incident characteristics, such as the use of a weapon, the use of physical force, the presence of physical evidence, and additional victim injury, tended to be considered as well. Further, as with investigative outcomes, victim-perpetrator relationship was an often-studied case attribute for legal outcomes, not only in terms of the victim's familiarity with the perpetrator (e.g., Beichner and Spohn, 2005; Campbell, Wasco, et al., 2001; Wiley et al., 2003), but also with respect to racial similarity between the victim and perpetrator (Kingsnorth et al., 1998). Medical evidence was another factor closely examined in a number of studies. For example, McGregor, Du Mont, and Myhr (2002) showed that documentation of the collection of forensic samples by a medical examiner increased the odds that charges were filed; Crandall and Helitzer's (2003) work suggested that the quality of forensic evidence improved both investigative and legal outcomes; and Nugent-Borakove et al. (2006) found that victim involvement in SANE or SART programs had favorable implications not only for arrest rates, but also for the filing of charges and prosecutions.

Other factors were more frequently incorporated into analysis of legal outcomes than of investigative ones, possibly due to data availability. For example, Kingsnorth, MacIntosh, and Wentworth (1999) found that cases were more likely to be fully prosecuted when the victim cooperated during prosecution and supporting witnesses were available. Victim cooperation was also a topic covered in Spohn, Beichner, and Davis-Frenzel's (2001) and Nugent-Borakove et al.'s (2006) research. The amount of time between the incident and initial report also played a role, as demonstrated by Horney and Spohn (1996), Kingsnorth et al. (1998), and Kingsnorth, MacIntosh, and Wentworth (1999), among others. Perhaps most notably, victim behaviors not only were a frequent topic of study, but also tended to be significantly related to legal outcomes. Overall, research of this nature suggests that victim behaviors often factor into legal decisions. To illustrate, Spears and Spohn (1997) found that charges were less likely if the victim exhibited risk-taking behavior or there were questions about the victim's moral character, and these results were later corroborated by Beichner and Spohn (2005). Other research conducted by Spohn and various colleagues (Spohn and Holleran, 2001; Spohn, Beichner, and Davis-

Frenzel, 2001) yielded complementary results. In a related vein, Kingsnorth, MacIntosh, and Wentworth (1999) found that "negative" victim characteristics were related to a different legal outcome, shorter sentence length.

Studies examining investigative and/or legal outcomes comprise the bulk of entries in Table 10.1. The remaining studies included in this section and its supporting table are much more varied, but correspond roughly to five areas of research: additional aspects of prosecution, implications of SANE/SART programs for the criminal justice system, the influence of support providers' attitudes and social reactions on investigative and/or legal processes, observations related to overarching process, and practitioner-oriented studies. With respect to prosecution, for example, Konradi (1997) and Frohman (1998) both used qualitative methods to describe the interaction between prosecutors and sexual assault victims. In another work, Konradi (1996) focused expressly on the strategies used by victims to prepare for their time on the witness stand. Du Mont, Miller, and White (2007) examined social workers' perceptions of the utility of victim impact statements in sexual assault cases, and del Bove and Stermac (2001) assessed Canadian trial judges' use of expert testimony and third-party victim records in court decisions. Lastly, some studies used college students (e.g., Isbell, Tyler, and DeLorenzo, 2007; McDonald and Kline, 2004; Wall and Schuller, 2000) or community members (e.g., Finch and Munro, 2007; Schuller and Wall, 1998) to examine the perceptions of mock jurors.

As noted above, the collection of forensic evidence by medical personnel and victim interaction with SANE or SART personnel helped account for criminal justice system outcomes, with some exceptions (e.g., Du Mont and Parnis, 2000). In addition, we found studies that discussed how SANE and SART programs relate to the criminal justice system more broadly, including not only potential influence on various outcomes but also personnel-related issues (e.g., Campbell, Patterson, and Lichty, 2005; Crandall and Helitzer, 2003; and Wilson and Klein, 2005).[1] Other research (e.g., Du Mont and Parnis, 2003; Parnis and Du Mont, 2006) focused more on the professionals working within these programs. For instance, Du Mont and Parnis (2003) learned that SANE-trained nurses experienced role conflict in terms of serving as both therapeutic, subjective caretaker and disinterested, objective collector of forensic evidence.

We discussed support providers' attitudes and behaviors toward victims in previous sections, notably in relation to negative social reactions and secondary victimization after disclosure, but some of the studies included in this section more explicitly tie providers' attitudes to criminal justice processes or outcomes. For example, Campbell (1995) found an association between the perceived usefulness of date rape–related police officer training and fewer victim-blaming perceptions, and she documented how police officers' experience with rape victims related to more sympathetic beliefs about date rape. In a more negative vein, Jordan (2004) used case file analysis to illustrate how police officers viewed sexual assault complaints with suspicion and to describe how officers' perceptions of victim credibility were swayed by negative victim characteristics, such as alcohol consumption, delayed reporting, previous rape allegations, and mental health issues. Similarly, Schuller and Stewart (2000) examined how police officer gender affected perceptions of victim credibility and attributions of victim blame.

[1] SANE and SART studies were also discussed in the Health Care Programs and Services section (Section 8). We include them in this section since some of the effectiveness metrics used in these studies pertain to investigative and/or legal outcomes.

Studies related to the overall criminal justice process for sexual assault cases are more diverse. Aspects of Campbell (2005), DuBois et al. (1999), and Jordan (2002), for example, pertain to victim perceptions about how their case was handled by the criminal justice system, while Rumney's (2008) review provides insights on potential disparities in the handling of male and female rape allegations. Koss (2006) discussed restorative justice as an alternative to the current, adversarial criminal justice system. Lord and Rassel (2004) compared the practices used by law enforcement agencies for sexual assault investigations with exemplary ones. Berman (2004) explored how the separation of domestic violence and sexual assault cases in terms of both organizational structure and data collection may hinder effective processing of such cases. Sloan (1995) and Ahlmeyer et al. (2000) assessed the use of polygraphs, albeit for very different groups. These two were the only studies we located that addressed polygraphs, possibly due at least in part to rape reform and perceptions of effective investigative practices.

Finally, a small number of studies included in this section either conducted or synthesized research primarily for consideration by practitioners. Examples of such publications include the report of the Michigan Sexual Assault Systems Response Task Force (Lang and Brockway, 2001), Sampson's (2002) overview of research findings pertaining to acquaintance rape, and Epstein and Langenbahn's (1994) report on best practices for investigative, legal, and other support providers.

Table 10.1
Summary of Studies on Sexual Assault Investigative and Legal Processes

Source	Sample	N	Method(s)	Study Purpose/Objective
Addington and Rennison, 2008	Sexual assault incidents from NCVS and NIBRS	396 from NCVS; 22,876 from NIBRS	Secondary data analysis	Understand the frequency with which rape co-occurs with other serious crimes and determine how such co-occurrence influences rape reporting and police clearance of rape incidents
Selected Results: Only a small percentage of rapes co-occur with other serious crimes. Those that do are more likely to involve weapons, strangers, additional injury to the victim, and multiple offenders. Further, they are more likely to be reported to the police and to be cleared by police than rapes that happen independent of other serious crimes.				
Ahlmeyer et al., 2000	Perpetrators	60	Experiment	Understand how reporting of victims and offenses by sexual offenders varies across questionnaire and polygraph-based data sources
Selected Results: There was a consistent, significant decline of information across data sources, between the first and second polygraph in particular. 80% of examination results indicated deception about sexual offenses.				
Bachman, 1998	Sexual assault incidents from NCVS	348	Secondary data analysis	Identify factors related to both police reporting and arrest for rape and other types of sexual assault
Selected Results: Neither victim attributes, situation elements (e.g. use of weapon, location of assault, presence of other injury), or victim-offender relationships were significant predictors of arrest rates.				
Beichner and Spohn, 2005	Sexual assault cases from two police jurisdictions	389	Secondary data analysis, interviews	Assess the impact of organizational structure on prosecutorial decisionmaking
Selected Results: Although one jurisdiction had a specialized prosecution unit for sexual assault cases and the other did not, the two jurisdictions were largely similar in charging decisions and final case dispositions. The main difference was in fully prosecuted cases: The county with a specialized unit had more cases go to trial, while the county without a specialized unit had more plea bargains. The two jurisdictions differed more in the factors that predicted a decision to charge. In Missouri, charges were less likely if the victim exhibited risk-taking behavior and more likely if physical evidence of the assault was available. In Florida, charges were more likely when the victim was younger, the perpetrator was an acquaintance or relative, the assault was reported within 1 hour, the victim sustained physical injury, and a weapon was used, and less likely if there were questions about the victim's moral character.				
Berman, 2004	Legal personnel from jurisdictions with special procedures or structures for domestic violence	8	Survey	Assess the overlap between sexual assault and domestic violence
Selected Results: The extent of overlap between sexual assault and domestic violence is difficult to measure because the cases are separate within police departments, prosecutors' office, and the court systems more broadly. A lack of uniform data collection across jurisdictions further stymies efforts to consider the two crimes in conjunction with one another.				
Black, and Gold, 2008	Male and female college students	160	Experiment	Examine judgments about blame in hypothetical date rape scenarios
Selected Results: Men assigned more blame to the victim and less to the perpetrator, compared with women. Female participants were more likely to judge the man as responsible and to believe he should be found guilty of rape. Male and female participants judged the perpetrator differently based on his presumed socioeconomic status. Overall, participants recommended harsher punishments for the perpetrator when the victim resisted only verbally than when the victim resisted verbally and physically.				

Table 10.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Bouffard, 2000	Sexual assault cases from a police department's investigative unit	326	Secondary data analysis	Examine the influence of victim, perpetrator, and case characteristics on different investigative case closure outcomes
Selected Results: An "unfounded" decision was less likely if there was a prior relationship between the victim and the subject or the victim agreed to a sexual assault exam, and more likely if the case met the legal definition of first- or second-degree rape. Among "founded" cases, factors related to a greater likelihood of arrest include a strong physical description of the victim, prior relationship between the victim and suspect, the seriousness of the crime (based on crime co-occurrence, weapon use, and location), stronger evidence available at the time of initial report, and victim agreement to a sexual assault exam.				
Campbell, 1995	Police officers	91	Survey	Examine how police officers' work experience and general beliefs about women influence their perceptions of date rape
Selected Results: Officers with more experience with rape victims had more sympathetic beliefs about date rape, and those who felt the training they had received on rape was helpful had less "victim-blaming" perceptions of date rape. Officers with more experience, those who thought their rape training was helpful, and those with greater awareness of workplace-based sexual harassment held more favorable views toward women, which in turn was related to less victim-blaming perceptions of date rape. 62% of survey respondents' views toward date rape had changed over their career, and that change was frequently due to experience with rape victims and departmental training and policies.				
Campbell, 2005	Female rape victims, health care providers, investigators	81 victims; 26 nurses; 18 doctors; 22 police officers	Interviews, secondary data analysis	Obtain and compare victim and provider perspectives on medical and legal services received immediately after a rape
Selected Results: Agreement between rape victims and police officers regarding legal services received was high.				
Campbell, Patterson, and Lichty, 2005	Literature on SANE programs	N/A	Literature review	Examine empirical literature that focuses on the effectiveness of SANE programs in five major areas: psychological recovery, comprehensive medical care, accurate collection and documentation of forensic evidence, improving prosecution, and creating community change
Selected Results: Preliminary evidence seems to support the effectiveness of SANE programs in all aspects of care, but findings are tentative.				
Campbell, Wasco, et al., 2001	Female rape victims	102	Interviews	Assess how rape victims' contact with community service providers affects their psychological and physical health
Selected Results: Minority women, victims who knew the perpetrator, those who did not sustain additional physical injury, and those whose rape did not involve a weapon were less likely to have their cases prosecuted than white women, victims who did not know the perpetrator, those physically injured during the rape, and those whose rape involved use of a weapon, respectively.				
Crandall and Helitzer, 2003	Sexual assault victims; health, law, victim services, and prosecution stakeholders	957 victims; 28 stake-holders	Interviews, focus groups, survey, secondary data analysis	Determine the effect of a SANE program at a hospital facility, focusing on four areas: health care, law enforcement, victim services, and prosecution
Selected Results: A significantly greater number of SANE victims filed reports with police and had sexual assault evidence kits collected. In follow-ups, police filed more charges after the SANE program was implemented, and charges filed post-SANE implementation had higher conviction rates and longer average sentences compared with before the SANE program.				

Table 10.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
del Bove and Stermac, 2001	Sexual assault–related court decisions	14	Secondary data analysis	Investigate how trial judges employ expert testimony and third-party records in their court decisions
Selected Results: Defense attorneys were frequently able to access victim records from third parties, which may be due to judges' reliance on court precedent rather than new legislation. When expert witnesses were used, they tended to undermine victim credibility, and those introduced by the prosecution were not as readily accepted by judges. Instead, their use by the prosecution provided the defense with an additional opportunity to examine the victim with its own experts.				
Derhammer et al., 2000	Sexual assault victims	169	Secondary data analysis, interviews	Compare a SANE program with a previous approach that used the emergency room on-call aid administered to victims of sexual assault by on-call obstetricians and gynecologists
Selected Results: The SANE program increased clinical interaction and led to significant improvements in quality indicators, such as completion of evaluation and information gathered relevant to medical-legal issues.				
DuBois et al., 1999	DoD Survey of Sex Roles in the Active-Duty Military respondents who had filed a formal complaint of sexual harassment and for whom there were complete data	403	Secondary data analysis	Examine the influence of victim characteristics and actions, perpetrator characteristics, complaint attributes, and organizational response on victim perceptions of the military's response
Selected Results: Victims with unfavorable perceptions of the military's response to their complaint took more formal actions, had higher status perpetrators, and experienced more frequent harassment, compared with victims with more favorable perceptions. Victim perceptions were more favorable as the number of actions taken by the military to ameliorate the sexual harassment situation increased. The number of actions taken by the military was the most important determinant of victim perceptions.				
Du Mont, Miller, and White, 2007	Social workers	15	Interviews	Document the perceptions of social workers regarding the use of victim impact statements (VISs) in sexual assault cases
Selected Results: The social workers were largely unaware of VIS-related legislative changes, and some incorrectly believed that the VIS could influence a trial's verdict rather than the sentence rendered. Social workers felt that the VIS's primary function was to provide victims with an opportunity to communicate or express how they felt about the assault, whereas victims wanted the VIS to have an impact on how the perpetrator was punished. The social workers did not tend to think that the VIS influenced legal outcomes, however, and instead observed its benefits as being more therapeutic.				
Du Mont and Myhr, 2000	Medical and legal records for female rape victims	187	Secondary data analysis	Examine the influence of victim, perpetrator, and case characteristics on the levying of charges and on assailant conviction
Selected Results: Younger women and women who physically resisted sexual assault were significantly more likely to have charges levied for their cases, as were women who were assaulted by current or previous partners and/or by assailants known for more than 24 hours. Regarding sexual assault convictions, if an assailant used physical force during commission of the assault, a case was almost 3.5 times more likely to result in a conviction.				
Du Mont and Parnis, 2000	Medical and legal records for female sexual assault victims	284	Secondary data analysis	Assess the role of medical evidence in influencing police decisions to levy charges
Selected Results: No medical factors (e.g., presence of sperm, semen, or saliva) had a significant influence on police decisions to lay charges. Nonmedical factors associated with an increased likelihood of charges included victim consumption of alcohol, victim's physical resistance of the assailant, assault by a current or previous partner, assault by a man known for more than 24 hours, and presence of a corroborating witness. In addition, the older the victim, the less likely a charge was levied.				

Table 10.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Du Mont and Parnis, 2003	Nurses employed in sexual assault care centers	118	Survey	Assess whether participation in SANE training accounted for differences in nurse perceptions and practices related to forensic evidence collection
Selected Results: SANE and non-SANE nurses had very different attitudes and approaches to forensic evidence collection. SANE nurses intersected with the legal system much more often than their non-SANE counterparts and had a greater awareness of the role and properties of medical evidence. Nurses who had participated in SANE training were more likely to feel that certain required elements of the Sexual Assault Evidence Kit should not be included and less likely to feel that evidence of physical injury or collection of semen and/or sperm was extremely important for favorable legal outcomes. SANE-trained nurses were more likely to report experiencing dilemmas with respect to their dual role as caretaker and evidence collector.				
Epstein and Langenbahn, 1994	Investigative, legal, medical, and social service organizations	Unspecified	Literature review, statute review, interviews, case studies	Inform investigative, legal, medical, and social service personnel who work with sexual assault victims and on sexual assault–related issues about exemplary organizational and procedural practices in use
Selected Results: The bulk of the report discusses organizational, procedural, and training issues encountered and addressed by 4 key types of organizations: law enforcement agencies, prosecution offices, rape crisis centers, and hospitals. Practices associated with successful collaboration across these types of organizations are also featured.				
Finch and Munro, 2007	Jury-eligible community members	Unspecified in 10 focus groups; 24 mock jurors in simulation	Focus groups, trial simulation	Examine the extent to which victim intoxication influences the trial process and has an effect on the jury's verdict
Selected Results: Across different types of intoxicants, jurors held intoxicated victims at least partially responsible. Juries were more likely to condemn defendents' surreptitious administration of drugs other than alcohol.				
Frazier and Haney, 1996	Police records for female rape cases, and female rape victims	569 rape cases; 90 female rape victims	Secondary data analysis, survey	Assess the level of attrition for sexual assault cases during the legal process, identify factors related to that attrition, and describe victims' experiences with the legal system and their effect on victims' recovery
Selected Results: 22% of the 569 rape cases were referred to prosecution for charges, including 68% of the cases in which suspects were questioned. Of the 125 rape cases referred by police to prosecution, 76% were accepted for charging and 24% were declined. Police decisionmaking, specifically the decision to question suspects, was influenced by four factors. Suspects were more likely to be questioned when there was a witness to the assault, when the assailant was a stranger, when penetration occurred, and when the victim sustained additional injury. Two measures of assault severity—the use of threats by the assailant and additional injuries sustained by the victim—were positively associated with the decision to charge a suspect.				
Frohmann, 1998	Sexual assault cases	25	Observation, interviews	Describe the processes used by prosecutors to manage sexual assault victims during their complaint-filing interview
Selected Results: Prosecutors employ three types of strategies to avoid divergence between prosecutors' and victims' interpretation of assault-related events and preferred solutions: displays of concern, specifying downstream possibilities, and shifting paradigms. The ubiquity and effectiveness of these strategies reflect a power imbalance between the prosecutor and victim, one that may prevent the victim from feeling empowered and engaging as in active participant in her case.				
Gray-Eurom, Seaberg, and Wears, 2002	Sexual assault center records for sexual assault patients	801	Secondary data analysis	
Selected Results: Examine the relationship between forensic evidence gathered during a sexual assault examination and both investigative and legal outcomes Arrests were made for 271 of the 821 cases (33%), and 118 cases were prosecuted (14% of total sexual assaults, or 44% of those that resulted in arrests). Victims under the age of 18, the presence of trauma, and weapon use by the perpetrator all were significantly related to successful prosecution. Cases were more likely to be dropped if the victim was over 18 and if no weapon was used during the assault.				

Table 10.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Horney and Spohn, 1996	Police records for sexual assault cases	662	Secondary data analysis	Assess how victim, perpetrator, and incident characteristics influence case outcomes within the investigative and legal processes
Selected Results: Identification of a suspect was more likely in the event of a simple rape (compared with an aggravated one), when the victim was African-American, when the victim physically resisted the perpetrator, and when the assault occurred in the victim's home. Cases in which the perpetrator had a prior felony conviction and for which there was physical evidence of the crime were more likely to proceed further along in the legal system. Prior felony conviction, physical evidence of the crime, and greater delays in reporting were all associated with a greater likelihood of referring a case to the prosecution.				
Isbell, Tyler, and DeLorenzo, 2007	Female college students	101	Experiment	Identify process-oriented factors that influence whether female jurors rely on or disregard inadmissible evidence in their deliberations
Selected Results: Participants avoided the influence of inadmissible testimony, but only if they had received pretrial instructions. Predeliberation instructions were less effective in this regard.				
Jordan, 2002	Female sexual assault victims	48	Interviews	Consider whether female police officers either are preferred by sexual assault victims or respond differently to sexual assault complaints than their male counterparts
Selected Results: Police officer gender was not the primary factor related to victim satisfaction with their case handling. Professionalism, warmth, and sensitivity were highly valued by victims, and these were not necessarily related to officer gender.				
Jordan, 2004	Police records for sexual assault and rape cases	164	Secondary data analysis	Examine how victim credibility factors into police handling of sexual assault cases
Selected Results: Police tended to review reports of sexual assault with a "mindset of suspicion." Police perceptions of victim credibility appeared to be influenced by the victim's alcohol or drug use, delays in reporting, prior consensual sex with the perpetrator, previous allegations of rape, previous false complaints, severe mental health issues or other intellectual impairments, concealment of key details, and perceived immorality of the victim. The effect of these attributes varied depending on which ones occurred in conjunction with one another and whether there were resultant negative or positive attributions by police.				
Karjane, Fisher, and Cullen, 2002	Institutions of higher education	2,438	Secondary data analysis, surveys, focus groups	Conduct a comprehensive baseline investigation of campus sexual assault policies and procedures
Selected Results: The report is organized around nine major sets of findings: variation in definitions of sexual assault; the existence and publication of policies for campus sexual assault; training for those to whom sexual assaults tend to be reported; on- and off-campus reporting options and procedures for sexual assault victims; resources available for victims' safety, support, medical treatment, and counseling; policies and practices that may hinder reporting of sexual assaults; policies and practices that may facilitate reporting, investigation, and/or prosecution of a sexual assault; on-campus procedures for investigating, adjudicating, and disciplining perpetrators; and punishment for perpetrators.				
Kingsnorth et al., 1998	Legal records for sexual assault cases	365	Secondary data analysis	Determine how racial/ethnic composition of the victim-perpetrator dyad affects legal outcomes in sexual assault cases and identify additional factors that help predict those outcomes
Selected Results: Cases with more witnesses, a perpetrator with prior felony convictions, more severe offenses (as indicated by the number of charges), greater victim cooperation, incriminating statement(s) by the perpetrator, and/or domestic violence were more likely to be accepted for prosecution, while those in which the victim waited more than 12 hours to file a report were less likely to be accepted. Two factors were significantly associated with the decision to go to trial instead of a plea bargain: the number of felony charges associated with the case and the perpetrator's prior felony convictions. The principal conviction count and two proxies for case severity—the presence of aggravating circumstances and the number of conviction counts—helped to explain cases that resulted in a prison sentence instead of jail time. The same three factors also predicted sentence length.				

Table 10.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Kingsnorth, MacIntosh, and Wentworth, 1999	Legal records for sexual assault cases	467	Secondary data analysis	Assess the impact of a prior victim-perpetrator relationship and victim characteristics on legal outcomes
Selected Results: Cases were more likely to be fully prosecuted, regardless of victim-perpetrator relationship type, when the victim cooperated during prosecution and supporting witnesses were available. Factors that affected the likelihood of prosecution only for cases involving a perpetrator known by the victim included degree of victim injury, incriminating remarks by the perpetrator, number of arrest charges, the time interval between the assault and the victim report, and victim age. Whether the perpetrator was a stranger or nonstranger also accounted for differences in the factors that predicted whether a case went to trial. In addition, the older the victim, the longer the sentence length, while a prior relationship between the victim and perpetrator and negative victim characteristics (a composite measure that included items such as use of alcohol, possible involvement in prostitution, being alone in a bar) were related to shorter sentences.				
Konradi, 1996	Female rape victims	32	Interviews	Identify strategies that victims use to prepare for court appearances and factors that may explain variation in how intensely victims prepare for such appearances
Selected Results: Victims use six types of strategies to prepare for their time on the witness stand: appearance work, rehearsal, emotion work, team building, role research, and case enhancement. Most of the victims in the study engaged in two or fewer of these activities or strategies. Victims' knowledge of legal processes, cultural views toward rape, belief that they could influence the legal process, and the nature and extent of their interaction with legal personnel all affect the intensity with which victims prepare for their court appearances.				
Konradi, 1997	Female rape victims who testified in court	32	Interviews	Describe prosecutors' behavior toward and interactions with rape victims between charging and court events
Selected Results: Prosecutors shared 20 different types of information, or pointers, with victims in preparation for court events, which fell into three broad categories: directives to orient the rape victim to the requirements of the witness role, guidance intended to enhance the credibility of the victim's account of the incident, and strategies geared toward enhancing the victim's credibility as conveyed by her self-presentation. Victims were better prepared for trials than for probable cause hearings. Three preparation patterns emerged: Prosecutors (1) tailor their victim preparation efforts to suit the nature of the court event, (2) may limit their interaction with a victim due to beliefs that she cannot comprehend the criminal justice system and that the court process has a significant emotional effect on her, and (3) tend to focus their victim-preparation activities on the court event with the greatest potential impact on their own career, the trial itself.				
Koss, 2006	Literature on victims, victim advocates, health care providers, investigators, and the legal system	N/A	Literature review	Identify victims' needs and assess how well the community, the justice system in particular, responds to them
Selected Results: Five topics are covered in this review: health care and criminal justice needs created by sexual assault; the range of formal support providers that assist victims; the ability of current criminal and civil justice options to satisfy victims' justice needs; agreement between restorative justice elements and the anti-rape movement's values and priorities; and a call to action to those working to end sexual assault. The author emphasizes an evaluation of justice system processes, including reporting, prosecution, trials, civil tort options, non-tort civil actions, and legal reforms. Other sections of the review pertain to revictimization before and during a trial, and victim-centered justice options, ranging from charging decision–related changes to restorative justice.				

Table 10.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Lang and Brockway, 2001	Stakeholders from criminal justice system, medical system, victim advocacy organizations, and other	Not specified	Not specified	Identify barriers to service and justice for sexual assault victim, suggest ways to reduce those barriers, and devise strategies to implement the solutions developed by the task force
Selected Results: The report is divided into four sections, in which both important issues and recommendations are briefly summarized. The prevention section describes developing a larger coordinated system and working with the media. The victim services section describes needed services, collaboration and cooperation needs, reaching underserved populations, and service accessibility. Issues outlined in the medical system section pertain to coordination across disciplines, mandated reporting of sexual assault, training, forensic nurse examiner programs, drug and alcohol facilitated assault, SAFE collection kits, and evidentiary exams. The last section, on the criminal justice system, covers a statewide law enforcement protocol for sexual assault cases, training, prosecution, court practices, sex offender treatment and management, DNA-based arrest warrants, assaults of adolescents, assaults of people with disabilities, Michigan's rape shield law and rules of evidence, and legislative issues.				
Logan et al., 2005	Women	30	Focus groups	Identify barriers to rape support–related services for both rural and urban rape victims
Selected Results: Barriers to criminal justice services were related to limited police availability, politics (in rural areas only), lack of priority of rape cases, revictimization by the system, lack of efficacy, fear of police and perpetrator retaliation, and police and criminal justice attitudes.				
Lonsway, Welch, and Fitzgerald, 2001	Police recruits	608	Experiment, survey	Evaluate an experimental training program for police responding to sexual assault
Selected Results: Specialized training for police handling of sexual assault cases was effective in improving behavioral outcomes but not cognitive or attitudinal ones.				
Lord and Rassel, 2004	Law enforcement agencies	34	Case studies based on site visits and interviews	Compare the practices used by law enforcement agencies for sexual assault investigations against widely accepted standards for agency effectiveness and identify how agency-level factors influence investigation tactics
Selected Results: The majority of agencies accepted third-party and blind reports, conducted multiple interviews with victims, safeguarded victim confidentiality, and provided specialized sexual assault training, but few had specialized units for sexual assault crimes or guidelines for sexual assault investigators or units. A small number of agencies had victim advocates, codified procedures, or trained police officers dispatched first to a rape scene. A strong relationship with rape crisis center personnel was associated with three practices: the existence of written procedures, specialized investigators or units, and acceptance of blind reports.				
Martin and Powell, 1994	Law enforcement, health, and legal organizations involved in processing rape victims	130	Interviews, observations	Assess how unresponsive organizations are in handling rape victims and to identify causes of such unresponsiveness
Selected Results: Some organizations, particularly legal ones, are unresponsive to rape victims due to organizational mission (e.g., prosecution must represent the state's interests) and, more generally, to a tendency to treat victims as witnesses to rape rather than individuals recovering from an assault.				
McDonald and Kline, 2004	Male and female college students	300	Survey with vignettes	Evaluate how respondent gender and the language used to describe a date rape incident influence recommendations for perpetrator punishment
Selected Results: Students who reviewed vignettes with language that diffused responsibility between the victim and perpetrator recommended more lenient punishment than students who reviewed vignettes containing active language (in which the man was distinctly specified as the agent of the act) or passive language (in which events were reported without an agent). Male students tended to recommend more lenient punishment than female students.				

Table 10.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
McGregor et al., 1999	Medical, police, and legal records for sexual assault victims	95	Secondary data analysis	Determine the relationship between physical injury and the laying of charges and identify additional factors associated with this investigative outcome
Selected Results: Cases in which the perpetrator knew the victim, the victim suffered from moderate to severe injury (i.e., injuries that affect functioning to some degree), and the victim's income level was higher than the local median were more likely to result in charges filed.				
McGregor, Du Mont, and Myhr, 2002	Medical, police, and legal records for sexual assault victims	462	Secondary data analysis	Better understand how victim characteristics, medical and forensic evidence, and sexual assault characteristics are related to the laying of charges and the conviction of the perpetrator
Selected Results: Perpetrators known by the victim and multiple perpetrators both increased the odds that charges were filed, as did a clinical injury score of mild, moderate, or severe and documentation in police records that forensic samples collected by a medical examiner had been received. The only factor significantly associated with conviction was a clinical injury score of severe.				
Monroe et al., 2005	Sexual assault victims who received treatment at sexual assault centers	125	Interviews	Assess the experiences, needs, and recommendations of sexual assault victims treated at Maryland sexual assault centers
Selected Results: 31% of interviewees indicated they would or did file charges against the perpetrator, and 46% of those who filed charges were dissatisfied with the police interview.				
Nugent-Borakove et al., 2006	Legal records for SANE/SART and non-SANE/SART sexual assault cases	530	Secondary data analysis	Assess the influence that SANE/SART programs have on investigative and legal outcomes
Selected Results: SANE/SART cases were reported more promptly, featured more evidence, and had more victim cooperation. SANE/SART cases were also more likely to result in arrests, charges filed, and convictions. Victim-perpetrator relationship and victim cooperation were the strongest determinants both of the likelihood of arrest and of conviction.				
Parnis and Du Mont, 2002	Nurses, physicians, police, and forensic scientists	8 nurses; 6 physicians; 51 police ; 2 forensic scientists	Survey, interviews	Determine the degree to which standard guidelines in the collection and processing of medicolegal evidence were adhered to by health care and investigative professionals
Selected Results: When asked to specify the conditions under which they would encourage an assaulted woman to complete a Sexual Assault Evidence Kit (SAEK), police responses differed greatly. In addition, police indicated there were contexts in which they would discourage a sexually assaulted woman from completing an SAEK.				
Parnis and Du Mont, 2006	Police officers, forensic scientists, SANEs, physicians, and nurses	Not provided	Survey, interviews, focus groups	Consider how different values and interpretations can shape the standard practices used to collect and process the medical forensic evidence that comprises rape kits
Selected Results: The nature of rape kit procedures as well as the agencies employing the results are subject to varied, narrow, profession-specific values and interpretations. The variety of interpretations in turn can lead to multiple interpretations of the meanings of these rape kits along the evidentiary chain—or in other words, the movement of evidence from the medical setting to the law enforcement context to the judicial realms.				

Table 10.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Payne, 2007	Sexual assault crisis center workers	44	Survey	Identify barriers to collaboration between victim advocates and various groups of formal support providers: law enforcement, criminal justice, health care, mental health, victim or witness programs, and social services
Selected Results: Overall, respondents indicated more problems working with law enforcement and criminal justice professionals than with health care professionals.				
Rumney, 2008	Male sexual assault victims who disclosed the assault	5	Interviews	Augment and summarize the small body of research on the treatment of male sexual assault victims by the criminal justice system
Selected Results: Evidence for a potential disparity in how the criminal justice system handles male and female rape complaints was inconclusive.				
Sampson, 2002	Literature on acquaintance rape victims and perpetrators	N/A	Literature review	Improve law enforcement agencies' prevention programs for and response to acquaintance rape
Selected Results: An overview of research findings is presented related to the following topics: victim underreporting, types of acquaintance rape, risk factors associated with acquaintance rape, victim injuries (both physical and psychological), repeat victimization, repeat offense, societal attitudes about acquaintance rape, the role of alcohol, and the role of membership in fraternities and athletic teams.				
Schuller and Stewart, 2000	Police officers	212	Survey with vignettes	Examine how intoxication influences police response to sexual assault
Selected Results: Police officers' gender was significantly related to their assessments of perpetrator and victim credibility (but in different directions), attributions of blame on the victim, evaluations of the victim's claim, perceptions of guilt, and the response to the complaint. Perceptions of victim intoxication were also significantly related to police assessments of victim credibility, attributions of blame on the victim, and evaluations of the victim's claim. Police officers' gender, their perception of victim credibility, and perception that the perpetrator would be found guilty in a court of law were the only three factors that predicted the likelihood of charges.				
Schuller and Wall, 1998	Men and women	152	Experiment	Examine how juror decisions in sexual assault trials may be affected by juror gender, personal rape beliefs, and alcohol consumption by the victim and/or the perpetrator
Selected Results: For scenarios in which the victim was intoxicated, she was less likely to be perceived as credible and the perpetrator was less likely to be viewed as guilty. When the perpetrator consumed alcohol, mock jurors were more inclined to regard him as less credible and as guilty.				
Scott and Beaman, 2004	Police records for sexual assault cases	108	Secondary data analysis	Assess the influence of victim, perpetrator, and situation characteristics on the likelihood of victim injury, victim resistance, completion of the sexual assault, and the filing of charges
Selected Results: Charges were more likely to have been filed when the perpetrator was under the influence of drugs or alcohol and the victim knew the perpetrator, and less likely to have been filed if the sexual assault had been completed.				
Sloan, 1995	Rape crisis centers	83	Survey	Describe the use of polygraph examinations on sexual assault victims
Selected Results: 76% of the centers reported that sexual assault victims were subject to polygraphs. Roughly one-fourth to two-fifths of the centers indicated negative consequences to the victim as a result of the polygraph. For example, 22% of the centers indicated that a victim was told he or she would go to jail if he or she failed the polygraph, and 39% of them reported that a victim opted to drop sexual assault charges as a result of his or her polygraph experience.				

Table 10.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Spears and Spohn, 1997	Legal records for sexual offense cases	321	Secondary data analysis	Assess the influence of evidence, victim, perpetrator, and case characteristics on the prosecution's charging decision
Selected Results: The only significant determinants of the prosecution's charging decision were victim characteristics: Charges were more likely to be filed if there were no questions about the victim's moral character, no risk-taking behavior by the victim at the time of the assault, or if the victim was age 14 or older.				
Spohn et al., 2002	Police and legal records for sexual assault cases that were cleared via arrest	666	Secondary data analysis, interviews	Examine prosecutor's charging decisions in sexual assault cases
Selected Results: Findings pertain to five major topics: factors affecting charging decisions in sexual assault cases; the effect of victim characteristics on different types of rape (simple or aggravated); the impact of victim-perpetrator relationship type on charging decision criteria; prosecutorial justification for case rejection; and the impact of a special unit for sexual assault case prosecution.				
Spohn, Beichner, and Davis-Frenzel, 2001	Police and legal records for sexual battery cases cleared via arrest	140	Secondary data analysis, interviews	Identify and understand the factors that influence prosecutors' sexual assault case charging decisions
Selected Results: Prosecutors rejected charges for 41% of sexual assault battery cases at their initial screening. Justifications for rejection include discrepant accounts; incongruities between the victim's account and the prosecutor's knowledge of typical rape behavior; ulterior victim motives; difficulties locating the victim; lack of victim cooperation; and the victim recanted. Prosecutors were more likely to file charges if the victim was younger, the victim and the suspect were either acquaintances or intimate partners (rather than strangers), if a weapon was used, or if the victim suffered additional injury. They were less likely to file charges if there were questions about the victim's moral character or risk-tasking behaviors at the time of the incident.				
Spohn and Holleran, 2001	Police and legal records for sexual assault cases that were cleared via arrest	526	Secondary data analysis	Compare significant factors related to charging decisions in cases involving strangers, acquaintances, and intimates
Selected Results: For all types of cases, prosecutors were more likely to file charges if there were no questions about the victim's character or risk-taking behavior, the suspect had prior felony convictions, and physical evidence was available. Prosecutors' decisionmaking criteria varied by the type of victim-perpetrator relationship. While physical evidence was a significant predictor for all three types of relationships, victim race/ethnicity and use of a weapon were only significant for assaults involving a stranger; questions about the victim's moral character and the perpetrator's prior felony convictions were only significant when the perpetrator was an acquaintance; and victim physical resistance and physical injury were only significant when the perpetrator was an intimate partner. Victim risk-taking behavior also was an important predictor for both cases in which the victim already knew the perpetrator.				
Wall and Schuller, 2000	Male and female jury-eligible college students	323	Survey with vignette	Examine how victim and perpetrator intoxication influences mock juror perceptions
Selected Results: Alcohol use by either the perpetrator or the victim prior to an alleged sexual assault influences mock juror case perceptions of the two parties and their evaluation of the case. Views about perpetrator guilt varied based on who was drinking at the time of the assault and the level of intoxication.				
Wiley et al., 2003	Sexual assault cases handled at an emergency medical facility	396	Secondary data analysis	Assess the influence of sexual assault victim and situation characteristics on legal outcomes
Selected Results: A legal outcome (one of five possible options, ranging from decline to prosecute to guilty verdict) was more likely in cases in which a physical exam was performed, the victim presented herself within 24 hours of the assault, the perpetrator was the victim's partner or spouse, the assault involved oral penetration, or the victim exhibited anogenital trauma. A legal outcome was less likely in cases in which the victim had amnesia or the perpetrator was the victim's friend or acquaintance.				

Table 10.1—Continued

Source	Sample	N	Method(s)	Study Purpose/Objective
Wilson and Klein, 2005	Criminal justice records for sexual assault cases	200	Secondary data analysis	Evaluate the Rhode Island SART in terms of both victim utilization and its relationship with legal outcomes
Selected Results: Findings pertain to how SART operates, its coordination with the criminal justice system in particular; to the characteristics of SART clients; and to SART's potential influence on legal outcomes such as charging decisions and case dismissals. For instance, victims who seek SART services were more likely to have had a forensic exam and less likely to have been assaulted by a stranger or to have received an initial finding of probable cause from police. Study results did not support a relationship between the SART programs and any legal outcome.				

Annotated Bibliography

Abbey, Antonia, "Alcohol-Related Sexual Assault: A Common Problem Among College Students," *Journal of Studies on Alcohol*, Supplement No. 14, March 2002, pp. 118–128.

Sexual assault is a common phenomenon among college students, and in at least half of the cases alcohol is consumed by the perpetrator, the victim, or both. This study aggregated research on the role that alcohol plays in college students' sexual assault experiences. To do so, the authors examined both sexual assault literature and literature that examined alcohol's effects on aggressive and sexual behavior. First, the author presents information about the prevalence of sexual assault and alcohol-related cases among college students. She then details theories about how alcohol contributes to sexual assault. The research indicates that alcohol's effects, specifically on a person's psychological, cognitive, and motor skills, increase the likelihood of sexual assault. It can be concluded, then, that alcohol consumption by the perpetrator and/or the victim contributes to sexual assault cases. The author notes gaps in existing research, offers recommendations for college sexual assault prevention programs, and discusses future policy issues.

Abbey, Antonia, "Lessons Learned and Unanswered Questions About Sexual Assault Perpetration," *Journal of Interpersonal Violence*, Vol. 20, No. 1, 2005, pp. 39–42.

This article asserts that the most important lesson learned about sexual assault since the mid-1980s is how prevalent it is. Prior research has indicated that one-third of college men have said they would be willing to commit sexual assault, absent negative consequences. Additionally, the author cites research showing that as many as one-fourth of men have verbally or physically coerced sex. She highlights selected sexual assault research from the past 50 years and notes that the past 20 years of research has shown that "normal" individuals often perpetrate interpersonal violence, including sexual assault. The author proposes that this finding illustrates how cultural norms regarding gender roles and violence toward women have made sexual assault more acceptable to a significant portion of the male population. She also notes the lack of improvement in sexual assault prevention measures for both women and men during the past 20 years. She suggests the use of computer-assisted interviews to improve reporting rates, as preliminary research has shown that people are more likely to report both embarrassing and illegal actions on a computer than in an interview or written survey.

Abbey, Antonia, Philip O. Buck, Tina Zawacki, and Christopher Saenz, "Alcohol's Effects on Perceptions of a Potential Date Rape," *Journal of Studies on Alcohol*, Vol. 64, No. 5, September 2003, pp. 669–677.

This study examined the effect of alcohol consumption, alcohol expectancies, and self-reported alcohol expectancies on college students' perception of potential date rape situations. The 90 female and 90 male college students who participated in this study ingested alcoholic beverages, nonalcoholic beverages, or a placebo beverage. After consuming their drinks, each student responded to a written storyline of a man and woman drinking together at a party. The storyline ended with the woman saying "no" to increasing sexual advances. Male and female participants' responses were similar. The participants who consumed alcohol were more likely to think the female character was sexually aroused. The more positive their attitudes about casual sex, and the more sexually aroused they believed the woman was, the more likely respondents were to think the male character had acted appropriately. The study is important because it not only highlights the way alcohol disrupts cognitive processing of information, but also emphasizes that prevention programs should teach students about recognizing cues, especially when one or both of the parties are intoxicated.

Abbey, Antonia, A. Monique Clinton-Sherrod, Pam McAuslan, Tina Zawacki, and Philip O. Buck, "The Relationship Between the Quantity of Alcohol Consumed and the Severity of Sexual Assaults Committed by College Men," *Journal of Interpersonal Violence*, Vol. 18, No. 7, July 2003, pp. 813–833.

This article explores the relationship between quantity of alcohol consumed and sexual assault characteristics. The authors surveyed a convenience sample of 113 college men who reported committing a sexual assault. They asked the men to report their own and victims' alcohol consumption during the sexual assault, the severity of the assault, aggressiveness during the assault, and victim resistance. For perpetrators, the authors found a linear relationship between the quantity of alcohol consumed and the amount of aggression used, and they found a curvilinear relationship between the quantity of alcohol consumed and the type of sexual assault committed. This means that increased alcohol use by perpetrators was associated with increased aggression, and moderate alcohol use was associated with the highest levels of sexual assault. For victims, the authors found a linear relationship between the quantity of alcohol consumed and the severity of sexual assault. This means that increased alcohol use by victims was associated with increased severity of assault. Additionally, the more intoxicated the perpetrator, the more the victim tended to resist the attack. The results are exploratory, given the small sample size, but they extend past research that focused on whether (rather than how much) alcohol was consumed during sexual assault.

Abbey, Antonia, and Richard J. Harnish, "Perception of Sexual Intent: The Role of Gender, Alcohol Consumption, and Rape Supportive Attitudes," *Sex Roles*, Vol. 32, No. 5, 1995, pp. 297–313.

This study evaluated the role and impact of participants' gender and beliefs about rape on their perceptions of a target's sexual intent, given a target's alcohol consumption. One of the study's main hypotheses was that men generally perceive more sexuality in female targets than would women. To test this and other hypotheses, the authors relied on over 400 undergraduate students (approximately 300 women and 100 men) studying at a large Midwestern university. The participants were assigned randomly to different vignettes, each involving a man and woman socializing with each other, to assess their attitudes about rape and gender roles. Findings included that men perceived more sexual intent in female targets than did female participants. Participants tended to disagree with rape myths, but those who were more accepting of rape myths also perceived vignette characters more sexually. Both male and female targets were considered most sexual by the opposite sex when both had been drinking alcohol. Alcohol consumption was perceived as most suitable when both were drinking and least acceptable when only the woman drank alcohol. Further, men were perceived as more likely to initiate sexual intercourse, but both men and women were perceived as likely to initiate sexual activity when they consumed alcohol together. The authors suggest that shared alcohol consumption may be misperceived as a sexual cue.

Abbey, Antonia, and Pam McAuslan, "A Longitudinal Examination of Male College Students' Perpetration of Sexual Assault," *Journal of Consulting and Clinical Psychology*, Vol. 72, No. 5, October 2004, pp. 747–756.

The goal of this study was to see whether repeat sexual assaulters reported more extreme scores on measures of hostility toward women, delinquency, sexual experiences, and drinking in sexual situations than non-assaulters and men who committed sexual assault at only one time period. The authors surveyed 197 college men at two time points one year apart. They compared the results for those who reported sexual assault at both time periods, those who reported assault at only one of the two time periods, and those who never reported sexual assault. They found that repeat assaulters had the most extreme scores, compared with non-assaulters and assaulters at only one time period, on measures of hostile gender beliefs, delinquency, past sexual experiences, and alcohol consumption in sexual situations. Non-assaulters had the least extreme scores, and assaulters at only one time period had scores that fell in the middle. Those who committed assault at both time periods were less likely to express remorse than men who committed assault at only time one. The findings suggest the importance of early prevention and intervention.

Abbey, Antonia, Pam McAuslan, and Lisa Thomson Ross, "Sexual Assault Perpetration by College Men: The Role of Alcohol, Misperception of Sexual Intent, and Sexual Beliefs and Experiences," *Journal of Social and Clinical Psychology*, Vol. 17, No. 2, Summer 1998, pp. 167–195.

This study investigated the link between alcohol and sexual assault by providing empirical evidence to an existing theoretical model. It explains one series of pathways that link alcohol and sexual assault. The authors hypothesized that a man's beliefs about and experiences with dating and alcohol can work together to raise the chances that the man would misperceive a woman's sexual intent. The authors surveyed 798 male undergraduate students about their dating and sexual experiences, rape-supportive beliefs, alcohol expectancies, and usual alcohol consumption. The more dating and sexual experience men had, the more frequently they had misperceived a woman's intentions, the greater their alcohol consumption, and the more assaults they had perpetrated. The research indicates that alcohol increases the chance of a man incorrectly perceiving a woman's intentions as sexual; the more often men misperceived women's intentions, the more often they perpetrated sexual assault. The authors recommend that more sexual assault education and treatment programs be designed specifically for and targeted at men, and that the programs begin by middle school, when peer pressure about sexuality and alcohol appears.

Abbey, Antonia, Pam McAuslan, Tina Zawacki, A. Monique Clinton-Sherrod, and Philip O. Buck, "Attitudinal, Experiential, and Situational Predictors of Sexual Assault Perpetration," *Journal of Interpersonal Violence*, Vol. 16, No. 8, August 2001, pp. 784–807.

This study explored whether individual and situational factors could distinguish between perpetrators and nonperpetrators, and, for perpetrators, whether these factors could distinguish between forced sexual contact, sexual coercion, and rape. The authors surveyed 343 college men about either a sexual assault they had committed (if they had committed one) or their worst date. The men were also asked to fill out measures of sexual experiences and attitudes, gender attitudes, and alcohol attitudes. Sexual coercions and rapes were more likely to occur with a steady dating partner; forced sexual contacts were equally likely to occur with a casual or steady dating partner; and worst dates were more likely to occur with a casual date. Sexual assaults were more likely than worst dates to include time spent at either the man's or woman's home, rather than restaurants or movies. Alcohol consumption occurred most often during rapes. The authors found that attitudes about hostility toward women, the acceptability of verbal pressure, and alcohol's enhancement of sex drives differed between perpetrators and nonperpetrators. The results imply that individual and situational characteristics, especially alcohol expectancies, are important to consider in sexual assault prevention activities.

Abbey, Antonia, Michele R. Parkhill, Renee BeShears, A. Monique Clinton-Sherrod, and Tina Zawacki, "Cross-Sectional Predictors of Sexual Assault Perpetration in a Community Sample of Single African American and Caucasian Men," *Aggressive Behavior*, Vol. 32, No. 1, January–February 2006, pp. 54–67.

This study surveyed 163 unmarried men from a large metropolitan community to explore the prevalence and risk factors for sexual assault perpetration. Twenty-five percent of the sample reported committing an attempted or completed rape after the age of 14. In addition, 39 percent reported perpetrating some other form of sexual assault, such as forced sexual contact or verbal coercion. Factors associated with sexual assault were childhood sexual abuse, adolescent delinquency, alcohol problems, sexual dominance, positive attitudes about casual sexual relationships, pressure from peers, and prior perpetration. The findings were similar for African-American and Caucasian subjects.

Abbey, Antonia, Michele R. Parkhill, A. Monique Clinton-Sherrod, and Tina Zawacki, "A Comparison of Men Who Committed Different Types of Sexual Assault in a Community Sample," *Journal of Interpersonal Violence*, Vol. 22, No. 12, December 2007, pp. 1567–1580.

This study surveyed 163 men from a large urban community to find predictors of different types of sexual assault. Perpetrators of assault that qualifies as rape were more likely than nonperpetrators to register lower scores on empathy and adult attachment, have higher expectations for having sex earlier in a relationship, have positive responses to attitudes about casual sex, stronger sexual dominance motives, more frequent alcohol consumption in sexual situations, and peer approval of forced sex. Nonoffenders differed significantly from perpetrators on these scores, in the expected directions, while scores for perpetrators of lesser sexual assault were in between the other two types of offenders. Adolescent delinquency was not a predictor of sexual assault. Sixty percent of those who had committed any assault had committed multiple assaults.

Abbey, Antonia, Lisa Thomson Ross, Donna McDuffie, and Pam McAuslan, "Alcohol and Dating Risk Factors for Sexual Assault Among College Women," *Psychology of Women Quarterly*, Vol. 20, No. 1, March 1996, pp. 147–169.

This study examined the relationships between alcohol, dating, and both consensual and nonconsensual sex. The authors surveyed 1,160 college women about their dating and consensual sexual experiences, sexual assault experiences, and alcohol consumption. They found that over half of the sample had experienced some sexual assault, and that their dating experiences, sexual experiences, and alcohol consumption during sexual experiences predicted sexual assault group status; almost all of the sexual assaults were committed by someone the woman knew, and most often the completed or attempted rape had occurred when the perpetrator, the victim, or both, had consumed alcohol. The authors also found that alcohol consumption during consensual sex was positively related to alcohol consumption during sexual assault. The authors suggest that sexual assault prevention programming should describe the range of circumstances under which sexual assault

occurs and that programming for sexual assault prevention and alcohol abuse prevention should be combined.

Abbey, Antonia, Tina Zawacki, and Philip O. Buck, "The Effects of Past Sexual Assault Perpetration and Alcohol Consumption on Men's Reactions to Women's Mixed Signals," *Journal of Social and Clinical Psychology*, Vol. 24, No. 2, March 2005, pp. 129–155.

This study examined theories regarding perceiving and misperceiving sexual intent, cognitive distortions among perpetrators, and alcohol's impact on cognition during rape. The authors conducted an experiment with 153 male college students that compared self-acknowledged rapists', verbal coercers', and nonperpetrators' perception of a female peer. The participants were told that the study focused on the effects of food, alcohol, and topics of conversation, and the experiment was conducted such that the male participants did not realize the female confederates were not also study participants. Participants each consumed alcohol, a nonalcoholic beverage, or a placebo beverage. The female confederate in the study provided predetermined positive and negative cues at different times during the discussion. After the discussion, the participants completed measures of perceptions of sexual intent. Self-acknowledged rapists and verbal coercers both reportedly felt more sexually drawn to the woman than did the nonperpetrators. Rape perpetrators thought that the woman behaved more sexually and were more interested in being in another study with their partner, as compared with the other participants. Verbal coercers' scores were higher on these two measures than were the scores of nonperpetrators. All participants who consumed alcohol perceived themselves and their partner as acting more sexually than the sober participants. The authors suggest that programs that focus on communication processes and decoding cues from women would be beneficial. More specifically, the authors believe that communication programs that involve role-playing exercises and provide individual feedback based on deficits demonstrated might be more effective for sexual assault perpetrators.

Abbey, Antonia, Tina Zawacki, Philip O. Buck, A. Monique Clinton, and Pam McAuslan, "Alcohol and Sexual Assault," *Alcohol Research & Health*, Vol. 25, No. 1, 2001, pp. 43–51.

This article summarizes the knowledge of the relationship between alcohol consumption and sexual assault. It describes several ways that alcohol consumption may encourage sexual assault. The most common study methods to address this issue include surveying victims and perpetrators and using laboratory studies to examine alcohol's effects on human behavior. The authors argue that these methods tell an incomplete story by themselves and, therefore, must be used in combination. Alcohol consumption has been linked with assault perpetration through several pathways. First, when men drink heavily in social situations, it can lead to assault. Second, heavy drinkers may use alcohol as an excuse for unacceptable behavior. Third, there may be personality characteristics that contribute both to drinking and to committing sexual assault. The study also discusses research on alcohol consumption by sexual assault victims as well as the effect of alcohol on cognitive and motor skills and the relationship between this effect and sexual assault.

The authors suggest that the design of future prevention programs would benefit from laboratory research on the way in which alcohol worsens communication between the victim and perpetrator and influences the cognitive and affective responses of men and women to sexual disagreements.

Abbey, Antonia, Tina Zawacki, Philip O. Buck, A. Monique Clinton, and Pam McAuslan, "Sexual Assault and Alcohol Consumption: What Do We Know About Their Relationship and What Types of Research Are Still Needed?" *Aggression and Violent Behavior*, Vol. 9, No. 3, May–June 2004, pp. 271–303.

This article focuses on the link between alcohol and sexual assault, although this link is described in the context of general sexual assaults so that the authors can contrast and determine the unique characteristics of alcohol-involved assaults. The study is mostly a review of existing literature and surveys on alcohol's role in sexual assault and an identification of the types of research still needed to develop future prevention programs. After evaluating competing definitions of sexual assault and existing sexual assault surveys, the authors turn their attention to theoretical explanations for the relationship between alcohol and sexual assault. The authors argue that a causal relationship between alcohol consumption and sexual assault is not confirmed by the fact that a high percentage of men who commit sexual assault were drinking alcohol. Instead, such factors as different life experiences (e.g., witnessing parental violence in childhood) or personality characteristics (e.g., narcissism) can lead men to both drink and commit sexual assault. Therefore, both alcohol consumption and sexual assault are motivated by a variety of other factors. Likewise, the authors review research on victims' personality characteristics, attitudes, and experiences, but find that such factors are relatively weak predicators of their likelihood of being sexually assaulted. The article summarizes existing alcohol and sexual assault research and, therefore, contributes to the understanding of the causes, circumstances, and consequences of sexual assault. It places particular emphasis on pointing out the existing knowledge gaps and unanswered questions concerning alcohol's role in sexual assault.

Acierno, Ron, Matt Gray, Connie Best, Heidi Resnick, Dean Kilpatrick, Ben Saunders, and Kristine Brady, "Rape and Physical Violence: Comparison of Assault Characteristics in Older and Younger Adults in the National Women's Study," *Journal of Traumatic Stress*, Vol. 14, No. 4, 2001, pp. 685–695.

The authors excerpted data on 3,218 women from the National Women's Study to examine differences between assaults recently perpetrated on younger women (age 18–35) and those perpetrated in the distant past on older women (age 55–89) when they were younger. Although younger women were more likely to have perceived their life to be threatened during the assault, many other characteristics of the context or circumstances of the assault did not vary significantly between groups, including whether the victim had seen the perpetrator before, whether the event was one in a series, whether the victim or perpetrator was under the influence of a substance, whether the victim experienced injury, and whether the event was reported to authorities. The reported prevalence of assaults was greater among younger women than older women.

Acierno, Ron, Heidi S. Resnick, Amanda Flood, and Melisa Holmes, "An Acute Post-Rape Intervention to Prevent Substance Use and Abuse," *Addictive Behaviors*, Vol. 28, No. 9, 2003, pp. 1701–1715.

This study evaluated a video intervention intended to minimize anxiety during forensic rape examinations and reduce substance use and abuse following rape. Participants included 124 female rape victims presenting for forensic rape examinations at a medical center. The participants were randomly divided, and half the group watched a 17-minute video before they were examined. The video featured two components: a portion that described the examination in detail to reduce preexamination anxiety and distress, and a section on psychological coping mechanisms to prevent post-assault emotional distress and substance abuse. The video was designed to be implemented within hours of the assault, to address the fact that a large majority of rape victims do not attend post-rape counseling. Six weeks later, all participants were evaluated using structured clinical interviews. Women in the intervention group with a prior history of alcohol or marijuana use reported less substance abuse at six weeks. The results suggest that the video may lead to better outcomes following rape examinations.

Acierno, Ron, Heidi Resnick, and Dean G. Kilpatrick, "Health Impact of Interpersonal Violence: Prevalence Rates, Case Identification, and Risk Factors for Sexual Assault, Physical Assault, and Domestic Violence in Men and Women," *Behavioral Medicine*, Vol. 23, No. 2, Summer 1997, pp. 53–64.

This literature review discusses prevalence rates, the role of health professionals in identifying cases of assault-related illness, and factors that place individuals at increased risk of assault. The authors note that prevalence rates are inconsistent across studies due to the variety of definitions of assault-related terms, such as those for *rape*. The range of lifetime prevalence among women for rape was between approximately 3 and 15 percent, and the lifetime rate of physical assault was 7 to 12 percent. College women and Caucasian women are at greater risk for sexual assault. Youth are also more at risk of sexual assault, with the majority of assaults happening before the age of 18. Regarding the role of health professionals, the authors draw from numerous studies to show that patients rarely report sexual assault to medical professionals unless questioned directly and that doctors are reluctant to ask patients about sexual assault, although it appears that patients would welcome such inquiries.

Addington, Lynn A., and Callie Marie Rennison, "Rape Co-Occurrence: Do Additional Crimes Affect Victim Reporting and Police Clearance of Rape?" *Journal of Quantitative Criminology*, Vol. 24, No. 2, 2008, pp. 205–226.

The authors used two national datasets to assess the extent to which rape co-occurs with property and violent crimes and whether this type of co-occurrence influences the frequency with which rape is reported to and cleared by police. Statistical analysis of 396 cases from the National Criminal Victimization Survey (1993–2004) and 22,876 cases from the Uniform Crime Reporting Program's National Incident-Based Reporting System (2002) revealed that a small percentage of rapes co-occur with other serious crimes. The

authors found that rapes committed in conjunction with another crime were more likely to involve weapons, strangers, additional injury to victims, and multiple offenders than solo-occurring rapes. Further, rapes that co-occured with other crimes were more likely to be reported to and cleared by police. The authors also discuss findings related to victim and perpetrator characteristics (e.g., rape co-occurrence was more likely when the victim was older, white, or owned a home). This study is of particular value because it documents how often rape is committed in conjunction with other crimes and how that co-occurrence affects both reporting and police clearance.

Ahlmeyer, Sean, Peggy Heil, Bonita McKee, and Kim English, "The Impact of Polygraphy on Admissions of Victims and Offenses in Adult Sexual Offenders," *Sexual Abuse: A Journal of Research and Treatment*, Vol. 12, No. 2, 2000, pp. 123–138.

This study evaluated the accuracy and usefulness of polygraph examinations administered to sexual offenders. Two polygraph examinations were administered to 35 inmates and 25 parolees within the Colorado Department of Corrections systems. The authors compared the number of victims and offenses disclosed in the first polygraph with that disclosed in the second polygraph as well as with two other data sources collected prior to the polygraph experiment: the Presentence Investigative Report and the Sexual History Disclosure Form. Significant differences were observed across the four data sources, and the overall trend was linear and increasing. In other words, there was a significant decline in information across sources, particularly between the first and second polygraph. In addition, a high rate (80 percent) of deception was observed in the polygraph examinations. Overall, the study aims to help practitioners to use polygraph testing more effectively.

Ahrens, Courtney E., "Being Silenced: The Impact of Negative Social Reactions on the Disclosure of Rape," *American Journal of Community Psychology*, Vol. 38, No. 3, 2006, pp. 263–274.

To better understand how some rape victims become reluctant to talk about their experience, the author conducted in-depth interviews with eight rape victims who had initially disclosed the assault but then ceased discussing it for a notable period of time. Qualitative analysis of the interview transcripts provided rich insights regarding the assault itself, disclosure to both formal and informal service providers, and reasons for nondisclosure. Specifically, these victims experienced at least one of four general types of negative reactions: being blamed, receiving insensitive reactions, receiving ineffective disclosures, and receiving inappropriate support. Being blamed, receiving insensitive reactions, and encountering ineffective disclosures were especially prevalent among victims who went to formal community systems (e.g., legal, medical). The analysis also revealed five common reasons for stopping discussion of the assault: a lack of support options, fears of negative reactions or consequences, ineffective support, self-blame or embarrassment, and failure to qualify for support. Overall, the findings suggest that negative reactions from others are deleterious because victims use the reactions as a proxy for how others are likely to respond in the future. Accordingly, attempts to minimize rape myth acceptance and to train support providers to support rape victims are critical.

Ahrens, Courtney E., Rebecca Campbell, N. Karen Ternier-Thames, Sharon M. Wasco, and Tracy Sefl, "Deciding Whom to Tell: Expectations and Outcomes of Rape Survivors' First Disclosure," *Psychology of Women Quarterly*, Vol. 31, No. 1, March 2007, pp. 38–49.

The authors used interviews with 102 female rape victims to examine victims' disclosure decisions and to describe outcomes of those decisions. They found that 75 percent of first disclosures were to informal support providers (e.g., partner, friend), and 64 percent of the 94 victims who disclosed the assault to someone cited seeking help as a reason for their disclosure. The majority of victims reported receiving positive reactions, but 39 percent of victims noted negative reactions, such as blame, doubt, detachment, and general unsupportiveness. Statistical analysis of the same interview data showed that the impact of disclosure on the victims was dependent on the type of reaction received; for example, those who received negative reactions were more likely to describe detrimental outcomes (e.g., feeling hurt, feeling angry) than beneficial ones (e.g., feeling better, feeling validated).

Ahrens, Courtney E., Rebecca Campbell, Sharon M. Wasco, Gloria Aponte, Lori Grubstein, and William S. Davidson II, "Sexual Assault Nurse Examiner (SANE) Programs: Alternative Systems for Service Delivery for Sexual Assault Victims," *Journal of Interpersonal Violence*, Vol. 15, No. 9, September 2000, pp. 921–943.

This research focused on how SANE programs differ from traditional models of care and how these alternative programs were developed. A process-evaluation framework was used to provide an in-depth analysis of the development of two SANE programs in Michigan, one within a health care system and the other through the YMCA (Young Women's Christian Association). The YMCA program had been in existence since 1996, the health care system since 1998. The authors conducted three-hour interviews with the program directors, the SANE coordinator, and the program staff to obtain detailed information about their organization, the rape-crisis program, and the SANE program. The authors also reviewed written reports, documentation, and brochures from the two sites and collected data about history, structure, services, staff, clients, funding, and relationships with community agencies. The authors suggest that successful SANE programs require strong organizational history, the use of sexual assault councils and task forces, affiliation with larger organizations, positive relationships with hospitals, training and collaboration with community systems, and strategies for resolving difficulties.

Alexander, Bruce H., Gary M. Franklin, and Marsha E. Wolf, "The Sexual Assault of Women at Work in Washington State: 1980 to 1989," *Journal of Clinical Forensic Medicine*, Vol. 2, No. 3, September 1995, p. 167.

The researchers examined worker compensation claims filed by women to look at the prevalence of work-related sexual assault. The authors identified 63 cases of work-related rape, occurring between 1980 and 1989, for further study. The assaults were characterized by isolation from the public and other coworkers, and more than half of them occurred at night. The occupations of the rape victims were similar to occupations, such as taxicab

drivers and convenience store clerks, known to be high-risk for other intentional injuries. The victims were often young, and the majority of perpetrators were strangers.

Anderson, Irina, "What Is a Typical Rape? Effects of Victim and Participant Gender in Female and Male Rape Perception," *British Journal of Social Psychology*, Vol. 46, No. 1, 2007, pp. 225–245.

This study examined perceptions of female and male rape. For the study, 119 male and female college students were assigned to write about either a typical female or male rape in as much detail as possible. The author then coded the descriptions using assailant, victim, and circumstance categories, then analyzed the results using descriptive and advanced statistics. The typical female rape was described as a stranger rape scenario. The typical male rape was viewed in terms of victim/rapist sexual orientation and the rapist calling the victim names, with findings that were sexualized and homophobic. The results suggest that gender is an important component in conceptualizations of rape.

Anderson, Irina, and Victoria Swainson, "Perceived Motivation for Rape: Gender Differences in Beliefs About Female and Male Rape," *Current Research in Social Psychology*, Vol. 6, No. 8, 2001, pp. 107–122.

This study examined the extent to which male and female participants were likely to adhere to the two popular culture explanations for rape: that rape is motivated by either sex or power. University students (60 male and 60 female) in the UK participated in the study. Each was presented with a vignette and then asked to complete a survey. The vignette was one of two possible scenarios, one with a male victim and one with a female victim. Both vignettes had male perpetrators. The researchers found that men were more likely to interpret rape as an act of sex rather than an act of power. However, men were more likely than women to attribute the act to either sex or power, suggesting that women may not view rape motivation as bipolar (either sex or power), but may instead consider other motivations for rape, such as anger, contempt, revenge, or punishment.

Anderson, Linda A., Matthew P. Stoelb, Peter Duggan, Brad Hieger, Kathleen H. Kling, and June P. Payne, "The Effectiveness of Two Types of Rape Prevention Programs in Changing the Rape-Supportive Attitudes of College Students," *Journal of College Student Development*, Vol. 39, No. 2, March–April 1998, pp. 131–142.

This study assessed two different types of rape prevention programs and evaluated their effectiveness in changing rape-supportive attitudes of 215 college students. The programs consisted of an interactive talk show and a structured video. Control group participants did not view a program. Participants' rape-supportive attitudes were measured pre-test, post-test, and at a seven-week follow-up. Both talk show and video participants demonstrated less adherence to rape-supportive attitudes than did the control group; differences between participants who attended the two programs were not evident. Participants' attitudes were not stable; they rebounded at the seven-week follow-up. Women, those who knew rape victims, and prior victims showed lower agreement with rape-supportive atti-

tudes than did their counterparts. The authors recommend programs with repeated presentations that follow different formats.

Anderson, Linda A., and Susan C. Whiston, "Sexual Assault Education Programs: A Meta-Analytic Examination of Their Effectiveness," *Psychology of Women Quarterly*, Vol. 29, No. 4, December 2005, pp. 374–388.

This is a meta-analysis of college sexual assault education program outcomes and moderators, such as research design, program content, and participant characteristics. The authors reviewed 69 studies involving 102 interventions and 18,172 participants. They found significant average effect sizes for rape attitudes, rape-related attitudes, rape knowledge, behavioral intent, and incidence of sexual assault, but not for rape empathy and rape awareness behaviors. Longer programs had more effect on rape attitudes and rape-related attitudes. Program content, presenter type, audience gender, and audience type may also be related to the effectiveness of the programs.

Anderson, Veanne N., Dorothy Simpson-Taylor, and Douglas J. Herrmann, "Gender, Age, and Rape-Supportive Rules," *Sex Roles*, Vol. 50, Nos. 1–2, January 2004, pp. 77–90.

This article examines the social rules of sexual behavior: rules that are believed to indicate when sex is desired, expected, or obligatory. The researchers build on previous rape myth research to evaluate gender differences regarding approval of rape-supportive rules. Samples of 80 middle school students, 231 high school students, and 50 college students completed a survey on social rules for situations in which a man can assume a woman is interested in having sex. Overall, male students agreed with more rape-supportive rules than female students did. The number of rape-supportive rules endorsed had an inverse relationship with school level, such that middle school students endorsed more rape-supportive rules than high school students, and both middle school and high school students endorsed more rules than did university students. Middle school boys and high school men showed greater consensus than did girls and women regarding which rape-supportive rules were agreed upon. This may be due to an adolescent male peer culture that includes greater discussion of rules about sexual behavior than female peer culture at the same age. Greater agreement with rape-supportive rules among men was associated with more self-reported sexually coercive behaviors. The results suggest a need for middle and high schools to help students, male students in particular, unlearn these rape-supportive rules and replace them with healthier ideas about sexual consent.

Averill, Jennifer B., Ann O. Padilla, and Paul T. Clements, "Frightened in Isolation: Unique Considerations for Research of Sexual Assault and Interpersonal Violence in Rural Areas," *Journal of Forensic Nursing*, Vol. 3, No. 1, March 2007, pp. 42–46.

This article highlights the difficulty in understanding sexual assault in rural areas, given that research has focused primarily on urban areas. According to the authors, one-fourth of Americans live in rural communities that have fewer than 2,500 residents, and these communities suffer from lower income, education, insurance coverage, and access to health care. Unique factors for rural victims include lack of telephone access for some

individuals; lack of public transportation; prevalence of firearms; the difficulty of anonymity and thus the enhanced stigma of being a victim in very small communities; and the possibility that law enforcement may personally know, or be related to, the perpetrator. The authors discuss the implications for research and care of sexual assault victims in these communities.

Bachman, Ronet, "Predicting the Reporting of Rape Victimizations: Have Rape Reforms Made a Difference?" *Criminal Justice and Behavior*, Vol. 20, No. 3, September 1993, pp. 254–270.

This study examined factors related to reporting rape to the police. The author examined the 207 cases of rape or attempted rape involving lone adult male perpetrators and female victims in the 1987–1990 data from the National Crime Victimization Survey. The most often cited most important reason for nonreporting was that it was a private or personal matter, and the most often cited most important reason for reporting was to stop or prevent rape from happening again to the victim or another person. In addition, results of regression analysis indicated that incidents were more likely to be reported by the victim to police if the victim was of lower socioeconomic status (based on education and family income), the perpetrator used force, the victim received medical attention for rape-related injuries, or the rape was completed. The type of victim-perpetrator relationship was one of several factors not significantly related to reporting behavior. The author concludes that the large proportion of the victims who did not report being raped (49 percent of the sample) and the seriousness of the factors associated with reporting propensity suggest a pressing need to make both the rape-reporting and -adjudication processes less intimidating to victims.

Bachman, Ronet, "The Factors Related to Rape Reporting Behavior and Arrest: New Evidence from the National Crime Victimization Survey," *Criminal Justice and Behavior*, Vol. 25, No. 1, March 1998, pp. 8–29.

This study examined factors related to reporting sexual assault to the police and subsequent arrest. The author examined the 348 sexual assault cases involving lone adult male offenders and female victims in the 1992–1994 data from the National Crime Victimization Survey. Sustaining physical injury and being African-American significantly predicted sexual assault reporting, after controlling for other victim demographics, the victim-offender relationship, and location of the victimization. No factors significantly predicted subsequent arrest. The findings about reporting are consistent with past research.

Banyard, Victoria L., Mary M. Moynihan, and Elizabethe G. Plante, "Sexual Violence Prevention Through Bystander Education: An Experimental Evaluation," *Journal of Community Psychology*, Vol. 35, No. 4, May 2007, pp. 463–481.

This article evaluates a program targeted at college undergraduates to teach them how to intervene safely and effectively in sexual violence situations. The program takes a broader community approach to prevention and is based on studies that point to community norms as a significant contributor to sexual violence. The program was administered in

single-sex groups. Some participants attended a single 90-minute program, while others attended three 90-minute sessions during one week. Both sets of students participated in a booster session two months later. Surveys were conducted as pre-tests, post-tests, and also at the 2-, 4- and 12-month points. The control group completed a pre-test and a follow-up survey after two weeks. The study included 389 participants in the initial phase, but only 83 persisted to the 12-month follow-up. This study was the first experimental evaluation of such a bystander program. The findings suggest significant increases in prosocial bystander attitudes, increased bystander efficacy, and increases in self-reported bystander behaviors. Both programs produced significant changes, but greater changes were seen in the group that attended the three-session program. Effects did decline before the 4- and 12-month follow-up, but the stability of the data is unclear due to attrition from the sample before those later follow-ups. All 389 participants completed the pre-test, and 303 completed the post-test. There were 284 participants remaining at the 2-month follow-up, and only 140 and 83 at the 4-month and 12-month follow-ups, respectively.

Banyard, Victoria L., Elizabeth G. Plante, Ellen S. Cohn, Cari Moorhead, Sally Ward, and Wendy Walsh, "Revisiting Unwanted Sexual Experiences on Campus: A 12-Year Follow-Up," *Violence Against Women*, Vol. 11, No. 4, April 2005, pp. 426–446.

This research addresses concerns that different studies produce different prevalence rates and that there is little knowledge about the change of rates over time. This study examined the differences in occurrence and context of unwanted sexual experiences at a single college campus during a 12-year period. The same survey instrument was used 12 years after its initial use at this college campus. The 1988 survey included 524 women; the 2000 survey included 651 men and women. The research found a decrease in unwanted contact but stable rates of unwanted intercourse. The authors hypothesize that the increased awareness and the existence of more sexual assault prevention programs may have reduced the prevalence of the former. There was also no decline in victims' use of alcohol, but alcohol was not used in half of the unwanted experiences. The research also found low rates of disclosure among victims.

Banyard, Victoria L., Elizabethe G. Plante, and Mary M. Moynihan, "Bystander Education: Bringing a Broader Community Perspective to Sexual Violence Prevention," *Journal of Community Psychology*, Vol. 32, No. 1, January 2004, pp. 61–79.

This article summarizes community psychology literature relevant to mobilizing bystanders to prevent sexual violence. The authors report that bystanders are more likely to engage in prosocial helping behavior when they are aware of the problem and its negative impact on victims, are asked to make a commitment to help, take partial responsibility for solving the problem, do not blame victims for their behavior, view others who model prosocial behaviors, and feel they possess the skills to intervene. The authors describe the development of a bystander intervention program they have developed and are in the process of empirically evaluating. Mobilizing prosocial behavior in bystanders to prevent sexual violence is a unique approach because it accounts for a broader community context.

Banyard, Victoria L., S. Ward, E. S. Cohn, E. G. Plante, C. Moorhead, and W. Walsh, "Unwanted Sexual Contact on Campus: A Comparison of Women's and Men's Experiences," *Violence and Victims*, Vol. 22, No. 1, 2007, pp. 52–70.

This study surveyed 651 male and female undergraduates over one academic year in order to examine gender differences in victimization rates and consequences. While women overall reported higher rates of unwanted contact, in the subsample of reported victims there was no significant difference between men and women with regard to unwanted sexual experiences. Rates of disclosure and negative consequences were also similar for men and women after victimization. Women in the overall sample were more likely to have had on-campus prevention training and displayed greater awareness of rape crisis services. The authors found alcohol use and gender to be significant predictors of assault, while being involved in a relationship had a protective effect.

Basile, Kathleen C., "Histories of Violent Victimization Among Women Who Reported Unwanted Sex in Marriages and Intimate Relationships: Findings from a Qualitative Study," *Violence Against Women*, Vol. 14, No. 1, January 2008, pp. 29–52.

This study examined victimization experiences among women who experienced intimate partner sexual assault. Forty-one women nationwide who indicated in a prior survey that they had had unwanted sex with an intimate partner completed semi-structured in-depth telephone interviews about other types of victimization. A substantial percentage of the women reported a history of child abuse: 49 percent reported childhood verbal abuse, 32 percent reported childhood physical abuse, and 10 percent reported childhood sexual abuse. Seventy-six percent of the sample had experienced verbal abuse and 51 percent had experienced physical abuse. The author identified the percentage of women who said that their current or former partners were controlling; they found that when a relationship included isolating control, control of money, and control of appearance that it typically also included sexual coercion. Most of the women in the sample did not seek formal support services. The results imply that female victims of intimate partner rape have frequently experienced other forms of abuse.

Basile, Kathleen C., Karen S. Lang, Thomas A. Bartenfeld, and Monique Clinton-Sherrod, "Report from the CDC: Evaluability Assessment of the Rape Prevention and Education Program: Summary of Findings and Recommendations," *Journal of Women's Health*, Vol. 14, No. 3, 2005, pp. 201–207.

The Violence Against Women Act of 1994 established the Centers for Disease Control and Prevention's (CDC's) Rape Prevention and Education (RPE) Program, which receives annual funding of $44 million to provide national leadership on sexual violence prevention. This article presents the findings of an independent evaluation and assessment of the program, with data consisting of 119 survey responses from state and territory health departments, other government agencies and sexual assault coalitions, 14 site visits to survey respondents, and 5 focus groups with local providers. The overall perceived goal of the RPE Grant Program is to reduce and prevent rape and sexual assault, primarily by funding awareness and educational programs. Strengths included the availability of

funding and high access to CDC staff. Weaknesses included unclear definitions of rape and prevention, lack of information about effective programs and best practices, and lack of standard data collection. The report indicates that disseminating materials and providing training were the most common activities of respondents. Seventy percent of respondents reported report activities for minorities and rural communities. Forty-two percent reported internal evaluations, but the authors' findings suggest that the evaluation programs lack sophistication. Community sensitivity to the topic of sexual violence was the most-reported barrier (87 percent). Several recommendations were provided to the CDC. Perhaps the most important recommendation was that the CDC identify recommended practices to support grantees' efforts to implement evidence-based strategies and programs.

Baumer, Eric P., Richard B. Felson, and Steven F. Messner, "Changes in Police Notification for Rape, 1973–2000," *Criminology*, Vol. 41, No. 3, August 2003, pp. 841–870.

This study analyzed 2,245 sexual assault cases from two national data sources, 1,609 from the National Crime Survey (1973–1991) and 636 from the National Crime Victimization Survey (1992–2000), to identify factors associated with reporting rape incidents and to assess how such factors varied over time. The authors used statistical analysis to examine how the victim-offender relationship in particular was associated with police notification of rape by either the victim herself or a third party. Increased reporting over the timeframe examined was notable, and this was largely due to increased incident reporting by third parties; there was no significant increase in victim reporting during the same timeframe. In addition, rapes by nonstrangers were just as likely to be reported as those by strangers during the 1990s, corroborating other studies that documented an increase in police notification of rapes committed by nonstrangers.

Becker, Judith V., and Daniel W. Reilly, "Preventing Sexual Abuse and Assault," *Sexual Abuse: A Journal of Research and Treatment*, Vol. 11, No. 4, 1999, pp. 267–278.

This article reviews sexual assault prevention using a public health framework that includes three levels of prevention: primary, secondary, and tertiary. The section on primary prevention focuses on child sexual abuse. The section on secondary prevention outlines several innovative approaches targeting those at risk of offending or being victimized, with a special emphasis on the role of alcohol. Finally, the section on tertiary prevention discusses offender interventions. The authors assert that society must determine whether the goals of programs are either prevention or risk reduction and avoidance and that more research is needed that (1) assesses program outcomes by the type of offender, (2) is based on controlled evaluation, and (3) assesses the durability of the results. They also argue that sexual assault prevention would benefit from a public health approach similar to those used for smoking, drinking, and HIV. This approach would have four main steps: the greater use of public health surveillance data on sexual abuse, more research on protective risk factors for sexual abuse, greater development of intervention programs, and dissemination of information on successful interventions.

Beichner, Dawn, and Cassia Spohn, "Prosecutorial Charging Decisions in Sexual Assault Cases: Examining the Impact of a Specialized Prosecution Unit," *Criminal Justice Policy Review*, Vol. 16, No. 4, December 2005, pp. 461–498.

In this study, the authors assessed the impact of one type of criminal justice reform, the use of a specialized unit for sexual assault cases. Sexual assault case data and interviews with prosecutors from 389 cases were used to compare and contrast two jurisdictions, Jackson County, Missouri, and Dade County, Florida, in terms of legal outcomes and factors related to charging decisions. Although one jurisdiction had a specialized prosecution unit for sexual assault cases and the other did not, the two jurisdictions were largely similar in charging decisions and final case dispositions. The main difference was in fully prosecuted cases: The county with a specialized unit had more cases go to trial (24 percent), while the county without a specialized unit had more plea bargains (94 percent). Prosecutor interviews revealed that both jurisdictions based their prosecution decisions on the "beyond a reasonable doubt" standard of proof. However, the two jurisdictions differed more in the factors that predicted a decision to charge. In Missouri, charges were more likely if physical evidence of the assault was available and less likely if the victim exhibited risk-taking behavior. In Florida, charges were more likely when the victim was younger, the perpetrator was an acquaintance or relative, the assault was reported within one hour, the victim sustained physical injury, and a weapon was used, and less likely if there were questions about the victim's moral character. The authors conclude that the lack of differences in final case dispositions and the significance of extralegal victim characteristics in charging decisions in both jurisdictions call into question the touted benefits of specialized handling of sexual assault cases.

Benson, Brenda J., Carol L. Gohm, and Alan M. Gross, "College Women and Sexual Assault: The Role of Sex-Related Alcohol Expectancies," *Journal of Family Violence*, Vol. 22, No. 6, 2007, pp. 341–351.

This study evaluated the relationships between alcohol, sex-related alcohol expectancies, and sexual assaults among female college students. The participants included 350 undergraduate women enrolled in psychology courses at a public university who completed a survey measuring their sexual behaviors, sexual victimization experiences, sex-related alcohol expectancies, and regular drinking habits. Responses categorized participants as having no assault, unwanted sexual contact, sexual coercion, attempted rape, and rape. The researchers found that 21 percent of participants were victims of attempted rape and 13 percent were victims of rape. These rates are consistent with the research on sexual assault in college student populations. The researchers also found that women with a history of attempted rape or rape reported drinking more alcohol, and that the victims endorsed higher levels of sex-related alcohol expectancies.

Berg, Dianne R., Kimberly A. Lonsway, and Louise F. Fitzgerald, "Rape Prevention Education for Men: The Effectiveness of Empathy-Induction Techniques," *Journal of College Student Development*, Vol. 40, No. 3, May–June 1999, pp. 219–234.

Lack of empathy for rape victims has been associated with self-reported likelihood to rape and with actual sexual aggression. This study evaluates a rape prevention program designed to induce empathy for the powerlessness and vulnerability of the victims. Fifty-four male college students listened to an audiotape of either a man describing the experience of being raped, a woman explaining the experience of being raped, or a presentation of factual information about acquaintance rape. Participants completed demographic questionnaires before the program and were surveyed after two weeks. Participants did not display a change in rape-supportive attitudes or empathy.

Berman, Judith, "Domestic Sexual Assault: A New Opportunity for Court Response," *Juvenile and Family Court Journal*, Vol. 55, No. 3, Summer 2004, pp. 23–34.

This article reports the results of a survey fielded to courts and local domestic violence and/or sexual assault advocacy programs across the country to better understand the overlap between domestic violence and sexual assault. The low rate of response (eight survey responses, equating to a 17% response rate) suggests that the extent of overlap between the two crimes is difficult to measure because domestic violence and sexual assault cases are separate within police departments, prosecutors' offices, and court systems more broadly. A lack of uniform data collection across jurisdictions further stymies efforts to consider the two crimes in conjunction with one another. The author concludes by discussing the consequences of such "invisibility" and offering suggestions for practitioners.

Bernat, Jeffrey A., Karen S. Calhoun, and Stephanie Stolp, "Sexually Aggressive Men's Responses to a Date Rape Analogue: Alcohol as a Disinhibiting Cue," *Journal of Sex Research*, Vol. 35, No. 4, 1998, pp. 341–348.

This study measured the aggressive levels of college men and how these levels are affected by alcohol consumption. More specifically, the authors researched how college men evaluate the sexual advances of a man in an escalating rape situation that had been recorded on audiotape. The subjects were 102 college men, placed in categories as sexually aggressive or nonaggressive. The exercise began with the participants listening to an audiotape of an acted date rape conversation, with cues of disinterest and nonconsent by the woman escalated into explicit demands that his sexual advances should terminate. Some of the participants were told before listening to the tape that the couple had been drinking, whereas others were told that both the man and woman were sober. The sexually aggressive group had a higher acceptance of sexually coercive behavior in the vignette. Further, among the aggressive group, those who believed alcohol was involved were more likely to interpret the woman's resistance as false. Specifically, sexually aggressive men were nearly six times more likely to permit the scenario to progress to verbal points, and they were eight times more likely to do so if alcohol was included in the scenario.

Bernat, Jeffrey A., Amy E. Wilson, and Karen S. Calhoun, "Sexual Coercion History, Calloused Sexual Beliefs and Judgments of Sexual Coercion in a Date Rape Analogue," *Violence and Victims*, Vol. 14, No. 2, Summer 1999, pp. 147–160.

This study evaluated the sexual coercion judgments of male college students to determine how calloused sexual beliefs and token resistance affect attitudes toward coerced sex. The researchers surveyed 165 male college students on calloused sexual beliefs and token resistance and asked them to listen to a tape of a date rape and stop the tape when the behavior became inappropriate. Men who scored high on calloused sexual beliefs and had a history of coercion took significantly longer to stop the tape than those coercive men who scored low with regard to calloused sexual beliefs. Men without a history of coercion scored the same as the coercive men with low calloused sexual beliefs. There were no significant results with respect to token resistance.

Black, Beverly, Arlene Weisz, Suzanne Coats, and Debra Patterson, "Evaluating a Psychoeducational Sexual Assault Prevention Program Incorporating Theatrical Presentation, Peer Education, and Social Work," *Research on Social Work Practice*, Vol. 10, No. 5, September 2000, pp. 589–606.

This study evaluated a theatrical sexual assault prevention program. The authors surveyed a sample of 100 attendees using the Rape Myth Acceptance Scale at pre-test, post-test, and follow-up (only 17 people completed all three tests), and they surveyed a comparison group of 64 one time. They found that total treatment group post-test scores were significantly lower than treatment group pre-test scores, and follow-up treatment group scores were not significantly different from treatment group post-test scores, indicating that scores were maintained. Treatment group follow-up scores were significantly lower than control group scores, although no individual subscale was significantly different between the groups. The results imply that theatrical sexual assault prevention programming may reduce rape myth acceptance.

Black, Katherine A., and David J. Gold, "Gender Differences and Socioeconomic Status Biases in Judgments About Blame in Date Rape Scenarios," *Violence and Victims*, Vol. 23, No. 1, 2008, pp. 115–128.

This study examined judgments about blame in hypothetical date rape scenarios. The participants included 160 male and female college students, who read scenarios in which the perpetrator's socioeconomic status (bus driver or doctor) and victim's level of resistance (verbal only or verbal and physical) varied. The participants completed surveys about their judgments of blame for the incident. Female participants were more likely to judge the man as responsible and to believe he should be found guilty of rape. The occupation of the male character also affected the outcome: Male participants assigned more blame to the bus driver than the doctor, whereas women assigned more blame to the victim raped by the bus driver than to the victim raped by the doctor. Overall, participants recommended harsher punishments for the perpetrator when the victim resisted only verbally than when the victim resisted verbally and physically. The results confirm

other research showing that men and women differ in their perception of date rape and assignment of responsibility.

Bletzer, Keith V., and Mary P. Koss, "After-Rape Among Three Populations in the Southwest: A Time of Mourning, a Time for Recovery," *Violence Against Women*, Vol. 12, No. 1, January 2006, pp. 5–29.

This study examined Southwestern women's descriptions of coping with rape. Researchers recruited 62 low-income Native American, Mexican American, and Anglo female rape victims from health clinics and asked them to describe their experiences of rape and recovery in open-ended interviews. The authors analyzed the structuring devices and key figures in the narratives. The majority of the women were assaulted by acquaintances, and most did not seek either medical attention or mental health counseling. Some did not tell their families about the assault, and six of the women were raising children that resulted from the rape. Most of the women reported difficulty coping and a desire to forget the rape, although Anglo women reported more rage toward their perpetrators. Variations in accounts described by the three groups of women suggest that rape interventions should recognize communalities and be sensitive to cultural differences in rape experiences.

Boeringer, Scot B., "Associations of Rape-Supportive Attitudes with Fraternal and Athletic Participation," *Violence Against Women*, Vol. 5, No. 1, January 1999, pp. 81–90.

This study assessed rape-supportive attitudes among college men, including athletes and fraternity members. A total of 477 male college athletes, fraternity members, and other male students were surveyed for their rape-supportive attitudes. Although fraternity members and control group members predominantly disagreed with rape-supportive beliefs, fraternity members scored higher on five supportive statements. Athletes differed more from the control group members than did fraternity members, and athletes had significantly higher percentages of strong agreement on six of eight rape myth questions than did either fraternity men or the controls. The author reports evidence that rape-supportive definitions are important in predicting sexual attack and asserts that efforts should be made to target anti-rape organizations and education to fraternity men and athletes.

Bondurant, Barrie, and Patricia L. N. Donat, "Perceptions of Women's Sexual Interest and Acquaintance Rape: The Role of Sexual Overperception and Affective Attitudes," *Psychology of Women Quarterly*, Vol. 23, No. 4, December 1999, pp. 691–705.

This article challenges the idea that acquaintance rape is a result of miscommunication between men and women by focusing on men's perceptions of women's sexual interest. There are two separate studies reported in the article. In the first, 263 college men completed surveys of their sexual experiences and heterosocial perceptions. The authors found that men who self-reported sexually aggressive behavior were more likely to misperceive women's mundane dating and romantic behaviors as sexual intentions than were men who were rated as sexually nonaggressive. In the second study, 169 college men completed the same surveys as in the first study as well as other measures, including a measure of attitudes toward rape and a measure of attitudes toward rape victims. The

results were the same as in the first study but also extended those findings by reporting that affective rape-supportive attitudes were related to misperceptions of sexual interest. These studies contribute to the research literature by suggesting that sexual aggression is likely an individual problem of sexual overperception rather than a relational problem of miscommunication.

Borja, Susan E., Jennifer L. Callahan, and Patricia J. Long, "Positive and Negative Adjustment and Social Support of Sexual Assault Survivors," *Journal of Traumatic Stress*, Vol. 19, No. 6, December 2006, pp. 905–914.

This study examined adjustment and social support following sexual assault. In the study, 517 female college students were administered surveys, and the authors evaluated positive and negative adjustment associated with positive and negative support from formal and informal providers. Positive reactions from informal and formal support providers were associated with benefits. Only negative informal reactions were related to specific posttraumatic distress. Neither positive nor negative reactions from formal or informal providers were associated with more general psychological distress. The results imply that responders should consider whether appropriate support is available for sexual assault victims and should monitor the environment for positive support.

Bostock, Deborah J., and James G. Daley, "Lifetime and Current Sexual Assault and Harassment Victimization Rates of Active-Duty United States Air Force Women," *Violence Against Women*, Vol. 13, No. 9, September 2007, pp. 927–944.

This study aimed to estimate sexual assault and harassment victimization rates of Air Force women. The authors completed telephone surveys with 2,018 active duty Air Force women regarding lifetime and recent sexual assault. They found that lifetime prevalence of rape in their sample (28 percent) was more than twice that in a national sample, and that most of the reported rapes happened when the victims were civilians. Fourteen percent of the first-time victims, and 26 percent of the women who had been victimized multiple times, had been raped by a military member. Most who experienced sexual harassment did not self-identify as victims of sexual harassment. Thirty-two percent of the sample had been sexually harassed by a military supervisor or boss, and 27 percent had been harassed by a military coworker. The authors stress that comparable studies should be completed for the other services.

Bouffard, Jeffrey A., "Predicting Type of Sexual Assault Case Closure from Victim, Suspect, and Case Characteristics," *Journal of Criminal Justice*, Vol. 28, No. 6, November–December 2000, pp. 527–542.

This study examined the impact of victim, suspect, and case characteristics on the probability of police case closure. The author examined 326 sexual assault case files. An "unfounded" decision was less likely if there was a prior relationship between the victim and the subject or the victim agreed to a sexual assault exam, and more likely if the case met the legal definition of first- or second-degree rape. Among "founded" cases, factors related to a greater likelihood of arrest include a strong physical description of the victim,

prior relationship between the victim and suspect, the seriousness of the crime (based on crime co-occurrence, weapon use, and location), stronger evidence available at the time of initial report, and victim agreement to a sexual assault exam. The author found no effect of victim and suspect race on case closure. There was no support for biased police practices in this study, although the author cautions that the study should be replicated in different jurisdictions.

Brecklin, Leanne R., and David R. Forde, "A Meta-Analysis of Rape Education Programs," *Violence and Victims*, Vol. 16, No. 3, 2001, pp. 303–321.

This meta-analysis considered 45 study evaluations of rape education programs designed to change rape-supportive attitudes. The meta-analysis was designed to determine the aspects of the programs most effective in reducing rape myth and rape-supportive attitudes. The findings suggest direction for subsequent education programs. The authors found the most effect among male participants in single-gender (rather than mixed-gender) groups, although the length of the session did not have an effect. The authors found less effect with longer follow-up periods, suggesting that the efficacy of the program cannot accurately be determined absent a long follow-up period. The authors suggest the need for additional research to confirm the relationship between a reduction in rape-supportive attitudes and a reduction in sexual aggression.

Brecklin, Leanne R., and Sarah E. Ullman, "The Roles of Victim and Offender Alcohol Use in Sexual Assaults: Results from the National Violence Against Women Survey," *Journal of Studies on Alcohol*, Vol. 63, No. 1, January 2002, pp. 57–63.

This study assessed the roles of victim and perpetrator alcohol use in the outcomes of sexual assault incidents. The authors relied on data from the National Violence Against Women Survey and examined the cases of 859 female victims. Their analysis indicated that neither victims' drinking at the time of the incident nor victims' history of drinking was related to the outcomes of sexual assaults (rape completion, injury, or medical care). Perpetrators' drinking was related to greater likelihood of rape completion, but not to the likelihood of physical injury or medical care.

Brecklin, Leanne R., and Sarah E. Ullman, "Self-Defense or Assertiveness Training and Women's Responses to Sexual Attacks," *Journal of Interpersonal Violence*, Vol. 20, No. 6, June 2005, pp. 738–762.

This study was designed to determine the relationship between women's self-defense and assertiveness training and the physical or psychological reactions to subsequent rape attacks. As such, this was the first study to assess whether self-defense or assertiveness training is associated with an actual decrease in victimization for women. The authors analyzed data from 1,623 college women who reported sexual assault in the National Survey of Intergender Relationships: 27.6 percent experienced unwanted sexual contact, 21.1 percent experienced sexual coercion, 22.6 percent were attempted rape victims, and 29 percent had been raped. Thirteen percent of the women had taken self-defense or assertiveness training before their victimization. Women with training were slightly more

likely to have experienced an attempted rape (suggesting that their training prevented the completion of the rape). Victims who had self-defense or assertiveness training before their assault experienced fewer verbal threats during their assaults, were more likely to report that their resistance stopped the offender or made him less aggressive, felt more responsible for the result, believed that their resistance was less than those without training, and were angrier and less scared during the assault. Pre-assault training did not influence sexual assault incidence, dating behaviors, sexual communication, or resistance strategy choices. This study was exploratory and the article does not provide detail about the pre-assault training received, but it suggests that self-defense training is an important area for prevention and intervention of sexual assault. The authors emphasize that rape-prevention still needs to focus on male behavior, but maintain that, while attacks remain prevalent, women should be educated about how to respond effectively.

Breitenbecher, Kimberly Hanson, "The Association Between the Perception of Threat in a Dating Situation and Sexual Victimization," *Violence and Victims*, Vol. 14, No. 2, 1999, pp. 135–146.

Using an experimental design, the author examined the relationship between threat perception in a dating environment and sexual victimization in a group of female college students. The control group (N=108) viewed a video of a couple on a date in which there were no obvious risk factors for sexual assault, while the intervention group (N=116) viewed a similar video that included risk factors for sexual assault. Both groups were surveyed about their demographic characteristics, history of sexual abuse/assault, and response to the videos. A follow-up sexual assault assessment was conducted five months after the initial viewing, with some attrition (N=66). The author found no significant relationship between threat perception and previous sexual abuse/assault or between threat perception and sexual assault identified in the follow-up assessment.

Breitenbecher, Kimberly Hanson, "Sexual Assault on College Campuses: Is an Ounce of Prevention Enough?" *Applied & Preventive Psychology*, Vol. 9, No. 1, Winter 2000, pp. 23–52.

This article reviews the elements of effective sexual assault prevention programs that aim to modify sexual assault–related attitudes, behavioral intentions, self-reported behaviors, directly observed behaviors, self-reported victimization, and/or self-reported sexual aggression. The author relied primarily on 38 studies published since 1967 that quantitatively assessed sexual assault prevention programs. Most of the studies show positive short-term effectiveness in modifying rape myth acceptance, attitudes toward rape, and adversarial sexual beliefs; in increasing sexual assault–related knowledge; and in changing behavioral intentions. Results are not consistent across studies, however, and mixed findings (both within and between studies) are common. Some efforts have tailored programs to special populations, such as high-risk women or specific cultures, and although their numbers are few, the author believes these interventions are promising. In sum, most programs show some positive change if measured shortly after the intervention, but research that employed repeated measure designs found that initial attitude change decays or returns to pre-intervention levels over time. Further, it is not known whether subsequent, desir-

able behaviors result from the programs. The author asserts that more efforts, and more considerable efforts, are needed, and that sexual assault prevention efforts should be carefully evaluated.

Breitenbecher, Kimberly Hanson, "Sexual Revictimization Among Women: A Review of the Literature Focusing on Empirical Investigations," *Aggression and Violent Behavior*, Vol. 6, No. 4, 2001, pp. 415–432.

This article presents a literature review of risk factors for female sexual revictimization. The author groups the theories of revictimization factors into eight categories: spurious factors, situational variables, disturbed interpersonal relationships, cognitive attributions, self-blame and self-esteem, coping skills, perception of threat and trauma-related symptomatology, and general psychological adjustment. She reports that none of these theories enjoys unequivocal support in the literature. Of the categories, spurious factors reflect either increased willingness to report incidents or victims' increased sensitivity to sexual coercion. Studies have shown strong empirical support for situational and environmental factors, but the literature reveals conflicting findings, especially regarding alcohol use and multiple sex partners. Less research has been conducted on interpersonal schemas; and cognitive attributions, self-blame and self-esteem theories have little empirical support. Numerous studies have associated revictimization with reduced threat perception, but not to trauma-related symptomatology. Finally, there is modest evidence that revictimized women show poorer psychological adjustment. However, the author notes that the literature is limited by a preponderance of retrospective research designs.

Breitenbecher, Kimberly Hanson, and Christine A. Gidycz, "An Empirical Evaluation of a Program Designed to Reduce the Risk of Multiple Sexual Victimization," *Journal of Interpersonal Violence*, Vol. 13, No. 4, August 1998, pp. 472–488.

There is evidence that sexual assault victims have an increased risk of revictimization. Additionally, prior research, notably by Hanson and Gidycz (1993), has indicated that sexual assault prevention programs are less effective for prior sexual assault victims. Thus, this study sought to design and evaluate a program designed specifically for women that had previously been sexually victimized. The study included a survey administered to both the study and the control groups (N=406), a risk-reduction program provided only to the study group, and a survey provided to all participants nine weeks later. The risk-reduction program was the same as that administered in the Hanson and Gidycz study, with only minor adjustments. The program consisted of two videos, a discussion, and the provision of an information sheet. The surveys and measures were substantially revised for this study, however. Although Hanson and Gidycz found that the program was not effective for previously victimized women, this study found that the program was not effective for any participants, regardless of prior victimization. The authors acknowledge that their calculations were different from that used by the earlier study. They postulate that the women who had not been previously victimized did not believe that material was applicable to them. They also postulate that, for women who had previously been victimized, the material was not sufficiently powerful to overcome the likelihood of repeated victimization.

Breitenbecher, Kimberly Hanson, and Michael Scarce, "A Longitudinal Evaluation of the Effectiveness of a Sexual Assault Education Program," *Journal of Interpersonal Violence*, Vol. 14, No. 5, 1999, pp. 459–478.

The researchers conducted this study of 275 college women to evaluate an actual program developed by rape education experts that was in use on a university campus. The study addressed the incidence of sexual assault among participants and used a longer follow-up time period than had previously been used. Two outcome variables—sexual assault knowledge and victimization during the seven-month follow-up period—were used to evaluate the program. The authors found that the program increased participants' knowledge about sexual assault, and this increased knowledge was still apparent at the seven-month follow-up. However, the program did not effectively reduce the likelihood of sexual assault. Women who had previously been victims were more likely to be victimized following the program, regardless of whether they attended the program or were in the control group. The authors postulate that either a one-hour program is insufficient, or the influence of the one-time program faded over the long follow-up period.

Breitenbecher, Kimberly Hanson, and Michael Scarce, "An Evaluation of the Effectiveness of a Sexual Assault Education Program Focusing on Psychological Barriers to Resistance," *Journal of Interpersonal Violence*, Vol. 16, No. 5, May 2001, pp. 387–407.

This study evaluated a sexual assault prevention program consisting of a lecture and small group discussions. The small group sessions were intended to address the shortcomings of prior research efforts, and were designed to address the psychological barriers to resistance in threatening situations. Specifically, participants were asked to imagine threatening situations and to identify strategies to minimize the likelihood of a completed assault in those situations. Participants included 94 college women. All participants completed an initial survey and a follow-up survey seven months later. The researchers had previously found that, absent the small group sessions, the lecture program increased knowledge but did not decrease sexual victimization. This study found that the program did not influence any of the outcome measures, including knowledge of sexual assault, perception of risk, attitudes about sexual assault, and dating behaviors.

Brener, Nancy D., Pamela M. McMahon, Charles W. Warren, and Kathy A. Douglas, "Forced Sexual Intercourse and Associated Health-Risk Behaviors Among Female College Students in the United States," *Journal of Consulting and Clinical Psychology* Vol. 67, No. 2, 1999, pp. 252–259.

This study examined the prevalence of lifetime rape among female college students and the relationship between rape and health risk behaviors. The study was based on data from the National College Health Risk Behavior Study (NCHRBS) conducted by the Centers for Disease Control and Prevention, with a nationally representative sample of 4,609 female college students. Twenty percent of female college students reported a history of rape; most of these rapes had occurred during the teen years. There was no difference in the incidence of forced sex by race or ethnicity, parents' education, or sorority membership. Women with a history of rape were significantly more likely to engage in

health risk behaviors than women without a history of rape, including physical fighting with spouses or boyfriends, drinking and driving, considering suicide, smoking cigarettes, using alcohol or drugs during last sexual intercourse, having multiple sexual partners, and having had sexual intercourse before age 15. After controlling for demographics, the findings were even stronger, and episodic heavy drinking and marijuana use were also more likely among women who were raped than women who were not. These results are consistent with previous studies and imply that rape prevention efforts should target health risk behaviors.

Bryden, David P., and Sonja Lengnick, "Rape in the Criminal Justice System," *Journal of Criminal Law & Criminology*, Vol. 87, No. 4, 1997, pp. 1194–1384.

The authors synthesize empirical research on rape in order to evaluate two major principles of the rape law reform movement: (1) that discrimination against rape victims is both prevalent in the criminal justice system and the primary reason why perpetrators frequently are not punished and (2) that eliminating laws that promote such discrimination will lead to changes in the legal outcomes for rape. In doing so, the authors aim to inform legal scholars about the empirical underpinnings of rape law reform. In the first part of the article, they examine scientific research related to reporting behaviors and the treatment of rape victims by law enforcement personnel, legal personnel, and juries to determine whether assertions of victim discrimination are substantiated. In the second section, the authors consider three specific issues related to perceived bias against rape victims: the frequency of false reports; the challenges posed by prosecutors' burden of proof; and the influence of extralegal aspects of victim behaviors, such as promiscuity, prior intimacy with the alleged perpetrator, and use of alcohol or drugs. Overall, the authors conclude that although "official" bias has influenced legal outcomes, most rape-case attrition seems to stem from victim reluctance to pursue legal remedies, the burden of proof in criminal cases, and jurors' attitudes.

Buddie, Amy M., and Maria Testa, "Rates and Predictors of Sexual Aggression Among Students and Nonstudents," *Journal of Interpersonal Violence*, Vol. 20, No. 6, June 2005, pp. 713–724.

This study evaluated differences in rates and predictors of sexual aggression victimization among college-age women according to whether the women were attending college and whether they were living with their parents. The study included 250 women self-identified as current college students and 80 women in the same age range who had not attended college and were no longer in high school. Subjects completed several surveys and participated in a face-to-face confidential interview as part of a larger longitudinal survey. The authors found that college and non-college women in the same age bracket reported similar rates of experiencing sexual aggression both in the prior year and since the age of 14. This finding contradicts prior research that college students are more likely than non-college individuals of the same age to experience sexual aggression, and the authors suggest that this indicates that the risk of sexual aggression among women in this age range is due to behaviors that these women generally engage in rather than college-specific factors. However, the study showed that women not living with parents reported

higher rates of experiencing sexual aggression than those living with parents, which is consistent with prior research. Subjects' numbers of sex partners were directly predictive of attempted rapes and rapes in the past year. Further, the researchers found that heavy episodic drinking was predictive of rape or attempted rape during the past year but not of experiencing sexual aggression in general, which highlights the possibility that heavy drinking raises the risk of rape due to female incapacitation rather than through other types of sexual aggression.

Campbell, Jacquelyn C., Mary A. Garza, Andrea Carlson Gielen, Patricia O'Campo, Joan Kub, Jacqueline Dienemann, Alison Snow Jones, and Eiman Jafar, "Intimate Partner Violence and Abuse Among Active Duty Military Women," *Violence Against Women*, Vol. 9, No. 9, September 2003, pp. 1072–1092.

The authors studied the prevalence and characteristics of intimate partner violence (IPV), including both physical and sexual assault, experienced by active duty military women. The researchers interviewed 616 active duty women from all four military services regarding their experiences with partner emotional, physical, and sexual abuse and evaluated them against a civilian comparison group. Thirty percent of the sample had experienced lifetime IPV and 22 percent had experienced IPV while in the military. The researchers found overlapping physical, emotional, and sexual abuse, such that relatively few women experienced only one type of abuse. Only 3 percent reported sexual abuse to the exclusion of emotional and physical abuse, while 22 percent reported experiencing all three types of abuse. Adult lifetime rates of partner physical and sexual abuse were marginally lower among enlisted women relative to the civilian comparison group.

Campbell, Jacquelyn C., and Karen L. Soeken, "Forced Sex and Intimate Partner Violence: Effects on Women's Risk and Women's Health," *Violence Against Women*, Vol. 5, No. 9, September 1999, pp. 1017–1035.

This study examined health consequences of forced sex. The researchers interviewed 159 battered women about forced sex with their partner or ex-partner. Forty-six percent of the women had experienced sexual assault in addition to physical assault. Women who were sexually assaulted had more negative health symptoms, gynecological problems, and homicide risk factors than women who were only physically assaulted. Victims who experienced more sexual assaults had higher levels of depression and poorer body image. These results are similar to other studies and suggest that women who are sexually and physically assaulted have worse health outcomes than women who are only physically assaulted.

Campbell, Rebecca, "The Role of Work Experience and Individual Beliefs in Police Officers' Perceptions of Date Rape: An Integration of Quantitative and Qualitative Methods," *American Journal of Community Psychology*, Vol. 23, No. 2, April 1995, pp. 249–277.

The author conducted quantitative and qualitative analyses of survey data to better understand how police officers' work experience and beliefs about women influenced their perceptions of date rape. Information collected from 91 police officers employed at two Midwestern police departments revealed that officers with more experience with rape victims

had more sympathetic beliefs about date rape and date rape victims, and those who felt the training they had received on rape was helpful had less "victim-blaming" perceptions of date rape. In addition, there was an indirect relationship between work experience and rape beliefs: Officers with more rape-related experience, those who thought their rape training was helpful, and those with greater awareness of workplace-based sexual harassment held more favorable views toward women, which in turn was associated with less victim-blaming perceptions of date rape. Qualitative data further revealed that 62 percent of survey respondents' views toward date rape had changed over their career, and that change was frequently due to experience with rape victims and departmental training and policies. Although not an explicit topic of this study, the results suggest that police officers' experience with rape and views toward date rape in particular may influence how they investigate allegations of rape.

Campbell, Rebecca, "The Community Response to Rape: Victims' Experiences with the Legal, Medical, and Mental Health Systems," *American Journal of Community Psychology*, Vol. 26, No. 3, June 1998, pp. 355–379.

This research aimed to understand legal, medical, and mental health system responses to rape victims. The author interviewed 168 rape victim advocates about resources available in their communities and the experience with their most recent rape victim. She found that victims' experiences fell into three categories. One category of victims had relatively positive experiences in the legal, medical, and mental health systems. They tended to live in communities with more resources available for victims. Assaults that involved a stranger, use of a weapon, and/or physical injury were more common in this group. The second category of victims had good experiences only with the medical system; most of their cases were not accepted for prosecution in spite of the victim's preference, and the mental health system only provided a subset of desired services. Victims in this group tended to have been assaulted by someone they knew, were more likely to have consumed alcohol at the time of the assault, and the assault typically transpired without the use of a weapon. Those in the third category had problems with all three systems. Fewer patterns were common among victims in this final group, and they were better understood in terms of what their cases did not involve: strangers, weapons, alcohol use, or "good victim" behavior. The results suggest that even women with victim advocates frequently have poor experiences with social systems, and improving victim interventions may require both structural and individual change.

Campbell, Rebecca, "What Really Happened? A Validation Study of Rape Survivors' Help-Seeking Experiences with the Legal and Medical Systems," *Violence and Victims*, Vol. 20, No. 1, February 2005, pp. 55–68.

This study compared victim and provider perspectives on medical and legal services received immediately after a rape. Participants included 81 victims, 26 nurses, 18 doctors, and 22 police officers. Information collected via questionnaire and interviews revealed a high level of agreement between rape victims and police officers regarding legal/investigatory services received, such as filing a police report and beginning an investigation. However, the agreement between the two groups was lower regarding the occurrence of "second-

ary victimization" behaviors (e.g., officer refusal to take a police report, questions about whether the victim tried to resist the perpetrator, questions about prior sexual history) and emotions (e.g., depression, disappointment, reluctance to seek additional help). The differences between the two groups were particularly notable for emotions; police officers were less likely than victims to report that victims felt depressed, violate, distrustful, or reluctant to seek further help. Findings related to medical services again revealed a high level of agreement regarding services received (e.g., rape exam, STD prophylaxis) and less agreement regarding secondary victimization emotions. However, health care providers were in greater agreement with victims than were police officers regarding the occurrence of secondary victimization behaviors. Overall, the results indicate that service providers often underestimate the potential negative impact they have on rape victims, particularly in terms of emotions.

Campbell, Rebecca, "Rape Survivors' Experiences with the Legal and Medical Systems: Do Rape Victim Advocates Make a Difference?" *Violence Against Women*, Vol. 12, No. 1, January 2006, pp. 30–45.

This study assessed the impact of rape victim advocates on rape victims' experiences with the medical and legal systems. The author conducted interviews with 81 female rape victims who sought medical treatment and looked for differences between the 36 women who presented at a hospital that used rape victim advocates and the 45 women who presented at a hospital that did not use them. Overall, the results suggest that working with a rape victim advocate is advantageous for rape victims. Victims who received assistance from a rape victim advocate were more likely to have police reports taken, were less likely to disclose secondary victimization by police, and indicated less distress stemming from their experience with the legal system. With respect to the medical system, victims who had the support of a rape victim advocate received more medical services, including emergency contraception and STD-related treatment, were less likely to report secondary victimization by health care professionals, and indicated less distress stemming from their interaction with the medical system.

Campbell, Rebecca, Courtney E. Ahrens, Tracy Sefl, Sharon M. Wasco, and Holly E. Barnes, "Social Reactions to Rape Victims: Healing and Hurtful Effects on Psychological and Physical Health Outcomes," *Violence and Victims*, Vol. 16, No. 3, 2001, pp. 287–302.

This study examined social reactions to rape victims and resulting health outcomes. The authors conducted interviews with 102 female rape victims about their friends' and families' reactions to their disclosure of rape, as well as about their physical and psychological health. The subjects were asked about both the reaction to their rape and how they perceived the reaction, on a scale from very healing to very hurtful. The number of positive social reactions experienced did not affect health outcomes, but being believed and having someone to talk to were associated with better health outcomes when the victim perceived this reaction as healing. Being patronized and called irresponsible were associated with worse health outcomes when victims perceived these reactions as hurtful. Certain reactions, like having someone want to seek revenge, led to differing outcomes depending on

how they were perceived by the victims. These results imply that negative social reactions hinder recovery, but what constitutes a negative reaction varies for each victim.

Campbell, Rebecca, and Camille R. Johnson, "Police Officers' Perceptions of Rape: Is There Consistency Between State Law and Individual Beliefs?" *Journal of Interpersonal Violence*, Vol. 12, No. 2, April 1997, pp. 255–274.

In this study, the authors asked 91 police officers from two Michigan police departments to define rape in their own words. Qualitative analysis of their responses reviewed three overarching definition types, which varied in how well they matched the recently revised legal definition of rape. Half of the police officers offered a definition of rape that included penetration, sexual gratification, and a lack of consent. However, only penetration is an explicit legal element in Michigan; lack of consent is implicit in the crime, and sexual gratification is legally irrelevant. A second cluster of police officers (31 percent of the sample) described rape primarily as involving penetration and a lack of consent. The third group (19 percent of the sample) focused on many of the elements that make up the legal definition of rape; the use of force, penetration, and threat of force were commonly mentioned, and the use of coercion, another legally relevant concept, was cited by over one-third of the officers in this group. Given the small proportion of police officers whose views of rape were consistent with state law, the authors assert that these findings suggest a need to provide police officers with additional education on rape.

Campbell, Rebecca, and Patricia Yancey Martin, "Services for Sexual Assault Survivors: The Role of Rape Crisis Centers," in Claire M. Renzetti, Jeffrey L. Edleson, and Raquel Kennedy Bergen, eds., *Sourcebook on Violence Against Women*, Thousand Oaks, Calif.: Sage Publications, 2001, pp. 227–242.

This book chapter delineates the function of rape crisis centers (RCCs) in supporting sexual assault victims. Specifically, the authors describe the conditions that contributed to the development and persistence of RCCs, the range of services these institutions provide, and their impact on victims and society. The results from past research are incorporated into the discussion to contextualize the emergence of RCCs, document the services they offer, and highlight various metrics used to gauge their efficacy. The authors conclude that, although RCCs' organizational structure and roles have evolved since their inception, they still remain a powerful force in both helping sexual assault victims and educating society at large.

Campbell, Rebecca, Debra Patterson, and Lauren F. Lichty, "The Effectiveness of Sexual Assault Nurse Examiner (SANE) Programs: A Review of Psychological, Medical, Legal, and Community Outcomes," *Trauma Violence & Abuse*, Vol. 6, No. 4, October 2005, pp. 313–329.

This article reviews empirical literature that specifically focuses on the effectiveness of SANE programs in five major areas: psychological recovery, comprehensive and consistent post-rape medical care, accurate and complete collection and documentation of forensic evidence, improving prosecution with better forensics and expert testimony, and

creating community change. As a starting point, the authors reviewed studies on rape survivors' experiences with hospital emergency departments to identify problems and what SANE programs tried to change. An overview of existing SANE programs, including their current function, structure, and operational efforts to provide a more comprehensive and survivor-centered model of care, followed. The authors report that preliminary evidence supports the effectiveness of SANE programs in all aspects of care, but findings are tentative.

Campbell, Rebecca, and Sheela Raja, "Secondary Victimization of Rape Victims: Insights from Mental Health Professionals Who Treat Survivors of Violence," *Violence and Victims*, Vol. 14, No. 3, 1999, pp. 261–275.

This article presents the results of a survey fielded to mental health professionals to gain insights regarding the extent and impact of rape victim secondary victimization by community service providers. The authors obtained survey responses from 415 licensed mental health professionals, and the majority of them agreed that rape victims can be further traumatized by service providers after the assault. Eighty-nine percent believed that the medical rape exam was traumatizing to rape victims, and 81 percent felt that contact with the legal system was distressful to rape victims. Eighty percent agreed that contact with service providers can have negative effects on rape victims, but only 48 percent felt that interaction with community service providers can have a positive impact on them. Additional analysis indicated how sexual assault–specific training, therapeutic orientation, and the demographics of the victims they worked with were associated with respondents' views of secondary victimization. Overall, this research contributes to the body of work that shows that the psychological trauma of rape often continues after the assault.

Campbell, Rebecca, and Sheela Raja, "The Sexual Assault and Secondary Victimization of Female Veterans: Help-Seeking Experiences with Military and Civilian Social Systems," *Psychology of Women Quarterly*, Vol. 29, No. 1, March 2005, pp. 97–106.

This study examined the help-seeking experiences of female veterans after sexual assault. The authors surveyed 260 female patients at a Veterans' Administration Hospital Women's Clinic about sexual victimization, secondary victimization, and posttraumatic stress. Survey respondents described 104 sexual assaults, and most who sought legal or medical help from military or civilian systems reported that the contact made them feel guilty, depressed, anxious, distrustful, and reluctant to seek further help. Assaults that took place during military service were more likely to be reported than those outside of military service. In addition, victims who reported an assault to military officials were more likely to be told that the assault was not serious enough to pursue than were victims who reported the assault to civilian police. However, other types of secondary victimization were more prevalent among civilian police: They were more likely to question victims about their clothing at the time of the assault and their prior sexual history. Medical secondary victimization behaviors (e.g., lack of explanation for pregnancy or STD risk from assault) were more common in incidents reported to civilian officials. The results imply the importance of sensitive legal and medical responses to victims who seek help for sexual assault.

Campbell, Rebecca, and Deborah A. Salem, "Concept Mapping as a Feminist Research Method: Examining the Community Response to Rape," *Psychology of Women Quarterly*, Vol. 23, No. 1, March 1999, pp. 65–89.

In this article, the authors use the topic of how the legal, medical, and mental health systems could better meet rape victims' needs to illustrate the utility of concept mapping, a six-step method commonly used in program planning and evaluation. Interviews with 168 rape victim advocates working across the United States yielded ideas for improvement, which the authors refined based on additional input from 20 of the interview participants and 20 staff members from rape crisis centers local to the authors. The resultant concept map included recommendations for broad-based and system-specific changes related to ten areas: victim attitudes and behaviors, community education, policy changes, policies and services for rape crisis center and mental health professionals, sensitizing medical staff, sensitizing police, tips for juries, tips for prosecutors, medical services, and court improvements.

Campbell, Rebecca, Tracy Sefl, Holly E. Barnes, Courtney E. Ahrens, Sharon M. Wasco, and Yolanda Zaragoza-Diesfeld, "Community Services for Rape Survivors: Enhancing Psychological Well-Being or Increasing Trauma?" *Journal of Consulting and Clinical Psychology*, Vol. 67, No. 6, December 1999, pp. 847–858.

The authors conducted interviews with 102 Chicago-area female rape victims in order to determine how rape victims' contact with community service providers affects their psychological well-being. Specifically, interview participants were asked to characterize the extent of their interaction with legal, medical, and mental health service providers, to identify secondary victimization experiences they were subjected to, if any, in each system, and to complete a posttraumatic stress scale used to assess psychological well-being. Statistical analysis of the interview data indicated that while individual and incident-related variables were not related to posttraumatic stress, secondary victimization in either the legal or medical arenas was associated with higher posttraumatic stress. Additional findings pertained to the moderating role that the type of relationship between victim and perpetrator has on the relationship between contact with a community service provider and posttraumatic stress. For instance, victims who had been raped by someone they knew and experienced secondary victimization from the medical system had higher levels of posttraumatic stress. Study results underscore the importance of ongoing educational efforts with community service providers who work with rape victims.

Campbell, Rebecca, Stephanie M. Townsend, Susan M. Long, Kelly E. Kinnison, Emily M. Pulley, S. Bibiana Adames, and Sharon M. Wasco, "Responding to Sexual Assault Victims' Medical and Emotional Needs: A National Study of the Services Provided by SANE Programs," *Research in Nursing & Health*, Vol. 29, No. 5, 2006, pp. 384–398.

This article describes the consistency of Sexual Assault Nurse Examiner (SANE) programs in the provision of 17 medical and emotional care services for victims, including physical and emotional health services for screening and treatment, prosecution, and forensic steps toward legal action. The authors randomly selected 110 SANE programs nationwide for

inclusion. At each site, the program director and/or the most experienced SANE (if not the same person as the program director) participated in a telephone interview. Results show that, within the examined sample, SANE programs did consistently offer forensic evidence collection, STD prophylaxis, information on HIV, information on pregnancy risk, and referrals to community resources. However, the majority of programs did not regularly perform STD cultures or HIV testing and prophylaxis. The reasons that programs did not offer some services included financial constraints, the relationship between medical care and legal prosecution, and affiliations with Catholic hospitals.

Campbell, Rebecca, and Sharon M. Wasco, "Understanding Rape and Sexual Assault: 20 Years of Progress and Future Directions," *Journal of Interpersonal Violence*, Vol. 20, No. 1, January 2005, pp. 127–131.

This article provides a brief review of landmark sexual assault research from the past two decades. The authors discuss the documentation of rape as a widespread problem; approximately one-fourth of all women will experience rape during their adulthood, leaving them with psychological and other health problems. The article also discusses advances in understanding the consequences of rape for survivors, their families and friends, and advocates and therapists. They emphasize the need to improve community-based interventions, increase our understanding of rape prevention, and develop new methodological frameworks for research on rape.

Campbell, Rebecca, Sharon M. Wasco, Courtney E. Ahrens, Tracy Sefl, and Holly E. Barnes, "Preventing the 'Second Rape': Rape Survivors' Experiences with Community Service Providers," *Journal of Interpersonal Violence*, Vol. 16, No. 12, December 2001, pp. 1239–1259.

The authors conducted interviews with 102 Chicago-area female rape victims in order to assess how rape victims' contact with social service providers affects their psychological and physical health. Specifically, interview participants were asked to characterize the extent of their interaction with five types of social service providers (legal, medical, mental health, rape crisis center, religious community), to identify secondary victimization experiences they were subjected to, if any, and to complete measures used to evaluate psychological and physical health. Results indicated that victims who did not know the perpetrator sought legal or medical assistance more often than did victims who knew the perpetrator. Race played a role in seeking support from a mental health facility or rape crisis center: White rape victims contacted these institutions more frequently than did minority rape victims. Rape victims experienced the most difficulty with the legal system, as implied by only 25 percent of reported cases being prosecuted. Specifically, victims were less likely to have their cases prosecuted if they were minority women, if they knew the perpetrator, if they did not sustain additional physical injury, or if their rape did not involve a weapon. Victims had the least difficulty with mental health professionals, rape crisis centers, and religious communities. For those three types of institutions, victims were generally able to obtain the services they sought, albeit ones that differed greatly from legal or medical services. Finally, statistical analysis revealed that victims who characterized their interaction with the legal system as "hurtful" had higher psychological and

physical distress. There was also a relationship between the delivery of medical services and health-related indicators. Overall, this research demonstrates that negative interactions with social service providers are related to poorer health outcomes.

Carbone-Lopéz, Kristin C., "The 'Usual Suspects': How Race Affects Decisions to Report Rape Victimization," *Journal of Ethnicity in Criminal Justice*, Vol. 3, No. 4, 2005, pp. 29–47.

The author used data from the rape subsample of the National Criminal Victimization Survey (1992–2001) to determine how race influences victim decisions to report rape. Statistical analysis of 526 cases revealed that rapes were more likely to be reported to police when the perpetrator was black, regardless of the race of the victim. In addition, rapes that involved the use of a weapon or serious additional injury to the victim were more likely to be reported. On the other hand, the greater the victim's level of education, the less likely the rape was to be reported. The author suggests that the race-related findings may be a consequence of perceptions of the criminal justice system, including perpetrator stereotypes and perceptions that a "better case" can be made when the perpetrator is black.

Care for Victims of Sexual Assaults Task Force, *Report on Care for Victims of Sexual Assault*, Washington, D.C.: U.S. Department of Defense, 2004.

This report summarizes the results of a task force established in 2004 at the direction of Secretary of Defense Donald Rumsfeld. The task force had two main tasks: (1) to conduct a review of all Department of Defense (DoD) and military service policies and practices related to sexual assault and (2) to recommend changes necessary to address areas in need of improvement. The results of the study, based on analysis of sexual assault incident data and data systems, document reviews, interviews, and focus groups, included 35 high-level findings on the definition of sexual assault, DoD sexual assault data and data systems, sexual assault prevention programs, barriers to sexual assault reporting, care for sexual assault victims, victim advocacy, sexual assault investigation, and sexual assault prosecution. The task force also offered a series of recommendations intended for immediate, near-term, and long-term action.

Carr, Joetta L., *Campus Violence White Paper*, Baltimore, Md.: American College Health Association, 2005.

This white paper is a comprehensive examination of campus violence, including sexual violence. The author begins by describing the extent of the problem with statistics on violence rates. She then discusses the direct and indirect consequences of violence on campus and provides a conceptualization of violence categories, such as different kinds of sexual violence; racial, ethnic, and gender-based violence and homophobic intimidation; hazing; celebratory violence; attempted suicide and suicide; murder/suicide; murder/non-negligent manslaughter; aggravated assault; and arson. She concludes with a discussion of the underlying issues surrounding campus violence, a public health approach to prevention, and legal mandates and recommendations.

Carroll, Marjorie H., and M. Diane Clark, "Men's Acquaintance Rape Scripts: A Comparison Between a Regional University and a Military Academy," *Sex Roles*, Vol. 55, Nos. 7–8, October 2006, pp. 469–480.

This research explored whether background experiences affect acquaintance rape scripts. The authors compared 147 male college students with 283 military academy students. The authors presented participants with a scenario depicting the moments after an acquaintance rape scenario and asked them to describe the events leading up to it; their responses were coded based on the presence or absence of 51 themes and which of five acquaintance rape scripts they fit in to. The five scripts reflected the answers of both the college and academy students and included the following: that the man was wrongly accused, that the event was related to a party, that it had to do with alcohol interacting with an ongoing relationship, that the woman was not ready for sex, or that the date was for sex only. College men were more likely to report a script about acquaintance rape involving alcohol, while military academy men were more likely to report a script about a relationship that went too far sexually for the woman who was not ready for sex, or where the man was wrongly accused and the event was not a rape.

Cass, Amy I., "Routine Activities and Sexual Assault: An Analysis of Individual- and School-Level Factors," *Violence and Victims*, Vol. 22, No. 3, 2007, pp. 350–366.

This study examined whether college students' routine activities and school-level factors adequately explain the probability of sexual assault. The study used a previously collected, nationally representative dataset that includes interview data from 3,036 students and survey data from the 11 schools the students attended. The individual interviews addressed experience with victimization, and the surveys collected information about campus security, crime prevention programs, and law enforcement. The author found that being female, engaging in recreational drugs, and being single significantly increased the probability of sexual assault, while no school-level factors were significant. The results imply that routine activities may not adequately explain sexual assault on college campuses.

Choate, Laura Hensley, "Sexual Assault Prevention Programs for College Men: An Exploratory Evaluation of the Men Against Violence Model," *Journal of College Counseling*, Vol. 6, No. 2, 2003, pp. 166–176.

This research evaluated the effectiveness for male fraternity members of a one-hour rape prevention presentation entitled "Men Against Violence." The program was presented within fraternities, to their membership, by peer presenter teams that consisted of a trained female graduate student and a male undergraduate student from the Men Against Violence student organization. The program provided statistics and explained the laws against sexual violence, but the bulk of the program was a discussion of common rape myths, including how participants understood the myth and how the myths could be dispelled. After the presentation ended, 130 participants completed a demographic form and a program evaluation form in which they were asked to explain whether and how the program affected them. The responses indicated that the participants felt they had learned

facts about sexual assault and legal interpretations. In addition, participants expressed confusion and concern that men were vulnerable to legal rape charges in some situations, such as those involving alcohol. Because of the descriptive nature of the evaluation, the effectiveness of the program was not fully assessed.

Ciancone, A. C., Caroline Wilson, Renee Collette, and Lowell W. Gerson, "Sexual Assault Nurse Examiner Programs in the United States," *Annals of Emergency Medicine*, Vol. 35, No. 4, April 2000, pp. 353–357.

This is a descriptive study of the Sexual Assault Nurse Examiner (SANE) programs and their characteristics, examination elements, and legal issues in the United States. The authors sent a confidential survey to 92 programs, 61 of which responded. The survey was a 35-item, five-page instrument that included questions on patient and staff demographics, affiliations, patient population and volume, staffing background and characteristics, examination settings, medical and forensic procedures, legal issues, and prosecution and conviction rates. Respondents also gave information regarding hours spent by the director and staff and their professional qualifications and training. Results showed many similarities in the design and management of SANE programs: They were consistently affiliated with emergency departments, most of the programs used prepared commercial sexual assault kits, and the program directors were predominantly registered nurses. However, the researchers found considerable variability in the medical services provided, especially in the tests offered to victims. For example, although most offered pregnancy testing and prophylaxis for pregnancy and sexually transmitted diseases, HIV testing was not offered in 54 percent of the programs. Follow-up care was consistently offered to the survivors, but few programs documented follow-up care or the number of prosecutions by the survivors.

Clay-Warner, Jody, and Callie Harbin Burt, "Rape Reporting After Reforms: Have Times Really Changed?" *Violence Against Women*, Vol. 11, No. 2, February 2005, pp. 150–176.

The authors used data from the National Violence Against Women Survey to assess changes in sexual assault reporting trends since the passage of rape reform legislation. They analyzed 824 instances of attempted or completed rape with a female victim and male perpetrator across three eras: pre-reform (before 1975), early reform (1975–1989), and modern reform (1990–1996). Results indicate that rapes that took place during the modern reform era were more likely to be reported than ones that occurred prior to reforms. Aggravated rapes were more likely to be reported than simple rapes, and the difference between reporting rates for aggravated and simple rapes was not significantly different across the three eras studied. The authors conclude that these results indicate that rape reform has not been entirely successful.

Cleveland, H. Harrington, Mary P. Koss, and James Lyons, "Rape Tactics from the Survivors' Perspective: Contextual Dependence and Within-Event Independence," *Journal of Interpersonal Violence*, Vol. 14, No. 5, May 1999, pp. 532–547.

This study examined sexual assault perpetration tactics in the context of different perpetrator-victim relationships. The researchers surveyed 2,142 female college employees, found that 618 of them met the selection criteria for rape, and interviewed 257 of these women to examine tactics used in various forms of rape. The authors qualitatively analyzed the women's narratives with regard to the perpetrators' tactics during the assault. The researchers then assessed the frequencies and the interaction between different tactics. Results indicated that there was not a relationship between the use of power tactics and drug tactics. Results also showed that the use of power tactics to obtain sex decreased as the perpetrator-victim relationship became closer, with the exception of ex-husbands. Acquaintances and dates were more likely than husbands to use alcohol and drug tactics.

Cloitre, Marylene, Kenneth Tardiff, Peter M. Marzuk, Andrew C. Leon, and Laura Portera, "Childhood Abuse and Subsequent Sexual Assault Among Female Inpatients," *Journal of Traumatic Stress*, Vol. 9, No. 3, 1996, pp. 473–482.

This study analyzed the relationship between childhood abuse and adult sexual assault. Using close-ended clinical interviews, the authors evaluated 409 consecutive female patients admitted to a psychiatric hospital; they also reviewed patient charts. Forty-five percent of the women indicated some form of childhood abuse, and 22 percent had experienced at least one sexual assault in adulthood. No significant demographic (age, race/ethnicity, education, employment) differences were found between those who had and had not experienced a sexual assault as an adult, although those women with a childhood abuse were more than three times as likely to experience a sexual assault in adulthood. Women who reported being divorced or separated were also more likely to have been sexually assaulted. This study of female inpatients suggests the importance of prospective studies in determining the relationship between childhood abuse and adult sexual assault.

Cloutier, S., S. L. Martin, and C. Poole, "Sexual Assault Among North Carolina Women: Prevalence and Health Risk Factors," *Journal of Epidemiology and Community Health*, Vol. 56, No. 4, April 2002, pp. 265–271.

This study estimated the prevalence of sexual assault of women in North Carolina and examined the relationship between sexual assault and health risk factors. It used data from the Behavioral Risk Factor Surveillance System (BRFSS), funded by the Centers for Disease Control and Prevention, which randomly samples adults. In particular, this study used the data from the 2,109 women in North Carolina who responded to the sexual assault questions in the 1997 BRFSS. Nineteen percent of the women reported a history of sexual assault, and 73 percent of these women experienced forced sexual intercourse or attempted forced sexual intercourse. Sexual assault victims were more likely than nonvictims to be younger, separated or divorced, college graduates, and employed.

There was no relationship with income. Victims were more likely to report poor physical and mental health and to say that they consumed alcohol and smoked cigarettes. In particular, victims of rape or attempted rape were more likely to be obese and to report one or more health risk factors, such as hypertension, high cholesterol, or diabetes. This unique nonclinical study of a statewide population of women suggests that sexual victimization is related to a variety of health risk factors.

Cole, Jennifer, and T. K. Logan, "Negotiating the Challenges of Multidisciplinary Responses to Sexual Assault Victims: Sexual Assault Nurse Examiner and Victim Advocacy Programs," *Research in Nursing & Health*, Vol. 31, No. 1, 2008, pp. 76–85.

This study examined the relationship between Sexual Assault Nurse Examiner (SANE) and victim advocacy programs by conducting telephone interviews with 231 SANE program coordinators. The majority of interviewees reported good (13 percent) or excellent (77 percent) relationships with victim advocacy organizations. When conflicts did emerge, they most frequently pertained to autonomy, control, or turf issues (80 percent). Other sources of conflict were role conflict or ambiguity (44 percent), differences in objectives or values (13 percent), and volunteer advocates' lack of training or professionalism (9 percent). The most frequently cited conflict avoidance or resolution strategy was open communication (81 percent), followed by defining explicit roles and setting boundaries (67 percent) via training and policy. The results suggest that SANE programs are generally well integrated with local victim advocacy programs.

Combs-Lane, Amy M., and Daniel W. Smith, "Risk of Sexual Victimization in College Women: The Role of Behavioral Intentions and Risk-Taking Behaviors," *Journal of Interpersonal Violence*, Vol. 17, No. 2, February 2002, pp. 165–183.

This research studied women's self-appraisals of high-risk behavior, intentions to engage in risk-taking behavior and use of alcohol in relation to future high-risk behavior and sexual victimization. In the initial data-collection round, 190 female college students responded to a survey assessing risk factors for sexual victimization, with 126 returning for a second, follow-up round approximately five months later. In the first round, 26 percent reported a history of sexual victimization; 13 percent reported new victimization in the second round. Of those women, 31 percent had been categorized as prior victims in the first round; however, prior victimization was not related to victimization between the assessments. Instead, alcohol use, followed by expected engagement in heavy drinking, expected involvement in risky sex, and expected involvement and exposure to potential perpetrators, was associated with subsequent victimization. The researchers conclude that expected involvement in risky behavior in the first round of data collection predicted victimization prior to the second round. These variables also predicted the frequency of involvement in risky sexual activities prior to the second round.

Cook, Paul J., Alan M. Jones, Rachel N. Lipari, and Anita R. Lancaster, *Service Academy 2005 Sexual Harassment and Assault Survey*, Arlington, Va.: Defense Manpower Data Center, DMDC Report No. 2005-018, 2005.

This report presents the findings of the Service Academy 2005 Sexual Harassment and Assault Survey, conducted by the Defense Manpower Data Center in response to Section 527 of the National Defense Authorization Act for Fiscal Year 2004. This survey was the second in a series of congressionally mandated surveys to assess these issues at the service academies, and was similar to an Inspector General survey administered at the academies in the spring of 2004. The report presents findings separately for each academy. Findings include that 4 to 6 percent of women and approximately 1 percent of men at the academies experience sexual assault. At the time of the survey, 81 percent of female cadets and 87 percent of male cadets surveyed at the U.S. Air Force Academy (USAFA) felt that conditions had improved at the USAFA since they arrived. The majority of surveyed Navy midshipmen had also seen improvement at the U.S. Naval Academy. One-third of female and almost half of male U.S. Military Academy cadet respondents felt that sexual assault was less of a problem.

Corbin, William R., Jeffrey A. Bernat, Karen S. Calhoun, Lily D. McNair, and Kari L. Seals, "The Role of Alcohol Expectancies and Alcohol Consumption Among Sexually Victimized and Nonvictimized College Women," *Journal of Interpersonal Violence*, Vol. 16, No. 4, April 2001, pp. 297–311.

The authors investigated potential risk factors, including alcohol expectancies, alcohol consumption, sexual assertiveness, and number of consensual sex partners, among 238 college women, separated into three groups by the severity of their victimization—none, moderate, or severe. The researchers used surveys to assess the degree of sexual victimization experienced since the age of 14, alcohol expectancies, alcohol consumption, the likelihood of sexual activity following alcohol consumption, sexual assertiveness, and sexual behavior. Findings indicate that women with severe victimization experiences—that is, attempted or completed rape—reported a higher alcohol consumption rate, less likelihood of refusing unwanted sexual behavior, and greater expectancies for alcohol consumption.

Cowan, Gloria, "Women's Hostility Toward Women and Rape and Sexual Harassment Myths," *Violence Against Women*, Vol. 6, No. 3, March 2000, pp. 238–246.

Men are more likely to perpetrate sexual assault and are more likely to believe rape myths. However, women can also support these myths and may hold such attitudes as blaming the victim for the incident or trivializing the assault. This study surveyed 155 college women to analyze the relationship between women's hostility toward women and beliefs in the causes of rape that can be considered rape myths. The author examined three beliefs: that female victims of rape provoke rape, that men cannot control their sex drive, and that rape is caused by mentally ill men. She found that women who hold negative stereotypes about women are more likely to support these three beliefs. She concludes that

women's rejection and distrust of other women supports and sustain societal perspectives that tolerate sexual violence.

Coxell, Adrian W., and Michael B. King, "Male Victims of Rape and Sexual Abuse," *Sexual and Relationship Therapy*, Vol. 11, No. 3, 1996, pp. 297–308.

This paper provides an introduction to literature regarding the sexual assault of adult males. It discusses myths about male sexual assault, including perceptions that men cannot be forced to have sex against their will and that male victims or perpetrators must be gay. The authors then review two relevant studies that indicate prevalence rates of 7.2 percent (in Los Angeles) and 27.6 percent (in the UK) for the sexual assault of men. The authors also raise the issue of sexual assault of men by female perpetrators, asserting that virtually no research has addressed this topic. The authors note that very little scientific data exist to measure or address the sexual assault of men, and that there is no evidence-based treatment guidance on this issue.

Coyle, Bonnie S., Diana L. Wolan, and Andrea S. Van Horn, "The Prevalence of Physical and Sexual Abuse in Women Veterans Seeking Care at a Veterans Affairs Medical Center," *Military Medicine*, Vol. 161, No. 10, October 1996, pp. 588–593.

Researchers surveyed female veterans regarding their physical and sexual abuse victimization both within and outside of the military. In an anonymous survey of 429 female veterans who had sought care from the Baltimore Veterans Affairs Medical Center, 55 percent reported sexual abuse (pressure to do something sexual, excluding unwanted sexual intercourse) either during or outside of their military career. This was the most common form of abuse reported by this sample, followed by physical abuse (48 percent) and rape (41 percent). Within the victim groups, 44 percent of those reporting sexual abuse and 52 percent of those reporting rape were not victimized during active duty. Risk factors for sexual abuse included age under 50; being single, separated, or divorced; and being enlisted rather than an officer. The high rates for abuse in this population suggest a greater need for related services in veterans care centers.

Crandall, Cameron S., and Deborah Helitzer, *An Impact Evaluation of a Sexual Assault Nurse Examiner (SANE) Program*, Washington, D.C.: U.S. Department of Justice, 2003.

This evaluation examined the effect of implementation of a SANE program at a hospital facility. The evaluation focused on four areas: health care, law enforcement, victim services, and prosecution. The researchers used a quasi-experimental design that compared the experiences of women before and after the implementation of a SANE program in Albuquerque, New Mexico. They employed a combination of qualitative and quantitative data-collection measures to evaluate the experiences of victims before and after SANE implementation. This included interviews with 242 pre-SANE and 715 post-SANE female patients as well as 28 interviews with representatives of the four target areas. The researchers also analyzed data from medical charts, law enforcement and court records, and a victim telephone survey. Regarding health care, the authors found that post-SANE

victims received more medical services and a greater number and more comprehensive types of referrals for other victim services. A significantly greater number of SANE victims filed reports with police and had sexual assault evidence kits collected. In follow-ups, police filed more charges after the SANE program was implemented, and charges filed post-SANE implementation had higher conviction rates and longer average sentences than before the SANE program. This evidence indicates that the SANE program has improved multiple aspects of the post-sexual assault intervention, including the quality of health care for sexual assault victims, the quality of forensic evidence, and the ability for law enforcement to file charges and successfully prosecute cases.

Crosset, Todd W., Jeffrey R. Benedict, and Mark A. McDonald, "Male Student Athletes Reported for Sexual Assault: A Survey of Campus Police Departments and Judicial Affairs Offices," *Journal of Sport and Social Issues*, Vol. 19, No. 2, May 1995, pp. 126–140.

The authors fielded a survey to campus police departments and judicial affairs offices at NCAA Division 1 universities to test the hypothesis that male student-athletes were responsible for a disproportionate share of reported sexual assaults at these schools. Analysis of surveys from 20 campus police departments and ten judicial affairs offices provided support for the hypothesis: For the three-year study timeframe, 1991–1993, male-student athletes made up 3 percent of the total male population but represented 19 percent of reported perpetrators. Although the nature and scope of this study are limited, it makes a useful contribution to the small body of empirical research on student-athletes and sexual assault, an issue frequently discussed yet rarely studied with scientific rigor.

Cue, Kelly L., William H. George, and Jeanette Norris, "Women's Appraisals of Sexual-Assault Risk in Dating Situations," *Psychology of Women Quarterly*, Vol. 20, No. 4, 1996, pp. 487–504.

This study used hypothetical scenarios to determine whether women's estimates of date rape risk are affected by the characteristics of their dating partner or the consumption of alcohol by either the woman or her dating partner. The researchers studied 165 female college students in an experimental design and presented the subjects with a stimulus vignette describing a couple's first date. Subjects then answered questionnaires that assessed their perceptions regarding the likelihood of sexual behavior or aggression occurring during that particular scenario. Women rated men in dating scenarios to be more likely to commit nonconsensual sexual acts when the man had rape-congruent characteristics, such as a belief in male sexual entitlement and a hostile attitude toward women, and when the women were judging another woman on the date rather than themselves. Participants did not rate sexual assault as more likely when the couple drank alcohol, although they did rate the woman in the scenario as being more receptive to consensual sexual activity.

Culbertson, Kayleen A., Peter W. Vik, and Beverly J. Kooiman, "The Impact of Sexual Assault, Sexual Assault Perpetrator Type, and Location of Sexual Assault on Ratings of Perceived Safety," *Violence Against Women*, Vol. 7, No. 8, August 2001, pp. 858–875.

This study described how sexual assault, relationship to perpetrator, and the location of sexual assault affect perceived safety. The authors surveyed 314 college women, and 55 percent of the sample met the assault criteria. The authors found that, in general, women who had experienced sexual assault felt less safe than did nonvictims. The relationship between the victim and the perpetrator affected feelings of safety. Additionally, women assaulted at home felt less safe at home than did women assaulted away from home, and women assaulted outside their homes felt less safe in isolated public settings than did women assaulted at home. The results suggest that the experience of sexual assault undermines women's sense of safety.

Curtis-Fawley, Sarah, and Kathleen Daly, "Gendered Violence and Restorative Justice: The Views of Victim Advocates," *Violence Against Women*, Vol. 11, No. 5, May 2005, pp. 603–638.

This article presents the results of 15 interviews with personnel from Australian victim advocacy organizations, who provided their views regarding the criminal justice system's handling of gendered violence (including sexual violence) and the efficacy of restorative justice for such incidents of violence. As a whole, the interviewees perceived a number of criminal justice system shortcomings, including revictimization of the victim during the legal process, underreporting of sexual assaults, and a focus on victim credibility and behaviors in court proceedings. They also were generally favorable regarding the use of restorative justice in cases of gendered violence. It was seen as a clear alternative to the current, adversarial system and particularly beneficial for victims who wanted to maintain a relationship with the perpetrator. Perhaps more importantly, restorative justice was viewed as a way to empower victims and give them a voice as well as to lower the stakes for a perpetrator to admit his guilt. However, the advocates interviewed also cautioned that restorative justice could lead to revictimization, particularly in a face-to-face meeting with the perpetrator, and could be regarded as second-class or "cheap" justice that results in too lenient a punishment. Overall, the interviewees were open to restorative justice as a parallel or alternative process, but still advocated some sort of reliance on criminal law.

Davies, Michelle, Paul Pollard, and John Archer, "Effects of Perpetrator Gender and Victim Sexuality on Blame Toward Male Victims of Sexual Assault," *Journal of Social Psychology*, Vol. 146, No. 3, June 2006, pp. 275–291.

This study aimed to determine the effects of perpetrator gender, victim sexual orientation, and the victim's previous sexual experience on external attributions toward male sexual assault victims. One hundred sixty-one British college students (56 male, 105 female) were each given a scenario picked from a variety of male victim-perpetrator pairings, and were then asked to fill out a survey to measure how they attributed blame between the victim and the perpetrator. The results showed that male participants assigned more blame to the male victim if the victim was assaulted by a woman or if the victim was homosexual and

assaulted by a male perpetrator. Female participants supported the victims regardless of the perpetrator's gender or the victim's sexual orientation. Male and female participants viewed male perpetrators equally negatively, but male participants viewed female perpetrators less negatively than did female participants. Additionally, the researchers inferred that victims with greater sexual experience were evaluated more negatively.

Davies, Michelle, and Paul Rogers, "Perceptions of Male Victims in Depicted Sexual Assaults: A Review of the Literature," *Aggression and Violent Behavior*, Vol. 11, No. 4, 2006, pp. 367–377.

This article presents a literature review of perceptions of male victims of sexual assault. The authors find that, according to this body of work, people tend to assign greater blame to male victims than to female victims, due to a perception that men should be able to defend themselves physically from such an attack. They also find that homosexual male victims generally are assigned greater blame than heterosexual victims, particularly when judged by heterosexual men. Further, male victims of female perpetrators are evaluated more negatively than male victims of male perpetrators. The authors assert that service providers working with male victims of sexual assault and victims of female sexual assault be counseled to consider their own biases when dealing with these patients.

Davis, Kelly Cue, William H. George, and Jeanette Norris, "Women's Responses to Unwanted Sexual Advances: The Role of Alcohol and Inhibition Conflict," *Psychology of Women Quarterly*, Vol. 28, No. 4, 2004, pp. 333–343.

This study examined the link between moderate alcohol consumption by the victim and the victim's responses to unwanted sexual advances in a dating context. Sixty women with histories of moderate drinking participated in the experiment. Participants were given alcoholic or nonalcoholic beverages, depending on their experimental condition. Participants then were provided with a vignette that provided details of a relationship and then described a single dating episode. The participants were asked to project themselves into the vignette and to respond to a series of escalating sexual advances. After each advance, the participant completed a questionnaire regarding her likely response to the advance. The results showed that sober women were more likely than intoxicated women to refuse their dating partner's sexual advances in conflict situations. (An example of a "high-conflict situation" is when a woman is in a committed, long-term relationship and has already invested a great deal of time, energy, and emotional attachment into the relationship). Additionally, the research indicated that alcohol consumption made a woman more likely to act passively in response to sexual advances. The authors suggest that this study highlights the influence of alcohol consumption, situational factors, and women's responses to unwanted sexual advances.

Davis, Tania M., and Peggy S. Wood, "Substance Abuse and Sexual Trauma in a Female Veteran Population," *Journal of Substance Abuse Treatment*, Vol. 16, No. 2, 1999, pp. 123–127.

This study described substance abuse, posttraumatic stress disorder (PTSD), and sexual assault history in a sample of female veterans. Thirty-eight individuals participating in PTSD and/or substance abuse treatment at a veterans' hospital completed surveys at two time periods six months apart. The researchers also conducted diagnostic interviews and reviewed participants' medical charts. The authors found both a high incidence of PTSD related to sexual trauma and a high rate of substance abuse among women with past sexual trauma. However, the authors state clearly that the findings do not imply causality between PTSD and substance abuse, as the authors do not know which came first. Nonetheless, the authors assert that health care providers in substance abuse, PTSD, and primary care settings should assess both substance abuse and sexual trauma histories and should be prepared to treat or refer such women appropriately.

Day, Kristen, "Conceptualizing Women's Fear of Sexual Assault on Campus: A Review of Causes and Recommendations for Change," *Environment and Behavior*, Vol. 26, No. 6, November 1994, pp. 742–765.

This article describes a conceptual model of sexual assault as a form of social control and describes factors associated with the fear of sexual assault on college campuses. The factors that influence a woman's fear include societal, individual, and campus factors, as well as time. The author suggests societal strategies to reduce fear while also preventing sexual assault, including educational seminars, providing accurate information about incidents of sexual assault, disseminating research, and organizing events that challenge attitudes about sexual assault. She also suggests individual strategies that increase women's sense of physical competence and that positively impact the environment, such as block watch programs. Macroscale campus strategies include evaluating the effects of physical changes on the environment and adding emergency telephones and easy access to public transportation. Microscale campus strategies include working to replace rape myths with accurate information and increasing the level of activity (both student and security personnel) in certain places.

Day, Kristen, "Assault Prevention as Social Control: Women and Sexual Assault Prevention on Urban College Campuses," *Journal of Environmental Psychology*, Vol. 15, No. 4, December 1995, pp. 261–281.

The author investigated and compared the individual and organizational sexual assault prevention strategies at two colleges in the same Midwestern city. She concludes that the schools do little to modify the contextual conditions conducive to sexual assault, and that individual strategies are temporary. Strategies found included school strategies (e.g., transportation, patrol services, security guards, door lock systems) and individual strategies (e.g., walking with others, using safe paths, being aware of surroundings, using locks). These strategies are ones that tend to reinforce victims' blame rather than address societal characteristics conducive to assault. The author observed that women are more

likely to participate in strategies that target stranger assault, but date and acquaintance assault remain largely untargeted. The author maintains that schools must acknowledge the real problem of date and acquaintance rape and develop serious policies that increase awareness and knowledge of these problems. Finally, women's safety must be ensured without restricting their access to public space.

Defense Task Force on Sexual Harassment and Violence at the Military Service Academies, *Report of the Defense Task Force on Sexual Harassment and Violence at the Military Service Academies*, Washington, D.C.: U.S. Department of Defense, 2005.

This report provides the results of the Defense Task Force on Sexual Harassment and Violence at the Military Service Academies. The task force was established pursuant to the National Defense Authorization Act for Fiscal Year 2004, to assess whether the military departments could more effectively address sexual harassment and assault at the U.S. Military Academy and the U.S. Naval Academy. This assessment follows a similar effort completed at the U.S. Air Force Academy. The task force found that progress had been made at both of these academies, but that hostile attitudes and inappropriate actions continued, as did tolerance for them. The task force made recommendations for both midshipmen and cadets and also for the leadership, staff, and faculty of the academies. This report also includes discussions of the critical issues of confidentiality and academy culture.

DeKeseredy, Walter S., and Carolyn Joseph, "Separation and/or Divorce Sexual Assault in Rural Ohio: Preliminary Results of an Exploratory Study," *Violence Against Women*, Vol. 12, No. 3, March 2006, pp. 301–311.

This research addressed two gaps in knowledge. The first concerns the increased likelihood of sexual assault for women as they attempt to leave their marital or cohabitation partners. The second is the knowledge of these circumstances in rural areas. This article presents preliminary findings confirming that these problems are serious in rural Ohio and that victims of sexual assault under these circumstances also suffer from other kinds of abuse.

DeKeseredy, Walter S., McKenzie Rogness, and Martin D. Schwartz, "Separation/Divorce Sexual Assault: The Current State of Social Scientific Knowledge," *Aggression and Violent Behavior*, Vol. 9, No. 6, 2004, pp. 675–691.

Most research of intimate partner abuse has focused on the abuse that occurs during a relationship; this paper reviews existing research on sexual assault during divorce and separation. Such research shows that exiting a marital or cohabitating relationship increases the likelihood of sexual assault. The authors encourage the development of theoretical frameworks to address this issue. They also cite the need for policies and practices to meet the unique needs of women being assaulted by the men they have left.

DeKeseredy, Walter S., and Martin D. Schwartz, "Definitional Issues," in Claire M. Renzetti, Jeffrey L. Edleson, and Raquel Kennedy Bergen, eds., *Sourcebook on Violence Against Women*, Thousand Oaks, Calif.: Sage Publications, 2001, pp. 23–34.

This chapter of a book devoted to research on violence against women provides an overview of the underlying issues plaguing such research, including the way that definitions are constructed, questions are designed, and data are analyzed. The authors conclude that there is sharp disagreement regarding definitions, and that these differences result in inconsistent measures of prevalence.

del Bove, Giannetta, and Lana Stermac, "Psychological Evidence in Sexual Assault Court Cases: The Use of Expert Testimony and Third-Party Records by Trial Court Judges," in *Sexual Violence: Policies*, *Practices*, *and Challenges in the United States and Canada*, James F. Hodgson and Debra S. Kelley, eds., New York: Praeger Publishers, 2001, pp. 119–134.

In this study, the authors examined how trial judges employ two types of psychological evidence, expert witness accounts and third-party records, in sexual assault court case decisions. Qualitative analysis of documents available from 14 Ontario Provincial Court cases (1997–1999) suggested that, in spite of new legislation regarding the relevancy of third-party records, defense attorneys were frequently able to access victim records from third parties. This may stem from judges' reliance on court precedent rather than new statutes. When expert witnesses were used, they most often addressed victim mental health and substance use and, in doing so, tended to undermine victim credibility. In addition, expert witnesses introduced by the prosecution were not as readily accepted by judges and instead provided the defense with an additional opportunity to examine the victim/complainant with its own experts. Based on their findings, the authors conclude that the focus still tends to be on the victim rather than the defendant in a sexual assault trial. Further, they suggest that even when third-party records are not disclosed to the defense, they may have a negative impact on the judge's own perceptions of the victim and how evidentiary decisions are made.

Derhammer, Frances, Vincent Lucente, James F. Reed, and Mark J. Young, "Using a SANE Interdisciplinary Approach to Care of Sexual Assault Victims," *Joint Commission Journal on Quality Improvement*, Vol. 26, August 2000, pp. 488–496.

This research compared Lehigh Valley Hospital and Healthcare Network's newly implemented SANE program with the previous approach using the emergency room on-call aid administered to victims of sexual assault by on-call obstetricians and gynecologists. The study used information extracted from records for a baseline group of 130 previously treated sexual assault victims, compared with 39 patients who were evaluated after the SANE program was implemented. The two major categories of outcomes included time and examination procedures. There was not a decrease in time spent in the emergency department, but there was an increase in examination time. The quality of care evident in the examination procedures showed substantial improvement. The results suggest that the SANE program increased clinical interaction and led to significant improvements in

quality indicators, such as completion of evaluation and information gathered relevant to medical-legal issues.

Desai, Sujata, and Linda E. Saltzman, "Measurement Issues for Violence Against Women," in Claire M. Renzetti, Jeffrey L. Edleson, and Raquel Kennedy Bergen, eds., *Sourcebook on Violence Against Women*, Thousand Oaks, Calif.: Sage Publications, 2001, pp. 35–52.

This chapter of a book devoted to research on violence against women discusses measurement issues regarding such studies. The authors state that, although the topic is widely addressed in fields ranging from anthropology to criminology, researchers in these fields define and study the issues differently. Definitions, sources of the information, research methods employed, and measurement constructs all vary across the disciplines. Thus, the findings and implications of these studies vary. The authors discuss the strengths and weaknesses of different approaches and argue for a combination of efforts, including standardization of definitions, hybrid measurement strategies, and combining information-gathering techniques.

Doherty, Kathy, and Irina Anderson, "Making Sense of Male Rape: Constructions of Gender, Sexuality and Experience of Rape Victims," *Journal of Community & Applied Social Psychology*, Vol. 14, No. 2, 2004, pp. 85–103.

This article examines opinions about male rape. A convenience sample of 30 male-female dyads was asked to discuss a rape vignette featuring a male victim, and the researchers analyzed the transcripts. Participants broadly discussed the experience of male rape and responses to male rape victims. Most used phallocentric reasoning to argue that rape is more traumatic for heterosexual men than it is for women or gay men, and most felt that heterosexual men would experience ridicule for failing to be masculine. Most participants constructed their arguments to sound less blaming toward heterosexual victims and less dismissive toward women and gay men. The participants noted that the victim in the vignette had previously been raped and, given this history, tended to assign irresponsibility and/or blame to the victim. These findings imply that male rape victims are viewed differently than female victims, and this affects the social support they receive.

DuBois, Cathy L. Z., Robert H. Faley, Gary A. Kustis, and Deborah Erdos Knapp, "Perceptions of Organizational Responses to Formal Sexual Harassment Complaints," *Journal of Managerial Issues*, Vol. 11, No. 2, Summer 1999, pp. 198–212.

This study examined the organizational climate surrounding sexual harassment and assault. The authors used data from the 1988 Department of Defense Survey of Sex Roles in the Active-Duty Military. Of the 20,243 respondents, approximately 700 reported filing a formal report about sexual harassment or assault; there were complete data for 403 of these 700 respondents. Analyzing the data for these 403 respondents, the authors found that victims with less favorable perceptions of organizational responses to their complaint took more formal actions, had higher status perpetrators, and experienced more frequent harassment relative to victims with more favorable perceptions. Victims with more favor-

able perceptions reported more organizational response to their complaint, and this was the most important factor in differentiating between victim assessments of organizational climate. The results underscore the importance of organizational communication regarding sexual harassment and assault.

Du Mont, Janice, Karen-Lee Miller, and Terri L. Myhr, "The Role of 'Real Rape' and 'Real Victim' Stereotypes in the Police Reporting Practices of Sexually Assaulted Women," *Violence Against Women*, Vol. 9, No. 4, April 2003, pp. 466–486.

This study examined how rape myth–associated characteristics of sexual assault influence female victims' police reporting behavior. Statistical analysis of 186 cases at a Canadian sexual assault medical treatment center in 1994 indicated that two elements of "real rape"—the use of force and clinically observed physical injuries—increased the odds of reporting the assault to the police. None of the victim attributes related to "real victim" stereotypes (e.g., age, race/ethnicity, marital status, and alcohol use) were significant predictors of victim reporting behavior. The results suggest that women may not accept all major elements of rape mythology.

Du Mont, Janice, Karen-Lee Miller, and Deborah White, "Social Workers' Perspectives on the Victim Impact Statements in Cases of Sexual Assault in Canada," *Women & Criminal Justice*, Vol. 18, No. 3, 2007, pp. 1–23.

In this study, the authors examined social workers' perceptions of the purpose and usefulness of victim impact statements (VISs) in sexual assault cases. The authors conducted 15 interviews with social workers who were employed in Ontario-area sexual assault and domestic violence treatment centers and thereby in a position to assist sexual assault victims in developing their VIS. The researchers found that, as a group, the social workers were largely unaware of VIS-related legislative changes, and a notable contingent incorrectly thought that a VIS could influence a trial's verdict rather than the sentence. Social workers also believed that the VIS's primary function was to provide victims with an opportunity to communicate or express how they felt about the assault, whereas social workers reported that victims wanted the VIS to have an impact on how the perpetrator was punished. The social workers themselves did not tend to think that the VIS influenced legal outcomes, however, and instead observed its benefits as being more healing in nature, related to catharsis, empowerment, and closure. These results suggest a need to ensure that those who assist victims in developing VISs are well informed about their use within the legal process and to emphasize the therapeutic value of writing a VIS.

Du Mont, Janice, and Terri L. Myhr, "So Few Convictions: The Role of Client-Related Characteristics in the Legal Processing of Sexual Assaults," *Violence Against Women*, Vol. 6, No. 10, October 2000, pp. 1109–1136.

This study examined whether client-related characteristics influence the legal resolution of sexual assault cases. The authors collected medical, police, and prosecution records on 187 women who presented to a sexual assault treatment center. They found that older women and women who did not physically resist assault were less likely to have charges

levied, and women who knew their assailant for more than 24 hours were more likely to have their cases prosecuted. Regarding sexual assault convictions, cases were almost 3.5 times more likely to result in a conviction if the assailant used physical force during the assault. Overall, only 17 percent of cases reported to police resulted in conviction. The results imply that there is substantial attrition of sexual assault cases at key points in the legal system, and that stereotypes of women who have been raped may affect the legal resolution of cases.

Du Mont, Janice, and Deborah Parnis, "Sexual Assault and Legal Resolution: Querying the Medical Collection of Forensic Evidence," *Medicine and Law*, Vol. 19, No. 4, 2000, pp. 779–792.

This study examined whether medical evidence collected by health professionals influenced police decisions to lay charges. The authors analyzed medical and police records available for 284 female sexual assault victims who sought services in 1994 at a sexual assault treatment center in Ontario, Canada. The sample included 187 women who also reported the assault to the local police department. Statistical analysis indicated that none of the medical evidence measures (e.g., presence of sperm, semen, or saliva) were significantly related to the laying of charges. With respect to nonmedical factors, victim consumption of alcohol at the time of the assault, victim's physical resistance of the assailant, assault by a current or previous partner, assault by a man known for more than 24 hours, and presence of a corroborating witness all were associated with an increased likelihood of levying charges. Conversely, the older the victim, the less likely a charge was levied. The authors conclude the article by suggesting that, since medical evidence does not appear to influence the charging decision, the efficacy of forensic exams conducted by sexual assault health professionals should be reconsidered.

Du Mont, Janice, and Deborah Parnis, "Forensic Nursing in the Context of Sexual Assault: Comparing the Opinions and Practices of Nurse Examiners and Nurses," *Applied Nursing Research*, Vol. 16, No. 3, 2003, pp. 173–183.

The authors surveyed 118 nurses employed at Ontario-area sexual assault care centers to determine whether Sexual Assault Nurse Examiner (SANE) training influences perceptions and practices related to forensic evidence collection. They found that SANE and non-SANE nurses had very different attitudes and approaches to forensic evidence collection. SANE-trained nurses were much more likely to believe that the collection of forensic base evidence is an important practice. SANE-trained nurses also downplayed the problems and limitations associated with this practice, were more likely to participate in testifying or representing these materials in legal forums, and thus had greater awareness of the role and properties of medical evidence. The researchers also found that nurses who had participated in SANE training were more likely to feel that certain required elements of the Sexual Assault Evidence Kit should not be included and less likely to feel that evidence of physical injury or collection of semen and/or sperm were extremely important for favorable legal outcomes. Lastly, SANE-trained nurses were more likely to report experiencing dilemmas with respect to their dual role as caretaker and evidence collector. These opinions and expressions of role conflict raise the question of whether subjective,

therapeutic care and objective, legal-oriented investigation can be successfully combined into one position.

Dunn, Patricia C., Karen Vail-Smith, and Sharon M. Knight, "What Date/Acquaintance Rape Victims Tell Others: A Study of College Student Recipients of Disclosure," *Journal of American College Health*, Vol. 47, No. 5, March 1999, pp. 213–219.

The authors surveyed 828 college freshmen to understand victim disclosure of date/acquaintance rape from the perspective of the people to whom the victim reported the assault. Thirty-four percent of respondents knew at least one woman who had disclosed being a victim of date/acquaintance rape, and 68 percent of them reported they were friends of the victim who told them. Catalysts for this disclosure included the victim's need for help or assistance; her desire to prevent others from experiencing the same type of assault; the respondent's own inquiry regarding indicators of distress or hearsay evidence of rape; alcohol consumption; and an academic requirement. The students surveyed reported responding in different ways to the victim's disclosure; while some gave advice, others "just listened" or offered comfort, and still others provided negative responses, such as challenging the account, questioning the validity of the assault, or suggesting that the victim was at least partially to blame. Overall, the study indicates that a notable proportion of college students hear detailed accounts of date/acquaintance rape from women they know, and accordingly suggests that programs intended to educate college students regarding the aftermath of rape, including ways to respond to rape victims, are important.

Earle, James P., "Acquaintance Rape Workshops: Their Effectiveness in Changing the Attitudes of First Year College Men," *NASPA Journal*, Vol. 34, No. 1, Fall 1996, pp. 2–17.

This study focused on the effects that three types of rape prevention programs had on the attitudes of college men regarding women and sexual assault. The three types of programs, studied at four small, private colleges, included programs conducted in a small group setting (single-gender and coed) as well as those lectured to a large coed group. Male students at the four schools were administered a survey. Three of the four schools then conducted rape prevention training, and participants were asked to complete a survey thereafter, yielding 347 valid participants. The program most effective at changing attitudes was a single-gender program conducted in a small group interactive setting with male peer facilitators, but this program was still limited in its effect.

Easton, Alyssa N., Jodi Summers, Joanne Tribble, Patricia B. Wallace, and Robyn S. Lock, "College Women's Perceptions Regarding Resistance to Sexual Assault," *Journal of American College Health*, Vol. 46, No. 3, November 1997, pp. 127–131.

The researchers examined college women's perceptions about resistance to sexual assault. They employed a survey of 334 female college students that inquired about perceptions of resistance to sexual assault. The study results indicated that 21 percent of the respondents had been sexually assaulted. Of those, 90 percent changed their lifestyle to prevent

another assault, but less than 20 percent took a self-defense class. Forty-four percent of the women felt they could escape from an armed assailant, and 72 percent believed they could escape from an unarmed assailant. Twenty-two percent of the women said they would resist sexual assault by an armed stranger, and 52 percent said they would resist sexual assault by an unarmed stranger. Participants were significantly more likely to believe that physically resisting an armed attacker was a "bad idea" compared with resisting an attack from an unarmed attacker.

Edward, Katherine E., and Malcolm D. MacLeod, "The Reality and Myth of Rape: Implications for the Criminal Justice System," *Expert Evidence*, Vol. 7, No. 1, 1999, pp. 37–58.

In this review article, the authors assess the extent to which rape myths are related to negative attitudes toward rape victims and to such negative outcomes as rape proclivity and underreporting of incidents to police. Factors related to assault underreporting include victim familiarity with the assailant, the high level of case attrition within the legal system, rape stereotypes (e.g., women can only be raped by strangers, rape involves physical injury), anticipated insensitivity of investigative and legal system personnel, and negative attitudes toward sexual assault victims. With respect to rape myths, studies have found a high level of rape myth acceptance in police, medical, and legal professions; that rape myths are related to adversarial sexual beliefs, acceptance of interpersonal violence, and gender-role stereotypes; and that rape myth acceptance and attitudes toward victims can evolve over time. A small number of studies have documented a positive relationship between rape myth acceptance and a propensity to commit sexual assaults. The authors also discuss how the same rape stereotypes associated with assault underreporting also serve to perpetuate the acceptance of rape stereotypes and myths within the legal system and society at large. Finally, the authors conclude their review by discussing possible interventions to reduce the acceptance of rape myths, such as the use of expert testimony and training of judges and juries prior to hearing sexual assault cases.

Elliott, Diana M., Doris S. Mok, and John Briere, "Adult Sexual Assault: Prevalence, Symptomatology, and Sex Differences in the General Population," *Journal of Traumatic Stress*, Vol. 17, No. 3, June 2004, pp. 203–211.

This study examined the prevalence and impact of adult sexual assault in the general population. The authors surveyed 941 male and female respondents from a stratified random sample on the prevalence of, and resulting distress from, sexual assault. Twenty-two percent of women and 4 percent of men reported adult sexual assault. The factors predictive of adult sexual assault included younger age, female sex, childhood sexual assault, childhood physical abuse, and adult physical assault. Of those who had experienced adult sexual assault, 62 percent had been assaulted by a lover or spouse. Although an average of 14 years had passed since their most recent assault, victims reported more distress on all tested scales than did nonvictims, suggesting the long-term trauma-inducing effect of sexual assault.

Epstein, Joel, and Stacia Langenbahn, *The Criminal Justice and Community Response to Rape*, Washington, D.C.: National Institute of Justice, 1994.

The purpose of this report, sponsored by the National Institute of Justice, was to inform investigative, legal, medical, and social service personnel who work with sexual assault victims on sexual assault–related issues about exemplary organizational and procedural practices in use. The authors conducted a literature review on rape and sexual assault, interviewed leading researchers and practitioners, and made intensive site visits to four jurisdictions regarded as good examples for their investigative and legal processes as well as their interagency collaboration. The bulk of the report discusses organizational, procedural, and training issues encountered and addressed by four key types of organizations: law enforcement agencies, prosecution offices, rape crisis centers, and hospitals. Practices associated with successful collaboration across these types of organizations are also featured. The authors conclude by identifying emergent areas of concern (e.g., acquaintance rape, DNA evidence) and future research topics, and the document includes several substantive appendices (e.g., materials for hospitals treating rape victims, national victim advocacy organizations, prevention-oriented materials).

Ericksen, Janet, Carolyn Dudley, Gwyneth McIntosh, Lianne Ritch, Susan Shumay, and Maureen Simpson, "Clients' Experiences with a Specialized Sexual Assault Service," *Journal of Emergency Nursing*, Vol. 28, No. 1, 2002, pp. 86–90.

The purpose of this research was to better understand female sexual assault victims' perceptions of the specialized sexual assault service care they received in an emergency department (ED) setting. This study consisted of a series of interviews with eight victims of sexual assault two months after services were rendered at an ED. The research identified nine themes: being respected as a whole person, nursing presence, feeling safe, being touched, being in control, being reassured, demonstrated expertise, being given information, and meaningful follow-on. The authors conclude that specialized care for sexual assault victims should focus on providing holistic, women-centered care; they emphasize the importance of having a single caregiver focus on the victim's needs, the importance of caring touch, and the need for effective, sensitive, and coordinated response by police and community services.

Fabiano, Patricia, H. Wesley Perkins, Alan Berkowitz, Jeffrey Linkenbach, and Christopher Stark, "Engaging Men as Social Justice Allies in Ending Violence Against Women: Evidence for a Social Norms Approach," *Journal of American College Health*, Vol. 52, No. 3, November–December 2003, pp. 105–112.

This study examined social norms surrounding consent and willingness to intervene in sexual assault situations. The authors surveyed 618 college students and found that men and women both reported a strong commitment to obtaining consent. Men's willingness to engage in only consensual activity and their willingness to act as women's allies are dependent on their perceptions of what other men and women consider normal behavior. However, men underestimate the importance to others of consent and the willingness of other men to intervene in sexual assault situations. Men were also only willing to inter-

vene in a situation to prevent sexual assault where other men would be also willing to intervene. Men's self-reported norms and willingness to intervene were influenced by their perceptions of others' norms; the strongest predictor of the level of importance a man puts on consent is his perception of the importance a woman places on consent. The authors assert that a social norms approach may be effective for sexual assault prevention.

Farris, Coreen, Teresa A. Treat, Richard J. Viken, and Richard M. McFall, "Sexual Coercion and the Misperception of Sexual Intent," *Clinical Psychology Review*, Vol. 28, No. 1, January 2008, pp. 48–66.

This review looks at the role of misperceptions of female sexual interest in sexual assault cases. The authors find that men consistently perceive a greater degree of sexual interest in women's behavior, as compared with women, though some studies state that this may be driven by a smaller group of sexually aggressive/coercive men. Such situational factors as alcohol use, provocative dress, and dating behaviors are associated with greater perceived female sexual interest by men. The authors also suggest that current measurement techniques are hampered by the technical difficulty of measuring perception. Understanding of the role of perception could be improved by examining the sources of observed differences in perception.

Feehan, Michael, Shyamala Nada-Raja, Judith A. Martin, and John D. Langley, "The Prevalence and Correlates of Psychological Distress Following Physical and Sexual Assault in a Young Adult Cohort," *Violence and Victims*, Vol. 16, No. 1, 2001, pp. 49–63.

This study examined psychological distress following sexual assault. The sample included 374 male and female victims of sexual or physical assault who were part of a larger longitudinal study of 1,037 New Zealanders born from April 1972 to March 1973. At the age of 21, 384 of those in the larger study indicated that they had experienced threatened, attempted, or completed physical or sexual assault, and 374 completed the research interview. Of the sample, women were more likely to have experienced assault and to have experienced multiple assaults, as well as to have been assaulted by a relative or partner and to have had a weapon used against them. Men were more likely to have experienced multiple assailants, and men's assailants were more likely to have used drugs or alcohol prior to the assault. Thirty-three percent of the female victims had psychological distress sufficient to affect daily life, compared with 20 percent of the male victims. The researchers found that, for female victims, increased psychological distress was associated with an unwitnessed assault, an assault in the victim's home, being assaulted by a relative or partner, and not resisting the assault. For male victims, increased distress was related to an unwitnessed assault, multiple assailants, the use of a weapon, and not resisting the assault. The authors also found that unemployed victims experienced more distress. Social support was not significantly related to psychological distress. These results imply that victim and assault characteristics are related to distress following sexual assault.

Feldhaus, Kim M., Debra Houry, and Robin Kaminsky, "Lifetime Sexual Assault Prevalence Rates and Reporting Practices in an Emergency Department Population," *Annals of Emergency Medicine*, Vol. 36, No. 1, July 2000, pp. 23–27.

This study assessed lifetime prevalence rates of sexual assault as well as patterns of reporting to police, health care providers, and social service agencies. Results of structured interviews with 360 women who presented to an urban trauma center for noncritical health reasons revealed that 39 percent had experienced a sexual assault at some point in their life, and 70 percent of the interviewees who had been assaulted were 16 years or older at the time of the assault. Among those who were assaulted during adulthood (N=97), 70 percent indicated that the perpetrator was someone they already knew (e.g., acquaintance, family member, partner). With respect to reporting behaviors, 46 percent of women assaulted during adulthood reported the crime to police, 43 percent sought medical treatment, and 25 percent turned to a social service agency. Women who were assaulted by a stranger were more likely to report the crime to police and to obtain medical treatment than were women who were assaulted by someone they knew. The low reporting rates, particularly to law enforcement and health care personnel, suggest a need to address the reasons why victims are reluctant to disclose an assault, particularly when the perpetrator is someone they know.

Felson, Richard B., and Paul-Philippe Paré, "The Reporting of Domestic Violence and Sexual Assault by Nonstrangers to the Police," *Journal of Marriage and Family*, Vol. 67, No. 3, August 2005, pp. 597–610.

The authors used data from the National Violence Against Women Survey to assess how gender, victim-perpetrator relationship, and assault type influence victim reporting to police. Statistical analysis of 6,291 physical assaults and 1,787 sexual assaults reported by 6,026 respondents indicated that victims were less inclined to report an assault if they knew the perpetrator in any way (e.g., acquaintance, partner), if they were male and the perpetrator was female, if the perpetrator was of the same gender, or if they were sexually assaulted. Sexual assaults perpetrated by acquaintances, friends, or dates were especially unlikely to be reported. Reasons why victims of sexual assault were less likely to report such incidents than were victims of nonsexual physical assault include (1) the victims were more likely to be embarrassed, (2) they were more likely to fear retaliation, (3) they were more likely to think the police would not believe them, and (4) they were more likely to view the police as ineffective. This study is particularly notable because it explored police notification of male victims, and it compared how reporting tendencies and predictors varied by type of assault.

Filipas, Henrietta H., and Sarah E. Ullman, "Social Reactions to Sexual Assault Victims from Various Support Sources," *Violence and Victims*, Vol. 16, No. 6, 2001, pp. 673–692.

This study features the results of a survey fielded to 323 female sexual assault victims in order to examine the nature of social reactions they observed after disclosing their assault to support providers and to gauge how those reactions affect their psychological well-

being. Almost all (94 percent) of the women surveyed disclosed their assault to family or friends, more than half (52 percent) reported it to mental health professionals, and just over one-fourth notified a physician (27 percent) or police (26 percent). Smaller proportions noted discussing the assault with rape center crisis staff (14 percent) and clergy (8 percent). Sixty-two percent of women told both formal and informal sources, while 38 percent told only informal support providers. Analysis of closed- and open-ended questions revealed that victims typically experienced both positive and negative reactions upon disclosure, but were more often confronted by negative reactions, such as victim blame and stigmatizing comments, when seeking support from formal resources. With respect to psychological outcomes, positive reactions from friends and others close to the victim were especially helpful, while negative reactions were distressful regardless of support type.

Finch, Emily, and Vanessa E. Munro, "The Demon Drink and the Demonized Woman: Socio-Sexual Stereotypes and Responsibility Attribution in Rape Trials Involving Intoxicants," *Social & Legal Studies*, Vol. 16, No. 4, 2007, p. 591.

This study examined the extent to which alcohol in the victim's system at the time of the assault influences the trial process and has an effect on the jury's verdict. In particular, the authors explored the extent to which a person's perception about responsibility for alcohol consumption influences their opinions on the liability for rape. They also examined how different types of drugs—more socially accepted ones, such as alcohol, and less acceptable ones, such as Rohypnol—make a difference as to whether a juror believes a woman simply was irresponsible or a victim of "drug-assisted rape." The researchers used ten focus groups to develop seven scripted trial scenarios, which varied the substance ingested. These scenarios were re-enacted by actors and barristers and were each viewed simultaneously by three mock juries, consisting of eight jurors each. The study findings suggest that jurors find intoxicated victims at least partially responsible for the victimization. The researchers also found that juries were more likely to condemn defendants' surreptitious administration of drugs other than alcohol. The researchers offer varying theories for why the complainant was held responsible and suggest that the findings highlight the social acceptability of a man using alcohol to weaken a woman's judgment and ability to resist his sexual advances.

Finkelson, Laura, and Robert Oswalt, "College Date Rape: Incidence and Reporting," *Psychological Reports*, Vol. 77, No. 2, October 1995, pp. 526–577.

In this research note, the authors report the results of a survey fielded to college women to estimate the extent to which date rapes are reported and to identify reasons for nonreporting. Out of the random sample of 140 women, 5 percent reported being date-raped. None of the women reported the rape to either campus security or police. Reasons for nondisclosure included concern that her actions would be viewed negatively, feelings of embarrassment, feeling some responsibility for the incident, and being under the influence of alcohol. The authors suggest this underreporting is problematic because college officials have no evidence that date rape is a potential risk for students, students may be unaware of the date rape threat on campus, and victims may be even more reluctant to report her assault if they feel they are the sole victim of this crime.

Fisher, Bonnie S., and Francis T. Cullen, "Measuring the Sexual Victimization of Women: Evolution, Current Controversies, and Future Research," *Criminal Justice*, Vol. 4, 2000, pp. 317–390.

This article describes the progression of rape and sexual assault research in the United States during the 1980s and 1990s. The authors assert that the 1980s were important for this research and featured three methodological advances: (1) measures of rape and other victimizations based in the legal statutes, (2) "behaviorally specific" questions that cued respondents to provide details of sexual victimizations, and (3) assessment of a broader definition and range of sexual assaults. In the 1990s, researchers incorporated these advances into their survey research work. The authors suggest the subsequent need for survey tools that would obtain qualitative data from structured questions.

Fisher, Bonnie S., Francis T. Cullen, and Leah E. Daigle, "The Discovery of Acquaintance Rape: The Salience of Methodological Innovation and Rigor," *Journal of Interpersonal Violence*, Vol. 20, No. 4, April 2005, pp. 493–500.

In this article, the authors provide an overview the recognition of acquaintance rape as a crime and the techniques used to identify incidents of acquaintance rape. Prior to the 1990s, rapes were generally not identified as such unless they were perpetrated by an individual unknown to the victim. It was only "stranger rapes" that qualified as rape, while acquaintance rapes were generally ignored or doubted. Since the mid-1990s, the reality and existence of acquaintance rape has represented a transformation in social and legal consciousness. The emergence of this recognition depended on revised research methods that relied on behaviorally specific questions, rather than questions that asked whether a woman had been raped. These findings suggest that rape victimization had been more prevalent than previously portrayed by official statistics, such as the FBI's Uniform Crime Reports or the nationwide victimization study, the National Crime Survey (or National Crime Victimization Survey). The authors assert that, having identified the existence of acquaintance rape, the next challenge is to develop evidence-based programs to reduce the risks of victimization from known assailants.

Fisher, Bonnie S., Francis T. Cullen, and Michael G. Turner, *The Sexual Victimization of College Women*, Washington, D.C.: National Institute of Justice and Bureau of Justice Statistics, 2000.

This report provides the findings from a comprehensive prevalence study of college women and sexual assault. Using data from a telephone survey of a randomly selected, national sample of 4,446 college women, the authors estimate that a college with 10,000 female students could be the location of more than 350 rapes each year. In the report, the authors discuss the current knowledge about sexual victimization of college women, the definitions of rape and other forms of assault, the relationship between victims and perpetrators, the events surrounding assaults, whether victims take protective action or are injured during the incidents, issues regarding the reporting of assaults, and stalking.

Fisher, Bonnie S., Leah E. Daigle, Francis T. Cullen, and Michael G. Turner, "Reporting Sexual Victimization to the Police and Others: Results from a National-Level Study of College Women," *Criminal Justice and Behavior*, Vol. 30, No. 1, February 2003, pp. 6–38.

The authors used data from the National College Women Sexual Victimization Study to explore three research questions: to whom do these victims disclose sexual victimization, why do victims opt not to disclose such an incident, and what factors help predict their decision to report the incident to police? Statistical analysis of 1,318 incidents of sexual victimization (including rape, sexual contact, and threats) reported by 691 female college students showed that a very small proportion of these women disclosed the incident to police (2 percent) or to campus authorities (4 percent). Instead, the vast majority of them discussed it with friends (88 percent). When reporting rates were broken down by type of incident, still only 5 percent of rapes were reported to police. Turning toward the reasons why disclosure rates were so low, the authors found that, across all types of victimization, 82 percent of female college students did not think the incident was serious enough. For rape in particular, this figure was 71 percent. Lastly, analysis of victim, perpetrator, and incident characteristics revealed that incidents in which the perpetrator was a stranger, the victim was African-American, the perpetrator and victim were of different races/ethnicities, a weapon was used, the victim regarded the incident as rape, or the incident occurred on campus property were more likely to be reported to police than were threats, while victimization classified as sexual contact was less likely to be reported to police than were threats.

Fisher, Bonnie S., and John J. Sloan III, "Unraveling the Fear of Victimization Among College Women: Is the 'Shadow of Sexual Assault Hypothesis' Supported?" *Justice Quarterly*, Vol. 20, No. 3, September 2003, pp. 633–659.

This study addressed the consensus from prior research that women are more fearful of criminal victimization than are men. The researchers considered fear of crime-specific victimization on the college campus and levels of fear during the day and night, using data from 3,472 previously surveyed students making up a nationally representative sample of college students enrolled at 13 randomly selected four-year colleges and universities during 1993–1994. Prior research had found that younger women (age 17–24) were more fearful of rape than were older women. This research found that this was true only for nighttime rape; for daytime rape, there was not an age difference. The authors assert that eliminating the risk of rape is a laudable goal, but that policymakers should meanwhile empower women to reduce their fear and enhance their defensive abilities. The authors also maintain that college administrators should focus their efforts on potential offenders, through rape education and prevention programs.

Fitzgerald, Nora, and K. Jack Riley, "Drug-Facilitated Rape: Looking for the Missing Pieces," *National Institute of Justice Journal*, April 2000, pp. 8–15.

The focus of this article is on the frequency of drug-facilitated rape. It summarizes results of other research on the topic and concludes that this offense is very difficult to mea-

sure, given that existing indicators do not adequately capture these incidents. The authors describe the substances that are considered to be rape-facilitating drugs and discuss the reasons why it remains difficult to know when a rape is pursued with these drugs. The best that scientists can do is to interview victims and to investigate the voluntary consumption of these drugs, which is increasing. In spite of the inaccuracy of reporting such rapes, it is clear that the risks exist, and so the authors urge that targeted audiences be educated about the risks; that enforcement officers adjust their investigation policies to scan for such drugs as Rohypnol; and that nontraditional crime settings, such as clubs and parties, be reevaluated.

Flores, Stephen, and Mark Hartlaub, "Reducing Rape-Myth Acceptance in Male College Students: A Meta-Analysis of Intervention Studies," *Journal of College Student Development*, Vol. 39, No. 5, September–October 1998, pp. 438–448.

This article describes a meta-analysis performed on 11 studies that had evaluated rape prevention interventions that strive to reduce rape-supportive beliefs. The goal of the meta-analysis was to determine the most effective interventions. Results indicated that programs can reduce rape myth acceptance. There was no relationship between length of the intervention and the effect. However, the researchers found that the later the post-test, the less significant the results, suggesting the short-lived nature of the interventions' effectiveness.

Forst, Linda S., J. Timothy Lightfoot, and Arthur Burrichter, "Familiarity with Sexual Assault and Its Relationship to the Effectiveness of Acquaintance Rape Prevention Programs," *Journal of Contemporary Criminal Justice*, Vol. 12, No. 1, 1996, pp. 28–44.

This study assessed the impact that two rape prevention programs had on college students. Among the 55 participants, 24 percent had previously been victimized, 20 percent personally knew an offender, and 46 percent knew a victim. One group viewed a didactic rape prevention program that included a lecture and video. The second group observed a dramatic improvisational presentation. There was also a control group. The participants completed surveys before and after participating in the programs, and two weeks later they completed a follow-up survey. Those participants who had previously been victimized were less likely to have rape-supportive beliefs regardless of the intervention. Those participants who personally knew a victim or offender tended to be more receptive to the information provided in didactic programs and to retain it better.

Foubert, John D., "The Longitudinal Effects of a Rape-Prevention Program on Fraternity Men's Attitudes, Behavioral Intent, and Behavior," *Journal of American College Health*, Vol. 48, No. 4, January 2000, pp. 158–163.

This study evaluated a college rape prevention program for fraternity men. In it, 145 men were randomly assigned to a control group or to the program, which was an empathy-based presentation. The author found that the program had no effect on sexually coercive behaviors, although it resulted in significant declines in rape myth acceptance and likelihood of committing rape, and these results persisted at the seven-month follow-up. The

results are consistent with other rape prevention programs that affect attitudes but not behaviors.

Foubert, John D., Dallas N. Garner, and Peter J. Thaxter, "An Exploration of Fraternity Culture: Implications for Programs to Address Alcohol-Related Sexual Assault," *College Student Journal*, Vol. 40, No. 2, 2006, pp. 361–373.

This research considered the fraternity culture with regard to the consumption of alcohol and gaining consent in sexual encounters. The authors conducted three focus group sessions with 37 men from fraternities at public universities ranging in size from small to moderate. In these focus groups, the participants shared their experiences of understanding consent after a man, a woman, or both had been drinking. The results showed an ambiguous understanding of what constituted consent, particularly when alcohol or an unfamiliar sexual partner was involved. Participants also demonstrated discomfort with requesting for consent before becoming physical. These results have been put forth with suggestions to college officials for future rape prevention.

Foubert, John D., and Kenneth A. Marriott, "Effects of a Sexual Assault Peer Education Program on Men's Belief in Rape Myths," *Sex Roles*, Vol. 36, Nos. 3–4, 1997, pp. 259–268.

This study evaluated an all-male sexual assault peer education program that focuses on how to help a survivor. The researchers randomly assigned 114 fraternity men to the program or control group, and assessed all of them using a survey of rape myth acceptance. The authors found that program participants endorsed fewer rape myths and reported a decreased likelihood of being sexually coercive than did the controls, although there was no significant difference between the two groups at a two-month follow-up. The results imply that the program may be effective at short-term attitude change.

Foubert, John D., and Marylu K. McEwen, "An All-Male Rape Prevention Peer Education Program: Decreasing Fraternity Men's Behavioral Intent to Rape," *Journal of College Student Development*, Vol. 39, No. 6, November–December 1998, pp. 548–556.

This study involved 155 fraternity men. The men, who represented 75 percent of all fraternity members from the school, were divided into three groups: a pretested experimental group, an unpretested experimental group, and a control group. The participants were surveyed at the completion of the one-time, one-hour program that included lecture material and a video titled "How to Help a Sexual Assault Survivor: What Men Can Do." The researchers found a significant decrease in the acceptance of rape myths and in the intent to rape women after viewing the program. However, the control group had a lower average behavioral intent to rape than the experimental group, so it is unclear whether the decrease differs from the control group. The researchers also found that the more motivated the participants were to see the program, the greater the effect of the program. The researchers also found that pretesting participants does not influence the findings. This study supports prior research assertions that rape prevention programs should be conducted with single-gender groups.

Foubert, John D., and Johnathan T. Newberry, "Effects of Two Versions of an Empathy-Based Rape Prevention Program on Fraternity Men's Survivor Empathy, Attitudes, and Behavioral Intent to Commit Rape or Sexual Assault," *Journal of College Student Development*, Vol. 47, No. 2, March–April 2006, pp. 133–148.

This study included 261 fraternity members, representing all the fraternities at a public college. The participants were randomly divided into experimental and control groups. One group participated in the Men's Program with an additional training module on bystander intervention in situations involving alcohol; another group participated in the Men's Program with an additional module on defining consent in situations involving alcohol; and the control group did not view a program. The experimental groups completed pre- and posttests; the control group completed the survey once. Results indicate that the bystander intervention module was more effective, suggesting that approaching program participants as potential helpers rather than as potential rapists is more productive, and that future programs should avoid accusatory tones and instead suggest positive roles.

Foubert, John D., and Bradford C. Perry, "Creating Lasting Attitude and Behavior Change in Fraternity Members and Male Student Athletes: The Qualitative Impact of an Empathy-Based Rape Prevention Program," *Violence Against Women*, Vol. 13, No. 1, January 2007, pp. 70–86.

This study evaluated an empathy-based rape prevention program. Participants were 24 college males who participated in a presentation of "The Men's Program." Immediately following the program, they participated in focus groups, and five months later, they completed open-ended questions. The authors found that all participants reported attitude and/or behavior changes. Major themes of their responses to the questions included an increased understanding of how rape might feel, refraining from telling jokes about rape, and confronting rape jokes told by others. Although one cannot infer that the program caused the attitude and behavior changes, the results suggest that the program was effective in increasing rape empathy.

Frayne, Susan M., Katherine M. Skinner, Lisa M. Sullivan, Tara J. Tripp, Cheryl S. Hankin, Nancy R. Kressin, and Donald R. Miller, "Medical Profile of Women Veterans Administration Outpatients Who Report a History of Sexual Assault Occurring While in the Military," *Journal of Women's Health & Gender-Based Medicine*, Vol. 8, No. 6, July–August 1999, pp. 835–845.

This study assessed physical symptoms of women who experienced sexual assault while in the military. The researchers surveyed a random sample of female veterans who had made an outpatient visit to any of 158 Veterans Health Administration hospitals; 3,632 female veterans completed the surveys, which included items pertaining to their current physical symptoms and medical conditions. The authors found that 23 percent of the sample had a history of sexual assault while in the military, and these women had more physical symptoms and medical conditions in every category assessed. The women who had been assaulted were more than twice as likely to report 12 or more of 24 symptoms

and conditions covered in the survey. For example, those who experienced sexual assault while in the military were more likely to report being treated for a heart attack in the past year than women who did not experience sexual assault while in the military, even after controlling for age, hypertension, diabetes, and smoking. And even after controlling for age, females with a history of sexual assault were 2.5 times more likely to report poor reproductive outcomes. The authors assert that clinicians need to be aware of the higher risk of physical symptoms and medical conditions among women who have experienced sexual assault in the military.

Frazier, Patricia A., and Beth Haney, "Sexual Assault Cases in the Legal System: Police, Prosecutor, and Victim Perspectives," *Law and Human Behavior*, Vol. 20, No. 6, 1996, pp. 607–628.

In this study, the authors used police department records for 569 rape cases and survey data from 90 female rape victims to better understand the nature of sexual assault case attrition during the legal process, including the points in the process where cases are closed and factors that predict case attrition. The study also examined the relationship between victims' perceptions of the legal system and their recovery from rape. The authors found that 22 percent of the 569 rape cases were referred to prosecution for charges, including 68 percent of the cases in which suspects were questioned. According to police records, the most common reason a case was closed without referring it to prosecution was lack of victim interest in pursuing prosecution. Out of the 125 rape cases referred by police to prosecution, 76 percent were accepted for charging and 24 percent were declined. Cases were most frequently declined due to insufficient evidence. Statistical analysis indicated that police decisionmaking, specifically the decision to question suspects, was influenced by four factors. Suspects were more likely to be questioned when there was a witness to the assault, when the assailant was a stranger, when penetration occurred, and when the victim sustained additional injury. Similar analysis of prosecutorial decisionmaking indicated that two measures of assault severity were positively associated with the decision to charge a suspect: the use of threats by the assailant and additional injuries sustained by the victim. Finally, the study did not find a relationship between either victim attitudes toward the legal system or case outcomes and victim posttraumatic stress disorder.

Frazier, Patricia, Ty Tashiro, Margit Berman, Michael Steger, and Jeffery Long, "Correlates of Levels and Patterns of Positive Life Changes Following Sexual Assault," *Journal of Consulting and Clinical Psychology*, Vol. 72, No. 1, February 2004, pp. 19–30.

This study aimed to identify factors related to positive life changes in sexual assault victims. The researchers surveyed, over the course of four time periods in one year, 171 female victims of sexual assault who had met with a nurse examiner and returned for follow-up counseling. The authors found that the factors most related to positive life change immediately following sexual assault were social support, approach-oriented coping, religious coping, and control over the recovery process. Over time, increases in these four factors led to improved life change. This study improves on prior research examining positive change after trauma by analyzing change over time; the results suggest that individuals with the most positive change use active coping strategies.

Frazier, Patricia, Gale Valtinson, and Suzanne Candell, "Evaluation of a Coeducational Interactive Rape Prevention Program," *Journal of Counseling and Development*, Vol. 73, No. 2, November–December 1994, pp. 153–158.

This study assessed the effect of a coeducational, interactive, two-hour rape prevention program provided to 117 sorority members and 75 fraternity members at a large university. The program featured the dramatization of an acquaintance rape, discussion and feedback, and then re-dramatization of the scenario with an altered ending, based on the audience input. The participants were tested before and after the program, and then tested again one month later. There were no significant pretest differences between the intervention and control group, but after the program the intervention group had less stereotypic and rape-supportive beliefs and attitudes. However, the differences did not persist to the one-month follow-up.

Frohmann, Lisa, "Constituting Power in Sexual Assault Cases: Prosecutorial Strategies for Victim Management," *Social Problems*, Vol. 45, No. 3, August 1998, pp. 393–407.

In this article, the author used ethnographic data to describe the processes used by prosecutors to manage sexual assault victims during their complaint-filing interview. Rich qualitative data on 25 cases handled by deputy district attorneys in two special sexual assault units revealed three types of strategies that prosecutors used to avoid "trouble"—that is, actual or anticipated divergence between prosecutors' and victims' interpretation of assault-related events and preferred solutions. The first strategy, displaying concern, involved attention paid to the victim's physical safety and/or psychological well-being. The second strategy, specifying downstream possibilities, included descriptions of what comes next in the legal process and dispelling of victims' process-related fears. The third strategy, shifting paradigms, entailed efforts to translate personal accounts and perspectives of the assault into the legal framework (e.g., determining facts, assessing evidence). The author concludes that the ubiquity and effectiveness of these strategies reflect a power imbalance between the prosecutor and victim, one that may prevent the victim from feeling empowered and engaging as an active participant in her case.

Gerber, Gwendolyn L., and Lindsay Cherneski, "Sexual Aggression Toward Women: Reducing the Prevalence," *Annals of the New York Academy of Sciences*, Vol. 1087, No. 1, November 2006, pp. 35–46.

The authors review the literature of sexual assault to establish the importance of rape myth acceptance and the prevalence of rape-supportive attitudes to the currently high rates of date and acquaintance rape. Although research has found that men and women have some similar views, men typically blame perpetrators less and blame victims more, relative to women. The authors discuss different theories that might explain these differences. They assert that underlying cultural beliefs about power, violence, and masculinity are taught at very young ages, and that some cultural and societal changes are needed in order to reduce the incidence of date and acquaintance rape. Specifically, more-egalitarian relationships between men and women would reduce the power differential and thus be a mitigating factor. Additionally, they argue for an increased emphasis on rape prevention

education, beginning at the junior high grades, and for changes in societal attitudes that glorify aggression, including sexual aggression.

Gidycz, Christine A., Kimberly Hanson, and Melissa J. Layman, "A Prospective Analysis of the Relationships Among Sexual Assault Experiences: An Extension of Previous Findings," *Psychology of Women Quarterly*, Vol. 19, No. 1, 1995, pp. 5–29.

This article describes a prospective study of sexual revictimization. Participating college women completed surveys at up to four time periods over nine months. In the initial survey session, 796 women participated; the samples for subsequent survey sessions varied. Victimization of the participants was pervasive—approximately 17 percent were victimized during the first quarter in which they participated; 25 percent and 17 percent were assaulted during the six-month follow-up and the nine-month interval, respectively. The authors found that the risk of sexual victimization at each time period was predicted by victimization in the previous time period, and that more severe victimization increased the likelihood of subsequent victimization. The authors write that the results support the findings of previous investigations linking victimization experiences and underscore the need for early intervention.

Gidycz, Christine A., Melissa J. Layman, Cindy L. Rich, Marie Crothers, Julius Gylys, Abigail Matorin, and Cecilia Dine Jacobs, "An Evaluation of an Acquaintance Rape Prevention Program: Impact on Attitudes, Sexual Aggression, and Sexual Victimization," *Journal of Interpersonal Violence*, Vol. 16, No. 11, November 2001, pp. 1120–1138.

This study evaluated an acquaintance rape prevention program designed to address rape-related attitudes, self-reported sexual aggression, and rates of victimization. The researchers surveyed 1,108 students before and nine weeks after they participated in the program. The authors found no effect of the program on attitudes toward women, rape empathy, or rates of sexual aggression or victimization. They did find that the program lowered rape myth acceptance. Both male and female participants gave the program positive ratings when asked how much they learned and how helpful they perceived the program. However, they gave low ratings when asked whether the material applied to them individually. This supports prior findings that women who completed the program continued to believe they were relatively invulnerable to victimization and that men did not believe they were at risk of perpetration. The findings imply that the program influenced attitudes to some degree, but not behaviors, and that the saliency of the material needs to be improved.

Gidycz, Christine A., Catherine Loh, Traci Lobo, Cindy Rich, Steven Jay Lynn, and Joanna Pashdag, "Reciprocal Relationships Among Alcohol Use, Risk Perception, and Sexual Victimization: A Prospective Analysis," *Journal of American College Health*, Vol. 56, No. 1, 2007, pp. 5–14.

The relationship among alcohol consumption, risk perception, and sexual assault was the main focus in this study. To examine these variables and their connection, the authors assembled 257 female participants from two moderately sized universities, who completed

surveys asking questions about personal experiences of sexual assault, alcohol use, and their perceived risk for sexual victimization during the next two months. The women also participated in two follow-up sessions. The data indicated that the relationship between alcohol consumption and sexual assault is complex, and that alcohol seemed to moderate the relationship between history of victimization and revictimization. Specifically, for women with a sexual assault history, revictimization during the follow-up period was related to heavier alcohol use. There was not a significant relationship between perceived risk and victimization. The authors assert that sexual assault on college campuses is a real problem and that it is important that women are educated about making informed decisions to lessen their risk of being victimized.

Gidycz, Christine A., Steven Jay Lynn, Cindy L. Rich, Nichole L. Marioni, Catherine Loh, Lisa Marmelstein Blackwell, Jane Stafford, Rachel Fite, and Joanna Pashdag, "The Evaluation of a Sexual Assault Risk Reduction Program: A Multisite Investigation," *Journal of Consulting and Clinical Psychology*, Vol. 69, No. 6, December 2001, pp. 1073–1078.

This study evaluated a sexual assault self-defense and risk-reduction program for college women. Participants were assigned to a control group or the program and tested at pretest, at a two-month follow-up, and at a six-month follow-up; 532 participants persisted through the complete study. There was no difference at the two-month measurement between the control and test group. Participants that were moderately victimized at the two-month point were less likely to be revictimized by the six-month point; however, of those women who were severely victimized (raped) during the two-month period, the program did not decrease their likelihood of being revictimized by the six-month period.

Gidycz, Christine A., John R. McNamara, and Katie M. Edwards, "Women's Risk Perception and Sexual Victimization: A Review of the Literature," *Aggression and Violent Behavior*, Vol. 11, No. 5, 2006, pp. 441–456.

This article presents a literature review of studies on the relationship between risk perception and sexual victimization among women. The included studies focused on women's general perceptions of sexual assault risk and their ability to identify and react to specific threats. The authors highlight a finding that, although women without a history of assault were likely to perceive a global risk of assault, they did not translate this into a feeling of specific risk for themselves. Additionally, these women believe that they are better able to handle risky situations. The authors note that, in order to educate women on risk reduction, educators will have to address this "optimistic bias." Additionally, educators need to be aware that prior sexual assault victims, while less likely to have the optimistic bias, may experience lower levels of self-efficacy and less ability to respond effectively. Thus, educators need to be aware of the victimization history of their audience.

Gidycz, Christine A., Cindy L. Rich, Lindsay Orchowski, Carrie King, and Audrey K. Miller, "The Evaluation of a Sexual Assault Self-Defense and Risk-Reduction Program for College Women: A Prospective Study," *Psychology of Women Quarterly*, Vol. 30, No. 2, June 2006, pp. 173–186.

This study evaluated a sexual assault self-defense and risk-reduction program for college women. Five hundred women were assigned to a control group or the program and tested at pretest, at a three-month follow-up, and at a six-month follow-up. The authors found that women who completed the program showed increased protective behaviors at the six-month follow-up compared with the control group, but there were no differences between the groups on rates of sexual victimization, assertive communication, or feelings of self-efficacy at follow-up. Program women who were victimized after the program and before the follow-up reported that they blamed themselves less and the perpetrators more, relative to victimized women in the control group. The results imply that the program increases awareness of sexual assault but fails to affect rates of victimization.

Gidycz, Christine A., Amy Van Wynsberghe, and Katie M. Edwards, "Prediction of Women's Utilization of Resistance Strategies in a Sexual Assault Situation: A Prospective Study," *Journal of Interpersonal Violence*, Vol. 23, No. 5, May 2008, pp. 571–588.

This study examined predictors of different types of sexual assault resistance strategies among women. The authors surveyed 68 female college students at two time points to assess predictors of resistance strategies to a sexual assault situation. These 68 women represent the 17 percent of an original sample who were victimized over the interim between data points. Women who had planned to use assertive resistance strategies in those circumstances were more likely to do so. Women's use of assertive resistance strategies was positively correlated with their use of nonforceful verbal resistance. While nonforceful verbal resistance was correlated with use of immobility (turn cold, freeze) during the assault, the use of assertive resistance strategies was not. Physical restraint and previous sexual victimization significantly predicted women using nonforceful verbal resistance, while childhood sexual victimization and other previous sexual victimization predicted women's use of immobility as a resistance strategy.

Gilson, Stephen French, "The YWCA Women's Advocacy Program: A Case Study of Domestic Violence and Sexual Assault Services," *Journal of Community Practice*, Vol. 4, No. 4, 1997, pp. 1–26.

This article discusses a qualitative program evaluation of the Women's Advocacy Program (WAP), a program offered by the Richmond, Virginia, YWCA to support female victims of sexual assault or domestic violence. The program evaluation included a document review, site visits, and interviews with primary stakeholders, such as YWCA board members, YWCA staff members, representatives from referring organizations, and former program clients. WAP strengths included providing victims with safety and security from further victimization and connecting them with others who understand and in some cases share their experiences, emotions, and struggles. Challenges included defining ser-

vices, resource availability, staff turnover, training, and communication (especially horizontally, between WAP programs). Although the results of this effort are not generalizable, the study is useful in that it illustrates a way to evaluate victim advocacy programs and highlights potential obstacles that victim advocacy programs may face.

Girard, April L., and Charlene Y. Senn, "The Role of the New 'Date Rape Drugs' in Attributions About Date Rape," *Journal of Interpersonal Violence*, Vol. 23, No. 1, January 2008, pp. 3–20.

This study examined use of alcohol and the drug GHB (gamma-hydroxybutyrate), both voluntary and involuntary, and how such use affects sexual assault cases. The research included a total of 280 undergraduate students in two studies, including 160 in Study 1 and 120 in Study 2. Participants were given a rape scenario to read and a survey to complete. The provided scenarios varied regarding whether alcohol, GHB, or neither was involved. The researchers measured and compared participants' perceptions on the role that alcohol played in the assault and their assignment of responsibility and blame to the perpetrator or the victim. Participants held perpetrators more responsible and the victims were blamed less when the victim was drugged or deliberately provided with large amounts of alcohol, without her notice; participants placed more responsibility on the victim and less on the perpetrator when the woman had voluntarily consumed drugs before the attack. Overall, the highest levels of responsibility and blame seemed to rest with the perpetrator and not the victim.

Gray-Eurom, Kelly, David C. Seaberg, and Robert L. Wears, "The Prosecution of Sexual Assault Cases: Correlation with Forensic Evidence," *Annals of Emergency Medicine*, Vol. 39, No. 1, 2002, pp. 39–46.

In this study, the authors examined the relationship between forensic evidence gathered during a sexual assault examination and both investigative and legal outcomes. They created a database for sexual assault cases reported in Duval County, Florida, from 1993 to 1995 that included victim demographics, trauma findings, the presence of spermatozoa, weapon use, and assailant information. The authors obtained additional data from several different legal sources to provide the legal resolution for each case. The study included 821 total sexual assaults reported during the study timeframe, and there was forensic evidence for 801 of those cases. The authors describe different points of attrition as a case proceeded through the medical, investigative, and legal systems. Ultimately, arrests were made for 271 of the 821 cases (33 percent), and 118 cases were prosecuted (14 percent of total sexual assaults, or 44 percent of those that resulted in arrests). Statistical analysis of the prosecuted cases revealed that victims under the age of 18, the presence of trauma, and weapon use by the perpetrator all were significantly related to successful prosecution. Cases were more likely to be dropped if the victim was older than 18 and if no weapon was used during the assault. The significance of trauma evidence to successful case prosecution suggests that it is critical that health care providers performing forensic examinations take accurate histories and document detailed trauma findings.

Greene, Dennis Mac, and Rachel L. Navarro, "Situation-Specific Assertiveness in the Epidemiology of Sexual Victimization Among University Women: A Prospective Path Analysis," *Psychology of Women Quarterly*, Vol. 22, No. 4, December 1998, pp. 589–604.

This research builds on prior epidemiological research through the examination of potential protective factors from sexual victimization and develops victimization profiles using a longitudinal method. The authors surveyed female college students at three time points to ascertain protective and risk factors for sexual victimization. The sample included 274 women at Time 1, 88 at Time 2, and 105 at Time 3. The authors found that situation-specific assertiveness toward men was a protective factor at all time points. By contrast, risk factors included insecurity about romantic relationships and poor adjustment, measured by depression and anxiety. Other risk factors were prior victimization, alcohol use, and multiple sexual partners. The authors suggest that these findings can help tailor college assault prevention programs.

Greenfeld, Lawrence A., *Sex Offenses and Offenders: An Analysis of Data on Rape and Sexual Assault*, Washington, D.C.: Bureau of Justice Statistics, 1997.

This report provides descriptive statistics culled from more than 24 statistical datasets maintained by the Bureau of Justice Statistics and the FBI's Uniform Crime Reporting program, including the National Crime Victimization Survey, the Offender-Based Tracking Survey, and the National Incident-Based Reporting System. Tables and graphics are included that describe the incidence and prevalence of sexual assault, perpetrator characteristics, victim characteristics, and the justice system responses to these assaults. Summary statistics cover characteristics of assaults, such as time of day and location; characteristics of perpetrators, such as their number per assault and prior relationship with the victim; self-protection actions taken by the victim; number of sexual assaults reported to law enforcement; number of arrests for sexual assaults; processing of rape defendants before case disposition; prosecution results; sentencing; location of convicted offenders by correctional authority type; average prison sentence served prior to first release; characteristics of imprisoned sex offenders; characteristics of victims of imprisoned sex offenders; and sexual assault co-occurrence with murder. The many findings include the observation that victims and perpetrators are likely to have had a prior relationship, and sex offenders are more likely than other offenders to be older and white.

Gross, Alan M., Ted Bennett, Lawrence Sloan, Brian P. Marx, and John Juergens, "The Impact of Alcohol and Alcohol Expectancies on Male Perception of Female Sexual Arousal in a Date Rape Analog," *Experimental and Clinical Psychopharmacology*, Vol. 9, No. 4, 2001, pp. 380–388.

This study examined the effects of men's alcohol consumption on their ability to discern women's sexual intentions in a dating context. One hundred and sixty male undergraduates at a U.S. university participated in a two (alcohol consumption) by two (alcohol expectancy) randomized experimental trial with 40 students in the four groups. Group 1 expected to consume alcohol and did so. Group 2 expected to consume alcohol but instead

consumed tonic water. Group 3 was told they would not be given alcohol but consumed alcohol. Group 4 was told they would not be given alcohol and consumed tonic water. All four groups were then assessed for blood alcohol levels and shown their expected levels (for Group 2 and Group 3, not their actual levels) of blood alcohol. Subjects then listened to an audiotape of a sexual experience between a college man and woman who were dating, and they assessed the woman's sexual arousal at different points during the tape when she expressed refusal. Participants were also instructed to press a button at the point they felt that the man should stop making additional sexual advances. Both participants who actually consumed or expected to consume alcohol took significantly more time to identify that the man's actions were inappropriate, relative to the other groups. Participants who consumed alcohol also rated the woman's arousal significantly higher at the first two refusal points than the other groups. These findings are consistent with prior research showing that alcohol consumption affects the time required to recognize that a male should stop making further sexual advances and with research suggesting that alcohol consumption can cause people to focus excessively on the immediate aspects of their experiences, which, in the context of sexual situations, may lead to sexual aggression.

Gross, Alan M., Andrea Winslett, Miguel Roberts, and Carol L. Gohm, "An Examination of Sexual Violence Against College Women," *Violence Against Women*, Vol. 12, No. 3, March 2006, pp. 288–300.

This study examined the prevalence and correlating factors of many types of sexual victimization among college women. The authors sampled 935 female college students and found that 27 percent reported unwanted sexual experiences since enrolling in college and that 37 percent of these reported multiple forced sexual experiences. Being forced to participate in kissing and petting was the most commonly reported coercive experience (13 percent), but 9 percent had engaged in unwanted intercourse. African-American women were slightly more likely to have had unwanted sexual experiences, and among whites there was a significant relationship between alcohol consumption by the victim and the perpetrator and sexually aggressive acts. Boyfriends were the most common perpetrators of sexual aggression. The authors suggest that tailoring on-campus rape prevention programs may make them more effective at preventing unwanted sexual experiences.

Grossin, Cécile, Isabelle Sibille, Geoffroy Lorin de la Grandmaison, Ahmed Banasr, Fabrice Brion, and Michel Durigon, "Analysis of 418 Cases of Sexual Assault," *Forensic Science International*, Vol. 131, Nos. 2–3, 2003, pp. 125–130.

In this study, researchers described victim, perpetrator, and event characterizations for sexual assault to (1) see whether differences emerged based on when the victim was examined in an emergency room and (2) provide data on medicolegal findings. The authors reviewed 418 sexual assault police cases and split them into two groups: those examined within 72 hours of assault and those examined after. Eighty-six percent of all cases were female, and the victim's home was the most common place of assault. The first group was significantly older than the second group; 76 percent of the cases in the second group were younger than 15 years. The second group was also more likely to be assaulted by a family member (58 percent of those cases), with the father the most common perpetra-

tor. A stranger was the most common perpetrator in the first group (51 percent) and that group was more likely to have been threatened (66 versus 33 percent), experienced general body trauma (39 versus 6 percent), and experienced genital trauma (36 versus 20 percent). The significant differences in the circumstances of sexual assault by time of examination suggest a need for targeted public health campaigns and medical management for each group.

Hall, Gordon C. Nagayama, David S. DeGarmo, Sopagna Eap, Andra L. Teten, and Stanley Sue, "Initiation, Desistance, and Persistence of Men's Sexual Coercion," *Journal of Consulting and Clinical Psychology*, Vol. 74, No. 4, 2006, pp. 732–742.

This study addressed cultural factors and sexual coercion among Asian American and European American men. Specifically, the authors hypothesized that cultural factors would reduce sexual coercion among Asian Americans but would be less likely to do so among European Americans. In other words, the authors anticipated that Asian Americans with a strong cultural identity would be less likely to be sexually coercive. The researchers examined 565 college students (266 Asian American men and 299 European American men) two times over the course of a year to assess patterns of sexually coercive behavior. The strongest predictor of sexual coercion was self-reported previous sexual coercion. Those categorized as persistent sexual coercers were more likely to have delinquency and hostile masculinity in their history. Perceived minority status was predictive of self-reported sexual coercion. Loss of face attenuated the risk for both self-predicted sexual coercion and for laboratory sexual harassment in Asian American men, but was a protective factor only for laboratory sexual harassment among the European American men. This study suggests there are heterogeneous predictors of coercion and harassment between racial groups.

Hall, Marcia E., Ann R. Sedlacek, Jo Ann R. Berenbach, and Nathan F. Dieckmann, "Military Sexual Trauma Services for Women Veterans in the Veterans Health Administration: The Patient-Care Practice Environment and Perceived Organizational Support," *Psychological Services*, Vol. 4, No. 4, 2007, pp. 229–238.

This study examined the patient-care practice environment for military sexual trauma providers within the Northwest region of the Veterans Health Administration. The authors surveyed 34 providers and found wide variability by individual and facility. Ethical conflicts, burnout, vicarious trauma, and isolation were all negatively and significantly correlated with perceived organizational support. Manageable workload, reasonable scheduling, organizational culture, effective leadership, and adequate military sexual trauma resources were positively and significantly correlated with perceived organizational support. The results imply that there is local variation in perceived support for military sexual trauma services, despite uniform national policy.

Hankin, Cheryl S., Katherine M. Skinner, Lisa M. Sullivan, Donald R. Miller, Susan Frayne, and Tara J. Tripp, "Prevalence of Depressive and Alcohol Abuse Symptoms Among Women VA Outpatients Who Report Experiencing Sexual Assault While in the Military," *Journal of Traumatic Stress*, Vol. 12, No. 4, 1999, pp. 601–612.

This study evaluated depression and alcohol abuse among female veterans with a history of sexual assault while in the military. The sample included 3,632 female Veterans Affairs (VA) outpatients who completed surveys of their experiences. Twenty-three percent of the national sample reported having experienced sexual assault while in the military. Women reporting sexual assault were three times more likely to meet criteria for depression symptoms and two times more likely to meet criteria for alcohol abuse symptoms, compared with women who did not report sexual assault while in the military. Fifty percent of victims with depression symptoms and 40 percent of victims with alcohol abuse symptoms reported receiving mental health treatment in the past three months. This is the first study to examine sexual assault prevalence while in the military, depression, and alcohol abuse risk among a large national sample of female VA patients.

Hannon, Roseann, Todd Kuntz, Sonja Van Laar, Jennifer Williams, and David S. Hall, "College Students' Judgments Regarding Sexual Aggression During a Date," *Sex Roles*, Vol. 35, Nos. 11–12, 1996, pp. 765–780.

This study addressed judgments about sexual aggression and how those judgments related to level of resistance and type of sexual behavior. The researchers split 195 college students (138 female and 57 male) into six groups, presenting each with a different vignette involving one of three types of resistance and one of two types of sexual behavior. Participants evaluated the scenarios on a standardized scale from their own viewpoint, the victim's viewpoint, and the perpetrator's viewpoint. The disapproval rating scale asked the participants to evaluate the behavior in the scenario and provide the best overall descriptive term, with choices ranging from appropriate dating behavior to rape. The scales also asked whether the aggressor's behavior was understandable or justifiable, and asked about the appropriate consequences for the aggressor, including being required to attend a prevention workshop, being criminally prosecuted, and being put in jail. Students identified more with victims than with aggressors, and students expected that aggressors do not evaluate their own behavior negatively. In the vignette that involved physical resistance and eventual intercourse, 53 percent of participants acknowledged that a date rape had occurred. Participant victimization histories did not affect the disapproval ratings for either male or female participants. The researchers assert that their gender-neutral vignettes show promise for future research on sexual assault without gender stereotypes.

Hanson, Kimberly A., and Christine A. Gidycz, "Evaluation of a Sexual Assault Prevention Program," *Journal of Consulting and Clinical Psychology*, Vol. 61, No. 6, December 1993, pp. 1046–1052.

This study evaluated a college sexual assault prevention program. The authors surveyed 360 female college students both before and nine weeks after they participated in the program. The authors found that the program decreased sexual assault incidence for women

without a sexual assault history, but not for women with a sexual assault history. The program decreased acquaintance rape–related dating behaviors and increased knowledge about sexual assault. The results underscore the need for early intervention and suggest that future research is needed on programs targeting victimized women.

Harned, Melanie S., Alayne J. Ormerod, Patrick A. Palmieri, Linda L. Collinsworth, and Maggie Reed, "Sexual Assault and Other Types of Sexual Harassment by Workplace Personnel: A Comparison of Antecedents and Consequences," *Journal of Occupational Health Psychology*, Vol. 7, No. 2, April 2002, pp. 174–188.

The authors examined data from the 1995 Department of Defense Gender Issues Survey, with a sample of 22,372 women, and found that 4 percent of military women (including Coast Guard) who responded to the survey indicated a sexual assault by workplace personnel. The most common form of assault was attempted rape (3 percent of respondents). The majority of women assaulted indicated that the assault had happened on the military installation, but not at the workplace and not during work hours. The researchers found that sexual assault by workplace personnel is related to the victim's likelihood of living, working, and socializing with workplace personnel, and that there are both similarities and differences between sexual assault and sexual harassment experiences when considering the military workplace.

Harrington, Nicole Turillon, and Harold Leitenberg, "Relationship Between Alcohol Consumption and Victim Behaviors Immediately Preceding Sexual Aggression by an Acquaintance," *Violence and Victims*, Vol. 9, No. 4, 1994, pp. 315–324.

This study explored the effect that alcohol consumption by women has on their vulnerability to sexual assault, with a special focus on alcohol's role in women consenting to sexual activity that occurs immediately prior to sexual aggression. The authors based their findings on a survey completed by 942 female college students, who studied at four New England universities. Survey results indicated that approximately 25 percent had experienced sexual aggression by a familiar person/friend since the age of 16, and that 55 percent reported having alcohol in their system at the time of the incident. The women who had consumed enough alcohol to feel some level of intoxication reported higher levels of consensual sexual activity immediately before the assault and confirmed lower levels of resistance, relative to the women that were not at all drunk. There were no differences in prior consensual sexual contact based on the inebriation of the perpetrator. However, victims who were assaulted by a romantic acquaintance and perceived the perpetrator to be somewhat inebriated reported significantly less resistance than those who perceived their romantic acquaintance perpetrator to be completely sober.

Hazen, Andrea L., and Fernando I. Soriano, "Experiences with Intimate Partner Violence Among Latina Women," *Violence Against Women*, Vol. 13, No. 6, June 2007, pp. 562–582.

This study addressed the relatively limited knowledge of sexual assault among Latina women and the relative lack of prevalence estimates of assault by an intimate partner. It

was based on 295 interviews with Latina women who were seen by a community health care system in San Diego, California. The women include those who were U.S.-born, immigrants, and migrant or seasonal workers. The researchers found that 6.5 percent of the women had ever experienced severe sexual coercion from an intimate partner. The research also addressed rates of physical assault, less severe sexual coercion, and psychological aggression.

Hellman, Chan M., and Donnita House, "Volunteers Serving Victims of Sexual Assault," *Journal of Social Psychology*, Vol. 146, No. 1, February 2006, pp. 117–123.

This study recognized the important role that volunteers serve in supporting rape crisis centers by focusing on the factors associated with their overall satisfaction, affective commitment (a type of emotional attachment), and intent to remain with the center. Survey results from 28 volunteer victim advocates at a rape crisis center indicated that both satisfaction and affective commitment were positively correlated with intent to remain; the higher the satisfaction and/or commitment of the volunteer, the greater her intent to remain with the center. In addition, the perceived value of monthly informational meetings was positively associated with all three outcome measures. Self-efficacy—the perception that the advocate could truly help sexual assault victims—was positively related to satisfaction and commitment, while encountering those with victim-blaming views was negatively correlated with those two attitudes. Social support, a measure related to the support received by the volunteer, was only correlated with job satisfaction; the higher the support received by her family and friends, the greater the volunteer's satisfaction. Overall, these findings suggest strategies that rape crisis centers can employ to both recruit and retain dedicated volunteers.

Heppner, Mary J., Carolyn F. Humphrey, Theresa L. Hillenbrand-Gunn, and Kurt A. DeBord, "The Differential Effects of Rape Prevention Programming on Attitudes, Behavior, and Knowledge," *Journal of Counseling Psychology*, Vol. 42, No. 4, October 1995, pp. 508–518.

This study used a controlled experiment to determine whether either of two substantive rape prevention programs (a video or an interactive drama) was more likely to change attitudes, knowledge, and behaviors. The researchers assigned 258 participants, both men and women, to either program or to a control group that received stress management training. The measurement included five data points, from the pretest to an assessment five months later. The interactive drama generated more issue-relevant thinking and had the greatest effect on being more able to discern consent from coercion and behavior indicators. The conventional rape prevention video was more effective than the control session at altering men's rape myth acceptance. However, these changes were not stable over time; the data showed evidence of attitude rebound at the five-month measurement.

Heppner, Mary J., Helen A. Neville, Kendra Smith, Dennis M. Kivlighan, Jr., and Beth S. Gershuny, "Examining Immediate and Long-Term Efficacy of Rape Prevention Programming with Racially Diverse College Men," *Journal of Counseling Psychology*, Vol. 46, No. 1, January 1999, pp. 16–26.

The authors designed and evaluated an in-depth, multimodal rape intervention designed to produce long-term stable results. To address criticisms of prior studies, they actively recruited a racially diverse sample of 119 male students from a predominantly white student population. The intervention took the form of three 90-minute sessions, each held one week apart, that focused on cognitive, affective, and behavioral dimensions of rape attitudes. Data were collected from the participants at six different times: at pretest, after each session, at a test after all the sessions were complete, and five months later. The researchers found that following the sessions there was a significant decrease in the men's rape-supportive attitudes. Most notably, that finding persisted to the five-month follow-up assessment, which was in contrast to prior research, some of which had indicated rebound effects within one to five months. This research also suggests that when rape prevention material is made culturally relevant to racial minorities, the minorities become more motivated to participate without negatively affecting the majority participants.

Herz, Denise C., Meghan Stroshine, and Kristen Houser, "Exploring Agreement on Appropriate Responses to Domestic Violence and Sexual Trauma Across Victim Advocates, Mental Health Service Providers, and Substance Abuse Treatment Providers," *Women & Criminal Justice*, Vol. 16, No. 4, 2005, pp. 119–144.

Given that victims of domestic violence and sexual assault may suffer from both substance abuse and mental health disorders, collaborative treatment among different types of support providers can be an important component of a victim's care. In this study, the authors surveyed 415 Nebraska victim advocates, mental health providers, and substance abuse treatment providers about ten victim interventions to gauge the level of agreement on how to treat these victims most effectively. Many respondents recognized which interventions were important for victims at different intervals, yet the level of agreement regarding specific interventions tended to vary both within each service provider group and between the groups. Significant differences between groups were present regarding whether one should encourage the victim to report an incident to police if not already reported and whether one should help the victim set and obtain life goals. Within the groups, victim advocates and mental health providers tended to exhibit moderate agreement—agreement on six to eight of the ten interventions—while substance abuse treatment providers had somewhat lower agreement. The authors suggest that differences in training may help to account for some of these differences. Specifically, survey results revealed that victim advocates received the most training of the three types of service providers in terms of classes or seminars on domestic violence and sexual trauma. Substance abuse treatment providers not only reported the least amount of such training but also were less inclined than either victim advocates or mental health providers to feel their training was sufficient. The authors conclude the article with a series of recommendations, many of which pertain to training, cross-functional teams, and greater integration across treatment programs.

Himelein, Melissa J., "Risk Factors for Sexual Victimization in Dating: A Longitudinal Study of College Women," *Psychology of Women Quarterly*, Vol. 19, No. 1, 1995, pp. 31–48.

The author conducted a longitudinal evaluation of college women to identify predictive factors for sexual victimization. She surveyed 100 female college students at two time points 32 months apart. In the first interview, at participants' entry into their first year of college, the women were asked about their personal sexual history, including prior victimization, as well as sexual behaviors and general attitudes. At the second interview, the women were questioned regarding sexual victimization. Time 1 surveys indicated that 38 percent of the sample had been victimized in dating situations prior to college. Specifically, 15 percent reported low victimization, 17 percent reported moderate (sexual coercion or attempted rape), and 6 percent reported severe victimization (rape). Time 2 survey results indicated that 29 percent of the sample had been victimized in dating during college, with 8, 13, and 8 percent, respectively, indicating low, moderate, and severe levels of victimization. The researcher found that precollege sexual victimization in dating was the strongest predictor of victimization during college dating, and greater use of alcohol and higher levels of consensual sex were associated with dating victimization at both time periods. Only one attitudinal factor was predictive: Sexual conservatism was negatively associated with college victimization.

Himelein, Melissa J., "Acquaintance Rape Prevention with High-Risk Women: Identification and Inoculation," *Journal of College Student Development*, Vol. 40, No. 1, January–February 1999, pp. 93–96.

The author evaluated an acquaintance rape prevention program for high-risk women. She surveyed 217 women entering college to identify levels of victimization; of the 42 women that qualified, seven were eventually recruited for program participation. The program consisted of a 90-minute session once a week for five weeks; topics included sexual assault knowledge, the role of alcohol in sexual aggression, communication with men, revictimization, and self-defense. Participants provided verbal feedback after the final group session and completed a questionnaire (N=6) after one month. The survey findings suggest that participants' knowledge about sexual assault and use of precautionary dating behaviors increased. The author suggests that the program may help inoculate high-risk women against acquaintance rape.

Hinck, Shelly Schaefer, and Richard W. Thomas, "Rape Myth Acceptance in College Students: How Far Have We Come?" *Sex Roles*, Vol. 40, Nos. 9–10, 1999, pp. 815–832.

This study considered rape myth acceptance and the factors that affect acceptance or nonacceptance of such myths. The authors surveyed 158 college students; the questionnaire gathered their demographic data and included two measures of attitudes and beliefs regarding rape. The authors found that respondents consistently disagreed with rape-supportive statements, which appears to be inconsistent with earlier findings that sexually aggressive individuals subscribe to different beliefs and attitudes. However, there may

exist differences in the degree to which individuals disagree with such statements. Specific factors, such as victim blame, sex role expectation, misinformation, and communication or relationship skills, may contribute to the extent to which an individual agrees with rape-supportive statements. Also, gender and prior attendance at rape prevention programs may also affect rape myth agreement; the findings suggest that those who have previously attended such workshops disagree more strongly with rape myth statements. Predominantly female attendance at the workshops may also explain the gendered differences in prior study findings, since workshops are attended primarily by women.

Hollander, Jocelyn A., "'I Can Take Care of Myself': The Impact of Self-Defense Training on Women's Lives," *Violence Against Women*, Vol. 10, No. 3, March 2004, pp. 205–235.

This article presents the results of the first phase of a longitudinal assessment of whether self-defense training helps women prevent or resist violence. Self-defense training is unique from other safety measures or prevention training because it presumes that women have the ability to protect themselves. The researcher surveyed 36 women at the onset and completion of a ten-week-long self-defense course. The surveys addressed violence, fear of violence, beliefs about violence (e.g., rape myths), perceptions of danger, previous experiences of violence, previous self-defense training, and other items. The researcher asserts that self-defense training positively affects women's lives, including their level of assertiveness when they interact with others. Other changes included reduced fear of violence and increased confidence in dealing with violence.

Hong, Luoluo, "Toward a Transformed Approach to Prevention: Breaking the Link Between Masculinity and Violence," *Journal of American College Health*, Vol. 48, No. 6, May 2000, pp. 269–279.

In this article, the author discusses the underlying tenets of the Men Against Violence rape prevention program, which he asserts is a comprehensive, transformed approach to rape prevention because it expands male students' conceptions of manhood and appropriate gender roles and thus reduces the likelihood of sexual assault. The author conducted an ethnographic study of the eight college men who made up the Men Against Violence executive board during one college year. This study examined the ability of the program to reconstruct the definitions and understanding of manhood, in order to disassociate the definition with violence against women. The author asserts that to end violence against women, programs must focus on men and must strive to end violence against both men and women.

Horney, Julie, and Cassia Spohn, "The Influence of Blame and Believability Factors on the Processing of Simple Versus Aggravated Rape Cases," *Criminology*, Vol. 34, No. 2, 1996, pp. 135–162.

The authors used sexual assault case data (N=662) from the Detroit Police Department to examine the relationships among victim, perpetrator, and incident characteristics and a series of investigative and legal outcomes: the identification of a suspect, the depth of

case processing, referral to prosecution, full prosecution, and conviction. They were especially interested in identifying differences between simple rape and aggravated rape cases (the latter involves an attack by a stranger, multiple perpetrators, the use of a weapon, or additional injury to the victim). Overall, they found that the characteristics and outcomes of the two types of cases were relatively similar. One difference was that the likelihood of identifying a suspect was much greater in the event of a simple rape. Identification of a suspect was also more likely when the victim was African-American, when the victim physically resisted the attack, and when the attack occurred in the victim's home. The authors assessed the depth of case processing in terms of how far a case moved within the legal system (e.g., closed by the police, accepted by prosecution), and found no difference between simple and aggravated rapes in this respect. However, cases in which the perpetrator had a prior felony conviction and those that included physical evidence of the crime were more likely to move forward in the legal system. These same two factors also increased the likelihood that a case would be referred to a prosecutor, as did greater delays in reporting—a counterintuitive finding given stereotypes about rape victims.

Horvath, Miranda, A. H., and Jennifer Brown, "The Role of Drugs and Alcohol in Rape," *Medicine Science and the Law*, Vol. 46, No. 3, July 2006, pp. 219–228.

The authors analyzed a sample of rape cases reported to police in a medium-sized county in England in order to determine factors distinguishing rapes that involved alcohol and/or drugs from rapes that did not. In their first set of analyses, the authors compared 93 rape cases where the victim was under the influence of drugs or alcohol to 91 cases where the victim was not under the influence of either drug or alcohol. In the second set of analyses, the researchers also analyzed 108 cases with either victim or perpetrator alcohol/drug consumption and 76 cases that did not involve alcohol or drug consumption. In cases involving drugs or alcohol, the victim and perpetrator were more likely to be either friends or strangers, whereas the cases that did not involve drugs or alcohol more frequently involved current or former partners. One consistent finding was that the victim's inebriation, rather than the perpetrator's, was a determining factor. When the victim was inebriated, the assaults were more likely to occur in a private home (other than the victim's), the victim was more likely to have been moved, and the victim was more likely to be subjected to sexual fondling. When the victim was not inebriated, the assault was more likely to occur in the victim's home and to involve physical restraint and vaginal penetration. The researchers suggest shifting from a focus on female responsibility alone to a focus on changing men's attitudes when faced with intoxicated women.

Horvath, Miranda, and Jennifer Brown, "Alcohol as Drug of Choice; Is Drug-Assisted Rape a Misnomer?" *Psychology Crime & Law*, Vol. 13, No. 5, October 2007, pp. 417–429.

This study examined the role of alcohol as a facilitator of sexual assaults. The authors built on past research by examining 93 rape cases reported to the police in England, where the victim was reportedly intoxicated by drugs and or by alcohol at the time of the assault. Of particular interest to the examiners was the identification of which substances victims tended to consume that made them incapacitated, and who induced the state of incapacity. Results showed that, in some cases, there was a degree of preplanning by the

offender, suggesting that the offender was predatory. However, the results also showed that, in the majority of reported rapes in which alcohol or drugs were involved, the victim self-intoxicated herself through alcohol consumption, and there were relatively few cases overall where drugs were administered surreptitiously. Additionally, the majority of victims knew the perpetrator. The authors did find some differences in perpetrator behavior in predatory cases as compared with opportunistic cases. These included greater amounts of kissing, fondling, and asking the victim to cooperate, which might be considered normalizing behaviors.

Houmes, Blaine V., Melissa M. Fagan, and N. Marcela Quintana, "Establishing a Sexual Assault Nurse Examiner (SANE) Program in the Emergency Department," *Journal of Emergency Medicine*, Vol. 25, No. 1, July 2003, pp. 111–121.

This article describes the goals and benefits of a SANE program in an emergency department as compared to traditional care, and describes the requirements, objectives, and resources required when establishing a SANE program. The authors describe the basic goals of forensic sexual assault examinations and outline methods for performing such examinations, providing data on relevant equipment and types of procedures, including evidence collection, advocacy, STD and pregnancy prophylaxis, and toxicology. The authors also outline legal issues, practice management, and follow-up services to consider when establishing a SANE program. They write that most SANE programs require between one and three years to develop, and that initial program costs average $30,000 to $40,000. Most SANE programs employ nurses as clinical and administrative managers and a physician as medical director. The authors write that forensic sexual assault exams should include STD and pregnancy prophylaxis, injury treatment, crisis intervention counseling, and evidence collection. Overall, the article provides a thorough description of the goals, required resources, and protocols for development of a SANE program in an emergency department.

Hughes, Tonda L., Timothy Johnson, and Sharon C. Wilsnack, "Sexual Assault and Alcohol Abuse: A Comparison of Lesbians and Heterosexual Women," *Journal of Substance Abuse*, Vol. 13, No. 4, 2001, pp. 515–532.

This report highlights the similarities and differences of sexual assault experiences for lesbians and heterosexual women and describes the relationship between sexual assault and alcohol abuse. The authors conducted interviews with 63 lesbians and a comparison group of 57 demographically matched heterosexual women. They then compared the responses concerning the women's experiences of sexual assault, drinking habits, and alcohol-abuse indicators. The authors also analyzed the effects of sexual assault on alcohol abuse levels. The findings showed that the lesbian women suffered more sexual abuse during their childhood and were more likely to consider themselves victims of childhood sexual abuse. Childhood sexual abuse was associated with a long-term addiction to alcohol in both lesbian and heterosexual women. While heterosexual women's adult sexual assault experiences seemed directly associated with alcohol abuse, this was not the case for lesbians. The authors assert the need to include individuals' sexual assault history and substance habits in their adult health histories.

Humphrey, John A., and Jacquelyn W. White, "Women's Vulnerability to Sexual Assault from Adolescence to Young Adulthood," *Journal of Adolescent Health*, Vol. 27, No. 6, December 2000, pp. 419–424.

The authors conducted a longitudinal assessment of vulnerability to sexual assault during college. The study sample initially included 1,571 female college students, with 747 completing the final survey. The authors looked at the risk of both initial victimization and subsequent victimization based on prior victimization. The risk of initial victimization after childhood was highest during late adolescence and declined thereafter. Childhood sexual victimization (age 13 or younger) nearly doubled the risk of later adolescent victimization. With regard to victimization during college years, women who were victims of adolescent sexual assault were 4.6 more likely to be assaulted during college than were nonvictims. Further, the more severe the adolescent victimization, the greater the risk of college victimization. The authors suggest there is a linear path in victimization, such that childhood victimization increases the odds of adolescent assault, which again increases odds of college assault.

Humphrey, Stephen E., and Arnold S. Kahn, "Fraternities, Athletic Teams, and Rape: Importance of Identification with a Risky Group," *Journal of Interpersonal Violence*, Vol. 15, No. 12, December 2000, pp. 1313–1322.

This study examined the relationship between sexual assault and membership in athletic teams and/or fraternities. The authors conducted a preliminary survey of 52 upper classmen (female and male) who characterized athletic teams and fraternities regarding their likelihood to create atmospheres conducive to sexual offenses. Given these data, the researchers surveyed the four highest-risk and four lowest-risk organizations, as well as a control group. The sample included 182 male college students. The authors found that those who were members of high-risk fraternities and athletic teams had higher scores on measures of sexual aggression and hostility toward women than those in the low-risk groups or the control group. The researchers did not find significant differences between the control group and the low-risk fraternity/athletic group with regard to sexual aggression or hostility toward women. The high-risk group scored higher than the low-risk group on endorsement of sexual aggression by male peers, but was not significantly different from the control group. The high-risk group also scored higher than the low-risk group on marijuana use, drinking frequency, and drinking intensity.

Isbell, Linda M., James M. Tyler, and Allyson DeLorenzo, "Guilty or Innocent? Women's Reliance on Inadmissible Evidence in a Simulated Rape Case," *Journal of Applied Social Psychology*, Vol. 37, No. 4, 2007, pp. 717–739.

This study identified process-oriented factors related to female jurors' reliance on—or disregard of—inadmissible evidence in their deliberations. For this research, 101 female college students participated in a simulated rape case that utilized details from an actual criminal case from 1980. The participants were randomly assigned to one of nine conditions that included different trial aspects and input, such as additional evidence that was presented and subsequently deemed either admissible or inadmissible. The authors found

that women have the cognitive ability to avoid the influence of inadmissible testimony, but only if they had received pretrial instructions. Pretrial instructions were more effective than pre-deliberation instructions in enabling experiment participants/jurors to disregard inadmissible evidence. Accordingly, the results of this study suggest strategies to ensure that jury decisionmaking is not biased by inadmissible evidence.

Isely, Paul J., "Sexual Assault of Men: College-Age Victims," *NASPA Journal*, Vol. 35, No. 4, Summer 1998, pp. 305–317.

This review focuses on research of young adult male victims of sexual assault. The author points to the relative paucity of evidence on male victims relative to female victims and asserts that more research needs to be done in this area. The existing literature suggests that college-age men are at risk for assault, that the experience of sexual victimization can cause serious psychosocial dysfunction, and that male victims are much less likely to report assault or seek treatment. These findings suggest that college rape reduction programming should be available to men as well as women, that male victims should be especially encouraged to seek post-assault counseling, and that campus police and health services should be educated about sexual assault of male victims.

Isely, Paul J., and David Gehrenbeck-Shim, "Sexual Assault of Men in the Community," *Journal of Community Psychology*, Vol. 25, No. 2, 1997, pp. 159–166.

This study addressed the prevalence of sexual assault of men. The authors surveyed 336 U.S. agencies providing support to sexual assault victims, including sexual abuse and rape crisis centers, victim assistance centers, women's services and studies centers, mental health centers, domestic violence programs, and others. Fifty-one percent, or 172, of these agencies reported contact with 3,635 that sought treatment for adult sexual assault between the years of 1972 and 1991. The majority of victims were young (between 16 and 30), white, heterosexual, and reported suffering from posttraumatic stress disorder as a result of the assault. Further, 46 percent of the victims reported suicide ideation, and 76 percent of these victims attempted suicide. Forty percent of victims were intoxicated at the time of the assault. The majority of perpetrators were reported to be white, an acquaintance, perceived heterosexual, and male (only 6 percent were female). Sixty-eight percent of perpetrators used physical threats; a weapon was used 49 percent of the time. Of the 3,635 victims, 705 sought medical treatment, and 23 percent of those seeking treatment revealed their assault to the medical personnel. Fifteen percent reported their assault to the police.

Jackson, Arrick, Louis Veneziano, and Katherine Riggen, "Sexual Deviance Among Male College Students: Prior Deviance as an Explanation," *Journal of Interpersonal Violence*, Vol. 19, No. 1, January 2004, pp. 72–89.

This study examined whether prior deviance (delinquent and criminal behavior) among men is a better predictor of current sexual deviance (perpetration of unwanted sexual activity, ranging from unwanted fondling to rape) than is group affiliation, such as belonging to a sports team, fraternity, or other organization. The authors note that much

of the research on male sexual deviance among male college students has been characterized solely by the impact of group affiliation on these men; they assert that this approach ignores the possibility that men who show sexual deviance are more likely to have performed a variety of criminal acts previously and that focusing on this history, rather than the men's current group affiliation, is a more effective approach to determine the cause of their sexual deviancy. To evaluate this hypothesis, the researchers included data from three college groups (football team, track team, and fraternity) and a control group of nonathlete/nonfraternity members. The sample included 304 college males unequally distributed among the groups: 129 football players, 78 track athletes, 33 fraternity members, and 64 control group men, from several Midwest universities. Subjects were given surveys asking about general prior delinquency, general prior sexual deviance, and sexual deviance during college. Results showed that a history of delinquent behavior did predict sexual deviancy during college within the sample population. Further, group affiliation showed a negative effect on sexual deviance, suggesting that group affiliation might in fact lessen the risk of sexual deviance, rather than augment it as suggested by prior research. Possible reasons for this include greater concern about behavior due to concerns about group identity, closer monitoring by group leaders among group members, and greater stressing of preventive education programs among groups to combat stereotypes. The researchers conclude efforts to examine sexual deviance should consider variables other than group affiliation.

Johansson-Love, Jill, and James H. Geer, "Investigation of Attitude Change in a Rape Prevention Program," *Journal of Interpersonal Violence*, Vol. 18, No. 1, January 2003, pp. 84–99.

This study aimed to affect rape myth attitudes using a video- and pamphlet-based intervention. The researchers surveyed 151 undergraduate males on rape myth acceptance before the intervention, and on both rape myth acceptance and attitude accessibility immediately following the intervention and again two weeks later. The authors found that the intervention did reduce rape myth acceptance but that this effect was slightly attenuated at the two-week follow-up. The findings confirm the results of previous studies that examined rape attitude change following a video intervention.

Johnson, Barbara E., Douglas L. Kuck, and Patricia R. Schander, "Rape Myth Acceptance and Sociodemographic Characteristics: A Multidimensional Analysis," *Sex Roles*, Vol. 36, Nos. 11–12, 1997, pp. 693–707.

This study assessed the persistence of rape myths among college students at a small university by administering a survey to 149 students. Almost all participants believed in some rape myths. More respondents agreed with myths that excuse the offender rather than blame the victim, and men were more likely than women to do so. Significant portions of the sample supported myths that blame the victims, such as the assertion that a woman's reputation should influence the determination of whether an encounter was rape, that rapes are avoidable if women do not provoke them, and that any healthy woman can resist rape; men were more likely than women to support these myths. There were also differences by race: Blacks were more likely than whites to justify acquaintance rape by assert-

ing that rapists are strangers and that men have the right to assume a woman wants sexual intercourse if she allows the man to touch her sexually. There were also differences by age: Younger participants were more likely to believe that males sometimes have uncontrollable sexual urges. Additional differences were associated with gender role beliefs.

Johnson, Thomas. J., and Courtney Stahl, "Sexual Experiences Associated with Participation in Drinking Games," *Journal of General Psychology*, Vol. 131, No. 3, July 2004, pp. 304–320.

This study sought to build on earlier research addressing the association between drinking games and sexual victimization by identifying specific types of sexual behaviors that occur within the drinking game context. The authors also sought to measure alcohol consumption and the frequency of participating in these games as well as to examine the dynamics between frequency of play, quantity of alcohol consumed during a game, and motivations to play in order to predict the risks of being a victim or perpetrator in this context. Participants were taken from a larger sample of undergraduates of a moderately sized Midwestern university who had completed questionnaires. The survey covered questions on the quantity and frequency of alcohol consumption, the frequency of binge drinking, the frequency of participating in drinking games, and the average amount of alcohol consumed during these games. From the initial survey participants, 120 male and 167 female students who indicated that they participated in drinking games were recruited for this study, and they completed questions about their drinking game experiences during the prior month and the prior year. Both men and women reported being sexually taken advantage of during or after games. Men were more likely to report being perpetrators and typically reported multiple perpetrations. Some men play drinking games primarily to have sex, and they are more likely to perpetrate. The researchers found that, among men, frequency of play and the amount of alcohol consumed while playing did not predict frequency of perpetration or victimization for men. Among women, frequency of play and amount of alcohol consumed did marginally predict perpetration and was associated with victimization, although the authors posit that students may use game participation as an excuse for subsequent sex.

Jones, Jeffrey S., Barbara N. Wynn, Boyd Kroeze, Chris Dunnuck, and Linda Rossman, "Comparison of Sexual Assaults by Strangers Versus Known Assailants in a Community-Based Population," *American Journal of Emergency Medicine*, Vol. 22, No. 6, 2004, pp. 454–459.

This study examined the nature of injuries related to different forms of victim-perpetrator relationships. The authors reviewed the case files of 849 female rape victims seeking treatment at a sexual assault clinic. They found that 76 percent of the victims knew their attackers; of these, 68 percent were acquaintances, 21 percent were boyfriends or spouses, and 5 percent were family members. Of those raped by strangers, the assault was more likely to involve weapons or physical coercion, occur in the home of the victim, and result in more nongenital trauma. However, there was little difference between types of relationship with regard to anogenital trauma, with approximately three-quarters of victims

experiencing this form of trauma in both groups and both experiencing the same mean number of anogenital injuries.

Jordan, Jan, "Will Any Woman Do? Police, Gender and Rape Victims," *Policing: An International Journal of Police Strategies and Management*, Vol. 25, No. 2, 2002, pp. 319–344.

This study provides insights on whether female police officers either are preferred by sexual assault victims or respond differently to sexual assault complaints than their male counterparts. Interviews with 48 New Zealand women who approached police with a sexual assault–related complaint indicated that, overall, gender was not the primary factor related to victim satisfaction with their case handling. Instead, professionalism, warmth, and sensitivity were highly valued by victims, and these were not necessarily related to officer gender. The findings suggest that although some victims have a strong preference for women officers—including some of the interviewees—police departments would be remiss in assuming that any female police officer is well equipped to handle a sexual assault complaint and superior in this regard to her male colleagues.

Jordan, Jan, "Beyond Belief? Police, Rape and Women's Credibility," *Criminal Justice*, Vol. 4, No. 1, 2004, pp. 29–59.

The author analyzed the influence of victim credibility in police handling of sexual assault cases using 164 rape and sexual assault files maintained by New Zealand police. Overall, the author found that police viewed reports of sexual assault with a "mindset of suspicion." Police perceptions of victim credibility appeared to be influenced by such factors as the victim's alcohol or drug use, delay in reporting, prior consensual sex with the perpetrator, previous allegations of rape, previous false complaints, severe mental health issues or other intellectual impairments, concealment of key details, and perceived immorality of the victim. The effect of these attributes varied depending on which ones occurred in conjunction with one another and whether there were resultant negative or positive attributions by police. For example, being clearly intoxicated at the time of the assault may be offset by prompt reporting and a lack of previous intimacy with the perpetrator. The author concludes that although victim credibility is often legally inadmissible in a court case, it is frequently an issue in police officers' assessments of the validity of a claim, with ensuing negative implications for many charging decisions.

Kahn, Arnold S., Jennifer Jackson, Christine Kully, Kelly Badger, and Jessica Halvorsen, "Calling It Rape: Differences in Experiences of Women Who Do or Do Not Label Their Sexual Assault as Rape," *Psychology of Women Quarterly*, Vol. 27, No. 3, 2003, pp. 233–242.

In this study, the authors used a combination of surveys and open-ended descriptions of rape written by 491 female college students to identify differences between sexual assault victims who acknowledged they were raped and those who did not. This research extends prior work (Kahn, Mathie, and Torgler, 1994) by introducing an uncertain-if-rape-occurred option as well as a larger set of attitudinal survey items. Results from the closed-

ended items indicated that college women who acknowledged they were raped were less familiar with the perpetrator and reported more negative affect (including expressions of feeling dirty, confused, sad, or detached from reality) than those who did not acknowledge they were raped. Acknowledged victims were also more likely to report that sexual intercourse occurred after they genuinely said no, because they felt threatened, or because the man used force than were unacknowledged victims. Additional findings emerged from analysis of the open-ended descriptions: If the victim characterized the perpetrator as her boyfriend, noted severe drug or alcohol impairment, or described the act as involving oral or digital penetration, she was less inclined to have acknowledged herself as a rape victim. The results are particularly insightful in that they suggest reasons why sexual assault victims may not report their experience to police.

Kahn, Arnold S., Virginia Andreoli Mathie, and Cyndee Torgler, "Rape Scripts and Rape Acknowledgment," *Psychology of Women Quarterly*, Vol. 18, No. 1, 1994, pp. 53–66.

In this study, the authors use a combination of surveys and descriptions of rape (i.e., "rape scripts") written by female college students (N=198) to identify differences between sexual assault victims who acknowledged they were raped and those who did not. Whether victims acknowledged they had been raped or not was based on their response to the question, "Have you ever been raped?" in conjunction with their responses to a series of yes/no questions about sexual activities that did not include the term *rape*. Analysis of the survey data indicated that victims who acknowledged being raped were more likely to report violence in both rape and non-rape sexual experiences (e.g., situations involving threats or use of force in which intercourse did not occur) than victims who did not acknowledge being raped. Qualitative analysis of the rape scripts revealed that scripts drafted by unacknowledged victims were more likely to involve a stranger, an outdoor attack, physical attack, threat or use of a weapon, physical resistance by the victim, a perpetrator who leaves the scene after the rape, or a victim who reports the rape to police than those drafted by acknowledged victims. They were less likely to include physical restraint without attack, verbal protest by the victim, or alcohol consumption. All in all, the findings offer a number of potential explanations for why sexual assault victims do not report their experience to police.

Kalof, Linda, "Rape-Supportive Attitudes and Sexual Victimization Experiences of Sorority and Nonsorority Women," *Sex Roles*, Vol. 29, Nos. 11–12, 1993, pp. 767–780.

In this article, the author analyzes the relationship between sorority membership and rape-supportive attitudes, as a counterpoint to the literature on rape-supportive behaviors among fraternity members. A survey was completed by a sample of 216 female college students (195 nonsorority, 21 sorority). The author found that sorority membership was associated with more conservative views toward gender, sex, and rape, and that sorority members were more likely to support stereotypes about violence and rape myths. Sorority women reported significantly higher rates of alcohol-related nonconsensual sex and physical coercion. The author found no significant differences between the groups in prevalence of rape or victimization by social coercion. She acknowledges that causality cannot be firmly established, but she suggests that—since these findings suggest college women,

regardless of sorority membership, are vulnerable to social pressures to have sex— further research should be done in this area.

Kalof, Linda, "Ethnic Differences in Female Sexual Victimization," *Sexuality & Culture*, Vol. 4, No. 4, 2000a, pp. 75–98.

Using a sample of 383 female college students, the author examined differences in the prevalence of sexual assault by ethnic group. Overall, 33 percent had experienced some type of sexual assault during college, with 22 percent of these women saying they had been raped. Twenty-six percent of Hispanic women had been victims of an attempted rape, compared with 6–9 percent of the other women. By racial group, black women reported the highest rates of forced intercourse through verbal threats or pressure, while Asians had the lowest. Fifty-two percent of the full sample reported unwanted sexual activity prior to college (while younger than age 18). Black women, along with white women, were almost three times as likely (compared with Hispanic women) to have had experiences that would legally qualify as rape, but not to consider themselves a rape victim. The researchers also found that the likelihood of victimization in college increased for those women victimized prior to college and those women that drank alcohol.

Kalof, Linda, "Vulnerability to Sexual Coercion Among College Women: A Longitudinal Study," *Gender Issues*, Vol. 18, No. 4, Fall 2000b, pp. 47–58.

This study addressed the relationship between rape-supportive attitudes, prior experiences with sexual coercion, and vulnerability to sexual coercion among college students. The author surveyed 54 female college students twice over a two-year period. The analysis found little evidence to support these relationships: Rape-supportive attitudes were not linked to vulnerability, attitudes did not change with victimization, and prior sexual coercion did not predict subsequent vulnerability. The researcher did find an increase in nonviolent unwanted sex for women who endorsed sex role stereotypes and a decrease in nonviolent unwanted sex for women who endorsed rape myths. However, women's attitudes were generally not predictive of their vulnerability.

Kalra, Michelle, Eileen Wood, Serge Desmarais, Norine Verberg, and Charlene Y. Senn, "Exploring Negative Dating Experiences and Beliefs About Rape Among Younger and Older Women," *Archives of Sexual Behavior*, Vol. 27, No. 2, 1998, pp. 145–153.

This study explored the dating experiences and rape beliefs of 115 women age 18 to 85 who described themselves as single and willing to date. The questionnaire included questions addressing demographics, rape myth adherence, and negative dating experiences. The researchers describe what they call "striking" similarities between the younger and older women regarding experiences and beliefs, although the older women were more likely to report a higher incidence of unwanted affection, greater concern about potential date rape, and more endorsement of rape myths. Unwanted affection, physical contact, and rape did not seem to predict the level of rape myth adherence. Because the older women had both higher incidence of negative experiences and higher endorsement of

rape myths, they may be more likely to believe that they were responsible for unwanted attention and other negative dating experiences.

Karjane, Heather M., Bonnie S. Fisher, and Francis T. Cullen, *Campus Sexual Assault: How America's Institutions of Higher Education Respond*, Washington, D.C.: U.S. Department of Justice, 2002.

This report presents the results of a baseline investigation on campus sexual assault practices and policies. The authors used a number of methods, including various forms of primary data collection, content analysis of sexual assault policies from institutions of higher education, and legal research of state-level legislation. The research included 2,438 institutions of higher learning. The report is organized around nine major sets of findings: variation in definitions of sexual assault; the existence and publication of policies for campus sexual assault; training for those to whom sexual assaults tend to be reported; on- and off-campus reporting options and procedures for sexual assault victims; resources available for victims' safety, support, medical treatment, and counseling; policies and practices that may hinder reporting of sexual assaults; policies and practices that may facilitate reporting, investigation, and/or prosecution of a sexual assault; on-campus procedures for investigating, adjudicating, and disciplining perpetrators; and punishment of perpetrators. The authors conclude with recommendations intended to support institutions of higher education in developing and implementing sexual assault policies and to guide future research on this topic.

Kassing, Leslee R., Denise Beesley, and Lisa L. Frey, "Gender Role Conflict, Homophobia, Age, and Education as Predictors of Male Rape Myth Acceptance," *Journal of Mental Health Counseling*, Vol. 27, No. 4, 2005, pp. 311–328.

This study surveyed adult males from a convenience sample of individuals who either were employed by selected employers or were members of various selected organizations. The intent of the study was to assess the relationship between age, education, gender role attitudes, and rape myth acceptance. Less educated men were more likely to profess negative attitudes toward gay men and more agreement with male rape myths. Less educated men were also more likely to show higher success, power, and competition attitudes, and these attitudes were predictive of agreement with male rape myths. Acceptance of male rape myths supports men's assertions that they are not vulnerable to rape. The study was hampered by a very low response rate (48 usable packets from 600 that were distributed).

Kassing, Leslee R., and Loreto R. Prieto, "The Rape Myth and Blame-Based Beliefs of Counselors-in-Training Toward Male Victims of Rape," *Journal of Counseling and Development*, Vol. 81, No. 4, Fall 2003, pp. 455–461.

This research sought to understand the inherent and evolving beliefs regarding victim blame for rape, specifically the attitudes of counselors in training toward male victims. The researchers surveyed 183 counselor trainees from 67 different training programs in order to identify training and/or educational materials that affect certain stereotypes relevant to working with male rape victims. The only rape myth that was clearly rejected

by all respondents was the myth asserting that an assault cannot be called "rape" if the victim and the attacker know one another. Ninety-six percent of the counselor trainees did believe that men could be rape victims. Male counselor trainees were more likely than their female counterparts to accept rape myths. Regarding blame-based beliefs, the researchers found that the counselors did not clearly reject beliefs that blamed male rape victims. These blame beliefs toward male victims were not dependent on the trainees' age, sex, or experience with victims, but instead on a cultural understanding of responsibility. That is, the study found that most trainees inherently believed that male victims of rape have some ability to protect themselves from both the likelihood and occurrence of rape. The authors suggest a need for counselor education programs and clinical supervisors to underscore appropriate gender expectations and better understanding of male rape victims.

Kelley, Michelle L., Michael J. Schwerin, Kara L. Farrar, and Marian E. Lane, "An Evaluation of a Sexual Assault Prevention and Advocacy Program for U.S. Navy Personnel," *Military Medicine*, Vol. 170, No. 4, April 2005, pp. 320–326.

The U.S. Navy Sexual Assault Victim Intervention (SAVI) program has two primary purposes: to provide training programs to increase sexual assault awareness and to provide trained advocates to sexual assault victims. This study assessed the SAVI program by distributing surveys to all experienced SAVI patrons in January 2002 and April 2003. The respondents tended to believe that the training provided sufficient sexual assault prevention training, helped victims to cope with sexual trauma, and enhanced victims' health and safety and thus their quality of life. The victims who used the SAVI advocacy services were especially positive regarding the impact of the program on their quality of life and overall readiness.

Kilpatrick, Dean G., Ron Acierno, Heidi S. Resnick, Benjamin E. Saunders, and Connie L. Best, "A 2-Year Longitudinal Analysis of the Relationships Between Violent Assault and Substance Use in Women," *Journal of Consulting and Clinical Psychology*, Vol. 65, No. 5, October 1997, pp. 834–847.

The authors examined the relationship between assault on women and escalation of substance use. The two-year longitudinal study was based on a sample of 4,009 from the National Women's Study, which included 2,009 nationally representative women and 2,000 women that were an oversample of younger women (age 18–34). Of the original sample, 3,006 women were retained through three data collections over two years. The surveys included questions about assault status, alcohol abuse, and drug use. The researchers found that as use of drugs (but not alcohol abuse) prior to the study increased, the odds of an assault during the study increased, especially among women that had previously been victimized. Further, sexual assault also led to both alcohol abuse and drug use. The authors suggest that these findings indicate a cyclical relationship between assault and substance use.

Kilpatrick, Dean G., Heidi S. Resnick, and Ron Acierno, "Health Impact of Interpersonal Violence. 3: Implications for Clinical Practice and Public Policy," *Behavioral Medicine*, Vol. 23, No. 2, Summer 1997, pp. 79–85.

As the final part of a series of articles on interpersonal violence in the United States, this article addresses the implications of the health impact of U.S. interpersonal violence on clinical practice and policy. The authors followed five underlying assumptions regarding clinical recommendations for assault victims: many victims are not identified in health care settings, most health care providers are not interested in becoming assault victim specialists, coordination is required for successful victim interventions, multiple useful interventions exist, and prevention should receive greater attention. Recommendations for clinicians include devoting more time to case identification and victim screening, familiarizing oneself with cognitive behavioral treatments, using preventive interventions such as risk reduction education, and linking mental health and physical health providers to provide comprehensive care for women exposed to violent assaults. Regarding public policy, the authors stress the importance of coordinated responses within health care, mental health, victim advocacy, and the criminal justice system to aid assault victims. The authors describe two sample programs that feature these coordinated victim responses. The authors recommend targeted increases in funding, including funding for health care provider training and comparison of different methods to treat assault victims. They also propose specialty-specific physician training for treating violence victims, so that appropriate referrals, education, and interventions are provided for victims throughout the medical system.

Kimerling, Rachel, Alessandra Rellini, Vanessa Kelly, Patricia L. Judson, and Lee A. Learman, "Gender Differences in Victim and Crime Characteristics of Sexual Assaults," *Journal of Interpersonal Violence*, Vol. 17, No. 5, May 2002, pp. 526–532.

This article assesses differences in the characteristics of sexual assaults including male and female victims. The authors used medical charts for 842 women and 128 men who had been treated at a hospital-based rape treatment center to examine the details of the assaults. They found that male victims were more likely to identify as gay or bisexual and to report current psychiatric symptoms as well as a history of psychiatric disorder and hospitalization. Female victims were more likely to be a member of a minority ethnic group and to have experienced an assault involving penetration, injuries, and the use of restraints. Women are also more likely to fill out a police report. Lifetime history of victimization did not differ between men and women; about a third of both reported childhood abuse, and half of each gender reported adult sexual assault.

Kingsnorth, Rodney, John Lopez, Jennifer Wentworth, and Debra Cummings, "Adult Sexual Assault: The Role of Racial/Ethnic Composition in Prosecution and Sentencing," *Journal of Criminal Justice*, Vol. 26, No. 5, 1998, pp. 359–371.

This study assessed how the racial/ethnic composition of the victim-perpetrator dyad comes to bear upon the prosecution and sentencing of sexual assault perpetrators. Findings based on data from 365 major sexual assault cases (1992–1994) within the Sacra-

mento County, California, legal system revealed no significant effect of racial/ethnic composition at any decision point in case processing. However, other victim, perpetrator, and case characteristics included as controls were associated with legal outcomes. Cases with more witnesses, a perpetrator with prior felony convictions, more severe offenses (as indicated by the number of charges), greater victim cooperation, incriminating statement(s) by the perpetrator, and/or domestic violence were more likely to be accepted for prosecution, while cases in which the victim waited more than 12 hours to file a report were less likely to be accepted. Two factors were significantly associated with the decision to go to trial instead of a plea bargain: the number of felony charges associated with the case and the perpetrator's prior felony convictions. With respect to sentence location, the principal conviction count and two proxies for case severity—the presence of aggravating circumstances and the number of conviction counts—helped to explain cases that resulted in a prison sentence instead of jail time. Finally, the same three factors also predicted sentence length. The authors conclude the article by offering reasons why this study yielded findings different from prior research.

Kingsnorth, Rodney F., Randall C. MacIntosh, and Jennifer Wentworth, "Sexual Assault: The Role of Prior Relationship and Victim Characteristics in Case Processing," *Justice Quarterly*, Vol. 16, No. 2, June 1999, pp. 275–302.

This study assessed how the victim-perpetrator relationship, victim characteristics, and case characteristics influence legal outcomes, such as the decision to prosecute, the decision to go to trial, a prison sentence verdict, and prison term length. Findings based on data from 467 major sexual assault cases (1992–1994) within the Sacramento County, California, legal system reveal that cases were more likely to be fully prosecuted, regardless of victim-perpetrator relationship type, when the victim cooperated during prosecution and supporting witnesses were available. Factors that affected the likelihood of prosecution only for cases involving a perpetrator known by the victim included degree of victim injury, incriminating remarks by the perpetrator, number of arrest charges, the time interval between the assault and the victim report, and victim age. Whether the perpetrator was a stranger or nonstranger also accounted for differences in the factors that predicted whether a case went to trial. For example, the number of felony counts charged was a significant determinant when the perpetrator was a stranger, while the presence of accomplices was a significant factor when the perpetrator was an acquaintance. Such factors as aggravating circumstances, the number of conviction counts, and the violence of the crime helped to predict whether a prison sentence was given as well as the length of the sentence. The victim's age was related to sentence length (the older the victim, the longer the sentence length), while a prior relationship between the victim and perpetrator and negative victim characteristics (a composite measure that included such items as use of alcohol, possible involvement in prostitution, and being alone in a bar) were related to shorter sentences.

Klaw, Elena L., Kimberly A. Lonsway, Dianne R. Berg, Craig R. Waldo, Chevon Kothari, Christopher J. Mazurek, and Kurt E. Hegeman, "Challenging Rape Culture: Awareness, Emotion and Action Through Campus Acquaintance Rape Education," *Women & Therapy*, Vol. 28, No. 2, 2005, pp. 47–63.

The authors examined the experiences of 35 male and female undergraduates who participated in an intensive, twice-weekly, semester-long community health course designed to train them as facilitators for rape education workshops. The authors conducted three focus groups with the participants and also analyzed reaction papers written by the students at the midpoint and conclusion of the training. Participants indicated that they became more aware of the existence and prevalence of sexual assault. For some female participants, this meant an increased sense of vulnerability, but the class also helped prior victims cope with their past experiences. The class provided participants with increased empathy for victims, perceived empowerment against rape, and a greater interest in interpersonal and social activism, as evidenced by a group of participants who chose to continue as workshop facilitators.

Kleck, Gary, and Jongyeon Tark, *The Impact of Victim Self-Protection on Rape Completion and Injury*, Washington, D.C.: National Institute of Justice, 2005.

In this study, the authors sought to reconcile differences in earlier findings related to the impact of victim self-protection efforts on rape completion and injuries in addition to rape. They used the largest probability sample of sexual assault incidents available, the National Crime Victimization Survey (1992–2002) with a sample of 733 rapes, 1,278 sexual assaults, and 12,235 other assaults, to examine whether victim self-protection efforts, such as forceful resistance, verbal resistance, or attempts to escape or alert help, decrease the likelihood of rape completion or injury when holding constant other incident characteristics, including number of perpetrators, perpetrator drug or alcohol use, location of the assault, and timing of the assault. The results of statistical analysis indicate that most self-protection actions significantly reduced the probability of rape completion, with "attacking without weapons," "struggling," "run away/hide," and "warning" emerging as particularly effective victim strategies. In addition, the authors found that the influence of victim self-protection efforts did not vary based on other incident characteristics. They were unable to assess the relationship between victim resistance and injury, however, because of the small number of incidents in which serious injury occurred in conjunction with self-protection efforts. This was particularly the case with rape incidents. Overall, the authors conclude that victim self-protection efforts do indeed reduce the odds of rape completion, and that nonforceful actions can be as effective as those involving force.

Knight, Raymond A., Janet I. Warren, Roland Reboussin, and Bonita J. Soley, "Predicting Rapist Type from Crime-Scene Variables," *Criminal Justice and Behavior*, Vol. 25, No. 1, March 1998, pp. 46–80.

In this study, researchers performed secondary data analysis on two analogous datasets to examine the Criminal Investigative Analysis (CIA) procedures for identifying perpetrators of rape. CIA is a subjective, qualitative crime-scene procedure that generates

likely descriptive information of the perpetrator; this information is then used to help identify the suspect. The researchers attempted to empirically evaluate the CIA to make the process more replicable and scientifically validated. The research sample included information on three groups of subjects—116 repeat rapists, 25 serial rapists, and 254 rapists—taken from the FBI's Behavioral Science Unit and an offender treatment center. The researchers qualitatively coded data from victim statements and information from the perpetrator's criminal history (crime scene indicators) using a detailed protocol analyzing the victim-offender encounter. Using these coded data, the researchers identified predictive scales and evaluated them for validity by applying them to additional data. They found positive predictive results for adult antisocial and expressive aggression predictor domains; and sadism, offense planning, and relation with victim showed moderate or high cross-crime consistency and high internal consistency, indicating that predictive scales are possible for these domains as well. This research strengthens the possibility of generating a more empirical system for the CIA to identify consistencies among crimes to improve perpetrator capture rates.

Kolivas, Elizabeth D., and Alan M. Gross, "Assessing Sexual Aggression: Addressing the Gap Between Rape Victimization and Perpetration Prevalence Rates," *Aggression and Violent Behavior*, Vol. 12, No. 3, 2007, pp. 315–328.

In this article, the authors discuss methodological issues regarding the collection of data about sexual assault victimization and perpetration, and how these measurement techniques have been refined for women versus men and victims versus perpetrators. For example, anonymous self-report surveys have been refined to address the reluctance of respondents to disclose sensitive information. However, there has been less research attention to the methodological issues regarding the collection of men's self-reported coercion and aggression. Because men's self-reported rates of perpetration appear inconsistent with women's self-reported victimization, the authors write, additional research is required. Some issues that require further examination include men's history with token resistance and whether this affects their perception of their sexually coercive behavior, the impact that situational factors have on the male interpretation of the event, and how the use of alcohol in sexual aggression can be captured on surveys. The authors maintain that qualitative research on men's perceptions of sexual encounters is necessary to inform and improve survey items.

Konradi, Amanda, "Understanding Rape Survivors' Preparations for Court: Accounting for the Influence of Legal Knowledge, Cultural Stereotypes, Personal Efficacy, and Prosecutor Contact," *Violence Against Women*, Vol. 2, No. 1, March 1996, pp. 25–62.

This article presents the results of 32 intensive life-history interviews with female rape victims. The interviews chronicled the victims' participation in the legal process from initial reporting through the point at which their involvement with the case ended (e.g., plea bargain, trial, sentencing). The author describes six types of strategies that victims use to prepare for their time on the witness stand: appearance work, rehearsal, emotion work, team building, role research, and case enhancement. Most of the victims in the study engaged in two or fewer of these activities or strategies. The author presents evidence from

the interviews that suggests that victims' knowledge of legal processes, cultural views toward rape, belief that they could influence the legal process, and the nature and extent of their interaction with prosecutors and other legal personnel all affect the intensity with which victims prepare for their court appearances. Accordingly, this study implicitly suggests ways to improve victim cooperation in sexual assault cases and to empower victims to participate actively in the legal process.

Konradi, Amanda, "Too Little, Too Late: Prosecutors' Pre-Court Preparation of Rape Survivors," *Law and Social Inquiry*, Vol. 22, No. 1, 1997, pp. 1–54.

The author conducted intensive interviews with 32 female rape victims to gain insights regarding prosecutors' behavior toward and interactions with victims in between the charging decision and court appearances. The author identified 20 different types of information or pointers that prosecutors shared with victims in preparation for court events. These information types fall into three broad categories: directives to orient the rape victim to the requirements of the witness role, guidance intended to enhance the credibility of the victim's account of the incident, and strategies geared toward enhancing the victim's credibility as conveyed by her self-presentation. In terms of the number of pointers received, victims were better prepared for trials than they were for probable cause hearings; 71 percent of rape victims received five or more types of information pretrial, compared with just 27 percent before their probable cause hearing. In addition, the author identified three overarching preparation patterns: First, prosecutors tailor their victim preparation efforts to suit the nature of the court event; for example, prosecutors focused inadequately on the defense's tactics and improving the victim's self-presentation for probable cause hearings. Second, prosecutors' limiting of their interaction with victims seemed to be related to their views that the victim could not comprehend the criminal justice system and that the court process has a significant emotional effect on victims. Third, prosecutors tend to focus their victim-preparation activities on the court event with the greatest potential impact on their own career, the trial itself. Since a lack of general information about the criminal justice system and specific guidance about her own case may contribute to a rape victim's revictimization, these findings suggest that greater attention to victims' needs and well-being during the legal process is warranted.

Konradi, Amanda, and Patty L. DeBruin, "Using a Social Marketing Approach to Advertise Sexual Assault Nurse Examination (SANE) Services to College Students," *Journal of American College Health*, Vol. 52, No. 1, July–August 2003, pp. 33–39.

This article describes an effort to implement and evaluate an advertising campaign to publicize the accessibility and appeal of using SANE services on a college campus. Advertising posters, hung in particular residence halls and public restrooms, alerted students to SANE as a health service and as a viable system that would help prosecution. After two such advertising campaigns, the researchers surveyed 1,051 college students regarding their understanding of the services offered through the SANE program. They found that the posters were an effective and viable communication approach and that there was an increase in students' understanding of SANE services. The researchers also found that

students used the language from the posters in their justification of reasons to use the SANE services.

Kopper, Beverly A., "Gender, Gender Identity, Rape Myth Acceptance, and Time of Initial Resistance on the Perception of Acquaintance Rape Blame and Avoidability," *Sex Roles*, Vol. 34, Nos. 1–2, 1996, pp. 81–93.

This study examined factors affecting assignment of blame in acquaintance rape and perceived avoidability. The author provided 534 male and female college students with one of two rape scenarios and surveyed them about the scenario and their own attitudes and characteristics. Men and women with low rape myth acceptance were less likely to blame the victim, more likely to blame the perpetrator, and less likely to believe that the assault could have been avoided. Also, when the scenario included initial resistance by the victim early in the rape, the respondents attributed less blame to the victim and more blame to the perpetrator and were less likely to believe that the situation could have been avoided. The results contribute to our understanding of attitudes toward rape victims.

Koss, Mary P., "Empirically Enhanced Reflections on 20 Years of Rape Research," *Journal of Interpersonal Violence*, Vol. 20, No. 1, January 2005, pp. 100–107.

The author documents the progression of rape research. Citing quantitative counts from the database PsychInfo as well as Internet searches, she asserts that the publication rate of such articles "exploded" in 1974. Compared against a total of four journal articles published prior to 1984, there were 185 published from 1985 to 2005. However, the publication rate has fallen since 1989. A similar assessment of dissertations also indicates rapid growth and then decline since 1989. The author expresses concern that current levels of federal funding are insufficient to maintain the science, as only 7 percent (14 studies) of investigator-initiated grants addressing violence against women and funded by the Department of Justice and the Centers for Disease Control and Prevention appear to address sexual violence.

Koss, Mary P., "Restoring Rape Survivors: Justice, Advocacy, and a Call to Action," *Annals of the New York Academy of Sciences*, Vol. 1087, No. 1, 2006, pp. 206–234.

This review and agenda-setting article integrates previous research on five topics: the health care and criminal justice needs created by sexual assault, the range of formal support providers that come to victims' aid, the ability of current criminal and civil justice options to satisfy equitably victims' justice needs, the extent of agreement between restorative justice elements and the anti-rape movement's values and priorities, and a call to action to those working to end sexual assault. The author emphasizes an evaluation of justice system processes, including reporting, prosecution, trials, civil tort options, non-tort civil actions, and legal reforms. Other sections of the review pertain to revictimization before and during a trial, and victim-centered justice options ranging from charging decision–related changes to restorative justice.

Koss, Mary P., Karen J. Bachar, C. Quince Hopkins, and Carolyn Carlson, "Expanding a Community's Justice Response to Sex Crimes Through Advocacy, Prosecutorial, and Public Health Collaboration: Introducing the RESTORE Program," *Journal of Interpersonal Violence*, Vol. 19, No. 12, December 2004, pp. 1435–1463.

This article discusses the shortcomings of the current justice system, presents restorative justice as an alternative to the current system, and offers the RESTORE program as an example of a community-based restorative justice program. First, the authors use empirical evidence to argue there are three problems with the extant criminal justice system in handling sexual violence: Minor offenses are often precursors to a career of sexual offenses, yet they are not treated as such by the justice system; underreporting and low prosecution rates mean many perpetrators are not held accountable for their actions; and the justice system response frequently revictimizes and disappoints sexual assault victims. The authors then discuss restorative justice as an alternative approach for date/acquaintance rape and nonpenetration sexual crimes that involves the three sets of stakeholders—victims, perpetrators, and their communities. The authors depict restorative justice as a process that reviews the impact the assault had on the victim and her family and friends, develops a plan to repair the damage already done, and identifies strategies to reduce the likelihood of future harm by the perpetrator. The authors close by describing the RESTORE program, a violence prevention program funded by the Centers for Disease Control and Prevention. Cases are referred to the RESTORE program by prosecutors and then proceed through a series of steps intended to both promote victim healing and reduce perpetrator reoffending. At the time this article was published, the program's success was still being assessed.

Koss, Mary P., and Hobart H. Cleveland III, "Athletic Participation, Fraternity Membership, and Date Rape: The Question Remains—Self-Selection or Different Causal Processes?" *Violence Against Women*, Vol. 2, No. 2, June 1996, pp. 180–190.

This article asserts that research is currently unable to determine whether college athletes and fraternity members are more likely to be sexually aggressive, or whether that is true at some locations but not others. It is also not clear whether these college men are similar in their overall rates of sexual aggression but more inclined to different forms of coercive sexuality. The authors maintain that larger and more representative sampling is necessary in future studies. Even if, however, future studies indicate that fraternity members or athletes are more likely to rape, it will be difficult to determine whether the environment produces that behavior, or whether more sexually aggressive individuals are selecting themselves (and others like themselves) into that environment. Beyond sampling improvements, future studies also need to disentangle causal mechanisms and environmental aspects.

Krahé, Barbara, Renate Scheinberger-Olwig, and Susanne Kolpin, "Ambiguous Communication of Sexual Intentions as a Risk Marker of Sexual Aggression," *Sex Roles*, Vol. 42, Nos. 5–6, March 2000, pp. 313–337.

This paper reports the results of three studies (two involving heterosexual men and women, N=526 and N=454, and one involving homosexual men, N=310) on the role of ambiguous communication of sexual intentions as a risk factor for sexual assault. All of the studies had participants fill out a measure of sexual victimization or aggression and a record of whether or not they had ever used token resistance or compliance during a sexual encounter (heterosexual men were also asked whether they had ever perceived token resistance or compliance). Token resistance significantly increased the risk of sexual victimization in all studies, while two of the studies found compliance to be a risk factor as well. All three studies showed, for male respondents, that token resistance was linked to a higher likelihood of perpetrating sexual aggressive acts. The authors report that, overall, ambiguous communication in sexual encounters is linked with an increased risk of victimization and of perpetration.

Krebs, Christopher P., Christine H. Lindquist, Tara D. Warner, Bonnie S. Fisher, and Sandra L. Martin, *The Campus Sexual Assault (CSA) Study: Final Report*, Washington, D.C.: U.S. Department of Justice, 2007.

This report presents the results of a large federally funded study of sexual assault in the college setting. In data collected from 5,466 female and 1,375 male college students, 14 percent of female participants and 4 percent of male participants reported being victims of at least one completed sexual assault since entering college. Five percent of female participants, but less than 1 percent of male participants, were victims of physically forced sexual assault. Eight percent of female students surveyed were sexually assaulted after they voluntarily consumed drugs and/or alcohol, and 1 percent were sexually assaulted after they had been given drugs without their knowledge. The research indicated that the majority of assaults occurred when women were incapacitated from substances they ingested, primarily alcohol; that students were at greater risk during their first two years of college; and that the majority of victims knew their perpetrator. The authors suggest that these results reinforce the need for campus risk reduction programming, including drug and alcohol prevention messages.

Lackie, Leandra, and Anton F. de Man, "Correlates of Sexual Aggression Among Male University Students," *Sex Roles*, Vol. 37, Nos. 5–6, 1997, pp. 451–457.

The authors surveyed 86 Canadian male college students to examine how sexual aggression was related to sex role stereotypes and personal characteristics, such as affiliation with a fraternity or with athletics, aggressive attitude, alcohol use, and masculinity. Respondents that were sexually aggressive also tended to be fraternity members, physically aggressive, masculine, and accepting of interpersonal violence and traditional sex role beliefs. The authors conclude that sexual aggression and physical aggression are related, which supports earlier research assertions that sexual aggression acts are motivated by aggression rather than sex.

Lang, Karen S., and Sherry A. Brockway, *The Response to Sexual Assault: Removing Barriers to Services and Justice*, Okemos, Mich.: Michigan Coalition Against Domestic and Sexual Violence, 2001.

This report details a study conducted by the Statewide Sexual Assault Systems Response Task Force, which was convened in 1999 to aid local and state stakeholders in designing and supporting effective system responses for sexual assault victims. Specifically, the group aimed to identify barriers to service and justice for sexual assault victims, to suggest ways to reduce those barriers, and to devise strategies to implement the solutions developed by the task force. The report is divided into four sections, in which both important issues and recommendations are briefly summarized: sexual assault prevention education, victim services, the medical system, and the criminal justice system. The prevention section describes developing a larger coordinated system and working with the media. The victim services section describes needed services, collaboration and cooperation needs, reaching underserved populations, and service accessibility. Issues outlined in the medical system pertain to coordination across disciplines, mandated reporting of sexual assault, training, forensic nurse examiner programs, drug and alcohol facilitated assault, sexual assault forensic evidence (SAFE) collection kits, and evidentiary exams. The last section, on the criminal justice system, covers a statewide law enforcement protocol for sexual assault cases, training, prosecution, court practices, sex offender treatment and management, DNA-based arrest warrants for perpetrators, assaults of adolescents, assaults of people with disabilities, Michigan's rape shield law and rules of evidence, and legislative issues. The report closes with future areas to be addressed.

Lanier, Cynthia A., Marc N. Elliott, David W. Martin, and Asha Kapadia, "Evaluation of an Intervention to Change Attitudes Toward Date Rape," *Journal of American College Health*, Vol. 46, No. 4, January 1998, pp. 177–180.

This controlled evaluation considered whether the "Scruples" play could change attitudes regarding date rape among 436 incoming college students. The intent of the play is to give students an opportunity to observe and learn skills necessary to avoid date rape. All participants were administered a pretest and a posttest. The control group viewed a different play production. The students who viewed "Scruples" showed some improvement in date rape attitudes, compared with the control group. Because male and female participants showed equally improved attitudes, the researchers conclude that the intervention was effective for both sexes. However, they acknowledge that the students had a generally low tolerance for date rape preceding the intervention and that the durability of these changes is unknown.

Larimer, Mary E., Amy R. Lydum, Britt K. Anderson, and Aaron P. Turner, "Male and Female Recipients of Unwanted Sexual Contact in a College Student Sample: Prevalence Rates, Alcohol Use, and Depression Symptoms," *Sex Roles*, Vol. 40, Nos. 3–4, 1999, pp. 295–308.

The authors considered the prevalence of sexual assault victimization as well as perpetration by college men and women in the Greek system. In the sample of 165 men and

131 women, they found that men were as likely to be sexually coerced as women were, but women were more likely to be victims of physically forced sexual contact. Heavier alcohol use was reported by victims of both sexes, and depression rates were higher for male victims than for men that had not been victimized. There was no such difference between female victims and other women. They also found no differences between men and women in rates of instigating unwanted sexual contact.

Lebowitz, Leslie, and Susan Roth, "'I Felt Like a Slut': The Cultural Context and Women's Response to Being Raped," *Journal of Traumatic Stress*, Vol. 7, No. 3, 1994, pp. 363–390.

This study examined how rape victims make sense of their experiences. Fifteen female rape victims were recruited from the community and engaged in open-ended interviews lasting an average of 2.5 hours. Using thematic content analysis, the authors found that rape illuminated previously unnoticed aspects of the sociocultural context for the women. The women incorporated cultural constructions of gender, sexuality, and rape into their descriptions; they linked female socialization with rape; and some women described the threat of rape as a form of social control. The results underscore the importance of sociocultural environment in understanding rape and rape recovery.

Ledray, Linda E., "SANE Program Locations: Pros and Cons," *Journal of Emergency Nursing*, Vol. 23, No. 2, April 1997, pp. 182–186.

The setting of Sexual Assault Nurse Examiner (SANE) programs is an important component of their success. Locations must able to provide medical care in a secure and nonthreatening setting while also satisfying such considerations as comfort and access to medical support services and laboratory services. The author analyzed surveys completed by personnel from 47 SANE programs and found that emergency department (ED) settings, which have been the traditional location for operating SANE programs, may not be the most appropriate. The author asserts that few victims suffer injuries requiring ED care, that the atmosphere of the ED may be inhospitable for victims, and that there are costs associated with operating in an ED. She suggests that a clinic within close proximity to an ED may be a more apt location for providing comprehensive SANE care.

Lee, David S., Lydia Guy, Brad Perry, Chad Keoni Sniffen, and Stacy Alamo Mixson, "Sexual Violence Prevention," *The Prevention Researcher*, Vol. 14, No. 2, April 2007, pp. 15–20.

This article describes the role of education in the response to sexual violence and discusses the best strategies for prevention. The authors assert that the best strategies are cognizant of both the feminist anti-rape movement and the public health movement and combine sociopolitical analysis of the former with the efforts of the latter to promote healthy behaviors. Feminist models maintain that sexual violence is a continuum of behaviors that reflect societal norms; they are not inevitable, isolated, deviant acts. Educational sessions are the most common form of sexual violence prevention. The authors write that the effectiveness of programs is based on content as well as the structure and delivery of the

material. The authors contend that community-level prevention strategies that reinforce and support change are important for long-term changes, and that such strategies include community mobilization, social norms approaches, social marketing, and policy work. Regardless, whether sexual violence decreases depends on the effectiveness of efforts with adolescents, as the authors assert the tremendous importance of focusing on adolescents to prevent sexual violence.

Lee, Joohee, Elizabeth C. Pomeroy, Seo-Koo Yoo, and Kurt T. Rheinboldt, "Attitudes Toward Rape: A Comparison Between Asian and Caucasian College Students," *Violence Against Women*, Vol. 11, No. 2, February 2005, pp. 177–196.

This study examined the differences in rape attitudes of Asian and of Caucasian college students. A total of 149 students completed a survey questionnaire, of which 72 identified as Asian and 97 identified as Caucasian. The survey was based on the Attitudes Toward Rape measure. The researchers found that ethnic and gender differences appear when considering attitudes toward rape. Asian students were more likely to believe that women should have the responsibility for preventing rape, that sex motivates rape, that victims precipitate rape, that rapists should be severely punished, and that rape perpetrators are strangers. Among all respondents, men were more likely than women to believe that women should be responsible for rape prevention and that victims precipitate rape. Men were also more likely to feel negatively toward the rape victim. The authors underscore the need to consider both ethnic and gender differences when designing rape prevention programs.

Lefley, Harriet P., Clarissa S. Scott, Maria Llabre, and Dorothy Hicks, "Cultural Beliefs About Rape and Victims' Response in Three Ethnic Groups," *American Journal of Orthopsychiatry*, Vol. 63, No. 4, October 1993, pp. 623–632.

This study analyzed cultural beliefs about rape. The authors surveyed 190 African-American, Hispanic, and non-Hispanic white female victims and nonvictims on responses to rape scenarios and beliefs about sexuality and rape. Victims also completed surveys of coping and psychological responses to rape. The authors found that Hispanics were the most likely, and whites were the least likely, to blame the victim. Hispanic victims also experienced the most psychological stress and the most intrusive thoughts, and they were most likely to use avoidance as a coping mechanism. Overall, however, ethnicity appeared to be less important than degree of victimization in the psychological response to rape. The results suggest that cultural beliefs affect female rape victims in different ways.

Leonard, Rosemary, "Defining Sexual Assault Where Acquaintances Are Involved: Exploring Commonalities and Differences," *Journal of Sexual Aggression*, Vol. 4, No. 2, 1999, pp. 105–124.

This Australian study evaluated participants' definitions of sexual assault, with emphasis on conceptual "gray areas" regarding what is labeled as sexual assault. In 15 group sessions involving a total of 104 men and women from diverse backgrounds, the author assessed participants' opinions of sexual assault. The groups represented six different demographic

categories that served as one basis for analysis: young women, middle-aged women, older-women, non-Australian women, feminists, and men. Subjects were presented with six vignettes, which were based on real women's accounts and described situations that might be considered sexual assault. Participants then indicated via questionnaire their perceptions regarding whether sexual assault occurred, the kind of post-assault care the woman would need, and the follow-up actions that the woman should take. Their responses showed a lack of consensus regarding the definition of sexual assault, and their responses were subsequently discussed in focus groups. The author found that all participant groups except the feminist group attributed large amounts of blame to the women in all the vignettes. The young and middle-aged women assumed more than the other groups that men were generally trustworthy, and the young women showed the greatest sense of personal invulnerability to sexual assault. Most non-Anglophone participants believed that sexual assault could not occur between spouses because the husband has the right to sex with his wife. The author concludes that people clearly differ in terms of what constitutes sexual assault, and she suggests that the full range of views is likely even greater than what study results convey.

Linden, Judith A., "Sexual Assault," *Emergency Medicine Clinics of North America*, Vol. 17, No. 3, 1999, pp. 685–697.

The author provides a comprehensive overview of care and treatment for sexual assault victims in emergency medical settings, including treatment of physical injuries, provision of a safe environment for care, overview of events surrounding assault, thorough physical examination, treatment of pregnancy and STDs, and emotional support and plans for follow-on care and coordination with other entities. She discusses the prevalence of sexual violence and the importance of destigmatizing the resulting injuries within the emergency setting. The author suggests comprehensive treatment that is both proactive and responsible and that should focus on helping the patient's effective transition from victim to survivor both physically and mentally.

Lipari, Rachel N., Paul J. Cook, Lindsay M. Rock, and Kenneth Matos, *2006 Gender Relations Survey of Active Duty Members*, Arlington, Va.: Defense Manpower Data Center, 2008.

This report provides the findings from the 2006 Workplace and Gender Relations Survey of Active Duty Members, conducted by the Defense Manpower Data Center. The report includes the survey, research background, summary of relevant Department of Defense policies and programs, results, and discussion. The survey report provides a baseline measure of unwanted sexual contact, consistent with the amended Uniform Code of Military Justice Article 120. Findings include that 7 percent of women and 2 percent of men experienced unwanted sexual contact. Such experiences were more common among Army women, less common among Air Force women, and more likely among junior enlisted personnel. Approximately 75 percent of these experiences happened on a military installation, and 40 percent of the women and 47 percent of the men indicate that these experiences happened at work. The majority of incidents occurred at permanent duty stations, rather than while the victim was deployed.

Lipari, Rachel N., Anita R. Lancaster, and Alan M. Jones, *2004 Sexual Harassment Survey of Reserve Component Members*, Arlington, Va.: Defense Manpower Data Center, 2005.

This report provides the results of a Department of Defense (DoD) survey of 76,031 reserve component members on unwanted, gender-related behaviors, including sexual coercion. Sexual coercion was experienced by 7 percent of women overall, and sexual assault by 2 percent overall (the latter was slightly higher for Army National Guard, Army Reserve, Marine Forces Reserve, and junior enlisted personnel). Parallel measures for men were 2 percent or less. Males were the majority of perpetrators for both male and female victims, but 11 percent of women and 24 percent of men reported female perpetrators as well. Perpetrators were most often other military personnel that the victim knew, and the majority of the inappropriate behavior happened at the respondent's military installation and/or at his or her military workplace. In addition, the majority of respondents (67 percent of women and 78 percent of men) did not report the unwanted, sex/gender-related behavior, and among those who did report it, 33 percent of women and 28 percent of men were satisfied with the outcome. Fifty to 60 percent of women and 60 to 70 percent of men felt that different levels of leadership were making honest and reasonable efforts to curb sexual harassment. The authors assert this report is notable because it is the first of its kind on reserve component personnel, and is part of DoD's continued efforts to track gender issues.

Lira, Luciana Ramos, Mary P. Koss, and Nancy Felipe Russo, "Mexican American Women's Definitions of Rape and Sexual Abuse," *Hispanic Journal of Behavioral Sciences*, Vol. 21, No. 3, August 1999, pp. 236–265.

The researchers conducted focus groups with 17 Mexican American women to discuss definitions of unwanted sexual experiences and their personal knowledge or experiences of rape. Participants had a mix of attitudes and beliefs, but there were some cultural distinctions from popular U.S. cultural understanding of and attitudes toward rape. These differences included a verbal distinction between two types of scenarios that English speakers would consider rape and would be unlikely to distinguish between, but which Mexican American women perceived differently. Also, the women consistently emphasized keeping silent after a rape as well as their concern for accused men. These findings suggest an inclination among such women to underreport incidents.

Lisak, David, and Paul M. Miller, "Repeat Rape and Multiple Offending Among Undetected Rapists," *Violence and Victims*, Vol. 17, No. 1, 2002, pp. 73–84.

This study described a sample of undetected rapists. Through surveys of 1,882 male college students, the researchers identified 120 college men as having committed acts that met legal definitions of rape or attempted rape, although these men were never prosecuted for those acts. The authors found that a majority of the men committed multiple rapes, and a majority admitted to other acts of interpersonal violence, including intimate partner battery, child abuse, and forced sexual contact. In all, these 120 men were responsible for 1,225 different acts of interpersonal violence; repeat rapists averaged 5.8 rapes each and were responsible for 85 percent of the total acts of interpersonal violence. The authors

assert that these results are similar to other studies and suggest that repeat rape and multiple types of offending are common and often go undetected.

Littel, Kristin, "Sexual Assault Nurse Examiner (SANE) Programs: Improving the Community Response to Sexual Assault Victims," *Office for Victims of Crime Bulletin*, April 2001.

This paper provides an overview of the positive impact that SANE programs have had since their introduction to the U.S. health care system in the 1970s. First, the author outlines outstanding problems in the traditional medical-legal system for treatment of sexual assault victims. She then establishes how SANE programs directly address many of these problems through more prompt treatment, more effective evidence collection, and more comprehensive follow-up care. She explains the general SANE victim examination process and provides a brief history of SANE programs' diffusion throughout the United States. The author also discusses the benefits of improved SANE data collection both for improved criminal prosecutions and for evaluation of SANE programs. The importance of SANEs in an overall coordinated response to maximize the victim's personal health care is also covered. The author concludes by outlining the issues that should be considered when starting a SANE program (e.g., location, funding) and identifying several best practices for the programs.

Littleton, Heather L., Danny Axsom, Carmen Radecki Breitkopf, and Abbey Berenson, "Rape Acknowledgment and Postassault Experiences: How Acknowledgment Status Relates to Disclosure, Coping, Worldview, and Reactions Received from Others," *Violence and Victims*, Vol. 21, No. 6, 2006, pp. 761–778.

This study examined the relationship between victims' acknowledgment of forced sex as rape and their behaviors following assault. Two hundred fifty-six female college rape victims completed a Web-based survey, which included items pertaining to victimization, assault characteristics, coping strategies, and social reactions. Although all of the women indicated they had experienced forced sex, unwanted sex, or sex while they were incapacitated, only 40 percent of them acknowledged that they had been victimized. Assaults on unacknowledged victims were less likely to involve the use of force or victim resistance and more likely to involve alcohol. Among the 60 percent who referred to themselves as victims, 20 percent of them labeled the experience as rape and an additional 20 percent referred to it as attempted rape. Women who felt they were victims used more avoidance coping strategies, disclosed to more individuals, and had stronger beliefs that the world is just than did unacknowledged victims. These findings are similar to the results of other studies and suggest that women's conceptualizations of unwanted sex affect their subsequent experiences.

Littleton, Heather, Carmen Radecki Breitkopf, and Abbey Berenson, "Beyond the Campus: Unacknowledged Rape Among Low-Income Women," *Violence Against Women*, Vol. 14, No. 3, March 2008, pp. 269–286.

This study focused on women who experienced forced or unwanted sex. It investigated differences between those women who labeled the experience as rape and those who did not. The study was based on a survey of 1,033 women visiting university-administered family planning clinics; the authors found that 16 percent had experiences of forced or unwanted sex. Those who did not acknowledge the experience as rape were more likely to have been assaulted by a romantic partner, reported more alcohol use before the assault and less violent assault, disclosed the assault less often, and reported feeling less stigma than women who did acknowledge the experience as rape. The results imply that how victims conceptualize their assault has important implications for intervention.

Logan, T. K., Jennifer Cole, and Anita Capillo, "Program and Sexual Assault Survivor Characteristics for One SANE Program," *Journal of Forensic Nursing*, Vol. 2, No. 2, Summer 2006, pp. 66–74.

This article provides a detailed description of one Sexual Assault Nurse Examiner (SANE) program's development and operations and examines that program's demographic, incident, and exam characteristics for sexual assault victims during a five-year period. The authors interviewed the SANE program manager to attain key characteristics of the program and analyzed five years' worth of data pertaining to the program's clients (a total of 444 reports). The interview protocol included questions about client eligibility, staffing, participation in Sexual Assault Response Teams, documentation techniques, and resources offered to assault victims. The authors found that, within that program, the perpetrator-victim relationship differed from some of the existing research: About 25 percent of clients indicated their assailant was a stranger, compared with 15 percent that indicated an intimate partner was the perpetrator. In addition, victim substance abuse before the assault was higher than in other studies. The authors conclude by noting that few SANE programs have made public or perhaps even collected the data necessary to compare clients of different SANE programs and by discussing the study's implications for forensic nursing.

Logan, T. K., Jennifer Cole, and Anita Capillo, "Sexual Assault Nurse Examiner Program Characteristics, Barriers, and Lessons Learned," *Journal of Forensic Nursing*, Vol. 3, No. 1, 2007, pp. 24–34.

This article describes the results of a national study of Sexual Assault Nurse Examiner (SANE) programs, with a focus on how these programs affect health care, evidence collection, and patient access. The authors developed and piloted a telephone-based interview protocol for SANE programs, which included questions about the program history, structure, funding, procedures, community relationships, obstacles, and participation with Sexual Assault Response Teams. A random sample of 243 of the nation's SANE programs was selected, and the final sample for the telephone interviews included representatives from 231 programs (9 pilot programs and 222 from the random sample). The

large majority (83 percent) of programs functioned as part of Sexual Assault Response Teams, and 82 percent of programs provided service 24 hours a day, seven days a week. The vast majority (91 percent) of SANE program coordinators stated that provision of client-centered care was a major advantage of the SANE program. Less than half (39 percent) of programs reported having a formal system for tracking case investigative and legal outcomes (arrest, prosecution, and conviction of perpetrators), and, of those programs with formal systems, less than half (44 percent) were aware of the number of cases in which an arrest had been made in the past year. The authors suggest that greater knowledge of case outcomes could help SANE programs better evaluate their contributions to each victim's case and the overall community impact of the SANE program.

Logan, T. K., Lucy Evans, Erin Stevenson, and Carol E. Jordan, "Barriers to Services for Rural and Urban Survivors of Rape," *Journal of Interpersonal Violence*, Vol. 20, No. 5, May 2005, pp. 591–616.

This study addressed perceived barriers to rape services for rural and urban women. The authors conducted focus groups with 30 women from rural and urban areas. They found that barriers to health and mental health services were related to cost, limited services, lack of awareness of services, misperception of services, cumbersome bureaucracy, staff incompetence, lack of resources, shame and blame, lack of sensitivity, community and family backlash, confidentiality concerns, and loss of trust. Barriers to criminal justice services were related to limited police availability, politics in rural areas, lack of priority of rape cases, revictimization by the system, lack of efficacy, fear of police and perpetrator retaliation, and police and criminal justice attitudes. The results underscore the need for community education about rape.

Loh, Catherine, Christine A. Gidycz, Tracy R. Lobo, and Rohini Luthra, "A Prospective Analysis of Sexual Assault Perpetration: Risk Factors Related to Perpetrator Characteristics," *Journal of Interpersonal Violence*, Vol. 20, No. 10, October 2005, pp. 1325–1348.

This study assessed perpetrator risk factors for sexual assault using surveys administered at three time periods to college men. Three hundred twenty-five men completed the first survey, 253 returned for the three-month follow-up, and 234 participated in the seven-month follow-up. Just under one-third (31 percent) of respondents reported committing sexually aggressive acts prior to entering the study; 17 percent reported sexually aggressive behavior at the three-month follow-up, and 12 percent reported such behavior at the seven-month follow-up. The authors found that perpetration of sexual assault at one time period predicted perpetration in the next time period. Alcohol use was not a predictor when other variables were included in the analysis. In retrospective analyses, perpetration history was related to perceived token resistance and hypergender ideology. In prospective analyses, fraternity membership predicted perpetration during the three-month follow-up period, and adherence to adversarial beliefs predicted similar behaviors during the seven-month follow-up point. The study is one of the few prospective analyses of sexual assault perpetration, and its results may inform new sexual assault prevention programs for men.

Loh, Catherine, Lindsay M. Orchowski, Christine A. Gidycz, and Ronald A. Elizaga, "Socialization and Sexual Aggression in College Men: The Role of Observational Influence in Detecting Risk Cues," *Psychology of Men & Masculinity*, Vol. 8, No. 3, 2007, pp. 129–144.

This study assessed men's past sexual aggression and their ability to recognize sexual aggression in other men and in themselves. Specifically, 231 male college students were shown one video of men exhibiting sexually coercive behaviors and one portraying non-coercive behaviors, and they were asked to consider how their own dating behaviors compared to those exhibited by the men portrayed in the different dating videos. The video order was alternated to examine whether anchoring effects varied depending on the men's sexually aggressive behavioral history; the order of the videos did affect the recognition of risk cues. The authors found that there was no relationship between past sexual aggression and the identification of signals of nonconsent or inappropriate dating behavior. In addition, men with a history of sexual aggression identified more closely with the men in both videos than did men without such a history; the authors state that this difference reflects the inability of aggressive men to identify sexually coercive actions as inappropriate.

Loiselle, Marci, and Wayne R. Fuqua, "Alcohol's Effects on Women's Risk Detection in a Date-Rape Vignette," *Journal of American College Health*, Vol. 55, No. 5, March–April 2007, pp. 261–266.

In this study, the authors sought to address the relationship between alcohol consumption and victims' risk-perception abilities. To do so, they recruited 42 undergraduate women from a large university, screened them for eligibility, and randomly had each woman consume an alcoholic or placebo drink. After completing self-report inventories, the women listened to a recorded date rape audiotape that started with consensual behavior and escalated into date rape. The women were asked whether or not the man should refrain from making sexual advances and when he should do so. Participants who consumed alcohol and those who displayed high levels of rape myth acceptance showed a decrease in risk recognition; it took these women longer to determine when the man in the audiotape should stop making sexual advances than those who consumed a placebo drink and those with lower rape myth acceptance levels. Even small amounts of alcohol (approximately .04 blood alcohol content) affected behavior and awareness in the women who self-reported as social drinkers.

Long, LaDonna M., Sarah E. Ullman, Laura L. Starzynski, Susan M. Long, and Gillian E. Mason, "Age and Educational Differences in African American Women's Sexual Assault Experiences," *Feminist Criminology*, Vol. 2, No. 2, April 2007, pp. 117–136.

The authors studied a sample of 495 African-American women to examine the relationship between age and educational differences on sexual assault in that population. Participants reported similar sexual assault characteristics across age and education levels, but older, less educated African-American women assigned more blame to themselves after an assault. This study is one of only a few that focus on sexual assault in the African-American community.

Lonsway, Kimberly A., "Preventing Acquaintance Rape Through Education: What Do We Know?" *Psychology of Women Quarterly*, Vol. 20, No. 2, 1996, pp. 229–265.

In this article, the author notes the prevalence of and concern regarding acquaintance rape, and describes and evaluates published rape prevention programs, but asserts that there is no consensus regarding how best to address the problem. She highlights the important question of whether attitudinal change produced by the more successful programs can result in behavioral change, and thus ultimately reduce sexual aggression or other rape-supportive behaviors. She also notes that most rape prevention programs are restricted to college students. Many of the techniques of programs, such as addressing rape myths, interactive participation, empathy induction, and confrontational approaches, remain theoretically and empirically untested. The author also raises questions regarding the design and use of outcome measures, the issue of who should facilitate programs, and the processes underlying change in rape-supportive ideologies.

Lonsway, Kimberly A., Elena L. Klaw, Dianne R. Berg, Craig R. Waldo, Chevon Kothari, Christopher J. Mazurek, and Kurt E. Hegeman, "Beyond 'No Means No': Outcomes of an Intensive Program to Train Peer Facilitators for Campus Acquaintance Rape Education," *Journal of Interpersonal Violence*, Vol. 13, No. 1, February 1998, pp. 73–92.

This study assessed the effect of a semester-long university course (Campus Acquaintance Rape Education [CARE]) designed to train students to facilitate rape prevention workshops. The sample included 74 students enrolled in the class and a control group of 96 students enrolled in a general human sexuality course. The students were surveyed before and after the courses. The researchers also qualitatively assessed their pre- and post-course responses to videotaped assault scenarios and conducted a two-year follow-up assessment. They found that CARE students experienced changes in their rape-related beliefs and attitudes during the course. They were less accepting of rape myths than those from the human sexuality course, and these findings persisted to the two-year follow-up assessment. This duration of positive results is unique from prior research. Qualitative results also suggest that the CARE women were more equipped to cope with assault situations. The male CARE participants also seemed to change their reactions to situations involving sexual conflict, take greater responsibility for their personal actions, and become more communicative.

Lonsway, Kimberly A., and Chevon Kothari, "First Year Campus Acquaintance Rape Education: Evaluating the Impact of a Mandatory Intervention," *Psychology of Women Quarterly*, Vol. 24, No. 3, September 2000, pp. 220–232.

This study evaluated the impact of an acquaintance rape education program for college freshmen. The authors administered surveys to 191 students and also conducted ostensibly unrelated telephone surveys with 170 of those students. They found that the education program had a positive impact on attitudes and judgments of a rape scenario, but only immediately following workshop participation. Knowledge increases were maintained for up to seven weeks, and participants were more likely to support rape prevention efforts

after participating in the program. Students who participated in additional education programs had more positive results, suggesting the importance of repeated exposure to programming. The results suggest that this is an effective program model, but it remains to be seen whether it affects sexually aggressive behavior and victimization.

Lonsway, Kimberly A., Susan Welch, and Louise F. Fitzgerald, "Police Training in Sexual Assault Response: Process, Outcomes, and Elements of Change," *Criminal Justice and Behavior*, Vol. 28, No. 6, December 2001, pp. 695–730.

This study evaluated a sexual assault response training program at a police academy. For the study, 608 police recruits participated in an experimental training program involving lecture and discussion. The officers were then evaluated on their knowledge of sexual assault, rape myth acceptance, and behavior in simulated sexual assault interviews. Overall, the authors found that the program improved behavioral performance but had little effect on cognitive or attitudinal outcomes. The results suggest the importance of behavioral assessment when evaluating police training in sexual assault.

Lord, Vivian B., and Gary Rassel, "Law Enforcement's Response to Sexual Assault: A Comparative Study of Nine Counties in North Carolina," in James Frederick Hodgson and Debra S. Kelley, eds., *Sexual Violence: Policies*, *Practices*, *and Challenges in the United States and Canada*, Monsey, N.Y.: Criminal Justice Press, 2004, pp. 155–172.

The goals of this study were to compare the practices used by law enforcement agencies for sexual assault investigations against widely accepted standards for agency effectiveness (published in Epstein and Langenbahn, 1994) and to assess how agencies' characteristics and their relationships with rape crisis centers came to bear upon investigation tactics. The authors conducted on-site visits and telephone interviews with 34 law enforcement agencies in nine North Carolina counties. The results indicate that the agencies in the sample appeared to follow some but not all of Epstein and Langenbahn's procedures: The majority of them accepted third-party and blind reports, conducted multiple interviews with victims, safeguarded victim confidentiality, and provided specialized sexual assault training, but less than half had specialized units for sexual assault crimes or guidelines for sexual assault investigators or units. In addition, only a small number of agencies had victim advocates, codified procedures, or trained police officers dispatched first to a rape scene. Lastly, while agency-level variables (e.g., number of sworn personnel, municipal or sheriff department) did not predict implementation of Epstein and Langenbahn's recommended procedures, a strong relationship with rape crisis center personnel was associated with three practices: the existence of written procedures, specialized investigators or units, and acceptance of blind reports.

Macy, Rebecca J., Paula S. Nurius, and Jeanette Norris, "Latent Profiles Among Sexual Assault Survivors: Implications for Defensive Coping and Resistance," *Journal of Interpersonal Violence*, Vol. 22, No. 5, May 2007, pp. 543–565.

This study sought to inform rape resistance training programs about how to tailor their instruction to different groups of women. The researchers surveyed 415 female college

students who had experienced sexual assault. The survey asked the women about their personal history, their appraisals of the assault, and their behavioral response during the assault. The methodology permitted the researchers to group women into four distinct subgroups based on their personal history, precautionary habits, and assault experience. These groups provide new insights regarding the contextual factors of victimization history, alcohol consumption, relationships, precautionary habits, and coping patterns. Moreover, these findings suggest that prevention programs can be improved by tailoring training for women based on these groupings, and the findings provide insights about how best to accomplish that. For example, efforts to train women in the "alcohol-victimization" group, who have higher rates of prior victimization and alcohol use and lower precautionary habits than other women, may be improved by drawing from substance harm reduction programs in order to help these women address the risks associated with excessive alcohol consumption.

Magid, David J., Debra Houry, Thomas D. Koepsell, Andrew Ziller, Michael R. Soules, and Carole Jenny, "The Epidemiology of Female Rape Victims Who Seek Immediate Medical Care: Temporal Trends in the Incidence of Sexual Assault and Acquaintance Rape," *Journal of Interpersonal Violence*, Vol. 19, No. 1, January 2004, pp. 3–12.

Researchers gathered data to examine temporal trends in county rape incidence and to compare victim and assault characteristics among female sexual assault victims. In 1991, physicians collected data on 155 female sexual assault victims who presented to an emergency department for treatment over a five-month period. These data included victim and assault demographics, assault characteristics, physical exam results, and sexually transmitted disease and pregnancy prophylaxis for adult female sexual assault victims. Researchers then compared the 1991 data with similar 1974 emergency department data on 102 female sexual assault victims from the same community to examine temporal changes. The data comparison showed a 60 percent increase in sexual assault victims in the emergency department from 1974 to 1991, and this increase was mainly due to a rise in women seeking care at the emergency department after rape by a known assailant. The 1991 data also showed a rise in the proportion of rapes involving oral and anal intercourse, a greater rate of physical trauma accompanying sexual assault, and more frequent pregnancy and STD prophylaxis prescription.

Maker, Azmaira Hamid, Markus Kemmelmeier, and Christopher Peterson, "Child Sexual Abuse, Peer Sexual Abuse, and Sexual Assault in Adulthood: A Multi-Risk Model of Revictimization," *Journal of Traumatic Stress*, Vol. 14, No. 2, 2001, pp. 351–368.

This study examined risk factors and consequences of sexual assault. The researchers surveyed 131 college women about sexual abuse during their lifetime, experiences with physical abuse and conflict, parental behaviors, and both psychological and behavioral outcomes. Forty-six percent of respondents indicated having experienced unwanted sexual behaviors prior to age 16. Of these, 24 percent had been abused by a person at least five years older them, and thus were defined as having suffered child sexual abuse (CSA). The authors found that the occurrence of CSA predicted adult sexual assault, even when controlling for number of perpetrators of the CSA, age at CSA, and CSA severity. Adult vic-

tims of sexual assault had poorer mental health (e.g., anxiety, depression) and behavioral outcomes (e.g., antisocial behavior, drug consumption) than victims of abuse (CSA or peer sexual abuse) before age 16. This study corroborates the results of prior studies that found a relationship between CSA and adult revictimization.

Malamuth, Neil M., Daniel Linz, Christopher L. Heavey, Gordon Barnes, and Michele Acker, "Using the Confluence Model of Sexual Aggression to Predict Men's Conflict with Women: A 10-Year Follow-Up Study," *Journal of Personality and Social Psychology*, Vol. 69, 1995, pp. 353–369.

This study evaluated the usefulness of the confluence model of sexual aggression both for its original purpose (characterization of sexual aggression) and to predict other male conflict behaviors toward women. The confluence model proposes that sexual aggression can be explained through the convergence of two major "paths" of factors—the hostile masculinity and promiscuous-impersonal sex paths. The researchers assessed 354 men regarding these sets of factors for both cross-sectional analyses and longitudinal analyses ten years later (the latter involved follow-up data for 176 of the original subjects and 91 of their female partners). The study also included a partner-interaction component in which 47 couples were videotaped attempting to resolve an issue mentioned independently by each partner, and their interactions were later coded to gauge the men's tendency to dominate in the discussion and to express hostility. Lastly, the female partners also provided information on their male partners' behaviors, including both nonsexual and sexual aggression. The findings supported the use of the confluence model for characterizing contributing factors to male sexual aggression and other conflicts with women; the model strongly identifies variables causing sexual aggression and predicts other types of conflicts with women that occur later in life. The cross-sectional portion of the study showed that the confluence model predicts sexually aggressive behavior in men. In the longitudinal portion, research showed a direct relationship between both measured sexual aggression and data from the confluence model at year one and general conflict with women ten years later. The two-path model predicted later conflict with women better than sexual aggression alone.

Marshall, Amy D., and Amy Holtzworth-Munroe, "Varying Forms of Husband Sexual Aggression Predictors and Subgroup Differences," *Journal of Family Psychology*, Vol. 16, No. 3, 2002, pp. 286–296.

This study addressed sexual, physical, and psychological aggression within marriage. A community sample of 164 couples (participants in a larger study about violent husbands) participated. Husbands and wives were instructed to complete, independently, questions about the husband's sexual aggression (including sexual coercion and threatened/forced sex), physical aggression, and psychological aggression. Additional survey items assessed the frequency of these behaviors. The researchers found that both husbands' physical and psychological aggression predicted sexual coercion, but only husbands' physical aggression predicted threatened/forced sex. The authors also categorized husbands using an earlier-published typology of violent and nonviolent husbands (six subtypes in total) and noted that the most severely physically violent husbands within that typology were more likely

than other husband types to engage in threatened/forced sex. In addition, the researchers found evidence of an additional violent husband subtype, which is exclusively sexually violent. This study is relatively unique in its use of both spouses' reports to measure and analyze sexual aggression perpetrated by husbands.

Martin, Elaine K., Casey T. Taft, and Patricia A. Resick, "A Review of Marital Rape," *Aggression and Violent Behavior*, Vol. 12, No. 3, 2007, pp. 329–347.

This article presents a literature review of marital rape, including its legal history, categories of marital rape, prevalence, risk factors, consequences, and victim recovery. The authors note that only recently has marital rape been considered a criminal act. Ten to 14 percent of all married women and 40 to 50 percent of battered women experience marital rape. Marital rape is associated with higher reported rates of nonsexual violence, marital dissatisfaction, and lower marital quality. Victims tend to use no resistance or verbal resistance rather than engaging in physical resistance. Consequences of marital rape include posttraumatic stress disorder, depression, gynecological problems, and other physical health problems. While victims seek help from both informal and formal resources, seeking assistance from social service agencies and law enforcement seems to be the most effective means to end marital rape. The authors note that the literature is known to have many methodological flaws, which limits their ability to draw inferences. They conclude by calling for more rigorous work on this subject and suggesting that it be extended beyond female victims in heterosexual relationships.

Martin, Lee, Leora N. Rosen, Doris Briley Durand, Robert H. Stretch, and Kathryn H. Knudson, "Prevalence and Timing of Sexual Assaults in a Sample of Male and Female U.S. Army Soldiers," *Military Medicine*, Vol. 163, No. 4, April 1998, pp. 213–216.

Using a survey of 1,128 U.S. Army soldiers (555 male and 573 female), the authors assessed the prevalence and timing of sexual assault in combat service and combat service support units. Twenty-three percent of the female respondents reported a completed rape over their lifetime, while 51 percent reported some sort of sexual assault. Twenty-five percent of the women reported that an attempted or completed rape occurred during their childhood. Seven percent of male respondents reported some sort of sexual assault, and one percent reported an attempted or completed rape during childhood. The majority of assaults for both sexes occurred before the soldiers entered the military. The authors suggest that the the rate of childhood sexual assault for military women may be higher than that for civilian women.

Martin, Patricia Yancey, and R. Marlene Powell, "Accounting for the 'Second Assault': Legal Organizations' Framing of Rape Victims," *Law & Social Inquiry*, Vol. 19, No. 4, 1994, pp. 853–890.

In this study, the authors compared six types of "rape processing" organizations (law enforcement, hospital emergency room, rape crisis center, prosecutor, judge, defense attorney) in terms of how they respond to rape victims. The study included 130 different organizations within these types. The authors were especially interested in understanding

the extent to which these organizations were unresponsive in working with rape victims, such that a "second assault" occurs that further traumatizes a victim and impedes her recovery. Findings indicate that some organizations, particularly legal ones, are unresponsive to rape victims because of organizational mission (e.g., prosecution must represent the state's interests) and, more generally, because of a tendency to treat victims as witnesses to rape rather than individuals recovering from an assault. In a related vein, some medical personnel did not perceive rape victims as "real" patients because their medical exam is primarily intended to gather evidence. The authors conclude by suggesting ways that organizations can become more response to rape victims.

Martin, Sandra L., Siobhan K. Young, Deborah L. Billings, and C. Christopher Bross, "Health Care-Based Interventions for Women Who Have Experienced Sexual Violence: A Review of the Literature," *Trauma Violence & Abuse*, Vol. 8, No. 1, January 2007, pp. 3–18.

This literature review discusses the lessons deduced from empirical research about health care–related interventions for female victims of sexual violence. The authors used multiple methods to locate literature concerning research and/or evaluation reports focused on health care–based intervention, including database research and the examination of previously collected articles that focused on sexual violence. Their search yielded 2,107 abstracts of publications and reports potentially eligible for the literature review; the authors ultimately found relatively few publications, 30, that focused on health care–based services for female sexual assault victims. They grouped these studies into five categories: those that examined sexual assault training programs for clinicians; those that surveyed clinicians who assess and/or care for sexual assault victims; those that compared two methods of delivering services to sexual assault victims; those that focused on post-exposure prophylaxis for sexual assault victims; and descriptive and follow-up studies describing the patients seen and/or services provided at health care–based sexual assault services. The authors discuss the importance of each chosen publication and note some deficiencies in the areas researched, such as the lack of global research in the area of sexual assault; the need for clinicians and researchers to evaluate new approaches to caring for sexual assault patients; the lack of assessment from the patients' perspective in terms of how they feel about the received care; and a need for longitudinal information concerning health care–based services for women who have experienced sexual assault.

Martin, Susan E., and Ronet Bachman, "The Contribution of Alcohol to the Likelihood of Completion and Severity of Injury in Rape Incidents," *Violence Against Women*, Vol. 4, No. 6, December 1998, pp. 694–712.

The authors examined how perpetrator alcohol consumption relates to rape completion, the occurrence of victim injury, and the severity of victim injury stemming from the rape. They analyzed 279 cases from the National Crime Victimization Survey (NCVS) of the Bureau of Justice Statistics for 1992 through 1994 to consider their research questions, which enable them to control for situational factors and victims' demographic characteristics. Their findings indicate that perpetrator alcohol consumption reduces the likelihood of rape completion and increased the likelihood of victim injury. There was not

a statistically significant relationship between perpetrator alcohol consumption and the severity of victim injury, as measured by a need for medical attention. The authors note that they were unable to include victim alcohol consumption in their analysis because it is not included in the NCVS dataset, but they suggest that this omission may have resulted in underestimation of alcohol's effects.

Martino, Steven C., Rebecca L. Collins, and Phyllis L. Ellickson, "Substance Use and Vulnerability to Sexual and Physical Aggression: A Longitudinal Study of Young Adults," *Violence and Victims*, Vol. 19, No. 5, 2004, pp. 521–540.

This multiyear panel study assessed whether marijuana and/or alcohol use increased the likelihood of physical or sexual assault and whether such findings varied by gender. The researchers analyzed data from 2,140 individuals (1,230 women and 910 men) who completed surveys at age 23 and at age 29. The survey administered at age 23 included potential predictors, such as marijuana use, binge drinking, violence perpetration, and violence victimization, and the survey administered six years later included outcome measures related to physical assault victimization and sexual victimization. The surveys had a high level of consistency over time, with roughly 5 percent of respondents denying use of a substance after previously disclosing use and about 1 percent of respondents denying frequent use. The researchers found that, even when prior victimization experience was taken in account, marijuana use predicted both women's and men's sexual assault victimization and men's physical assault victimization. Alcohol use was not related to those forms of victimization, but heavy alcohol use was predictive of women's physical assault victimization—the one type of victimization examined that was not related to marijuana use. The subjects' own violent behavior helped explain the relationship between marijuana and victimization. Study results corroborate other research that found marijuana use to be a prospective predictor of assault, but contradict prior research on the link between greater alcohol use and greater risk of sexual victimization for women. The researchers hypothesize that, since this study controlled for women's use of substances other than alcohol while prior research did not, the prior research findings could be explained by women's use of other types of substances besides alcohol.

Marx, Brian P., "Lessons Learned from the Last Twenty Years of Sexual Violence Research," *Journal of Interpersonal Violence*, Vol. 20, No. 2, February 2005, pp. 225–230.

This article presents an overview of the research on sexual violence from 1985 to 2005. The author asserts that the most important thing learned is how common sexual violence is; that the most important thing still to be learned is which variables affect individual responses to sexual violence, responses to treatment, and risk for victimization; and that the most important methodological innovation has been evidence-based treatments for sexual violence victims.

Marx, Brian P., Karen S. Calhoun, Amy E. Wilson, and Lori A. Meyerson, "Sexual Revictimization Prevention: An Outcome Evaluation," *Journal of Consulting and Clinical Psychology*, Vol. 69, No. 1, February 2001, pp. 25–32.

This study evaluated an intervention designed to reduce the risk of sexual revictimization. The sample included 61 female college students with histories of sexual victimization. Of those, 24 participated in a four-hour revictimization prevention program, and all women in the sample were surveyed again two months later. Results suggest that program participation reduced rape revictimization, increased self-efficacy, and decreased overall ratings of distress. These preliminary results suggest that this is a successful program model for reducing revictimization.

Marx, Brian P., Alan Gross, and John Juergens, "The Effects of Alcohol Consumption and Expectancies in an Experimental Date Rape Analogue," *Journal of Psychopathology and Behavioral Assessment*, Vol. 19, No. 4, 1997, pp. 281–302.

This study investigated whether men's perceptions of when a woman wants her partner to cease in his sexual advances are influenced by perceptions of token resistance by the woman or the effects of alcohol consumption. The researchers used an experimental design that involved 153 male undergraduates, who were randomly assigned to conditions in which they did or did not expect to consume alcohol and in which they did or did not consume alcohol. Men in all the experimental groups listened to an audiotape of a date rape vignette and were asked to determine the point at which the man should stop making sexual advances; the length of time participants took to make this decision was the focus of the analysis. All participants were advised that the woman in the tape consented to physical advances on the previous date, but additional details about the couple varied by experimental group. Participants who consumed alcohol, or expected to consume alcohol but did not, took more time to determine that the man should not attempt further advances than did their counterparts. In addition, participants who indicated in a questionnaire that they personally had experienced and disregarded token resistance to their own sexual advances also took significantly longer than participants lacking this experience. These findings suggest that alcohol, particularly the consumption of alcohol, plays a large role on the perceptions and responses of men.

Marx, Brian P., Cindy Nichols-Anderson, Terri Messman-Moore, Robert Miranda, Jr., and Chebon Porter, "Alcohol Consumption, Outcome Expectancies, and Victimization Status Among Female College Students," *Journal of Applied Social Psychology*, Vol. 30, No. 5, May 2000, pp. 1056–1070.

The authors studied the relationship between sexual assault status, self-reported current alcohol consumption, and perceptions of the expected effects of alcohol by examining the variation of responses between victims of alcohol- or drug-related sexual assault, victims of non-alcohol-or-drug-related sexual assault, and nonvictims. One hundred seventy-six female college students completed questionnaires about their demographics, sexual experiences, expectancies about the effects that alcohol may have on them, and drinking habits. Data showed that, relative to the other two groups, victims of alcohol- or

drug-related sexual assault reported more frequent and greater alcohol consumption and endorsed alcohol outcome expectancies (e.g., its role in social and physical pleasure, its role in powerful and aggressive behavior) to a greater extent. Additional analysis indicated that the quantity of alcohol consumed was associated with different alcohol outcome expectancies. The authors suggest these findings may be helpful in the design and implementation of sexual assault prevention programs.

Marx, Brian P., Victoria Van Wie, and Alan M. Gross, "Date Rape Risk Factors: A Review and Methodological Critique of the Literature," *Aggression and Violent Behavior*, Vol. 1, No. 1, 1996, pp. 27–45.

This article reviews the literature regarding date rape. The authors consider theoretical models to characterize the victims and factors that increase a woman's vulnerability, such as age, prior sexual abuse, attitudes, personality characteristics, and behaviors. They also consider perpetrator characteristics, including attitudes, personality characteristics, and patterns of behavior, as well as case characteristics, such as location and alcohol use. The authors find that methodological issues and definitional variation in the terms used prevent a consistent interpretation of the literature.

Masho, Saba W., Rebecca K. Odor, and Tilahun Adera, "Sexual Assault in Virginia: A Population-Based Study," *Women's Health Issues*, Vol. 15, No. 4, 2005, pp. 157–166.

This article describes results from a telephone survey conducted with 1,769 adult women in Virginia. The intent of the study was to estimate the prevalence of sexual assault among Virginia women and to determine the correlates of assault. The authors found that approximately 28 percent of respondents had experienced assault, including the 18 percent of all respondents who were rape victims. Most victims (78 percent) experienced their first assault while under the age of 18, and 29 percent reported multiple victimizations. Those who reported sexual assault were more likely to be between 35 and 44 years old and divorced, separated, or widowed. Sexual assault victims also tended to drink alcohol four or more times a week, to ideate suicide, and to perceive their health to be poor. The authors assert that an alarming number of survivors of childhood sexual abuse never received professional help.

Mason, Gillian E., Stephanie Riger, and Linda A. Foley, "The Impact of Past Sexual Experiences on Attributions of Responsibility for Rape," *Journal of Interpersonal Violence*, Vol. 19, No. 10, 2004, pp. 1157–1171.

Because a rape victim's recovery depends on the extent to which she blames herself, this study analyzed the relationship between sexual assault history, rape myth acceptance, and blame for a rape victim. The authors hypothesized that those who had been previously victimized themselves would attribute less responsibility or blame to the victim, and that those who had not previously been victimized would be less likely to identify the incident as rape. The authors surveyed 157 female college students and subsequently classified them as acknowledged victims, unacknowledged victims, or nonvictims. Participants with higher rape myth acceptance were more likely to attribute responsibility or

blame to the victim. However, there were not significant differences based on their own victimization. Thus, the authors suggest that one's own sexual assault history may not be a predominant factor in how one views the sexual assault of others.

Masters, N. Tatiana, Jeanette Norris, Susan A. Stoner, and William H. George, "How Does It End? Women Project the Outcome of a Sexual Assault Scenario," *Psychology of Women Quarterly*, Vol. 30, No. 3, 2006, pp. 291–302.

In this study, researchers randomly divided 371 women recruited from a community into groups that received a high dose of alcohol, a low dose of alcohol, a placebo, or a control beverage. The participants were asked to project themselves into a hypothetical sexual assault scenario involving initial consensual low-level behavior between the subject and a male character. The story proceeded to describe an attempted sexual assault, and the participants were asked to write the conclusion to the scenario. The results were analyzed qualitatively with content analysis. The authors analyzed the beliefs, values, and norms that the written conclusions conveyed, and they also analyzed differences by alcohol consumption. A majority of respondents expressed beliefs about the differences between male and female sexuality and sexual rules. Forty-four percent also included themes about managing relationships and reducing conflict. Thirty-seven percent indicated physical resistance to the assault attempt. Those participants who used alcohol were less likely to be verbally assertive with the first assault action and less likely to show physical assertion as resistance.

McCabe, Marita P., and Michelle Wauchope, "Behavioral Characteristics of Men Accused of Rape: Evidence for Different Types of Rapists," *Archives of Sexual Behavior*, Vol. 34, No. 2, April 2005, pp. 241–253.

This paper summarizes two Australian studies conducted to validate and refine rapist typologies. The first study analyzed data from 130 male alleged sexual assault perpetrators, and the second study reviewed court transcripts on 50 rape cases. The results were very similar for both studies, with findings that supported the validity of two previously suggested rapist types: "power reassurance" rapists and "sadistic" rapists. However, the behavioral characteristics exhibited by alleged perpetrators in Study 1 and documented in court transcripts in Study 2 did not always fit well with the "anger" and "power exploitative" rapist types. The authors suggest that these two rapist types may need to be broken down into additional categories, and they note that it is important to do so, given the need to assess the behavioral, motivational, and cognitive attributes of each rapist type separately.

McConaghy, Nathaniel, and Ruth Zamir, "Heterosexual and Homosexual Coercion, Sexual Orientation and Sexual Roles in Medical Students," *Archives of Sexual Behavior*, Vol. 24, No. 5, 1995, pp. 489–502.

In order to consider how sexual coercion/rape relates to the idea of normal male behavior, the authors had 182 medical students (101 men and 81 women) complete a survey that allowed for both sexes to be considered as victims or perpetrators of sexual coercion.

The results show that similar proportions of men (30 percent) and women (35 percent) had experienced constant physical sexual coercion. Such coercion tended to not involve the threat or use of force, to be heterosexual in nature, and to be perpetrated by similar proportions of men (20 percent) and women (15 percent). Male and female students were similar to one another in many of their responses; the most notable difference between their experiences of being sexually coerced was that while 16 percent of women reported having been in a situation that involved physical force, only 7 percent of men reported a similar experience. With respect to perpetration, 20 percent of men and 15 percent of women reported engaging in constant physical sexual coercion, usually with the opposite sex, and as many as 4 percent of men and 2 percent of women reported using threat of force or actual force to attempt or engage in intercourse. The level of sexual coercion perpetrated by men and women was related to their masculine sex role scores. The authors conclude that sexual coercion or rape is related more to masculine behaviors than to male behaviors.

McDonald, Theodore W., and Linda M. Kline, "Perceptions of Appropriate Punishment for Committing Date Rape: Male College Students Recommend Lenient Punishments," *College Student Journal*, Vol. 38, No. 1, 2004, pp. 44–56.

This article features the results of a study in which 300 college undergraduate students reviewed one of three accounts of the same date rape incident. The accounts differed only in their type of descriptive language: active language in which the man/perpetrator was clearly identified as the agent, passive language in which an agent was not identified, or language that diffused responsibility between the perpetrator and the victim. Students who reviewed the diffuse responsibility account recommended more lenient punishment than students who reviewed either of the other two account types. In addition, male students recommended more lenient punishment than did female students. The authors suggest these findings are important because the use of language in media reports may make college men more tolerant of this type of crime and women who are victims of date rape more reluctant to report this type of assault.

McFarlane, Judith, Ann Malecha, Julia Gist, Kathy Watson, Elizabeth Batten, Iva Hall, and Sheila Smith, "Intimate Partner Sexual Assault Against Women and Associated Victim Substance Use, Suicidality, and Risk Factors for Femicide," *Issues in Mental Health Nursing*, Vol. 26, 2005, pp. 953–967.

This study examined substance use following sexual assault and compared differences in femicide and suicidality between women who had been subject to both physical and sexual assault and those who had been subject to only physical assault. The authors interviewed 148 women who, prior to their participation in a separately published study, had sought a protection order from a district attorney's family violence unit. They found that women who experienced more than one sexual assault were more than three times more likely to initiate or increase substance use, compared with women who experienced only one sexual assault. Women experiencing any sexual assault had more risk factors for femicide than women experiencing only physical assault; they were also more than five times more likely to report threatening or attempting suicide. Given these results, the

authors assert that sexual assault interventions must address substance use, femicide, and suicidality.

McFarlane, Judith, Ann Malecha, Kathy Watson, Julia Gist, Elizabeth Batten, Iva Hall, and Sheila Smith, "Intimate Partner Sexual Assault Against Women: Frequency, Health Consequences, and Treatment Outcomes," *Obstetrics & Gynecology*, Vol. 105, No. 1, January 2005, pp. 99–108.

This study documented the characteristics and consequences of intimate partner sexual assault. The authors interviewed 148 women who, prior to their participation in a separately published study, had sought a protection order from a district attorney's family violence unit. Sixty-eight percent of the sample reported sexual assault. Fifty percent of the sexually assaulted women said the perpetrator consumed alcohol before the assault, and 40 percent said that the perpetrator used illegal drugs before the assault. Repeated sexual assaults were related to sexually transmitted disease; 15 percent of women reported one or more STDs after the assault. Regarding the relationship between help-seeking behaviors and repeated sexual assault, women who contacted police were 59 percent less likely to experience another assault; those who sought a protection order were 70 percent less likely; and those who received medical care were 32 percent less likely. The results suggest that sexual and physical assault frequently co-occur, and risk of re-assault is reduced by contact with criminal justice or medical personnel.

McGrath, Meghan E., Andrea Bettacchi, Susan J. Duffy, Jeffrey F. Peipert, Bruce M. Becker, and Linda St. Angelo, "Violence Against Women: Provider Barriers to Intervention in Emergency Departments," *Academic Emergency Medicine*, Vol. 4, No. 4, April 1997, pp. 297–300.

Researchers used a survey approach to assess four major topics: health care provider behaviors in screening for sexual assault and domestic violence, provider training for sexual assault and domestic violence, provider knowledge of sexual assault and domestic violence protocols, and provider opinions regarding barriers to intervention. Two hundred and seven physicians, nurses, and social workers (overall 59 percent response rate) completed an anonymous ten-minute survey about these topics. The results showed that, although providers felt it was part of their role to intervene in sexual assault cases, sexual assault screening rates and training levels were low among both physicians and nurses. Sixty-eight percent of physicians and 80 percent of nurses indicated that they rarely or never screen for sexual assault, and 26 percent of physicians and 36 percent of nurses reported no sexual assault–related training. Intervention barriers cited by survey respondents include lack of experience, misdiagnosis concerns, personal discomfort, concerns about invading family privacy, a lack of time to handle cases effectively, frustration that victims would return to their abusive partners, lack of police response, lack of 24-hour access to the social worker, and reluctance to be involved in the criminal justice process. The authors contend this study was one of the first to examine health care provider attitudes toward both domestic violence and sexual assault.

McGregor, Margaret J., Janice Du Mont, and Terri L. Myhr, "Sexual Assault Forensic Medical Examination: Is Evidence Related to Successful Prosecution?" *Annals of Emergency Medicine*, Vol. 39, No. 6, June 2002, pp. 639–647.

This study sought to better understand how victim characteristics, medical and forensic evidence, and sexual assault characteristics were related to the laying of charges and the conviction of the perpetrator. The authors analyzed data from the charts of 462 sexual assault victims who sought medical treatment at British Columbia's Sexual Assault Service (a 24-hour hospital-based emergency service) from 1993 to 1997. They found that the odds of charges being filed were higher if the victim knew the perpetrator or if there were multiple perpetrators, as well as if there was a clinical injury score of mild, moderate, or severe or if there was documentation in police records that forensic samples collected by a medical examiner had been received. The only factor significantly associated with conviction was a clinical injury score of severe. The authors conclude the article by discussing the usefulness of different types of medical evidence given their invasiveness, cost, variation across differences, and relationship with investigative and legal outcomes.

McGregor, Margaret J., Grace Le, Stephen A. Marion, and Ellen Wiebe, "Examination for Sexual Assault: Is the Documentation of Physical Injury Associated with the Laying of Charges? A Retrospective Cohort Study," *CMAJ*, Vol. 160, No. 11, June 1, 1999, pp. 1565–1569.

The authors analyzed 95 sexual assault cases handled by British Columbia's Sexual Assault Service (a 24-hour hospital-based emergency service) in 1992 to determine how physical injury and other factors were related to investigators' decision to levy charges. They found that charges were more likely to be filed in cases in which the victim knew the perpetrator, there was a clinical injury score of moderate or severe (i.e., injuries that affect functioning to some degree), or the victim's income level was higher than the local median. Evidence of genital injury (excluding tenderness) was not a significant predictor of the laying of charges, leading the authors to suggest that increasing the time spent to documenting genital region microtrauma using colposcopy may not be appropriate.

McGregor, Margaret J., Ellen Wiebe, Stephen A. Marion, and Cathy Livingstone, "Why Don't More Women Report Sexual Assault to the Police?" *CMAJ*, Vol. 162, No. 5, March 7, 2000, pp. 659–660.

This study sought to explain why only a small number of sexual assaults are reported to law enforcement. The authors analyzed data from the charts of 958 sexual assault victims who sought medical treatment in Vancouver at British Columbia's Sexual Assault Service (a 24-hour hospital-based emergency service) from 1993 to 1997. These data included victim demographics, assault characteristics, and physical examination results. Findings indicate that the cases less likely to be reported to the police include those in which the victim knew the perpetrator, those with no additional physical injury, and those that did not occur within Vancouver.

Meilman, Philip W., and Donna Haygood-Jackson, "Data on Sexual Assault from the First 2 Years of a Comprehensive Campus Prevention Program," *Journal of American College Health*, Vol. 44, No. 4, January 1996, pp. 157–165.

This research examined the characteristics of sexual assaults on a single university campus, to provide suggestions for prevention programming. The university implemented a sexual assault prevention program in 1991 that included educational initiatives, revised policies and protocols, modification of judicial hearings, and a data-collection effort. At the time of the research, the data included details pertaining to 65 incidents during a two-year period. The incidents included 43 reported rapes, 18 other sexual assault incidents (including attempted intercourse and unwanted touching), and 4 incidents for which details were not available. Researchers found that, compared with the non-rape incidents, rapes were more likely to occur on weekends, more likely to involve alcohol, and more likely to involve first- and second-year students as victims. The victim knew the assailant in 90 percent of the rape cases, but only 61 percent of victims of other assaults did. Stranger assault was more likely off campus. Only 20 percent of all cases and 12 percent of rapes were reported during the first 72 hours, when physical evidence is still available. The majority of rapes were reported one year after the assault or later. Victims most frequently reported incidents to the campus sexual assault response coordinator and the counseling center. Twenty-one percent of the rapes were reported by the victim to the campus police and 5 percent were reported to the city police. The authors assert that programs should emphasize both the importance of the 72-hour limit and the role of alcohol in sexual assault. Authors also suggest that first-year female students would benefit from assertion training and from better communication skills, given the incidents that did not involve pressure. Finally, the authors caution that students need to be aware that the greatest danger may not come from strangers.

Ménard, Kim S., Gordon C. Nagayama Hall, Amber H. Phung, Marian F. Erian Ghebrial, and Lynette Martin, "Gender Differences in Sexual Harassment and Coercion in College Students: Developmental, Individual, and Situational Determinants," *Journal of Interpersonal Violence*, Vol. 18, No. 10, October 2003, pp. 1222–1239.

This study evaluated whether a theoretical model used to describe men's use of sexual harassment and sexually coercive behavior works equally well to describe women's use of sexual harassment and sexually coercive behavior. The authors surveyed 426 college students (148 men and 278 women) about their use of sexually harassing and coercive behaviors; the participants also completed potential explanatory measures, such as on child sexual abuse, adult sexual victimization, personality traits, and alcohol outcome expectancies (e.g., "When I drink alcohol, I get into fights"). Men's average scores on the sexual coercion scales were 3.5 times higher than the women's average scores, while women had significantly higher average scores for the adult sexual victimization measures. Among men, adult sexually coercive behavior was accounted for by adult sexual victimization and alcohol outcome expectancy. Further, alcohol expectancy mediated the influence of aggression. Among women, only personality was associated with sexual coercion: A hostile manner of relating to others mediated the effects of child sexual abuse and adult sexual victimization experiences as predictors.

Merrill, Lex L., Carol E. Newell, Joel S. Milner, Mary P. Koss, Linda K. Hervig, Steven R. Gold, Sandra G. Rosswork, and Stephen R. Thornton, "Prevalence of Premilitary Adult Sexual Victimization and Aggression in a Navy Recruit Sample," *Military Medicine*, Vol. 163, No. 4, April 1998, pp. 209–212.

This study used survey data from 3,586 male and female U.S. Navy recruits to assess the prevalence of adult sexual assault among them prior to their entrance into the military. Forty-six percent of the female recruits reported experiencing an attempted or completed rape, and 15 percent of male recruits reported perpetrating an attempted or completed rape. Given that previous studies have documented a number of negative effects that sexual victimization has on acute and chronic health, and that other research demonstrateding that a history of sexual aggression is associated with greater risk of future perpetration, the authors suggest that the military invest in treatment and education programs to prevent sexual assault in this population.

Merrill, Lex L., Carol E. Newell, Cynthia J. Thomsen, Steven R. Gold, Joel S. Milner, Mary P. Koss, and Sandra G. Rosswork, *Childhood Abuse and Sexual Revictimization in a Female Navy Recruit Sample*, San Diego, Calif.: Naval Health Research Center, 1997.

The goals of this study were threefold: to determine whether childhood abuse places women at greater risk of sexual revictimization, to test for racial differences in sexual revictimization, and to assess the influence of sexual experience and alcohol problems on sexual revictimization. The authors surveyed 1,140 incoming female Navy recruits about childhood abuse, adult sexual victimization, and alcoholism. Forty percent of respondents reported childhood sexual abuse, and these women were 4.70 times more likely to have been raped. Women who experienced both physical and sexual abuse as children had the highest rates of rape. Childhood sexual abuse was a stronger predictor of sexual revictimization than either alcohol problems or number of sex partners. In addition, the authors found differences based on race/ethnicity: Among the recruits who reported childhood sexual abuse, Hispanic women had the highest odds of reporting that they had also been raped. Findings from this large sample corroborate the results of other studies examining childhood abuse and sexual revictimization.

Merrill, Lex L., Cynthia J. Thomsen, Steven R. Gold, and Joel S. Milner, "Childhood Abuse and Premilitary Sexual Assault in Male Navy Recruits," *Journal of Consulting and Clinical Psychology*, Vol. 69, No. 2, April 2001, pp. 252–261.

This research investigated whether childhood physical abuse or childhood sexual abuse predicted adult premilitary rape perpetration. It also assessed whether alcohol problems or the number of sexual partners mediated the relationship between childhood abuse and premilitary rape perpetration. The authors surveyed three samples of incoming male U.S. Navy recruits (7,850 respondents overall) regarding their childhood abuse, adult sexual perpetration, sexual activity, and alcoholism. The researchers found that, among these three separate samples, 11 percent, 12 percent, and 10 percent of recruits reported committing premilitary rape. Male recruits who experienced either childhood sexual abuse

or childhood physical abuse were more likely to perpetrate premilitary rape than men who were not abused. Moreover, male recruits who had experienced both forms of childhood abuse were most at risk for committing rape. However, when alcohol problems and number of sex partners were taken into account in the statistical analysis, childhood sexual abuse was no longer a significant predictor of premilitary rape perpetration. These findings contribute to the growing body of evidence for relationships between childhood abuse, alcohol problems, number of sexual partners, and rape perpetration by men.

Messman-Moore, Terri L., and Amy L. Brown, "Risk Perception, Rape, and Sexual Revictimization: A Prospective Study of College Women," *Psychology of Women Quarterly*, Vol. 30, No. 2, June 2006, pp. 159–172.

This study analyzed the relationship between risk perception, rape, and sexual revictimization. The authors surveyed 262 college women about their sexual experiences, trauma symptoms, and risk perceptions at four time periods over eight months. Forty-three percent of respondents reported an unwanted sexual experience that occurred during the study, and 54 percent of women raped during the study period had a history of sexual victimization. Increased sexual victimization risk was related to prior victimization and impaired risk perceptions (as suggested by a delayed response to sexual victimization scenarios that escalated in severity). The results imply that delayed response to risky situations may increase vulnerability to sexual victimization.

Messman-Moore, Terri L., and Patricia J. Long, "Child Sexual Abuse and Revictimization in the Form of Adult Sexual Abuse, Adult Physical Abuse, and Adult Psychological Maltreatment," *Journal of Interpersonal Violence*, Vol. 15, No. 5, May 2000, pp. 489–502.

This study examined revictimization patterns among child sexual abuse victims. The authors surveyed 633 college women about childhood sexual abuse, adult unwanted sexual contact, intimate partner violence, and psychological abuse. Twenty percent of the women surveyed indicated that they experienced sexual abuse as a child, 52 percent reported adult unwanted sexual contact, and 26 percent indicated experiencing unwanted sexual intercourse. Among those surveyed, child sexual abuse victims were more likely than nonvictims to report unwanted sexual intercourse with an acquaintance as a result of physical force and unwanted sexual intercourse with a stranger or an acquaintance stemming from the perpetrator's misuse of authority. Child sexual abuse victims were also more likely than nonvictims to report unwanted sexual contact when alcohol or drug use was involved. Finally, child sexual abuse victims were more likely than nonvictims to report physical abuse and psychological maltreatment (e.g., dominance or isolation by a partner, emotional abuse by a partner). The authors conclude by noting that childhood sexual abuse is clearly an important risk factor for adult unwanted sexual contact, yet research on how and why revictimization occurs is lacking.

Millar, Golden, Lana Stermac, and Mary Addison, "Immediate and Delayed Treatment Seeking Among Adult Sexual Assault Victims," *Women & Health*, Vol. 35, No. 1, February 2002, pp. 53–64.

The authors analyzed records from 1,118 female sexual assault victims who presented for assessment or treatment at a Canadian sexual assault care center between 1992 and 1999 to identify demographic and assault-specific factors related to the timing in which victims sought treatment. Factors related to the victims' presenting earlier for treatment included the victim being of South Asian, Hispanic, or First Nations/Aboriginal descent, the victim not knowing the perpetrator, the victim being forced to perform fellatio during the assault, a weapon being used during the assault, and coercion in terms of physical threats, physical actions, or confinement/restraint being used during the assault. In addition, victims who presented within the first 12 hours following their assault were more likely to be admitted to the hospital, to have police involvement related to their treatment, to have a physical exam, and to request a forensic kit completed than those who presented later.

Miranda, Robert, Jr., Lori A. Meyerson, Patricia J. Long, Brian P. Marx, and Sharon M. Simpson, "Sexual Assault and Alcohol Use: Exploring the Self-Medication Hypothesis," *Violence and Victims*, Vol. 17, No. 2, 2002, pp. 205–217.

This study explored the link between sexual victimization and alcohol use. The authors surveyed 318 college women about sexual experiences, psychological functioning, drinking habits, and drug use. The authors assert that the results provided support for the hypothesis that alcohol consumption by sexually assaulted women stems at least in part from a desire to self-medicate. A history of sexual assault was related to higher levels of psychological distress, which in turn were associated with alcohol consumption via negative reinforcement (i.e., agreement with statements that use reduces anxiety and improves one's ability to handle stress). Further, sexual assault was directly related to negative reinforcement, and that link was predictive of alcohol use. The authors suggest that sexually assaulted women may use alcohol as a means to cope with negative emotions stemming from the assault. Accordingly, the authors contend that the reduction of psychological distress may be an important component of alcohol abuse prevention for sexual assault victims.

Mohler-Kuo, Meichun, George W. Dowdall, Mary P. Koss, and Henry Wechsler, "Correlates of Rape While Intoxicated in a National Sample of College Women," *Journal of Studies on Alcohol*, Vol. 65, No. 1, January 2004, pp. 37–45.

This research used a large sample of college women to study the prevalence of rapes in which the victim was unable to give consent because she was intoxicated and to identify risk factors associated with that type of assault. Specifically, the authors relied on data from 119 colleges that were already participating in three Harvard School of Public Health College Alcohol Study surveys. Students were randomly selected, and the sample included 8,567 women in the 1997 survey, 8,425 women in the 1999 survey, and 6,988 in the 2001 survey. Results of these questionnaires indicated that 5 percent of women had

been raped and 72 percent of these victims had been raped while intoxicated. In addition, statistical analysis of the survey data indicated that the women most at risk of being raped while under the influence included white women, women younger than 21, those who resided in a sorority house, those who used illegal drugs, those who had consumed large quantities of alcohol in high school, and those who attended colleges with high rates of heavy episodic drinking. The authors assert these results demonstrate that college campuses can be risky environments for alcohol consumption, rape, or both and suggest a great need for college-based alcohol prevention programs that stress the relationship between intoxication and rape.

Monahan, Brian A., Joseph A. Marolla, and David G. Bromley, "Constructing Coercion: The Organization of Sexual Assault," *Journal of Contemporary Ethnography*, Vol. 34, No. 3, June 2005, pp. 284–316.

The authors interviewed 33 incarcerated, admitted rapists to explore how perpetrators organize sexual assaults, specifically stranger rape. The authors found that the five sequential phases evident in the rapes these perpetrators described are very similar to the phases related to homicide and robbery. The five phases are preexisting life tensions, transformation of motivation into action, perpetrator-victim confrontation, situation management, and disengagement. The authors note that within these phases the perpetrators were differentially aware of their actions, applied a variety of meanings to what seemed to be similar actions, and engaged in varying degrees and types of organization.

Monnier, Jeannine, Heidi S. Resnick, Dean G. Kilpatrick, Brenda Seals, and Melisa Holmes, "Patterns of Assault in a Sample of Recent Rape Victims," *Violence Against Women*, Vol. 8, No. 5, May 2002, pp. 585–596.

This study investigated patterns of intimate partner violence. The authors interviewed 47 women at various time points after they presented for medical treatment for a recent rape. Seventy-five percent of the women interviewed reported that the index rape (i.e., the assault that led the victim to seek treatment) was perpetrated by a stranger. Sixty percent reported being the victim of a prior rape, and 49 percent disclosed past physical assault. Women with a history of intimate partner rape or physical assault were no more likely to have their index rape perpetrated by an intimate partner than those without a history. A number of women were revictimized within six months of the index rape: 4 percent of women experienced a rape between the first and second waves of data collection, 4 percent reported a rape between the second and third waves of data collection, and 17 percent of women experienced a physical assault between the second and third waves of data collection. The authors conclude that rape victims presenting for medical treatment are likely to have a history of victimization and are vulnerable to additional victimization, including intimate partner violence.

Monroe, Laura M., Linda M. Kinney, Mark D. Weist, Denise Spriggs Dafeamekpor, Joyce Dantzler, and Matthew W. Reynolds, "The Experience of Sexual Assault: Findings from a Statewide Victim Needs Assessment," *Journal of Interpersonal Violence*, Vol. 20, No. 7, July 2005, pp. 767–776.

This article reports the results of a sexual assault victim needs assessment based on 125 adult victims who received treatment at sexual assault centers in Maryland. Interviews with these victims, both women (N=119) and men (N=6), revealed that 56 percent of them waited until years after the assault to disclose information about it, and those assaulted by a family member waited the longest, on average. Thirty-two percent of interviewees reported having a medical examination, and the vast majority of those that did were satisfied with the examination. However, only 19 percent of interviewees knew that they would not be charged hospital fees for sexual assault services, and just 40 percent of victims treated at a hospital indicated that they indeed had not been charged. Only 31 percent of interviewees indicated they would or did file charges against the perpetrator, and 46 percent of those who filed charges were dissatisfied with the police interview. All services provided by a sexual assault center (e.g., hotline, counseling, referrals) were favorably viewed. Group therapy for sexual assault victims was the most frequently cited recommendation for improved care at sexual assault centers, and interviewees also recommended opening more centers and providing additional services for sexual victims. The authors describe the study as important because it is one of the first to conduct a statewide needs assessment for sexual assault victims.

Morrison, Shannon, Jennifer Hardison, Anita Mathew, and Joyce O'Neil, *An Evidence-Based Review of Sexual Assault Preventive Intervention Programs*, Washington, D.C.: U.S. Department of Justice, 2004.

This evidence-based literature review considered the published accounts of 59 studies evaluating sexual assault prevention interventions (SAPIs). The report focuses on the empirical results of the studies, identifies gaps in the research, and provides recommendations for further work. Sixty-four percent of the studies included both male and female participants, and 70 percent were conducted in the context of a college or university. Approximately one-fourth of the studies had sample sizes greater than 500, and more than one-third of the evaluations also included a follow-up assessment after the posttest. The follow-up assessments varied considerably, from less than one week to a four-year period, and the attrition rates from the sample also varied considerably to the follow-up. Eighty percent of the studies showed mixed results, and study results tended not to be stable; no studies with a follow-up period of longer than four months showed a positive effect. The study also included an evaluation of studies' quality by three independent reviewers. All three studies with null intervention effects had scores falling in the high-quality range. None of the 12 studies characterized as high-quality had positive intervention effects; instead, the seven studies with positive effects had scores in either the low-quality or medium-quality range. The authors conclude by emphasizing the need for studies focusing on younger populations, the need to understand the effect of gender on the success of the program, and the need for studies that accommodate diverse racial and cultural backgrounds.

Muir, Grant, Kimberly A. Lonsway, and Diana L. Payne, "Rape Myth Acceptance Among Scottish and American Students," *Journal of Social Psychology*, Vol. 136, No. 2, April 1996, pp. 261–262.

The authors investigated the rate of rape myth acceptance in Scotland and the United States. They hypothesized that there would be greater acceptance in the United States based on its higher frequency of sexual assault (42.3 per 100,000 in United States in 1991, compared with 30 per 100,000 in Scotland in 1992). The participants included 316 Scottish college students and 780 American college students, who each completed a rape myth acceptance scale. There were both gender and nationality differences in participants' rape myth acceptance, with male students and U.S. students reporting higher rape myth acceptance. These findings support the hypothesis that greater rape myth acceptance will tend to be associated with higher rates of sexual assault.

Murdoch, Maureen, Melissa A. Polusny, James Hodges, and Nancy O'Brien, "Prevalence of In-Service and Post-Service Sexual Assault Among Combat and Noncombat Veterans Applying for Department of Veterans Affairs Posttraumatic Stress Disorder Disability Benefits," *Military Medicine*, Vol. 169, No. 5, May 2004, pp. 392–395.

The authors assert that, along with combat, sexual assault is one of the best-known predictors of posttraumatic stress disorder (PTSD). Thus, this study assessed the prevalence of sexual assault among military veterans. The survey sample included 1,654 male veterans and 1,683 female veterans seeking PTSD disability benefits from the Department of Veterans Affairs (VA). Of those surveyed, 4 percent of the men and 71 percent of the women had experienced sexual assault while they were in service. Men who had experienced sexual assault were more likely to have been assaulted after their service. The opposite was true for women. The authors hope that their findings will promote more sexual assault screening in VA mental health clinics.

Murnen, Sarah K., Carrie Wright, and Gretchen Kaluzny, "If 'Boys Will Be Boys,' Then Girls Will Be Victims? A Meta-Analytic Review of the Research That Relates Masculine Ideology to Sexual Aggression," *Sex Roles*, Vol. 46, Nos. 11–12, June 2002, pp. 359–375.

The authors conducted a meta-analysis to examine thoroughly the relationship between masculine ideology and sexual aggression. Specifically, they aggregated data from 39 studies that focused on at least one of 11 different measures related to masculine ideology (e.g., adversarial sexual beliefs, dominance/power over women, hypermasculinity) and included statistical associations with a sexual aggression measure (typically from the Sexual Experiences Survey). Ten of the 11 measures of masculine ideology were significantly related to sexual aggression, but there was notable variation in the size of the effect across the 11 measures. The smallest effect sizes were found for sexual conservatism, gender-role stereotyping, and masculine instrumentality. The largest effect sizes were found for the measures of hostile masculinity and hypermasculinity, scales that represent different aspects of masculine ideology. This result fit the authors' prediction that sexual aggressiveness toward women requires a variety of factors to be present in men's ideologies. The find-

ings also showed a weaker-than-expected relationship between rape myth acceptance and sexual aggression, which contradicts prior research.

Nagel, Barbara, Hisako Matsuo, Kevin P. McIntyre, and Nancy Morrison, "Attitudes Toward Victims of Rape: Effects of Gender, Race, Religion, and Social Class," *Journal of Interpersonal Violence*, Vol. 20, No. 6, June 2005, pp. 725–737.

This article addresses the negative attitudes toward rape victims that are a part of secondary victimization. These negative attitudes include blaming the victim, questioning the victim's credibility, denigrating the victim, implying that the victim deserved to be raped, or trivializing the experience. Prior research has tended to address these attitudes as part of a larger study and has also tended to focus primarily on college students. This study addressed those weaknesses by using a questionnaire developed specifically for attitudinal study and by sampling more broadly and controlling for demographic variables. The study included 220 adult participants who completed a survey questionnaire. The authors found a relationship between sex and attitudes, and that African-American men differed from African-American women and whites. With the exception of African-American men, most racial differences can be explained by socioeconomic status and education, with less-educated and lower-income individuals being more likely to have negative attitudes. Younger, more-educated, and higher-income participants tended to have more favorable attitudes toward rape victims.

Nasta, Aarti, Brijen Shah, Shoma Brahmanandam, Katherine Richman, Kathleen Wittels, Jenifer Allsworth, and Lori Boardman, "Sexual Victimization: Incidence, Knowledge and Resource Use Among a Population of College Women," *Journal of Pediatric and Adolescent Gynecology*, Vol. 18, No. 2, 2005, pp. 91–96.

This study investigated the prevalence of sexual victimization among female college students and examined female college students' awareness and use of resources available to sexual assault victims. The authors surveyed 234 undergraduate women about the occurrence and nature of sexual victimization, use of on- and off-campus resources, and barriers to the use of such resources. Thirty-eight percent of the sample reported some kind of sexual assault incident, including 6 percent of women who had experienced a completed rape and 4 percent who had experienced an attempted rape. Among both victims and nonvictims, campus psychological services had the highest rates of awareness (90 percent and 88 percent, respectively), and health services had the second highest rate of awareness. However, actual resource utilization by victims was low: Only 22 percent of victims reported the sexual assault to any type of campus-based resource, and only 6 percent turned to an off-campus resource. Commonly selected impediments to resource usage included a lack of awareness of resources and concerns pertaining to confidentiality, fear, embarrassment, and guilt. The authors suggest these utilization-related findings may be explained by the link between sexual assault and drug or alcohol use: Almost 40 percent of respondents who had been sexually victimized indicated they were unable to resist unwanted sexual advances because they had used drugs or consumed alcohol.

Neville, Helen A., and Aalece O. Pugh, "General and Culture-Specific Factors Influencing African American Women's Reporting Patterns and Perceived Social Support Following Sexual Assault: An Exploratory Investigation," *Violence Against Women*, Vol. 3, No. 4, August 1997, pp. 361–381.

This study examined African-American women's reporting of sexual assault and perceived social support. Twenty-nine African-American women, primarily college students, completed a survey and a semi-structured interview about their experience as a sexual assault victim. Seventeen percent of the sample reported their assault to the police. The women who did not disclose their assault to police said they were deterred by police concerns (e.g., belief that police are insensitive to rape victims), fear of negative consequences (e.g., retaliation by the perpetrator), and culture-specific concerns (e.g., belief that police are insensitive to the needs of African-American women). Ninety percent of the sample told someone about the assault, and most of these women received positive social support from the first person they told. Women who delayed disclosure or never disclosed their sexual assault reported that family concerns, personal/perceptive factors, and negative consequences discouraged them. Thirty-four percent of the participants sought counseling following their assault, and most participants rated this counseling as moderately or very supportive. These findings suggest that both general and cultural factors contribute to African-American women's decision to report sexual assault.

Nicholson, Mary E., Min Qi Wang, Dolores Maney, Jianping Yuan, Beverly S. Mahoney, and Daniel D. Adame, "Alcohol Related Violence and Unwanted Sexual Activity on the College Campus," *American Journal of Health Studies*, Vol. 14, No. 1, 1998, pp. 1–10.

This study examined the interrelationships between alcohol consumption, rape and other types of unwanted sexual activity, and nonsexual assault in a college setting. The researchers created a survey designed to obtain responses from both victims and perpetrators and administered it to a sample of 1,084 college students (518 men and 566 women). Thirty-six percent of the women and 8 percent of the men indicated that they had experienced unwanted sexual activity of any type. Alcohol was involved in the majority of those cases, and women were more likely than men to report that involvement. Five percent of the sample—8 percent of the men and 2 percent of the women—reported they had perpetrated unwanted sexual activity, and again alcohol was involved in a majority of cases. Overall, the results show a significant correlation between alcohol consumption and a wide range of both sexual and nonsexual assaults.

Norris, Jeanette, Paula S. Nurius, and Linda A. Dimeff, "Through Her Eyes: Factors Affecting Women's Perception of and Resistance to Acquaintance Sexual Aggression Threat," *Psychology of Women Quarterly*, Vol. 20, No. 1, 1996, pp. 123–145.

The authors conducted eight focus groups and administered a questionnaire to the 66 female college students who participated in them in order to assess their perceptions of, and resistance to, acquaintance rape. The majority of participants felt they were at low risk for acquaintance rape and believed they could resist successfully if they were sexually

assaulted. Focusing on resistance in particular, the greater the presence of psychological barriers, such as embarrassment and fear of rejection by the man, the less likely the women were to voice intentions to use direct resistance strategies, such as verbal assertiveness or physical resistance. The results also indicated that heavy alcohol consumption put these women at greater risk for sexual aggression and also serves as a barrier to effective resistance. Lastly, those who had a history of prior victimization felt they were at a higher risk for future sexual aggression than did nonvictims, reported more behaviors and circumstances that may put them at risk, and tended to believe they could not resist sexual assault effectively.

Nugent-Borakove, M. Elaine, Patricia Fanflik, David Troutman, Nicole Johnson, Ann Burgess, and Annie Lewis O'Connor, *Testing the Efficacy of SANE/SART Programs: Do They Make a Difference in Sexual Assault Arrest and Prosecution Outcomes?* Washington, D.C.: U.S. Department of Justice, 2006.

This study assesses the influence that Sexual Assault Nurse Examiner (SANE)/Sexual Assault Response Team (SART) programs have on investigative and legal outcomes, such as arrests, levying of charges, convictions, and sentence length. The authors created a dataset that included 262 SANE/SART cases and 268 non-SANE/SART cases from three jurisdictions (in New Jersey, Kansas, and Massachusetts). A comparison of the two types of cases showed that, overall, SANE/SART cases were reported more promptly, featured more evidence (DNA evidence in particular), and had more victim cooperation. SANE/SART cases were also more likely to result in arrests, charges filed, and convictions. In addition, victim-perpetrator relationship and victim cooperation were the strongest determinants of both the likelihood of arrest and of conviction. The analysis was unable to reveal how SANE/SART programs influenced the type of penalty and sentence length. Overall, the authors conclude that the results support the use of SANE/SART programs within the criminal justice process.

Nurius, Paula S., Jeanette Norris, Linda A. Dimeff, and Thomas L. Graham, "Expectations Regarding Acquaintance Sexual Aggression Among Sorority and Fraternity Members," *Sex Roles*, Vol. 35, Nos. 7–8, 1996, pp. 427–444.

The authors surveyed 66 female and 34 male college students in the Greek system to learn about the social context of their interactions as well as their expectations regarding perpetration and reaction to sexual aggression. Findings indicated that men's and women's expectations and responses differed on various dimensions. For instance, men expressed that they would be least likely to stop sexual activity when women used only indirect means, while previously victimized women reported they were most likely to use means of that nature. In addition, women believed their risk of acquaintance sexual assault to be lower than what the men assessed the women's risk to be. This research also corroborates previous studies in that victims of acquaintance sexual aggression perceived their risk of future victimization to be higher than nonvictims. The authors conclude by discussing these findings' utility in developing sexual assault prevention programs for both men and women.

O'Donohue, William, Elizabeth A. Yeater, and Matthew Fanetti, "Rape Prevention with College Males: The Roles of Rape Myth Acceptance, Victim Empathy, and Outcome Expectancies," *Journal of Interpersonal Violence*, Vol. 18, No. 5, May 2003, pp. 513–531.

This research evaluated the effectiveness of a video intervention for male college students. The study video addressed rape myths, empathy for victims, and the negative outcomes of sexually coercive behavior. In the main study described by the researchers, they divided 102 male college participants evenly into test and control groups. The control group watched a more traditional rape prevention video that conceptualized rape as violence rather than sex but did not target such constructs as rape myths and victim empathy, which were the focus of the experimental video. Participants who watched the experimental video indicated more significant change in such rape-related measures as self-efficacy, attraction to sexual aggression, adversarial sexual beliefs, and rape empathy. The experimental video was also more effective in changing these responses for participants with a history of sexually coercive behavior.

Office of the Assistant Secretary of the Air Force (Manpower and Reserve Affairs), *Report Concerning the Assessment of USAF Sexual Assault Prevention and Response*, Washington, D.C.: U.S. Air Force, 2004.

This report provides the "campaign plan" of an internal Air Force assessment to provide a comprehensive approach to address sexual assault in the Air Force and effect lasting institutional change. The assessment team visited more than 85 Air Force installations and attempted contact with over 100,000 Air Force personnel, via a range of research methods. This assessment was intended by Air Force leadership to reach beyond the Air Force Academy review to determine whether the Academy experience reflected the culture and experiences of the overall service. Findings and recommendations from this review focus on sexual assault realities, policy and leadership, education and training, reporting, response, and the Air and Space Expeditionary Force (AEF)/deployed environment.

Oliver, Brian E., "Preventing Female-Perpetrated Sexual Abuse," *Trauma Violence, & Abuse*, Vol. 8, No. 1, January 2007, pp. 19–32.

Although most sexual violence offenders are male, approximately 2 percent of offenders arrested for forcible rape between 1993 and 1997 were female. Little research has focused on the characteristics of female sex offenders, and there have not been many prevention efforts focused specifically on women. This article summarizes the known characteristics of these offenders and suggests possible interventions. Specifically, adult female sex offenders are most likely to be in their 20s and 30s, and studies differ regarding whether they are more likely to target children or adolescents. They sometimes act with a male accomplice. Adolescent offenders tend to act alone and are more likely to target young children. Compared with male offenders, female offenders are similar in their ethnicity, level of education, and drug or alcohol use, although female offenders tend to be younger and are more likely to have been victims of childhood abuse. However, it appears that only the most serious female sex offenders are charged with a crime, suggesting that

the data are not representative of all female offenders. Most prevention programs target male audiences, use scripts assuming male offenders, and are based on research of male offenders. The author maintains that intervention programs should offer greater support to female survivors of childhood sexual abuse (who are at greater risk to become offenders), should enhance empathy in females, and should reduce deviant sexual fantasies. The author also asserts that the public should be more informed about female offenders and could be educated to watch for warning signals exhibited by at-risk females.

Orth, Ulrich, and Andreas Maercker, "Do Trials of Perpetrators Retraumatize Crime Victims?" *Journal of Interpersonal Violence*, Vol. 19, No. 2, February 2004, pp. 212–227.

This article presents the results of two German studies intended to gauge the short-term and long-term effects that attendance at perpetrators' trials has on victims' posttraumatic stress reactions. In the first study, 137 victims of violent crimes, both sexual and nonsexual, completed a survey that inquired about details of their trial, posttraumatic stress reactions, and the severity of their victimization in terms of both emotional and physical harm. Statistical analysis indicated that the greater the victim's moral satisfaction with the trial outcome, the lower the posttraumatic stress reaction after the trial. No other trial-related factors (e.g., testimony stress, perceived blame from the judge) were related to posttraumatic stress. In the second study, 31 victims of violent crimes completed surveys before and after their trials (an average interval of 5.4 months) that included measures of posttraumatic stress reactions and trial-related characteristics identical to those used in the first survey. Analysis of the second study revealed that, even within the first few weeks after the trial, posttraumatic stress reactions did not increase. Overall, the results of the two studies imply that trials do not typically retraumatize victims of violent crime. Given the low response rates for both studies (less than 35 percent) and other study limitations, however, the authors acknowledge that the generality of these findings is restricted.

O'Sullivan, Elizabethann, and Abigail Carlton, "Victim Services, Community Outreach, and Contemporary Rape Crisis Centers: A Comparison of Independent and Multiservice Centers," *Journal of Interpersonal Violence*, Vol. 16, No. 4, 2001, p. 343.

In this study, the authors used a case study approach to compare and contrast rape crisis centers that focused exclusively on sexual assault with combined centers that provided additional services, such as treating domestic violence victims. The authors conducted interviews with employees and reviewed client case files from 16 North Carolina–area organizations—eight independent sexual assault programs and eight combined programs. Overall, their data call into question the ability of combined programs to support sexual assault victims adequately. Not only did fewer sexual assault victims present to combined programs, but these multiservice centers also did not regularly receive referrals from law enforcement or medical centers and did not engage in systematic efforts to educate the community. Only the independent centers that dealt exclusively with sexual assault had detailed definitions of sexual assault, were cognizant of cultural issues that could affect their services and/or community outreach, used volunteers to educate the community, and targeted educational outreach to male and to young people. The authors suggest that

victim support centers that either merge or offer additional services due to funding constraints (or other reasons) may diminish their capability to support sexual assault victims in the local community.

O'Sullivan, Lucia F., E. Sandra Byers, and Larry Finkelman, "A Comparison of Male and Female College Students' Experiences of Sexual Coercion," *Psychology of Women Quarterly*, Vol. 22, No. 2, June 1998, pp. 177–195.

In this study, researchers assessed the contexts of and reactions to sexual coercion by administering a survey to a sample of 433 male and female college students. More men than women reported being sexually coercive, and more women than men reported being sexually coerced. The context of the sexually coercive behavior did not vary significantly between sexes; both genders reported similar descriptions of situational characteristics, substance use, and the categories of nonconsensual sexual activities in which they were involved. Sexual coercion typically occurred within the context of a heterosexual dating situation, usually in the evening (91 percent of incidents) and usually in one of the dating party's residences. More than half of respondents indicated they had engaged in consensual sexual activity with the perpetrator prior to the coercion incident. In terms of reactions, most victims used verbal responses rather than physical force as a resistance strategy, and more women than men reported negative reactions to the behavior and stronger resistance. The women indicated being more upset than did the men at the time of the incident, but only 12 percent of women reported being very upset about the incident at the time of the survey. In addition, few subjects reported negative consequences of sexual coercion relating to academic or social activities. The authors conclude by discussing the study's implications for prevention efforts. For example, they suggest that more attention be paid to the typical context for sexual coercion in the college environment—the dating scene—instead of trying to determine indicators of potential risk.

Padden, Mary L., "Sexual Violence and the Silent Reaction Rape: Implications for Nurses," *Nursing for Women's Health*, Vol. 12, No. 2, 2008, pp. 106–113.

This article is intended to educate nurses about sexual assault screening, support, and counseling. It provides a short overview of terms and definitions regarding sexual violence, a summary of national statistics and trends, and a discussion on victim consequences and reactions. Sexual assault victims can suffer from physical and mental health problems, both short-term and permanent, following sexual violence. These include gynecologic and menstrual disorders, gastrointestinal upset, sleep disorders, posttraumatic stress disorder symptoms, depression, eating disorders, sexual dysfunction, and anxiety disorders. The author suggests the following best practices for nurses, based on the information collected: sensitive screening and support (after building strong and trusting rapport with victims), a focus on referrals within the system, and an emphasis on prevention in addition to treatment. The author's broad conclusions suggest that a nurse's diligent commitment to sexual trauma as a complex social problem can be achieved through identifying and meeting the needs of victims in a proactive manner.

Panel to Review Sexual Misconduct Allegations at the U.S. Air Force Academy, *Report of the Panel to Review Sexual Misconduct Allegations at the U.S. Air Force Academy*, Washington, D.C.: U.S. Department of Defense, 2003.

This report summarizes the results of a panel, required by law, to review sexual misconduct allegations at the U.S. Air Force Academy. The panel was directed to review: the actions taken by Academy personnel and Air Force officials; the pertinent Air Force directives; the effectiveness of the policies, procedures and process at the Academy to respond to sexual misconduct allegations; the relationship between the organizational climate and the circumstances that resulted in the sexual misconduct; and any other matters or materials necessary for completeness. The panel report discusses awareness and accountability with a backdrop of the chronology of events from 1993 to 2003, including the number of allegations of sexual assault during each of those years. The report also discusses problems in the academy command supervision and the lack of effective external oversight, as well as shortcomings in the command climate, including the factors that may have contributed to a fear of retribution among victims. The panel report concludes with a series of recommendations.

Parks, Kathleen A., and William Fals-Stewart, "The Temporal Relationship Between College Women's Alcohol Consumption and Victimization Experiences," *Alcoholism: Clinical and Experimental Research*, Vol. 28, No. 4, 2004, pp. 625–629.

This study examined how different levels of alcohol consumption affected the likelihood of sexual victimization and nonsexual victimization among college students. The researchers interviewed 94 female college students three times over a six-week period. The interviews included measurement of daily alcohol consumption and incidents of sexual/nonsexual victimization during that time period. The results showed that the women were nine times more likely to experience sexual victimization on days with heavy drinking (five or more drinks consumed) and three times more likely on days with any drinking (one or more drinks consumed) compared with days with no alcohol consumption. In addition, the odds of nonsexual victimization were seven times higher on days with heavy drinking and almost three times higher on days with any drinking compared with days with no alcohol consumption. Overall, the findings indicate that when women drink, their risk of sexual victimization increases.

Parks, Kathleen A., Ann M. Romosz, Clara M. Bradizza, and Ya-Ping Hsieh, "A Dangerous Transition: Women's Drinking and Related Victimization from High School to the First Year at College," *Journal of Studies on Alcohol and Drugs*, Vol. 69, No. 1, January 2008, pp. 65–74.

In order to examine how changes in alcohol consumption are related to victimization risk, the research team surveyed 886 college women at the start of their freshman year and one year later about their drinking status and sexual victimization experience. Overall, the odds of sexual victimization during the freshman year increased when there was a prior history of victimization; evidence of psychological symptoms related to somatization, depression, or anxiety; or a higher number of sexual partners. In addition, drink-

ers were more likely to report physical and sexual victimization than were women who abstained from alcohol consumption. Changes in drinking patterns were also related to victimization. Both being a new drinker and increased alcohol consumption upon entering college increased the odds of physical victimization, and continuing to drink upon entering college but increasing or decreasing the weekly amount increased the odds of sexual victimization. The authors suggest these findings have implications for how colleges target freshman women for prevention programs.

Parnis, Deborah, and Janice Du Mont, "Examining the Standardized Application of Rape Kits: An Exploratory Study of Post–Sexual Assault Professional Practices," *Health Care for Women International*, Vol. 23, 2002, pp. 846–853.

This study assessed the degree to which standard guidelines in the collection and processing of medicolegal evidence were adhered to by health care and investigative professionals. The researchers administered three separate surveys to 8 Canadian nurses, 6 physicians, and 51 law enforcement personnel (65 respondents in total) and conducted interviews with two forensic scientists. They found many reported deviations from the standard use and administration of rape kits. The majority of physicians and nurses indicated that they did not always follow the standard criteria of the Sexual Assault Evidence Kit (SAEK). In addition, when asked to specify the conditions under which they would encourage an assaulted woman to complete a SAEK, the responses differed greatly. Moreover, all three types of professionals indicated there were contexts in which they would discourage a sexually assaulted woman from completing a SAEK, such as when the victim was too emotionally distraught, if the victim recently had consensual intercourse with the assault perpetrator, or if it was a spousal assault. The interviews with forensic scientists provided additional support for the premise that sexual assault evidence collection and investigation may not be an objective, scientific process. The authors conclude by cautioning legal professionals to be mindful of discretionary practices that affect the nature and quality of medicolegal evidence. The researchers also suggest that the variation in type of sexual assaults and the health care needs of assault victims may require different types of SAEKs.

Parnis, Deborah, and Janice Du Mont, "Symbolic Power and the Institutional Response to Rape: Uncovering the Cultural Dynamics of a Forensic Technology," *Canadian Review of Sociology and Anthropology/Revue Canadienne de Sociologie et d'Anthropologie*, Vol. 43, No. 1, February 2006, pp. 73–93.

This study addressed how different values and interpretations can shape the standard practices used to collect and process medical forensic evidence through rape kits. The authors used survey, interview, and focus group data from earlier research to represent the input of Canadian sexual assault professionals, local and provincial police officers, and forensic scientists. These data showed that the nature of rape kit procedures, as well as the agencies employing the results, are subject to varied, narrow, profession-specific values and interpretations. The variety of interpretations can, in turn, lead to multiple interpretations of the meanings of these evidence kits along the evidentiary chain—or in other words, the movement of evidence from the medical to the law enforcement to the judicial

realms. The authors suggest these multiple interpretations can decrease the value of the rape kit evidence in legal cases.

Patterson, Deborah, Rebecca Campbell, and Stephanie M. Townsend, "Sexual Assault Nurse Examiner (SANE) Program Goals and Patient Care Practices," *Journal of Nursing Scholarship*, Vol. 38, No. 2, 2006, pp. 180–186.

This study examined the range of goals and philosophies present among SANE programs and considered whether program goals influenced patient care practices. The authors developed a random sample of 144 SANE programs in the United States and ultimately conducted interviews with the most experienced SANE nurse of 110 of those programs. During their interviews, the nurses were asked to rate the importance of six different SANE program goals (e.g., provision of high-quality medical care, prosecution of rape cases) to indicate how consistently different services were provided to patients and to provide details about the program's history, structure, functions, and operations. Findings indicate there were three main types of SANE programs: high-prosecution programs, which focused on case prosecution as a primary goal; community change programs, which focused on patient emotional needs and feminist values; and low-prosecution programs, which placed the least importance on prosecution and average emphasis on other goals. High-prosecution SANE programs were more likely to be hospital-based and less likely to provide comprehensive health care services, such as education about STDs and emergency contraceptives. The authors note that these goal-related program differences in the provision of health care services have important implications for patient well-being over the long term.

Payne, Brian K., "Victim Advocates' Perceptions of the Role of Health Care Workers in Sexual Assault Cases," *Criminal Justice Policy Review*, Vol. 18, No. 1, March 2007, pp. 81–94.

This article identifies barriers to effective collaboration between victim advocates and various groups of formal support providers: law enforcement, criminal justice, health care, mental health, victim or witness programs, and social services. Findings are based on surveys completed by 44 Virginia-area sexual assault crisis center workers. Overall, survey respondents cited fewer problems working with health care professionals than with law enforcement and criminal justice professionals. The four barriers that victim advocates felt impeded their interactions with health care providers were geographic isolation, overstepping of functional boundaries, subcultural problems across the two groups, and communication. The victim advocates also identified four types of challenges they encountered when working with mental health professionals: role ambiguity, inappropriate referrals, funding-related concerns, and a lack of understanding for the dynamics of sexual assault. Given these perceived barriers to interacting effectively with health care workers and mental health professionals, the author closes the article with a discussion of strategies to reduce these obstacles, such as sexual assault response teams and improved funding.

Pazzani, Lynn M., "The Factors Affecting Sexual Assaults Committed by Strangers and Acquaintances," *Violence Against Women*, Vol. 13, No. 7, July 2007, pp. 717–749.

This study examined whether the causes of stranger rape and acquaintance rape differ. The author used data previously collected by the Violence and Threats of Violence Against Women and Men in the United States, 1994–1996, survey and focused on 208 cases of assault against women. The findings suggest that acquaintance rapes were predicted by the victim's prior child abuse and prior sexual assaults, and negatively associated with a culture of gender equality. Stranger rapes were positively associated with a culture of hypermasculinity at the state level, and divorce rate was negatively associated with acquaintance rape at the state level.

Pino, Nathan W., and Robert F. Meier, "Gender Differences in Rape Reporting," *Sex Roles*, Vol. 40, Nos. 11–12, 1999, pp. 979–990.

This study is one of a small number of endeavors that focus on male sexual assault victims. The authors employed data from 890 sexual assault cases reported on the National Crime and Victimization Survey (1979–1987) to compare police reporting behaviors of male and female rape victims. They found that women were more likely than men to report rape to police (54 percent versus 42 percent), although even the women's reporting rates were not very high. Men were more likely than women to be raped during the day, in a public area, by multiple perpetrators, by a stranger/strangers, and when a weapon was present. With respect to reporting behaviors, women were more likely to report rape when the perpetrator was a stranger, when something was stolen, when a weapon was used, when they sustained physical injury, and when they required medical attention than when the opposite condition was present (e.g., the perpetrator was someone the woman knew). Income and education were also positively related to women's police reporting behavior. Fewer factors helped to explain men's reporting behavior, however: For male rape victims, only physical injury and requiring medical attention were associated with a higher probability of reporting the assault to police. These authors suggest a gender asymmetry in both the context of rape and subsequent reporting behaviors that merits further attention.

Pinzone-Glover, Holly A., Christine A. Gidycz, and Cecilia Dine Jacobs, "An Acquaintance Rape Prevention Program: Effects on Attitudes Toward Women, Rape-Related Attitudes, and Perceptions of Rape Scenarios," *Psychology of Women Quarterly*, Vol. 22, No. 4, December 1998, pp. 605–621.

This study evaluated an acquaintance rape prevention program. A male-female team of graduate students presented a rape prevention program to mixed-gender groups of undergraduate psychology students from two different moderately sized Midwestern universities. The control group received a presentation on STDs. Both groups (N=152) completed a pretest, viewed an hour-long presentation one week later and completed a brief session evaluation, and then completed a posttest one week after the presentation. The researchers presented the pre- and posttesting sessions as a single study and the rape prevention session as a separate study, with separate titles and consent procedures, in order to disguise

the purpose of the study. The researchers found that participants in the rape prevention program became significantly more empathetic with the rape victim, compared with the control group. During the two weeks of the test period, the men changed more in their attitudes toward women than did the women. However, this is largely because women began with more liberal attitudes toward women and had less room for adjustment. Likewise, male participants were more likely to define situations as rape after the program than before. There was less change among women, who were more accurate than were men in their assessments of rape situations during the pretest. The authors indicate the need to replicate the study to retest the same program, to conduct a follow-up with greater elapsed time, and to determine whether attitudes translate to behavior.

Plichta, Stacey B., Paul T. Clements, and Clare Houseman, "Why SANEs Matter: Models of Care for Sexual Violence Victims in the Emergency Department," *Journal of Forensic Nursing*, Vol. 3, No. 1, Spring 2007, pp. 15–23.

This study characterized sexual violence–related health care services provided at emergency departments in Virginia and assessed the relationship between different models of care and quality of care. The analysis was based on previously collected survey data from 62 of the 82 emergency departments in the state, coupled with additional general hospital data obtained from the American Hospital Association. The emergency departments were surveyed on their policies for treating adolescent and adult sexual violence victims, including access to Sexual Assault Nurse Examiners (SANEs) and sexual assault measures that pertained to particular hospital structure and process characteristics. Department personnel also responded to questions regarding the organization's adherence to SANE exam guidelines, other structural components for treating sexual violence victims, and more general questions about the hospital, including its bed size and ownership. Based on their responses, the departments were classified into five models of care categories: (1) no SANE services (27 percent); (2) transfer of the victim to another facility (15 percent); (3) partial in-house coverage, which consisted of only one SANE on staff and/or only part-time SANE coverage (16 percent); (4) on-call SANEs brought in from off-site (7 percent); and (5) full in-house coverage, which consisted of two or more SANEs on staff and constant SANE coverage (36 percent). Due to the small number of emergency departments relying on on-call SANEs (Model 4), Models 4 and 5 were combined for subsequent statistical analysis. This analysis showed that the emergency department model of care was significantly related to the quality of care provided for sexual violence victims: Facilities with on-call SANE support or full in-house SANE coverage provided a higher quality of care for victims than facilities organized along the other three models of care.

Polaschek, Devon L. L., and Tony Ward, "The Implicit Theories of Potential Rapists: What Our Questionnaires Tell Us," *Aggression and Violent Behavior*, Vol. 7, No. 4, 2002, pp. 385–406.

In this article, the authors review research pertaining to the cognitions of rapists and rape-prone men and discuss how psychological research on implicit theories may aid future research on this topic by providing a theoretical foundation. Also, because rape is not related only to sex, the authors suggest that rape propensity scales typically used in

this field be expanded to include other theories that pertain to other behaviors related to rape. The authors contend that the level of disparity in this research area stems from a lack of theoretical underpinnings and that implicit theories provide both a way to organize the cognitions of rapists and rape-prone men and a mechanism to link cognitions to goals and behaviors. Another perceived benefit of applying implicit theory to rape-related cognitions is that this approach may help in the therapeutic treatment of perpetrators and would-be perpetrators.

Post, Lori A., Nancy J. Mezey, Christopher Maxwell, and Wilma Novalés Wibert, "The Rape Tax: Tangible and Intangible Costs of Sexual Violence," *Journal of Interpersonal Violence*, Vol. 17, No. 7, 2002, pp. 773–782.

This article challenges a 2000 Supreme Court ruling in which rape was labeled a "non-economic violent crime." Specifically, the authors used data from the Violence Against Michigan Women Survey, FBI Supplementary Homicide Files, and economic resources to estimate the financial costs of sexual violence in Michigan in 1996. Their results indicate that the cost of a single rape or sexual assault was over $94,000 in 1996, and that the total cost of rape, sexual assault, and sex offense homicides was approximately $6.7 billion, including almost $400 million in tangible losses (e.g., medical care, mental health care, productivity losses) and over $6 billion in intangible losses (e.g., lost quality of life). Put another way, rape and other instances of sexual violence cost $700 per Michigan resident. The authors contend that these figures, likely an underestimation of actual costs, suggest that sexual violence has a high economic cost to society and merits greater attention as both a public health concern and a matter for the criminal justice system.

Potter, Roberto Hugh, Jeanne E. Krider, and Pamela M. McMahon, "Examining Elements of Campus Sexual Violence Policies: Is Deterrence or Health Promotion Favored?" *Violence Against Women*, Vol. 6, No. 12, December 2000, pp. 1345–1362.

The federal Crime Awareness and Campus Security Act of 1990 (P.L. 101-542) requires all postsecondary educational institutions receiving Federal Title IV funding to develop and promulgate a sexual assault prevention and response policy. However, the law does not specify the nature of these programs. This research focused on whether organizations have responded to the law and whether their approaches follow a public health approach (promoting positive behaviors), or attempt to take more a deterrent approach (such as by emphasizing negative sanctions). The original study sample included 100 postsecondary institutions selected randomly (40 two-year colleges and 60 four-year colleges), of which 78 (39 of each type) were able to answer the research questions. Roughly 80 percent of each type of organization had developed sexual violence policies, and the results did not differ for public or private schools, although religious-affiliated schools were slightly less likely to have developed such policies. The most common policies were oriented toward the sanctions for sexual assault. The second most common policies were related to risk reduction, opportunity reduction, or target hardening programs. Four schools employed a male responsibility model, one school reported a victim empathy-based program, and only one school combined both of those approaches.

Randall, Melanie, and Lori Haskell, "Sexual Violence in Women's Lives: Findings from the Women's Safety Project, a Community-Based Survey," *Violence Against Women*, Vol. 1, No. 1, March 1995, pp. 6–31.

This study assessed the prevalence and effects of sexual abuse and violence. The survey sample included 420 urban women randomly selected from the Toronto, Canada, community. From extensive face-to-face interviews, the researchers found that 51 percent of the women reported an attempted or completed rape, and almost that many (42 percent) reported some type of childhood sexual abuse. Those abused during childhood were more likely to experience victimization as an adult. Further, when childhood sexual assault and adult sexual assault incidents were combined, the researchers found that 56 percent of their sample experienced rape or attempted rape at some time. With regard to the victim-perpetrator relationship, 30 percent of adult sexual assault cases were perpetrated by husbands, intimate partners, or boyfriends, and 28 percent were perpetrated by dates or acquaintances. Twenty-five percent of rape and attempted rape cases were perpetrated by husbands and 12 percent by strangers. The researchers suggest that the more intimate the relationship, the greater the likelihood that the rape will be completed.

Rentoul, Lynette, and N. Appleboom, "Understanding the Psychological Impact of Rape and Serious Sexual Assault of Men: A Literature Review," *Journal of Psychiatric and Mental Health Nursing*, Vol. 4, No. 4, August 1997, pp. 267–274.

This article reviews the empirical literature focusing on male sexual assault victims in the United Kingdom. The authors provide historical background regarding the clinical and legal definitions of male rape and discuss the implications these definitions have for male sexual assault victims. The authors also summarize British research regarding the extent of male sexual abuse and rape, British societal views of male rape and sexual assault, and the impact of rape and sexual assault on male victims. They compare the impact of sexual assault on men and women, both the immediate aftermath and the long-term effects, and contend that the extent to which research on female rape victims applies to male victims is unclear. For example, male victims' sexual assault coping strategies are different from those observed among female victims. Immediately after the event, the majority of female victims respond with expressive emotions, including crying and restlessness, while the majority of male victims exhibit a calm and composed appearance. Moreover, male victims are less likely than female victims to report an assault, and when they do report the incident, additional psychological effects related to the victim's masculine identity may be experienced. The authors provide an overview of treatment for male victims of rape and sexual assault, including findings regarding successful counseling for male sexual assault victims. The authors note the lack of empirical evidence for male sexual assault victims, particularly data regarding incidence of male rape and sexual assault, and state that lack of understanding in the health care and law enforcement community may perpetuate the stigmatization of male sexual assault victims.

Resnick, Heidi S., Ron Acierno, Ananda B. Amstadter, Shannon Self-Brown, and Dean G. Kilpatrick, "An Acute Post-Sexual Assault Intervention to Prevent Drug Abuse: Updated Findings," *Addictive Behaviors*, Vol. 32, No. 10, 2007, pp. 2032–2045.

This study evaluated a two-part video intervention for sexual assault victims undergoing rape exams. The video was intended to reduce distress during the exam and prevent subsequent substance abuse. The authors assigned 268 female sexual assault victims undergoing rape exams to different treatment conditions (viewed video, did not view video); the participants then completed at least one of the structured interviews conducted at three time periods over six months post-intervention. The video did not affect alcohol or hard drug abuse, but it did reduce marijuana use among those using marijuana before the assault. The authors conclude that, although the effects of the video intervention were relatively small, its brevity, low cost, and easy transferability to exam settings nationally suggest that it is worthy of additional study.

Resnick, Heidi, Ron Acierno, Melisa Holmes, Matt Dammeyer, and Dean Kilpatrick, "Emergency Evaluation and Intervention with Female Victims of Rape and Other Violence," *Journal of Clinical Psychology*, Vol. 56, No. 10, October 2000, pp. 1317–1333.

The authors reviewed the literature on studies of the prevalence of interpersonal violence, with a focus on findings regarding sexual and physical assault that may be of particular use to health care professionals. In this article, they provide an overview of the prevalence of various types of assault among men and women in the United States. They describe both acute and long-term physical and psychological effects of assault, including explanations of typical mental health co-morbidities following physical and sexual assault. They also outline assault screening issues in emergency departments and other medical facilities, provide an overview of screening prevalence at medical facilities, and suggest reasons why many facilities do not routinely screen for assault. The authors recommend particular screening protocols and discuss the pros and cons of mandatory reporting policies for clinicians. They also outline specialized programs intended to meet the forensic exam and medical needs of sexual assault victims and note the need for research on how these programs influence legal outcomes but also mental health ones. The authors conclude by underscoring the importance of both proper training to screen for physical or sexual assault and awareness of issues like mandatory reporting.

Resnick, Heidi, Ron Acierno, Melisa Holmes, Dean G. Kilpatrick, and Nancy Jager, "Prevention of Post-Rape Psychopathology Preliminary Findings of a Controlled Acute Rape Treatment Study," *Journal of Anxiety Disorders*, Vol. 13, No. 4, 1999, pp. 359–370.

The goal of this study was to determine whether an acute video intervention can mitigate the typically high level of acute psychological distress experienced during post-rape forensic evidence collection procedures. Participants in this study included 48 women who were victims of forced vaginal, oral, or anal penetration within the previous 72 hours. All the women had reported the assault to the police and had consented to a forensic

post-rape medical exam at a medical center. They were assigned to one of two different treatment conditions: 33 women were in the nonvideo group and only received standard treatment (a meeting with a rape crisis counselor), and 15 received the standard treatment along with the video-based treatment (although only 13 agreed to watch it). Both groups completed a SUDS (Subjective Unit of Distress) measure, a Beck Anxiety Inventory (BAI) and a Post-Traumatic Symptom Scale—Self-Report version (PSS-SR), and a medical information inventory at different intervals before and after their medical exam. Preliminary data indicated that the video intervention reduced distress during forensic exams, which is notable because such distress is related to later posttraumatic stress disorder.

Resnick, Heidi, Ron Acierno, Dean G. Kilpatrick, and Melisa Holmes, "Description of an Early Intervention to Prevent Substance Abuse and Psychopathology in Recent Rape Victims," *Behavior Modification*, Vol. 29, No. 1, January 2005, pp. 156–188.

This article presents a brief review of acute psychological interventions for rape victims and describes an ongoing clinical trial of a video intervention for rape victims undergoing forensic rape exams. In the clinical trial, 205 female rape victims age 15 and older who consented to a forensic rape exam at a medical center were assigned to one of two treatment conditions (video plus standard treatment or standard treatment only) and asked to fill out surveys before their exam, immediately after, and again six weeks later. Only 60 percent (123 women) completed the six-week follow-up survey. Between the first survey and the rape exam, the group of women in the video treatment condition watched a video about preventing post-rape distress. Overall, post-exam subjective distress levels did not differ by treatment condition, but post-exam anxiety levels were lower for women in the video treatment condition. Women assigned to the video treatment condition also reported lower marijuana abuse six weeks later. For women with a prior history of rape, viewing the video was also associated with a lower rate of posttraumatic stress disorder classification at the six-week follow-up. The authors suggest these preliminary findings are evidence of the efficacy of an intervention delivered at the acute post-rape medical exam time point.

Resnick, Heidi S., Melisa M. Holmes, Dean G. Kilpatrick, Gretchen Clum, Ron Acierno, Connie L. Best, and Benjamin E. Saunders, "Predictors of Post-Rape Medical Care in a National Sample of Women," *American Journal of Preventive Medicine*, Vol. 19, No. 4, 2000, pp. 214–219.

The authors analyzed cross-sectional data obtained from a larger two-year longitudinal study, the National Women's Study (NWS), in order to assess whether and when rape victims received post-rape medical care and to identify factors associated with the receipt of such care. Their sample included the 3,006 women who completed the NWS's final assessment, a telephone interview that included questions about the subject's demographics, history of rape, rape incident characteristics, rape-related concerns, reporting of assault incidents to law enforcement or other authorities, and receipt of post-medical care. Seven percent of the women interviewed had experienced rape as an adult, and 26 percent of them received rape-related medical care following that event. Sixty-six percent of

those who received care did so within 48 hours of the incident. The strongest predictors of receiving timely medical care were presenting to law enforcement or other authorities and fearing an STD. Non-white women, those who sustained physical injury during the assault, and those who feared being publicly named as a rape victim were also more likely to receive medical treatment, whereas women who used drugs or alcohol and those raped by their partner were less likely to receive medical treatment.

Roberto, Karen A., and Pamela B. Teaster, "Sexual Abuse of Vulnerable Young and Old Women: A Comparative Analysis of Circumstances and Outcomes," *Violence Against Women*, Vol. 11, No. 4, April 2005, pp. 473–504.

This study examined the context and outcomes for sexual abuse cases in the Adult Protective Services system. The authors describe the study as one of the first systematic examinations of sexual abuse cases handled within Adult Protective Services. They reviewed 125 cases of sexual abuse from five years of administrative data to analyze the type and nature of abuse that women experienced. The most common types of abuse were sexualized kissing and fondling (68 percent) and unwelcome sexual interest (44 percent). Rape was reported in 17 percent of cases and was more frequently reported by women age 18 to 39 than women in other age categories. Sixty-three percent of victims were age 60 or older, and the majority of perpetrators were men age 60 or older (74 percent). With regard to victim-perpetrator relationships, for victims living in the community, the majority of sexual abuse was perpetrated by a family member, while for women living under facility care, the perpetrator was most often another resident. In only 8 percent of the cases for which prosecution data were available (6 of 79 cases) was the perpetrator convicted for sexual abuse. Adult Protective Services workers indicated that 12 percent of women were at risk of additional abuse by the perpetrator.

Rosen, Leora N., "Rape Rates and Military Personnel in the United States: An Exploratory Study," *Violence Against Women*, Vol. 13, No. 9, September 2007, pp. 945–960.

This study assessed whether there was a relationship between the rate of rapes in a state and the levels of military personnel in that state. The research was intended to address the lack of research regarding the impact of the military on crimes in local neighborhoods; in this case, rape. The author hypothesized that rape rates would be higher in communities associated with the Army and the Marine Corps because of those services' direct association with armed conflict, and the well-known association between rape and armed conflict. The author found no correlations between rape rates and the local presence of Army, Navy, or Marine Corps personnel, but she did find a correlation between the rape rate and the local presence of Air Force personnel. However, the author posits that the findings may be due to coincidental demographic factors, such as the strong correlation between the proportion of Air Force personnel and the proportion of Native Americans in a community.

Rosenthal, Eric H., Martin Heesacker, and Greg J. Neimeyer, "Changing the Rape-Supportive Attitudes of Traditional and Nontraditional Male and Female College Students," *Journal of Counseling Psychology*, Vol. 42, No. 2, 1995, pp. 171–177.

This study assessed an intervention program that had been determined effective for participants with nontraditional sex role attitudes; the current study assessed the program effectiveness for more traditional participants. The 245 participants completed a pretest assessment. Eight weeks later, they participated in the intervention, a one-hour presentation aimed at reducing rape-supportive attitudes. The presentation was given to groups of 25 participants, who immediately thereafter completed a posttest assessment. Control participants were given the same pretest and posttest, but did not receive the intervention. One month later, participants were contacted by telephone by an experimenter that assessed participants' positive attitudes toward, and willingness to participate in, women's safety programs. Participants showed differences from the control group across ten measures of rape-relevant attitudes and beliefs, and there were not differences by traditionality or by gender.

Rothman, Emily, and Jay Silverman, "The Effect of a College Sexual Assault Prevention Program on First-Year Students' Victimization Rates," *Journal of American College Health*, Vol. 55, No. 5, March–April 2007, pp. 283–290.

This study analyzed the effect of a sexual assault prevention program on the incidence of sexual assault during the first year of college. The experimental group consisted of 1,244 first-year students at a liberal arts college. The control group consisted of 744 students from the prior-year group, before the school had instituted the mandatory program for first-year students. In September 2003, the entering class received a 90-minute presentation and discussion called "Sex Signals." In October 2003, the same students also participated in mandatory 90-minute workshops conducted in small groups. Volunteers from the students were subsequently surveyed at the beginning of their second year. The control group consisted of volunteers from the prior class, surveyed in September 2003, as they began their second year. The control group had a 1.74 times higher chance of experiencing sexual assault during the first year of college. Specifically, among students who completed the program, the researchers found a reduced likelihood of experiencing sexual assault among men, women, heterosexuals, and those who had not previously experienced sexual assault.

Rozee, Patricia D., and Mary P. Koss, "Rape: A Century of Resistance," *Psychology of Women Quarterly*, Vol. 25, No. 4, December 2001, pp. 295–311.

This article provides a feminist perspective on rape and rape research. The authors cite consistent prevalence rates of 15 percent and assert that rape is a gendered crime; almost all incidents are against women and the perpetrators are almost always male. Thus, they maintain that rape is a crime against an oppressed majority, and that power is at the root of these gender relations. The feminist perspective contributes a foundation that considers prevention and avoidance based in social and cognitive theory, that relies on women's beliefs, and that neither requires women to change their behavior nor blames women. The

authors exhort the need for additional rape prevention programs that partner community practitioners with researchers.

Rubenzahl, Samuel A., and Kevin J. Corcoran, "The Prevalence and Characteristics of Male Perpetrators of Acquaintance Rape: New Research Methodology Reveals New Findings," *Violence Against Women*, Vol. 4, No. 6, December 1998, pp. 713–725.

The study explored the discrepancy between reporting rates for acquaintance rape victims and those for acquaintance rape perpetrators. Specifically, they applied a new methodology intended to identify perpetrators of acquaintance rape more accurately. In the study, 104 male college students participated in an experimental manipulation that involved consuming a beverage (either beer or nonalcoholic beer, depending on the experimental condition), reading a sexually explicit story, and completing a series of questionnaires. Within the context of this experiment, 10 percent of men reported committing acquaintance rape based on stringent definition, and 24 percent reported committing acquaintance rape based on a broad definition. The authors note that these rates more closely match the victimization rates documented in previous research, and they conclude by discussing reasons why the experiment may have encouraged more truthful responses.

Ruch, Libby O., Barry J. Coyne, and Paul A. Perrone, *Reporting Sexual Assault to the Police in Hawaii*, Washington, D.C.: U.S. Department of Justice, 2000.

The authors used data from 709 female sexual assault victims in Hawaii to identify victim and assault characteristics that helped predict reporting the assault to police. Their statistical analysis revealed seven factors associated with a higher likelihood of reporting: the assailant threatened to harm or kill the victim; the victim attempted to escape the assailant; the victim yelled or screamed for help; the victim tried to trick or fool the assailant; the victim sustained no additional physical injury; the victim was not Asian; and the victim did not have high levels of self-blame for the assault. A larger group of factors, including victim-assailant relationship and such assault characteristics as use of a weapon, were not significantly related to reporting propensity. The authors conclude the report with a discussion of public education and outreach strategies suggested by these results.

Rumney, Philip N. S., "Policing Male Rape and Sexual Assault," *Journal of Criminal Law*, Vol. 72, No. 1, 2008, pp. 67–86.

In this article, the author combines data from five interviews with male sexual assault victims with findings from previous research in an effort to integrate what is known about how the criminal justice system treats male sexual assault victims. Overall, research findings indicate that male sexual assault victims report their assault to police at rates lower than those for female victims. Reasons for nondisclosure include not knowing the assault was a crime, concerns that sexuality may become an issue, feeling ashamed, and concern about how the disclosure would affect one's family. Among those who did report the assault, there is a great deal of variation in individual experiences with police; in some instances, police were responsive and helpful, while in others they were described as disinterested, unwilling to take the allegation seriously, and even homophobic. Secondary

victimization was a reoccurring theme across studies, although it sometimes differed from that experienced by female victims (e.g., more questions regarding sexual orientation). Finally, the author found that current evidence regarding a potential disparity in how the criminal justice system handles male and female rape complaints was inconclusive.

Sable, Marjorie R., Fran Danis, Denise L. Mauzy, and Sarah K. Gallagher, "Barriers to Reporting Sexual Assault for Women and Men: Perspectives of College Students," *Journal of American College Health*, Vol. 55, No. 3, 2006, pp. 157–162.

This article features the results of a survey pertaining to barriers to reporting sexual assault. Using Likert scales, 215 college undergraduates rated the level of importance of 13 barriers to reporting for women and 14 barriers to reporting for men. The most highly rated reporting barriers for both male and female victims were "shame, guilt, and embarrassment," "confidentiality concerns," and "fear of not being believed." While these barriers were the top barriers for both genders, they were rated significantly higher for male victims than female victims. Barriers regarded as significantly more important for female victims were related to fear of retaliation, perpetrator-related impediments to seeking help, a desire to protect the perpetrator from prosecution, insufficient resources to seek help, and cultural or language barriers to help-seeking. A comparison of gender differences in responses revealed that the women rated "insufficient resources to seek help" as a barrier for female rape victims more highly than did the men, and male respondents rated feelings of "shame, guilt, and embarrassment" as a barrier for male rape victims more highly than did female respondents. These results suggest that male and female sexual assault victims may have different reasons for not reporting a sexual assault, and that these differences can inform the development of publication education programs.

Sadler, Anne G., Brenda M. Booth, Brian L. Cook, and Bradley N. Doebbeling, "Factors Associated with Women's Risk of Rape in the Military Environment," *American Journal of Industrial Medicine*, Vol. 43, No. 3, July 2003, pp. 262–273.

The authors surveyed 558 female veterans to identify the military environmental factors associated with rape during military service. Twenty-eight percent of study participants reported rape, a consistent finding across different periods of military service. Factors related to an increased likelihood of rape included sexual harassment allowed by officers, observing heterosexual sexual activities in sleeping quarters, on-duty physical intimidation, and the existence of unwanted sexual advances on-duty and in sleeping quarters. Other factors associated with a higher likelihood of rape were young entry into military service or a history of rape prior to entering the military. Over half of all perpetrators were reported to have used alcohol and/or drug use during time of assault. The authors conclude that officer leadership plays an important role in creating an environment that discourages rape.

Sadler, Anne G., Brenda M. Booth, Deanna Nielson, and Bradley N. Doebbeling, "Health-Related Consequences of Physical and Sexual Violence: Women in the Military," *Obstetrics & Gynecology*, Vol. 96, No. 3, September 2000, pp. 473–480.

This study examined the health-related consequences of rape or physical assault while in the military. Five hundred thirty-seven female veterans completed a telephone survey that included items related to socioeconomic status, lifetime violence history, military experiences, and health-related outcomes. Thirty percent of respondents reported experiencing rape while in the military, and 16 percent reported both rape and physical assault. Compared with women who were not raped, women who were raped were less likely to have completed college and were more likely to report an annual income of less than $25,000, chronic health problems, and use of prescription medication for emotional problems. The authors note these lower measures of quality of life, present even ten years after an assault, are an important public health concern.

Sampson, Rana, *Acquaintance Rape of College Students*, Washington, D.C.: U.S. Department of Justice, Office of Community Oriented Policing Services, Problem-Oriented Guides for Police Series No. 17, 2002.

In this practitioner-oriented report, college-based acquaintance rape research is summarized to aid police in prevention efforts and in their overall response to such instances. An overview of research findings is presented related to the following topics: victim underreporting, types of acquaintance rape, risk factors associated with acquaintance rape, victim injuries (both physical and psychological), repeat victimization, repeat offense, societal attitudes about acquaintance rape, the role of alcohol, and the role of membership in fraternities and athletic teams. The author closes the report by suggesting ways to increase the effectiveness of law enforcement response strategies and prevention programs.

Sarkar, N. N., and Rina Sarkar, "Sexual Assault on Woman: Its Impact on Her Life and Living in Society," *Sexual and Relationship Therapy*, Vol. 20, No. 4, November 2005, pp. 407–419.

This article is a literature review of the consequences of sexual assault for women. The authors describe the high incidence of sexual assault and note victim and assault characteristics. After an assault, victims often report decreased physical and mental health–related quality of life, and they sometimes report sexually transmitted infections or post-traumatic difficulties, such as mental problems, sleep disorders, sexual problems, and suicidal ideation. Victims are at risk of revictimization, and recovery patterns are often affected by the care and emotional support received, positive life changes following the assault, religious faith, and social support. The authors suggest that changes in the social perception of women are necessary to reduce the prevalence of sexual assault.

Scarce, Michael, "Same-Sex Rape of Male College Students," *Journal of American College Health*, Vol. 45, No. 4, January 1997, pp. 171–173.

Most research of sexual assault addresses cases with female victims; this article addresses the issue of male victims of male rapists. The author asserts that, although the majority of

male perpetrators of such crimes are not homosexual, same-sex rape incidents result in the stigma and shame associated with homosexuality. Accordingly, male victims are generally less likely to report the incidents or to seek treatment. The author suggests six areas that campus personnel should consider for improvements to address these cases: resources and referrals for male victims; training for campus health clinic and emergency room staff; determination of the legal implications of same-sex rape; confirmation that campus policies apply to same-sex incidents; prevention and education efforts; and culturally competent, population-specific programs.

Schewe, Paul A., and William O'Donohue, "Rape Prevention with High-Risk Males: Short-Term Outcome of Two Interventions," *Archives of Sexual Behavior*, Vol. 25, No. 5, October 1996, pp. 455–471.

The researchers assessed the effect of two different short video rape prevention projects, each of which was followed by a brief behavioral exercise. This study was unique because it targeted high-risk males; undergraduate male participants were screened based on their score on the Attraction to Sexual Aggression scale, and only those who indicated at least a moderate interest in committing acts of sexual aggression were included. The authors randomly assigned 74 high-risk males to one of two interventions or to the control group. One of the video presentations was designed to decrease the proclivity to rape by increasing the awareness of negative consequences, both for the perpetrator and for the victim. The other video was designed to reduce the cognitive distortions that might justify rape, such as the idea that a woman might "deserve" to be raped. The rape-supportive cognitions video program had a greater effect than the other video, but both produced greater effects than those seen in the control group. The authors assert this is the first study to show clear short-term improvement in high-risk males.

Schuller, Regina A., and Anna Stewart, "Police Responses to Sexual Assault Complaints: The Role of Perpetrator/Complainant Intoxication," *Law and Human Behavior*, Vol. 24, No. 5, 2000, pp. 535–551.

This study explored the effect of victim and perpetrator alcohol consumption on police officers' evaluations of an alleged sexual assault and their reported likelihood of charging the perpetrator. The researchers presented 212 police officers with a vignette depicting an acquaintance rape in which the beverage consumption of both the victim and perpetrator was systematically varied (beer, cola). Results indicated that the officers' perceptions of the complainant's intoxication level, as well as the gender of the officer, influenced officers' evaluations of the alleged sexual assault. The more intoxicated the complainant was perceived to be, the more negatively she was viewed. Female police officers evaluated the victim more favorably than male officers. The only factors related to the officers' likelihood of charging the perpetrator, however, involved their assessment of the complainant's credibility and their perception of the likelihood that the perpetrator would be found guilty in a court of law.

Schuller, Regina A., and Anne-Marie Wall, "The Effects of Defendant and Complainant Intoxication on Mock Jurors' Judgments of Sexual Assault," *Psychology of Women Quarterly*, Vol. 22, No. 4, 1998, pp. 555–573.

This study examined 152 mock jurors' opinions in sexual assault trials—specifically, how their decisions were impacted by participant gender, personal rape beliefs, and the alcohol intoxication of the defendant and/or the victim. Participants read a sexual assault case summary in which the beverage consumed on the part of the defendant or victim prior to sexual intercourse varied between alcoholic and nonalcoholic (i.e., four trial conditions) and then completed a survey. Analysis of the survey responses revealed that when the defendant consumed alcohol rather than soda, participants were more likely to regard the case as an assault, see the defendant as less believable, and find him guilty. Conversely, when the victim had been consuming alcohol instead of soda, participants found her to be less believable and were more likely to view the defendant as not guilty.

Schultz, Jessica R., Kathryn M. Bell, Amy E. Naugle, and Melissa A. Polusny, "Child Sexual Abuse and Adulthood Sexual Assault Among Military Veteran and Civilian Women," *Military Medicine*, Vol. 171, No. 8, August 2006, pp. 723–728.

The authors compared a sample of 142 female veterans with a control group of 81 civilian women to examine childhood sexual abuse, adult sexual victimization, and adult sexual assault. Female veterans reported much greater levels of sexual assault than civilian women. Rates of childhood sexual abuse and adult sexual victimization were similar for both groups, but female veterans reported longer durations of childhood abuse and significantly greater levels of severity for adult victimization than did civilian women. Veterans were also more likely to have been abused by a father figure. The authors conclude by discussing the implications for the military mental health system.

Schwartz, Martin D., and Walter S. DeKeseredy, *Sexual Assault on the College Campus: The Role of Male Peer Support*, Thousand Oaks, Calif.: Sage Publications, 1997.

This book states two purposes. The first is to discuss, both theoretically and empirically, sexual assault on the North American college campus. Accordingly, the authors discuss prevalence data and consider why victims may not be taken seriously. The second purpose of the book is to discuss the theory and incidence of male peer support of sexual assault. This includes an overview of broader societal factors, such as gratification and social support of behaviors, as well as a discussion of more specific factors, such as alcohol and the role of groups (e.g., fraternities, sports teams). The authors assert that all men should participate in reducing female victimization and that approaches include individual strategies, individual sports strategies, collective strategies, and strategies with fraternities. The book also addresses the absence of deterrence and implications for prevention and policy.

Schwartz, Martin D., Walter S. DeKeseredy, David Tait, and Shahid Alvi, "Male Peer Support and a Feminist Routing Activities Theory: Understanding Sexual Assault on the College Campus," *Justice Quarterly*, Vol. 18, No. 3, September 2001, pp. 623–649.

This study used survey data from 3,142 students at Canadian colleges to provide empirical support for routine activities theory. The authors tested hypotheses related to alcohol consumption overall and in the presence of dating partners; the use of recreational drugs overall and in the presence of dating partners; and the influence of male peers who encourage sexual assault. Forty-six percent of women reported some type of sexual victimization, and 20 percent of men reported having committed sexual victimization. Male respondents who admitted to committing sexual abuse were more likely to drink or to use drugs than those who did not. In addition, 83 percent of female respondents who reported frequent drug use indicated they had been sexually abused, compared with 41 percent of women who stated they did not use drugs. Thirty-six percent of female heavy drinkers reported being rape victims, compared with 12 percent of abstainers and 16 percent of light drinkers. The results also suggest that sexually abusive males' peers promote assault of female dating partners; for the male respondents, being encouraged to commit sexual abuse was the strongest factor predictive of self-reported sexually abusive behavior. The authors conclude that, given these results, college sexual assault prevention efforts that focus only on self-defense and awareness for women are insufficient.

Schwartz, Martin D., and Molly S. Leggett, "Bad Dates or Emotional Trauma? The Aftermath of Campus Sexual Assault," *Violence Against Women*, Vol. 5, No. 3, March 1999, pp. 251–271.

This study used survey data from 388 female college seniors to compare perspectives of women raped while too intoxicated to resist with those of women raped by force. Seventeen percent of respondents described experiences that met legal definitions of rape. Seventy-nine percent of women raped while intoxicated and 50 percent of women raped by force or threat of force blamed themselves at least somewhat. Further, 26 percent of all the rape victims blamed themselves completely. Most of the women whose experiences met legal definitions of rape did not label their experiences as rape. The results suggest that rape may be underreported because victims do not recognize their experiences as rape, and accordingly, the authors recommend that universities and colleges do more to locate "hidden victims" who may be in need of support services.

Schwartz, Martin D., and Carol A. Nogrady, "Fraternity Membership, Rape Myths, and Sexual Aggression on a College Campus," *Violence Against Women*, Vol. 2, No. 2, June 1996, pp. 148–162.

This study tested perceptions that, even when controlling for alcohol consumption and other factors, fraternity members are more likely to accept rape myths and to be sexual victimizers. The authors used surveys completed by 119 male college students, of which 22 percent were fraternity members. Findings indicated no significant differences between fraternity members and other students. However, the data indicated that peer support is important: Students who admitted to victimizing women were considerably more likely to say they had friends who exploited women sexually and who supported those actions.

Scott, Hannah S., and Rebecca Beaman, "Demographic and Situational Factors Affecting Injury, Resistance, Completion, and Charges Brought in Sexual Assault Cases: What Is Best for Arrest?" *Violence and Victims*, Vol. 19, No. 4, August 2004, pp. 479–494.

The authors analyzed data from 108 sexual assault cases involving an adult victim that were reported to a Canadian police department in 1996 to understand how victim, perpetrator, and case characteristics were related to a series of outcomes during and after the assault. They found that victim injury was more likely to be reported the older the victim, the younger the perpetrator, and when the victim knew the perpetrator. The likelihood of physical resistance was higher for younger victims, when the perpetrator was not white, when the victim was awake, and when the victim did not use a compliance strategy. Sexual assault completion was more likely to be reported for younger victims, when the victim was under the influence of drugs or alcohol, when the victim had previously been intimate with the perpetrator, when the victim used a compliance strategy, and when the victim sustained additional injury. Charges were more likely to have been filed when the perpetrator was under the influence of drugs or alcohol or when the victim had a prior intimate relationship with the perpetrator, and less likely to have been filed if the sexual assault had been completed.

Scott, Kathryn D., and Carol S. Aneshensel, "An Examination of the Reliability of Sexual Assault Reports," *Journal of Interpersonal Violence*, Vol. 12, No. 3, June 1997, pp. 361–374.

The authors conducted secondary analyses of data collected for the Los Angeles Epidemiologic Catchment Area study over two points in time one year apart. Specifically, they examined interview results from 3,132 adults to see how reliable sexual assault reports were over time. They found that, while sexual assault prevalence rates were similar at different points in time, there was variation in individual reports. Given an initial report of sexual assault, women, non-Latino whites, and unmarried respondents were more likely to make the same positive report at their follow-up interview than men, Latinos, and married respondents. Among those who changed their reports, 60 percent were retractors. The authors were unable to determine whether any retractors were false positives at the initial response point or false negatives at the follow-up. Men, individuals with less than a high school education, and married respondents were more likely to retract a sexual assault report at follow-up, and women and non-Latino whites were more likely to disclose a previously unmentioned sexual assault at follow-up. With respect to negative reports (i.e., no sexual assault), men, Latinos, and those with less than a high school education were more likely to make another negative report at follow-up than were women, non-Latino white, and individuals with at least a high school education. Overall, consistency in negative reporting was high (95 percent offered a negative report at both points in time), and even the least consistent reporters had consistency rates over 90 percent. The authors suggest that prevalence reports based on cross-sectional data should be considered with caution, and that gender and cultural issues may influence sexual assault disclosure behaviors.

Seifert, Steven A., "Substance Use and Sexual Assault," *Substance Use & Misuse*, Vol. 34, No. 6, 1999, pp. 935–945.

The author reviewed the medical records of 234 sexual assault victims age 12 or older (97 percent female) who underwent a forensic examination, in order to assess the extent of substance use by victims and perpetrators and how that use is associated with characteristics of the assault. Pre-assault substance use (alcohol, drugs, or both) was reported by 51 percent of victims, and in 44 percent of cases victims reported pre-assault substance use by the perpetrator. Only 2 percent of victims believed they had unknowingly been given a substance. Pre-assault victim substance use was significantly associated only with impaired memory for key details of the sexual assault, such as the number of perpetrators or their relationship to the victim.

Senn, Charlene Y., Serge Desmarais, Norine Verberg, and Eileen Wood, "Predicting Coercive Sexual Behavior Across the Lifespan in a Random Sample of Canadian Men," *Journal of Social and Personal Relationships*, Vol. 17, No. 1, February 2000, pp. 95–113.

This study used a community sample of males to test a model predicting sexually coercive behavior. The authors randomly selected 825 men from a Canadian city's enumeration records and mailed a survey, which 195 men completed and returned. The survey included items about sexual aggression toward acquaintances and intimates, respondents' experiences with peer pressure related to sexual behavior, and respondents' childhood sexual abuse experiences. Twenty-seven percent of respondents reported having been sexually coercive on at least one occasion. Experience with childhood physical or sexual abuse, adolescent promiscuity, and restrictive emotionality were all predictors of sexual coercion. The authors suggest that these findings should be used to help tailor rape prevention programs in the community.

Shechory, Mally, and Yael Idisis, "Rape Myths and Social Distance Toward Sex Offenders and Victims Among Therapists and Students," *Sex Roles*, Vol. 54, No. 9, 2006, pp. 651–658.

This study assessed whether attitudes, gender role stereotypes, and rape myths prejudiced therapists' and students' willingness to be socially interactive with sex offenders and sex crime victims. Participants in the study included 125 female social science majors, ranging in age between 21 and 43 years, and 51 female therapists, ranging in age from 22 to 53 years. They completed three types of measurement: A Rape Myth Acceptance Scale, an Attitude Variables Questionnaire, and a Social Distance Scale. The results revealed that both groups' willingness to have continued social contact with victims and offenders declined as relationships became closer and more intimate. The therapists had a higher degree of willingness to social contact than the students. The authors contend these results are important in part because increased contact with offenders can reduce the risk of recidivism.

Sheldon, Jane P., and Sandra L. Parent, "Clergy's Attitudes and Attributions of Blame Toward Female Rape Victims," *Violence Against Women*, Vol. 8, No. 2, February 2002, pp. 233–256.

This study examined clergy's attitudes toward female rape victims. The authors surveyed 112 clergy about attitudes toward rape victims and conservative attitudes more generally. In the survey, respondents were also asked to consider three rape scenarios in which the relationship between the man and woman varied, which provided insights on what clergy felt constituted rape. The authors found that strong fundamentalist religious beliefs were positively correlated with both sexist attitudes and negative attitudes toward rape victims. Analysis of clergy decisions about which scenarios constituted rape and the extent to which the victim was to blame indicated that factors taken into account include the woman's provocative behavior, consent or lack thereof, self-defense efforts, marital role, decisionmaking, and unusual behavior. The authors believe that these findings imply a tendency for clergy to accept rape myths and to blame the victim; the authors recommend that clergy be targeted in sexual assault awareness programs.

Shultz, Shelli K., Avraham Scherman, and Lawrence J. Marshall, "Evaluation of a University-Based Date Rape Prevention Program: Effect on Attitudes and Behavior Related to Rape," *Journal of College Student Development*, Vol. 41, No. 2, 2000, pp. 193–201.

The authors assessed the effectiveness of a date rape prevention program. They divided 60 college students into two experimental groups and one control group. The experimental groups attended an interactive drama program that addressed date rape prevention and was targeted at both male and female students. One experimental group was given both pre- and posttest surveys; the other experimental group completed only the posttest; and the control group completed the posttest without viewing the program. The program was found to reduce the endorsement of rape-supportive attitudes by targeting rape mythology. The program did not result in different behavioral change measures between the experimental groups and the control group. The authors acknowledge the relatively small sample size and the lack of a follow-up measure.

Siegel, Jane A., and Linda M. Williams, "Risk Factors for Sexual Victimization of Women: Results from a Prospective Study," *Violence Against Women*, Vol. 9, No. 8, August 2003, pp. 902–930.

This longitudinal study assessed whether childhood sexual abuse puts women at a higher risk for sexual abuse as adults and whether sexual behavior and alcohol consumption are risk factors for sexual abuse. Using data drawn over the course of 20 years, the authors compared 206 (numbers varied by study wave) predominantly urban, low-income, African-American women who were sexually victimized before age 13 with a control group (205 nonvictimized women) to look at the influence that victimization had on later risk of revictimization. After controlling for other risk factors, the authors found that childhood sexual abuse before age 13 was not a significant factor in adult sexual victimization, but that the combination of childhood and adolescent sexual victimization was

a risk factor for adult victimization. Alcohol abuse and number of sex partners were also related to sexual victimization as an adult.

Sievers, Valerie, Sherri Murphy, and Joseph J. Miller, "Sexual Assault Evidence Collection More Accurate When Completed by Sexual Assault Nurse Examiners: Colorado's Experience," *Journal of Emergency Nursing*, Vol. 29, No. 6, December 2003, pp. 511–514.

In this study, researchers sought to compare the quality of evidence collection performed by Sexual Assault Nurse Examiner (SANE)–trained health care personnel versus that performed by non-SANE-trained health care personnel. The researchers audited 515 evidence kits submitted to the Colorado Bureau of Investigation—279 prepared by SANE physicians and nurses, 236 prepared by non-SANE physicians and nurses. They found that evidence kits produced by SANE-trained health care personnel were more accurate and complete than those produced by non-SANE health staff. For instance, SANE-trained health care personnel were more likely to have a chain of custody completed, properly sealed individual specimen envelopes, labeled those envelopes, and collected the appropriate amounts of physical specimens (e.g., head hair, blood tubes) than health care personnel who were not SANE-trained. The authors conclude that these findings support the view that SANE training can improve forensic evidence collection.

Simpson, Amber, and Charlene Y. Senn, "Sexual Coercion and Sexual Assault: Are the Effects on Hostility Gender Specific?" *Guidance & Counseling*, Vol. 18, No. 3, 2003, pp. 111–117.

This study examined whether the relationship between different types of sexual victimization and hostile behavior toward the opposite sex varies by gender. The authors surveyed 95 male and 103 female college students and analyzed their responses to assess how hostility toward the opposite sex was related to sexual coercion and sexual assault. On the whole, women scored lower on hostility scores toward men than men did toward women. Although the rates of sexual victimization varied greatly by sex, both male and female respondents who reported the most serious form of sexual victimization (attempted or completed rape) expressed significantly more hostility toward the opposite sex than respondents who had not been victimized. The results suggest a need for sexual assault education and prevention programs to address both male and female students.

Sinclair, H. Colleen, and Lyle E. Bourne, Jr., "Cycle of Blame or Just World: Effects of Legal Verdicts on Gender Patterns in Rape-Myth Acceptance and Victim Empathy," *Psychology of Women Quarterly*, Vol. 22, No. 4, 1998, pp. 575–588.

In this study, the authors presented different summaries of a rape trial to 96 college students in order to assess how rape myth acceptance and victim empathy were influenced by trial verdicts. The vignettes were identical except that they ended with either "guilty," "not guilty," or "no verdict" conclusions. Equal numbers of male and female participants received each kind of vignette and were then asked to complete survey questionnaires. These were compared with those of a control group that had not viewed the vignette. The

authors found that women accepted fewer rape myths and showed more empathy for the victim over all conditions of the experiment. However, men and women reacted differently to the verdict conditions. Men scored higher for rape myth acceptance after a not-guilty verdict and lower after a guilty verdict. Women had reduced myth acceptance after not-guilty verdicts and higher acceptance after guilty verdicts. The authors suggest that this is explainable in part because men's views were more influenced by the trial outcome, whereas women's reactions were not as easily changed by the vignettes.

Skinner, Katherine M., Nancy Kressin, Susan Frayne, Tara J. Tripp, Cheryl S. Hankin, Donald R. Miller, and Lisa M. Sullivan, "The Prevalence of Military Sexual Assault Among Female Veterans' Administration Outpatients," *Journal of Interpersonal Violence*, Vol. 15, No. 3, March 2000, pp. 291–310.

This exploratory study examined the prevalence of sexual harassment and sexual assault during active duty among female veterans. The researchers also compared the characteristics of female veterans who were sexually harassed or assaulted while in the military with female veterans who were not. The authors used self-reported data on health status, sociodemographics, and sexual assault and harassment exposure obtained from a nationally representative survey of 3,632 female veterans who had visited a Veterans Health Administration facility over a one-year period. The researchers found that over half (55 percent) of women in the sample reported experiencing sexual harassment and that 23 percent reported being sexual assaulted while in the military. Women reporting sexual assault were six years younger, on average, and slightly more educated than those who did not report any sexual assaults. Those who reported either sexual harassment or sexual assault tended to have served longer on active duty and were less likely to have been officers. Further, women who were sexually assaulted were more likely to have served in the Army than in the other military branches. The consequences of sexual harassment and sexual assault were large in number and included those related to physical health, mental health, and other aspects of well-being. For example, women who reported either type of abuse tended to report greater feelings of personal isolation in the military, a more difficult transition back to civilian life, and more health problems, compared with female veterans who did not report either type of abuse. Women who reported sexual harassment or assault also reported more problems securing employment, more drinking or drug problems, more depressive symptoms, more sleep disturbances, higher anxiety levels, and poorer body images than those who did not. The authors assert that the prevalence of sexual assault and the extent of its consequences suggest a strong need for the Veterans Health Administration to screen female patients for this type of violence.

Sloan, Lacey M., "Revictimization by Polygraph: The Practice of Polygraphing Survivors of Sexual Assault," *Medicine and Law*, Vol. 14, Nos. 3–4, 1995, pp. 255–267.

This article presents the results of a short survey on polygraph practices for sexual assault victims. The survey was first fielded in 1989 to a convenience sample of Texas-based rape crisis centers and then in 1990 to centers nationwide. Responses from 83 rape crises centers spanning 19 states indicate that, at of the time of the survey, sexual assault victims were subject to polygraph exams throughout the country. Seventy-six percent of the

responding rape crisis centers reported the use of polygraphs on sexual assault victims, and only 6 percent (3 centers) noted that there was a state law restricting polygraphs on sexual assault victims. Roughly one-fourth to two-fifths of the centers indicated negative consequences to the victim as a result of the polygraph. For example, 22 percent of the centers indicated that a victim was told that he or she would go to jail if he or she failed the polygraph, and 39 percent of them reported that a victim opted to drop sexual assault charges as a result of his or her polygraph experience. The author concludes that these practices are consistent with victim revictimization and argues for additional legislation that restricts or bans the use of polygraph examinations on sexual assault victims.

Smith, Paige Hall, Jacquelyne W. White, and Lindsay J. Holland, "A Longitudinal Perspective on Dating Violence Among Adolescent and College-Age Women," *American Journal of Public Health*, Vol. 93, No. 7, July 2003, pp. 1104–1109.

This longitudinal study examined physical and sexual victimization in dating relationships from high school through college. Two cohorts of college women, 1,569 in total, were asked to complete surveys at five time periods that focused on physical and sexual victimization during their childhood, adolescence, and college years. The authors found that the women most at risk for either physical or sexual victimization had a history of both any type of childhood victimization and physical victimization during adolescence. Women who were not victimized during either childhood or adolescence had the lowest risk for college victimization. The authors suggest that efforts to prevent dating violence are needed in adolescence, and that more research is needed on ways to reduce revictimization.

Söchting, Ingrid, Nichole Fairbrother, and William J. Koch, "Sexual Assault of Women: Prevention Efforts and Risk Factors," *Violence Against Women*, Vol. 10, No. 1, January 2004, pp. 73–93.

This article reviews prior research on college sexual assault prevention programs. The authors found that self-defense training holds the most promise as a prevention technique, but that it is not widely used currently in college programs. Also, they reviewed both distal and proximal risk factors for sexual assault and report that being single, having a low income, being a Native American or African-American, having emotional or mental difficulties, and having a prior history of sexual victimization were all reported by multiple studies as risk factors. One study also found sorority membership to be a risk factor. Proximal factors typically associated with higher risk were dating in a private place, higher sexual activity, alcohol use, rape myth endorsement, a lack of assertiveness and miscommunication, and limited ability to detect danger cues. Based on these risk factors, the authors suggest that rape prevention programs augment self-defense training with counseling on risk behaviors that can be modified, such as drinking and dating location, as well as attitudes toward sex roles and rape acknowledgment and resistance.

Spears, Jeffrey W., and Cassia C. Spohn, "The Effect of Evidence Factors and Victim Characteristics on Prosecutors' Charging Decisions in Sexual Assault Cases," *Justice Quarterly*, Vol. 14, No. 3, September 1997, pp. 501–524.

This study assessed the influence of evidence factors and victim, perpetrator, and case characteristics on the prosecution's decision to file criminal sexual conduct charges. The authors analyzed 321 sexual offense cases received by the Detroit Police Department in 1989 and subsequently presented to the prosecution's office for a decision to file charges. They found that the only significant determinants of the prosecution's charging decision were victim characteristics: Charges were more likely to be filed if there were no questions about the victim's moral character, no risk-taking behavior by the victim at the time of the assault, or if the victim was age 14 or older. Neither evidence factors (e.g., use of a weapon, additional victim injury) nor indicators of case seriousness (e.g., the most serious charge on the arrest report) emerged as significant predictors of the prosecution's charging decisions. The authors contend that their findings support the premise that the focus of rape cases often shifts from the perpetrator to the victim, and they conclude that the rape reform movement has not yet achieved its goals.

Spohn, Cassia, Dawn Beichner, and Erika Davis-Frenzel, "Prosecutorial Justifications for Sexual Assault Case Rejection: Guarding the 'Gateway to Justice,'" *Social Problems*, Vol. 48, No. 2, 2001, pp. 206–235.

The authors used a combination of quantitative and qualitative methods to consider prosecutorial discretion in sexual assault case charging decisions. Specifically, they reviewed and analyzed materials from 140 sexual battery cases cleared by arrest by the Sexual Crimes Bureau of the Miami-Dade Police Department in 1997, and they conducted interviews with prosecutors in the Dade County State Attorney's Office. The researchers found that prosecutors rejected charges for 41 percent of sexual assault battery cases at their initial screening. Justifications for rejection include inconsistencies in victim's accounts or between victims and perpetrator's accounts; incongruities between the victim's account and the prosecutor's knowledge of typical behavior in similar rape cases; ulterior motives on the part of the victim; difficulties locating the victim or missed appearances by the victim; lack of victim cooperation; and the victim recanted. Statistical analysis indicated that prosecutors were more likely to file charges if the victim was younger, the victim and the suspect were either acquaintances or intimate partners (rather than strangers), a weapon was used, or the victim suffered additional injury. They were less likely to file charges if there were questions about the victim's moral character or risk-tasking behaviors at the time of the incident. Overall, the study corroborates earlier research demonstrating that prosecutors tend to use assumptions about gender, relationships, and sexuality in making charging decisions.

Spohn, Cassia C., Dawn Beichner, Erika Davis Frenzel, and David Holleran, *Prosecutors' Charging Decisions in Sexual Assault Cases: A Multi-Site Study*, Washington, D.C.: U.S. Department of Justice, 2002.

This report presents a comprehensive examination of the prosecutorial decisionmaking process for sexual assault cases. The authors obtained data on 666 sexual assault cases that were cleared via arrest in Kansas City, Miami, and Philadelphia and engaged in smaller data-collection efforts (e.g., interviews with Miami prosecutors) to examine five major topics: factors affecting charging decisions in sexual assault cases; the effect of victim characteristics on different types of rape (simple or aggravated); the impact of victim-perpetrator relationship type on charging decision criteria; prosecutorial justification for case rejection; and the impact of a special unit for sexual assault case prosecution. The authors assert that overall, this study represents one of the larger, most thorough investigations of prosecutor decisionmaking expressly for sexual assault cases.

Spohn, Cassia, and David Holleran, "Prosecuting Sexual Assault: A Comparison of Charging Decisions in Sexual Assault Cases Involving Strangers, Acquaintances, and Intimate Partners," *Justice Quarterly*, Vol. 18, No. 3, September 2001, pp. 651–688.

This study focused on the influence of the victim-perpetrator relationship (stranger, acquaintance, or intimate) on sexual assault case charging decisions, both directly and indirectly, by conditioning the effect of victim characteristics. The authors examined data on sexual assaults that were cleared via arrest in Kansas City from 1996 to 1998 (259 cases) and in Philadelphia from 1997 (267 cases). Findings suggest that prosecutors' decisionmaking criteria vary by the type of victim-perpetrator relationship (e.g., acquaintances, intimate partners), but, overall, the victim-perpetrator relationship was not related to the prosecution's charging decision. When all cases were considered, prosecutors were more likely to file charges if there were no questions about the victim's character or risk-taking behavior, the suspect had prior felony convictions, and physical evidence was available. While physical evidence was a significant predictor of the charging decision, victim race/ethnicity and use of a weapon were only significant for assaults involving a stranger. Further, questions about the victim's moral character and the perpetrator's prior felony convictions were only significant when the perpetrator was an acquaintance, and victim physical resistance and physical injury were only significant when the perpetrator was an intimate partner. Victim risk-taking behavior also was a predictor for cases in which the victim already knew the perpetrator. The authors assert that their findings demonstrate the continued importance of "extralegal" factors in sexual assault case charging decisions.

Stander, Valerie A., Lex L. Merrill, Cynthia J. Thomsen, Julie L. Crouch, and Joel S. Milner, "Premilitary Sexual Assault and Attrition in the U.S. Navy," *Military Medicine*, Vol. 172, 2007, pp. 254–258.

This study examined the relationship between premilitary sexual victimization and military attrition. The authors surveyed 2,431 female Navy recruits with questions about their sexual victimization as an adult, including rape, attempted rape, and lesser forms

of unwanted sexual contact. Their survey responses were linked to their military records in order to obtain attrition data for the four-year period following the survey. Overall, 35 percent of the survey respondents left the Navy before finishing their four-year term of service, and the majority of respondents (56 percent) reported some form of unwanted sexual contact before joining the Navy. The authors found that victims of premilitary rape were 1.7 times more likely to attrite from the military compared with those not reporting premilitary rape. The authors recommend interventions to address premilitary sexual victimization and adaptation to military life.

Stander, Valerie A., Mandy M. Rabenhorst, Cynthia J. Thomsen, Joel S. Milner, and Lex L. Merrill, *Ethnic Differences in Sexual Victimization and Revictimization Among Female U.S. Navy Recruits: A Prospective Study*, San Diego, Calif.: Naval Health Research Center, 2006.

This study assessed whether premilitary sexual victimization affected the probability that female Navy recruits would be raped during their first year of military service. It also examined ethnic differences in sexual victimization and revictimization among those recruits. Survey data from 465 female Navy recruits who completed surveys during their first week of basic training and again 6 and 12 months later were analyzed to address these research questions. The results indicate that women with a history of childhood sexual abuse were 2.5 times more likely to be raped during their first year of military service than women without such a history. When differences in race/ethnicity were taken into account, this revictimization pattern was stronger for African-American and Hispanic women than for white women. Women with a history of premilitary rape were 3.5 times more likely to be raped during their first year of military service than women with no such history, and this revictimization effect was strongest for African-American women. Women with a history of both childhood sexual abuse and premilitary rape were 6 times more likely to be raped during their first year than women without such a history. The authors recommend additional research to examine sexual violence among ethnic minorities.

Starzynski, Laura L., Sarah E. Ullman, Henrietta H. Filipas, and Stephanie M. Townsend, "Correlates of Women's Sexual Assault Disclosure to Informal and Formal Support Sources," *Violence and Victims*, Vol. 20, No. 4, August 2005, pp. 417–432.

The objectives of this study were (1) to determine how demographic, assault, and post-assault characteristics predict to whom women disclosed their assault and (2) to examine the relationship between the type of support source women disclosed to and the nature of social reactions they experienced. The authors analyzed survey data from 1,084 Chicago-area women with an unwanted sexual experience since age 14. They found that both assault and post-assault factors were associated with victims' disclosure behaviors as well as with the social reactions they received. Women were more likely to report their assault to both formal and informal support sources instead of only to informal sources when the perpetrator was a stranger, when a weapon was used, when they exhibited greater symptoms of posttraumatic stress disorder (PTSD), and when they had higher self-blame scores. With respect to reactions received from others, women who reported the assault

to both informal and formal support sources experienced more negative social reactions than those who reported the assault only to informal sources. More negative social reactions were correlated with more symptoms of PTSD and higher self-blame scores, while positive social reactions were more likely after an attack involving a weapon. The woman's feeling that her life was threatened was significantly correlated to both positive and negative reactions. The results suggest that rape stereotypes are perpetuated both by women's disclosure tendencies and the reactions of those to whom they disclose the assault.

Stein, Jerrold L., "Peer Educators and Close Friends as Predictors of Male College Students' Willingness to Prevent Rape," *Journal of College Student Development*, Vol. 48, No. 1, January–February 2007, pp. 75–89.

The author surveyed a total of 156 first-year male college students to examine whether personal attitudes, perceptions of close friends' attitudes, and exposure to peer educators predict willingness to prevent rape. The author found that personal attitudes, close friends, and peer educators all had a potent influence and contributed significantly to prediction. Most men indicated a willingness to prevent rape. Subjects perceived that they had much greater willingness to prevent rape than did their peers. They also believed their peers held more rape-supportive attitudes than they themselves did.

Stephens, Kari A., and William H. George, "Effects of Anti-Rape Video Content on Sexually Coercive and Noncoercive College Men's Attitudes and Alcohol Expectancies," *Journal of Applied Social Psychology*, Vol. 34, No. 2, 2004, pp. 402–416.

The authors examined whether the effects of a rape prevention video depended on the unique characteristics of the male audience. They specifically considered the past sexual coerciveness of the men. This study was intended to fill the gap of prior research that had generally considered all college men as though they were at similar risk of committing rape. Forty-five male undergraduates completed a survey permitting the researchers to classify them as sexually coercive (22) or noncoercive (23). Each of those groups was divided into experimental groups that viewed either an anti-rape videotape or a control video tape (on mountain climbing). Each group completed a survey immediately afterward. The researchers found that the non–sexually coercive men had significantly lower rape myth acceptance and lower sex-related alcohol expectancies. The sexually coercive men did not show any change.

Stermac, Lana, Giannetta del Bove, and Mary Addison, "Violence, Injury, and Presentation Patterns in Spousal Sexual Assaults," *Violence Against Women*, Vol. 7, No. 11, November 2001, pp. 1218–1233.

This study compared the nature and degree of sexual assaults perpetrated by spouses with those perpetrated by boyfriends or acquaintances. The authors used data from a hospital-based sexual assault care center in Canada to construct samples of women assaulted by each type of perpetrator: 97 victims of spouses, 256 victims of boyfriends, and 194 victims of acquaintances. Boyfriends used the greatest number of coercion methods (e.g., verbal threats, physical restraint) and differed from acquaintances in that regard. Both boy-

friends and spouses were more likely to use physical violence and cause physical trauma to assault victims than were acquaintances. In addition, the injuries of those assaulted by spouses were likely to be more severe than those of acquaintance assault victims, but were similar to those of women assaulted by their boyfriends. Those who were abused by their spouse were more likely to involve police than those assaulted by an acquaintance, and both spousal and boyfriend assault victims presented for treatment sooner than acquaintance assault victims. Victims of spousal or boyfriend abuse were also more likely to complete a physical exam and forensic evidence collection. Overall, these results challenge stereotypes about partner-perpetrated sexual abuse.

Stermac, Lana, Giannetta del Bove, and Mary Addison, "Stranger and Acquaintance Sexual Assault of Adult Males," *Journal of Interpersonal Violence*, Vol. 19, No. 8, August 2004, pp. 901–915.

This study focused on victim characteristics, assault characteristics, and the levels of coercion, violence, and physical injury in sexual assaults with adult male victims. The authors employed data from a hospital-based sexual assault care center in Canada to construct samples of 64 men assaulted by a stranger and 81 men assaulted by an acquaintance, along with a comparison sample of 106 women assaulted by acquaintances. In general, male sexual assault victims tended to be young and single, with vulnerabilities, such as a history of homelessness and physical, psychiatric, or cognitive disabilities. With regard to the victim-perpetrator relationship, men assaulted by strangers were more likely to be threatened with weapons and physical violence than were either male or female victims of acquaintance assault. Men assaulted by strangers were also more likely to be attacked by multiple assailants than were female victims and were more frequently assaulted outdoors than either male or female victims of acquaintance assault. Male victims of either type of assault were similar to female acquaintance assault victims in terms of completing physical exams and sexual assault evidence collection, and all three groups sustained injuries of the same severity. Overall, these results suggest that stereotypes surrounding male sexual assault may not be accurate.

Stermac, Lana, Hester Dunlap, and Deidre Bainbridge, "Sexual Assault Services Delivered by SANEs," *Journal of Forensic Nursing*, Vol. 1, No. 3, Fall 2005, pp. 124–128.

This study evaluated clinical nursing practices among Sexual Assault Nurse Examiners (SANEs) at an emergency sexual assault center in Canada. This study adds empirical evidence regarding SANE service delivery to the small body of research on SANE programs. The researchers analyzed data on 1,018 female sexual assault victims seen over a three-year period at a hospital-based sexual assault care center. The researchers measured the main forms of care listed in the SANE scope of practice, including physical examination, sexual assault evidence kits, blood collection, and tests for STDs and pregnancy. The authors also looked at coordination with other sectors by examining cases with police involvement, use of an ambulance, and admission to the hospital, and the total time spent in the hospital also was included for analysis. Results showed that just under half of clients consented to forensic evidence collection, and the authors discuss possible reasons for the observed rate of consent. The authors also note that the percentages of women receiv-

ing STD and pregnancy prophylaxis were significantly higher in the experimental sample than in national surveys. Additionally, waiting times for SANEs were shorter compared with the average wait time for a general emergency. Overall, the findings support the idea that SANE programs provide advantages over traditional emergency room treatment of sexual assault victims.

Stermac, Lana, Peter M. Sheridan, Alison Davidson, and Sheila Dunn, "Sexual Assault of Adult Males," *Journal of Interpersonal Violence*, Vol. 11, No. 1, March 1996, pp. 52–64.

The authors used data on 29 adult males who sought treatment at a hospital-based sexual assault crisis unit to examine the circumstances and characteristics of their assaults. The majority of victims were young gay men, and many of them had physical and/or cognitive disabilities. The majority of assaults were perpetrated by a man, one was perpetrated by a woman, and two were perpetrated by a group of mixed sex. About half of the assaults were perpetrated by acquaintances, and among the stranger-perpetrated assaults, few were related to antigay violence. The authors assert that these findings provide information on an understudied group, male sexual assault victims, and suggest that acquaintance-perpetrated sexual assault requires greater attention.

Stermac, Lana E., and Tania S. Stirpe, "Efficacy of a 2-Year-Old Sexual Assault Nurse Examiner Program in a Canadian Hospital," *Journal of Emergency Nursing*, Vol. 28, No. 1, 2002, pp. 18–23.

This study sought to compare the quality of care and evidence collection provided by SANEs compared with non-SANE-trained physicians. Researchers examined hospital records of 515 women cared for over nearly two years at a hospital-based sexual assault care center in Canada. Four groups of variables were included in analysis: demographic information; client presentation characteristics, including injuries and alcohol or drug ingestion; assault characteristics, such as type and degree of assault; and treatment qualities, such as sexual assault evidence kit (SAEK) completion, physical examination, and the length of service delivery, including any service disruptions. Compared with SANEs, physicians handled more cases involving physical trauma and clients with a higher number of injuries. SANEs and physicians provided comparable services, but patients who received SANE treatment had shorter treatment durations, shorter waiting times, and fewer service interruptions than patients seen by physicians. In addition, SANEs more often conducted partial physical examinations and partial SAEK evidence collection than did physicians. Overall, the authors suggest their results provide support for the SANE model of treatment.

Surís, Alina, Lisa Lind, T. Michael Kashner, and Patricia D. Borman, "Mental Health, Quality of Life, and Health Functioning in Women Veterans: Differential Outcomes Associated with Military and Civilian Sexual Assault," *Journal of Interpersonal Violence*, Vol. 22, No. 2, February 2007, pp. 179–197.

This study compared the physical functioning, psychiatric symptoms, and quality of life of victims and nonvictims of rape. The sample included 270 female veterans receiv-

ing treatment from a Veterans Health Administration medical center. The participants were interviewed and also completed surveys regarding their civilian and military sexual assault histories as well as their health and quality of life. Statistical analysis of their responses revealed that, among the victims, women with civilian sexual assault histories reported poorer physical functioning, psychiatric symptoms, and quality of life functioning than nonvictims. In addition, victims raped while in the military scored worse than victims raped as civilians on some of the outcomes measured. The authors maintain that these results are consistent with previous research examining the consequences of military sexual assault, although the research cannot identify the reason for differential outcomes between female veterans who were assaulted while in the military and those who report a civilian sexual assault history.

Surís, Alina, Lisa Lind, T. Michael Kashner, Patricia D. Borman, and Frederick Petty, "Sexual Assault in Women Veterans: An Examination of PTSD Risk, Health Care Utilization, and Cost of Care," *Psychosomatic Medicine*, Vol. 66, No. 5, September 2004, pp. 749–756.

In this study, the authors assessed how different types of sexual assault, including sexual assault while serving in the military, influenced the likelihood of developing posttraumatic stress disorder (PTSD). They also analyzed the relationship between military sexual assault and both health services utilization and costs for women treated at a Veterans Affairs (VA) medical clinic. The authors interviewed 270 female veterans who had at least one outpatient appointment with a VA clinic and reviewed these women's medical administrative records. The authors found that women sexually assaulted while in the military were nine times more likely to develop PTSD compared with women without a history of any type of sexual assault. Female veterans who reported military sexual assault also had a higher rate of depressive disorders than those who had never been sexually assaulted. However, there was no increase in the cost of care related to military sexual assault, implying that female veterans who experienced a military sexual assault accessed fewer health care services than did those who experienced childhood sexual assault. The authors underscore the importance of identifying women with a history of sexual assault in order to provide effective health-related assessments and treatment.

Synovitz, Linda B., and T. Jean Byrne, "Antecedents of Sexual Victimization: Factors Discriminating Victims from Nonvictims," *Journal of American College Health*, Vol. 46, No. 4, January 1998, pp. 151–158.

This study used survey data to assess differences between women who had been sexually assaulted and those who had not. The authors surveyed 241 female college students about demographics, personality characteristics, sexual and relationship experiences, provocative dress, alcohol use, and dating competency. Forty-two percent of the sample reported sexual victimization. Compared with nonvictims, women who were victims of sexual assault had a higher number of lifetime sexual partners and were more likely to dress provocatively and consume alcohol before or during a date. The authors conclude by discussing these findings' implications for sexual assault prevention programs.

Testa, Maria, "The Role of Substance Use in Male-to-Female Physical and Sexual Violence: A Brief Review and Recommendations for Future Research," *Journal of Interpersonal Violence*, Vol. 19, No. 12, December 2004, pp. 1494–1505.

This work provides a limited review of research on the relationship between substance use and different types of violence against women. The author concludes that research indicates an association between men's substance use and physical violence, that there is some evidence that women's substance use is related to sexual victimization; but that there is less evidence that men's substance use is related to sexual aggression or that women's use is related to physical victimization. The author suggests that precisely how men's substance use leads to sexual aggression and how women's substance use makes them more vulnerable to physical victimization are understudied topics. She argues that these topics can be better understood by narrowing the scope of research and concentrating on the specific groups or types of subjects to which findings apply as well as the circumstances surrounding the situation in which violence is committed.

Testa, Maria, and Kurt H. Dermen, "The Differential Correlates of Sexual Coercion and Rape," *Journal of Interpersonal Violence*, Vol. 14, No. 5, May 1999, pp. 548–561.

In this study, the authors used interview and survey data to explore the premise that sexual coercion is a type of sexual aggression distinct from rape or attempted rape. Specifically, they examined the correlates of sexual coercion and rape or attempted rape in a sample of 180 community women reporting high levels of sexual activity and alcohol use. They found that low self-esteem, low assertiveness, and high sex-related alcohol expectancies (i.e., beliefs that alcohol increases sexual enhancement, the likelihood of risky sexual behavior, and disinhibition) were related to experiencing sexual coercion, but not to rape or attempted rape. Greater amounts of alcohol consumed and casual sexual activity were related to both types of assault. Given these results, the authors suggest that prevention efforts geared toward improving assertiveness and communication skills may be useful in limiting sexual coercion.

Testa, Maria, Jennifer A. Livingston, Carol Vanzile-Tamsen, and Michael R. Frone, "The Role of Women's Substance Use in Vulnerability to Forcible and Incapacitated Rape," *Journal of Studies on Alcohol*, Vol. 64, No. 6, 2003, pp. 756–764.

The study compared the prevalence and factors associated with two different types of rape: forcible rape and incapacitated rape. The authors interviewed and collected survey data on topics including personality, drug and alcohol use, and sexual experiences from a randomly recruited community sample of 1,014 women. Similar proportions of participants reported experiencing incapacitated rape (9.4 percent) or forcible rape (10.7 percent), and a small number of women experienced both types of rape in separate assaults. Age and childhood sexual abuse were related to forcible rape but not incapacitated rape, while adolescent alcohol and drug use were associated with incapacitated rape but not forcible rape. In addition, the context of incapacitated rape differed from forcible rape in that it was less often perpetrated by someone the victim had been intimate with before the assault, occurred more often after patronizing a bar or attending a party, and less often

resulted in victim physical injury. Further, compared with victims of incapacitated rape, only one-quarter (24.6 percent) of victims of forcible rape indicated alcohol or drug use, and the forcible rape victims reported both significantly fewer drinks and a lower level of intoxication than did incapacitated rape victims. The authors suggest that analyzing these two types of rape separately may aid future research on the role of substance use in sexual assault, and they conclude the article by discussing the study's implications for rape prevention efforts.

Testa, Maria, and Kathleen A. Parks, "The Role of Women's Alcohol Consumption in Sexual Victimization," *Aggression and Violent Behavior*, Vol. 1, No. 3, 1996, pp. 217–234.

In this article, the authors review three groups of studies pertaining to alcohol consumption and sexual victimization. The first set includes studies that assessed the association between typical alcohol consumption and sexual victimization. The second set consists of event-based studies that look at alcohol consumption at the time of victimization. The third set of studies focuses on particular ways by which women's alcohol consumption contributes to sexual assault. Overall, the review suggests that there is a relationship between alcohol and sexual victimization, but the strength of their association and the means by which they are linked are still unclear. The authors close by outlining an agenda for future research.

Testa, Maria, Carol VanZile-Tamsen, and Jennifer A. Livingston, "The Role of Victim and Perpetrator Intoxication on Sexual Assault Outcomes," *Journal of Studies on Alcohol*, Vol. 65, No. 3, May 2004, pp. 320–329.

In this study, the authors sought to assess how substance use by both the perpetrator and victim was related to rape outcomes and victim injury. They selected 359 women (from a larger study sample of 1,104 women) who reported having been sexually assaulted since age 14 and conducted personal interviews with these women regarding their most recent sexual assault incident. The women also completed questionnaires that included items about sexual refusal assertiveness and sexual aggression experiences. Results indicate that, relative to sexual assaults without completed intercourse, those with completed intercourse were more likely when the victim was less sexually assertive and when she was highly intoxicated. Conversely, sexual assault with completed intercourse was less likely when the perpetrator was intoxicated. With respect to victim injury, the likelihood of injury was higher if penetration occurred and also if the perpetrator was intoxicated but the victim was not. Overall, the findings indicate a complex relationship between alcohol consumption and sexual assault, with findings that vary based on the amount of alcohol consumed and the nature of the assault itself.

Testa, Maria, Carol VanZile-Tamsen, and Jennifer A. Livingston, "Prospective Prediction of Women's Sexual Victimization by Intimate and Nonintimate Male Perpetrators," *Journal of Consulting and Clinical Psychology*, Vol. 75, No. 1, February 2007, pp. 52–60.

This study assessed whether such factors as substance use, sexual activity, and sexual assertiveness predicted sexual victimization by intimate or nonintimate perpetrators. Analysis of interview and survey data from 927 women age 18 to 30 indicated that low sexual refusal assertiveness, drug use, and prior intimate partner victimization were each associated with sexual victimization by an intimate partner. Victimization by nonintimate perpetrators was predicted by heavy drinking and number of sexual partners. The authors suggest that these differences in risk factors indicate a need to target prevention strategies for different at-risk groups.

Testa, Maria, Carol VanZile-Tamsen, Jennifer A. Livingston, and Mary P. Koss, "Assessing Women's Experiences of Sexual Aggression Using the Sexual Experiences Survey: Evidence for Validity and Implications for Research," *Psychology of Women Quarterly*, Vol. 28, No. 3, 2004, pp. 256–265.

This study used survey and interview data from local community women to assess the ability of the modified Sexual Experiences Survey to accurately capture whether women had been sexually victimized. Specifically, 1,014 women completed the Sexual Experiences Survey, and those who indicated a sexual victimization were interviewed regarding their most recent victimization experience. Independent coders later assessed the participants' descriptions, and participant-coder agreement was examined. The researchers found a high level of agreement in the classification of rape and coercion incidents, but a low level of agreement for contact and attempted rape incidents.

Tewksbury, Richard, and Elizabeth Ehrhardt Mustaine, "Lifestyle Factors Associated with Sexual Assault of Men: A Routine Activity Theory Analysis," *Journal of Men's Studies*, Vol. 9, No. 2, Winter 2001, pp. 153–182.

This study attempted to identify lifestyle variables related to men's sexual assault risk. Using a sample of 541 male college students, the authors examined the role of various factors, including demographics, substance use, and fraternity involvement, on sexual assault committed by male and female perpetrators. Demographics, high school experiences, drug use, and athletic participation in college all were related to serious sexual assault victimization (i.e., assaults that involved the use of threat or force). White men and men with siblings were less likely to be assaulted, and those with a greater number of siblings, frequent drug users, and college athletes were more likely to be victims of serious sexual assault. Contrary to previous studies, such lifestyle-related factors as fraternity membership and alcohol consumption habits, including being drunk in public or consuming more liquor than beer or wine, were not significant predictors of male sexual assault. The authors conclude that the context of male sexual assault appears to differ from that of female sexual assault and therefore should be studied separately.

Thompson, Martie, Dylan Sitterle, George Clay, and Jeffrey Kingree, "Reasons for Not Reporting Victimizations to the Police: Do They Vary for Physical and Sexual Incidents?" *Journal of American College Health*, Vol. 55, No. 5, 2007, pp. 277–282.

The authors sought to identify reasons for nondisclosure of sexual and physical victimizations and to determine the victim, perpetrator, and incident characteristics related to those reasons. Analysis of survey data from 492 female college undergraduates revealed that the most frequently cited reason for nondisclosure of both sexual and physical incidents was that the event was not serious enough. College women were more likely to mention the following reasons for not reporting a sexual victimization than for a physical victimization: the incident would be viewed as their fault, they were ashamed or embarrassed, they did not want anyone to know about it, and they did not want the police involved. Non-white college women, women assaulted off-campus, and those who experienced more severe sexual victimization were more likely than white college women, those assaulted on-campus, and those who experienced less severe victimization, respectively, to state that they did not report a sexual victimization because they thought it would be viewed as their fault and because of shame and embarrassment. Non-white women also were more inclined to say they did not disclose a sexual victimization because they did not think the police could do anything, were scared of the perpetrator, or did not want the police involved, and women who experienced more severe sexual victimization were also more inclined to select not wanting anyone to know about the incident as a reason for nondisclosure. The authors indicate a need for college education programs to better inform students about what constitutes sexual violence and what types of incidents are legally defined as crimes.

Tjaden, Patricia, and Nancy Thoennes, *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*, Washington, D.C.: U.S. Department of Justice, 2000.

This report summarizes results from the National Violence Against Women Survey, a nationwide data-collection effort fielded in 1995–1996. This survey featured telephone interviews with 16,005 participants and provides insights on both women's and men's experiences with violent victimization. Eighteen percent of women and 3 percent of men reported experiencing a completed or attempted rape in their lifetime. Women who reported being raped as a minor were more than twice as likely to experience a rape as an adult. Hispanic women were much less likely to report being raped than non-Hispanic women. With regard to victim-perpetrator relationships, women were much more likely than men to have been raped, physically assaulted, and/or stalked by an intimate partner. Women were also significantly more likely than men to be injured during a rape, and that likelihood of injury increased when the perpetrator was a current or former intimate partner. Thirty-six percent of female rape victims sought medical treatment after the assault. The authors' conclusions include the following: violence against women should be treated as a significant social problem; stalking is more widespread than previously thought; studies are needed to determine why the prevalence of rape, physical assault, and stalking varies significantly among women and men of different racial and ethnic backgrounds; women are a greater risk of intimate partner violence than men; violence against women

is predominantly intimate partner violence; and the medical community should receive comprehensive training about the medical needs of female victims of rape and physical assault.

Tjaden, Patricia, and Nancy Thoennes, *Extent, Nature, and Consequences of Rape Victimization: Findings from the National Violence Against Women Survey*, Washington, D.C.: National Institute of Justice, Office of Justice Programs, NCJ-210346, 2006.

This report summarizes results from the National Violence Against Women Survey, a nationwide data-collection effort fielded in 1995–1996. This survey featured telephone interviews with 16,005 men and women regarding their experience with different types of violence, including rape (attempted and completed). When their responses are extrapolated to the U.S. population, they suggest that almost 18 million women and 3 million men have been raped. This document provides greater detail about the survey's findings, including the prevalence and incidence of rape among women and men, both overall and in different age groups; its prevalence among minority populations; characteristics of rape victims, perpetrators, and incidents; injury and health-related consequences of the incident; use of medical services; use of mental health services; and victim involvement in and satisfaction with the criminal justice system. The authors conclude with an agenda for future research.

Ullman, Sarah E., "Correlates and Consequences of Adult Sexual Assault Disclosure," *Journal of Interpersonal Violence*, Vol. 11, No. 4, December 1996a, pp. 554–571.

This study used data from a convenience sample of 155 female residents of Los Angeles County to determine factors related to the timing of sexual assault disclosure and subsequent social reactions experienced. The author found that child sexual assault history, completed rape, and an avoidance-oriented coping strategy (e.g., use of alcohol or drugs, withdrawal from others) were related to delayed disclosure, while alcohol use by the perpetrator before the assault and seeking medical treatment after the assault were related to early disclosure. The majority (91 percent) of women disclosed their assault to friends or relatives, and they were the support provider most frequently cited as helpful. More-positive social reactions were predicted by higher income, little or no physical injury, less self-blame, less distress after the assault, and perceptions that a friend/relative or rape crisis center helped. More-negative social reactions were predicted by an avoidance-oriented coping strategy, seeking medical treatment after the assault, and reporting the assault to police. These findings are consistent with prior research related to victims' unfavorable perceptions of and experiences with formal support sources, and consequently suggest a continued need for improvements in how medical and law enforcement personnel interact with sexual assault victims.

Ullman, Sarah E., "Do Social Reactions to Sexual Assault Victims Vary by Support Provider?" *Violence and Victims*, Vol. 11, No. 2, Summer 1996b, pp. 143–157.

This study examined whether the social reactions encountered by sexual assault victims when they disclosed a sexual assault varied by support provider type. The author collected

survey data from a convenience sample of 155 female sexual assault victims. She found that those reporting to physicians or to police tended to experience positive reactions in the form of tangible information and aid, along with negative reactions, such as blaming the victim, treating her differently, acting distracted, and discouraging her from talking about the assault. Victims who disclosed their assault to rape crisis centers more commonly observed positive reactions, in terms of not only tangible information and aid but also emotional support. Additional analysis revealed that emotional support from a friend was more strongly related to recovery than the same form of support from other providers. Overall, findings suggest that reporting sexual assaults, at least initially, to rape crisis centers, friends, and mental health providers may be easier for victims because they were the types of support providers who tended to respond positively to victim disclosures.

Ullman, Sarah E., "Social Reactions, Coping Strategies, and Self-Blame Attributions in Adjustments to Sexual Assault," *Psychology of Women Quarterly*, Vol. 20, No. 4, 1996c, pp. 505–526.

This study considered how social reactions observed by sexual assault victims after disclosure of the assault were related to victims' adjustment. The author surveyed 155 female sexual assault victims about their assault and post-assault experiences. Analysis of survey responses revealed significant findings pertaining to two types of positive social reactions: Being believed was related to one measure of recovery, and being listened to was favorably related to multiple measures of recovery as well as to fewer psychological symptoms. Negative social reactions were more strongly related to increased psychological symptoms and poorer adjustment. Being blamed for the assault was associated with poorer recovery, and being treated differently, having someone take control, and distraction had negative implications for recovery and psychological symptoms. Many of the findings were significant even when the timing of the disclosure was taken into account, suggesting that social reactions can affect victim recovery, either positively or negatively, even if experienced weeks or months later. The author concludes by discussing the need to educate victim social support networks of the types of reactions that may facilitate or impede victim recovery.

Ullman, Sarah E., "A Comparison of Gang and Individual Rape Incidents," *Violence and Victims*, Vol. 14, 1999a, pp. 123–133.

The author examined Chicago police rape incident data from 1979 and 1981 (1,819 cases) to compare individual rape and gang rape incidents. She found that gang rape victims and perpetrators tended to be younger, unemployed, and under a greater influence of alcohol and drugs compared with those involved in individual rapes. Gang rape assaults also involved more night attacks, less forceful physical resistance by the victim, and more completed rapes than did individual rape incidents. In addition, factors related to more severe physical injury in gang rapes included known assailants and indoor attacks, while for individual rapes, more dangerous assault characteristics, such as the use of weapons, offender violence, and outdoor attacks, were associated with greater physical injury. Overall, the author emphasizes the importance of obtaining a better understanding of gang rape.

Ullman, Sarah E., "Social Support and Recovery from Sexual Assault: A Review," *Aggression and Violent Behavior*, Vol. 4, No. 3, 1999b, pp. 343–358.

This article reviews empirical studies on the role of social support in recovery from sexual assault. Overall, the author found mixed evidence regarding social support: Some studies show no effect and others show positive effects on recovery. Negative social reactions were less often studied but show consistently strong negative effects on victims. The effect of social support on recovery may be mediated by assault characteristics, provider factors, victim coping and self-blame, the victim's pre-assault support network, and criminal justice system involvement. The author suggests that more research is needed on the link between social support and sexual assault recovery.

Ullman, Sarah E., "A Critical Review of Field Studies on the Link of Alcohol and Adult Sexual Assault in Women," *Aggression and Violent Behavior*, Vol. 8, No. 5, 2003, pp. 471–486.

In this review of nonexperimental field studies, the author seeks to better understand the relationship between alcohol and sexual assault, including the link between alcohol use and sexual assault risk, mediators and moderators of the alcohol-sexual assault link, and how sexual assault victimization may influence subsequent alcohol use. The author concludes that childhood/early sexual victimization leads to drinking alcohol to cope as well as to other risky behaviors and contexts that may increase the risk of adult sexual assault and subsequent alcohol abuse. She also explains that alcohol use by either the victim or the perpetrator is influenced by the victim and perpetrator's familiarity with one another, the victim's typical use of alcohol, and aspects of the social context. Drinking by the victim or perpetrator then affects two intervening measures, perpetrator aggression and victim resistance, which in turn have implications for the severity of the sexual assault and physical injury. Overall, the author calls for additional research that examines the role of alcohol in varying sexual assault contexts, as well as the incorporation of the results of such research into prevention programs.

Ullman, Sarah E., "A 10-Year Update of 'Review and Critique of Empirical Studies of Rape Avoidance,'" *Criminal Justice and Behavior*, Vol. 34, No. 3, March 2007a, pp. 411–429.

In this article, the author provides an update of her 1997 review of empirical assessments of rape avoidance and rape prevention programs. Following a review of rape knowledge, she identifies gaps in current research about and approaches to rape prevention. These include issues such as the emphasis on reducing attitudes in spite of the lack of evidence that attitudes can be changed for long periods of time, or, more importantly, that attitude change results in fewer assaults. The author notes that rape prevention programs tend not to teach women about risky situations and effective resistance, and that few include self-defense training. She notes the need for a two-pronged approach to rape prevention that includes programs that address potential perpetrators and programs that teach women rape avoidance.

Ullman, Sarah E., "Comparing Gang and Individual Rapes in a Community Sample of Urban Women," *Violence and Victims*, Vol. 22, No. 1, 2007b, pp. 43–51.

To compare gang rape to individual perpetrator rape, the author analyzed data from 1,084 female rape victims who completed a survey that included questions about the assault, trauma-related outcomes, and the aftermath of the assault. Eighteen percent of the survey respondents were victims of gang rape (two or more perpetrators). Compared with victims of individual perpetrator rape, gang rape victims were more likely to have had childhood sexual abuse, faced more lifetime traumatic events, experienced post-assault post-traumatic stress disorder, and reported more lifetime suicide attempts. They also had, on average, more physical injuries related to the assault than did individual rape victims, and those assaults involved more physical violence, victim resistance, and substance use. Gang rape victims more often reported to formal support providers for help than did individual rape victims, and they received greater negative social reactions from those they told. The article concludes with an agenda for future research and recommendation for gang rape victim–focused interventions.

Ullman, Sarah E., and Leanne R. Brecklin, "Alcohol and Adult Sexual Assault in a National Sample of Women," *Journal of Substance Abuse*, Vol. 11, No. 4, 2000, pp. 405–420.

This study sought to increase understanding of the role that alcohol plays in sexual assault. The authors analyzed 163 single-perpetrator sexual assault incidents reported by women who completed the 1991 National Study of Health and Life Experiences of Women. Alcohol consumption by the victim prior to her assault was related to more stranger assaults, heavy episodic drinking by the victim, and more perpetrator pre-assault alcohol consumption. Alcohol consumption by the perpetrator prior to the assault was also related to more stranger assaults, and it was associated with more victim injury and greater perpetrator aggression. Multivariate analysis of factors related to victim injury indicated that perpetrator alcohol consumption and perpetrator aggression increased the odds of physical injury, whereas victim alcohol consumption decreased those odds. Given these results, the authors recommend that prevention programs target alcohol consumption by prospective victims and perpetrators, especially when the parties consuming alcohol do not know one another.

Ullman, Sarah E. and Henrietta H. Filipas, "Predictors of PTSD Symptom Severity and Social Reactions in Sexual Assault Victims," *Journal of Traumatic Stress*, Vol. 14, No. 2, 2001, pp. 369–389.

This study examined social reactions to sexual assault victims after they disclosed their assault. Analysis of survey data from 323 female sexual assault victims indicated that ethnic minorities, victims of more severe assaults, those who disclosed their assault to a lesser extent (i.e., in less detail), and those who told more people about the assault experienced more negative social reactions after disclosure. Conversely, more positive social reactions were associated with less severe sexual assault, disclosing the assault to a greater extent, and telling more people about the assault. Additional analysis revealed that

negative social reactions were related to greater severity of posttraumatic stress disorder (PTSD). According to the authors, this was the first study to demonstrate that PTSD severity is related to negative social reactions.

Ullman, Sarah E., Henrietta H. Filipas, Stephanie M. Townsend, and Laura L. Starzynski, "The Role of Victim-Offender Relationship in Women's Sexual Assault Experiences," *Journal of Interpersonal Violence*, Vol. 21, No. 6, June 2006, pp. 798–819.

This study assessed how the characteristics of sexual assault vary based on victim-perpetrator relationship. The authors analyzed surveys from 1,084 female sexual assault victims to consider whether differences in assault characteristics, current social support, assault-specific social report, coping, depressive symptoms, or posttraumatic stress disorder (PTSD) severity could be explained by differences in victim-perpetrator relationship. Victims of acquaintances were less likely than victims of other perpetrators to be ethnic minorities. Victims of strangers tended to report more violence and perceived greater life threat related to the assault. Stranger victims reported more traumatic events, and victims of strangers or relatives had more PTSD symptoms and negative social reactions than victims of other perpetrators. Negative social reactions to the sexual assault were significant predictors of PTSD among victims of all types, and avoidance coping and self-blame were associated with PTSD for most victim groups. The authors suggest that these findings can help explain why sexual assault has a lasting effect on depression, anxiety, and PTSD symptoms for some, but not all victims.

Ullman, Sarah E., George Karabatsos, and Mary P. Koss, "Alcohol and Sexual Aggression in a National Sample of College Men," *Psychology of Women Quarterly*, Vol. 23, No. 4, December 1999a, pp. 673–689.

This study examined how alcohol is related to sexual assaults. To test the popular belief that pre-assault alcohol consumption by the perpetrator and the victim is related to the severity of the sexual assault, the authors analyzed data from 694 male college students who had completed a larger national survey and indicated that they had engaged in some form of sexual aggression. They found that habitual alcohol abuse by the perpetrator and pre-assault alcohol consumption by the victim each were linked to sexual aggression severity both directly and indirectly. However, the level of pre-assault alcohol consumption by the perpetrator was not directly associated with either perpetrator aggression or assault severity. The authors assert that alcohol consumption thus plays direct and indirect roles in sexual assault outcomes and that prevention programs should therefore incorporate information about both the direct role of alcohol as well as the contextual factors that increase or decrease its role in sexual assaults.

Ullman, Sarah E., George Karabatsos, and Mary P. Koss, "Alcohol and Sexual Assault in a National Sample of College Women," *Journal of Interpersonal Violence*, Vol. 14, No. 6, June 1999b, pp. 603–625.

This study sought to determine how the mechanisms surrounding alcohol consumption, such as social context and behavior patterns, influence the role of alcohol in sexual

assault. The authors analyzed data from 1,667 female college students who had completed a national survey and indicated that they had experienced some form of sexual victimization. They found that factors directly related to more severe sexual assault victimization include victim propensity toward alcohol abuse, pre-assault alcohol consumption by the victim, and pre-assault alcohol consumption by the perpetrator. Alcohol consumption was also indirectly related to sexual assault. For example, alcohol consumption by the victim and by the perpetrator were each associated with riskier social situations in which the victim did not know the perpetrator prior to the assault. In general, while victim drinking behaviors were linked with sexual assault outcomes, they had less of an influence than did perpetrator drinking behaviors. The authors conclude by discussing the importance of focusing on both victim and perpetrator alcohol consumption not only in future research efforts but also in prevention efforts.

Ullman, Sarah E., and Judith M. Siegel, "Victim-Offender Relationship and Sexual Assault," *Violence and Victims*, Vol. 8, No. 2, 1993, pp. 121–134.

This study assessed whether differences in psychological symptoms stemming from sexual assault could be accounted for by the victim-perpetrator relationship. Analysis of survey data from 240 female sexual assault victims (drawn from a larger community sample) indicated that there were differences in sexual assault experiences based on victim-perpetrator relationship. The use of weapons and physical harm were more prevalent in assaults committed by intimate partners than those committed by acquaintances, whereas physical resistance was more likely when the perpetrator was an acquaintance rather than an intimate. With respect to psychological symptom measures, sexual distress was more common among victims of intimate partner assault, and fear/anxiety was more common among victims of stranger assault. Depression was not significantly different across relationship types. The authors conclude that determining a sexual assault victim's relationship with the perpetrator can help identify victims at increased risk for psychological symptoms and guide their clinical treatment.

Ullman, Sarah E., and Stephanie M. Townsend, "Barriers to Working with Sexual Assault Survivors: A Qualitative Study of Rape Crisis Center Workers," *Violence Against Women*, Vol. 13, No. 4, April 2007, pp. 412–443.

The authors interviewed 25 rape victim advocates in order to better understand the barriers that rape crisis center workers face when advocating for sexual assault victims. They identified four categories of barriers: societal attitudes, organizational barriers, staff burnout, and direct service barriers. Societal-attitude barriers included denial of rape and biases related to race and class, gender, sexual orientation, and disabilities. Organizational barriers included lack of funding; environmental factors, such as privacy and safety issues; a clash of philosophies regarding professionalization within rape crisis centers; and racism. Staff burnout was related to inadequate supervision, inadequate pay, lack of support, lack of accountability, rigid work demands, and even abuse of workers. Finally, direct service barriers included access and availability barriers, lack of resources to meet survivor needs, and secondary victimization. The authors conclude that additional efforts

are needed both to identify ways to better support rape crisis workers and centers and to implement those strategies.

U.S. Department of Defense, *Department of Defense FY07 Report on Sexual Assault in the Military*, Washington, D.C., 2008.

This document provides the fiscal year (FY) 2007 annual report on sexual assault in the military, in accordance with the Ronald W. Reagan National Defense Authorization Act for Fiscal Year 2005 (P.L. 108-375). The report highlights the accomplishments and plans of the Sexual Assault Prevention and Response Office (SAPRO) and provides the quantitative assessment of the number of sexual assaults, both restricted and unrestricted, for FY 2007. The report emphasizes the effort during the year to strengthen the oversight of the services' sexual assault prevention and response programs, and the decision to emphasize program accountability in the out-years. As part of this effort, DoD will establish program evaluation standards.

Van Wie, Victoria E., Alan M. Gross, and Brian P. Marx, "Females' Perception of Date Rape: An Examination of Two Contextual Variables," *Violence Against Women*, Vol. 1, No. 4, December 1995, pp. 351–365.

This study involved 101 female college students who participated in an experiment to assess perceptions of when a woman would want her partner to stop making sexual advances based on perceived token resistance and previous sexual contact. The participants were assigned to one of four groups. Prior to listening to an audio recording of a dating vignette that escalated into date rape, each group was given different information about the couple's sexual history in terms of sexual contact and whether the woman had previously objected to sexual contact or had only initially resisted. In each condition, the participants were instructed to sound the buzzer provided if and when they thought the male dating partner should stop his sexual advances. Participants who were told that the female dating partner gave token resistance on a previous date took longer to designate the stopping point for the man's sexual advances than did those who were told the couple had sexual contact without resistance on a prior date. The authors note these results are consistent with previous research and suggest they can inform efforts to educate individuals about date rape responses and rules pertaining to appropriate sexual behavior.

VanZile-Tamsen, Carol, Maria Testa, and Jennifer A. Livingston, "The Impact of Sexual Assault History and Relationship Context on Appraisal of and Responses to Acquaintance Sexual Assault Risk," *Journal of Interpersonal Violence*, Vol. 20, No. 7, July 2005, pp. 813–832.

This study analyzed the relationship between sexual assault history, relationship context, and perceived acquaintance sexual assault risk. The authors randomly assigned a random sample of 318 women with varying sexual assault histories to complete questionnaires about scenarios with different types of perpetrators, including either someone the victim had just met, a male friend, a date, or a boyfriend. Participants were asked to evaluate the scenario by rating the actions of the featured man and assessing whether his actions

reflected increasingly serious degrees of sexual assault. Participants were also asked to rate how upset they would be in such a situation. The authors found that sexual assault history had little effect on risk appraisal or intended response, but did have a modest indirect influence on sexual assertiveness in that women previously assaulted were less likely to use direct forms of resistance. Appraisal and response were mostly affected by perpetrator intimacy, such that women approached within the context of an intimate relationship were less likely to feel threatened or to resist. The authors recommend that sexual assault prevention efforts focus on the relationship between perpetrator and victim.

Varelas, Nicole, and Linda A. Foley, "Blacks' and Whites' Perceptions of Interracial and Intraracial Date Rape," *Journal of Social Psychology*, Vol. 138, No. 3, June 1998, pp. 392–400.

This study assessed differences in black and white students' perceptions of a scenario as rape. Both black and white students (N=126) completed a rape myth measure assessment and were provided with a date rape scenario, after which they completed a brief questionnaire about the scenario. The race of the scenario characters was varied for different participants. White participants were more likely to define the incident as rape and to attribute blame to the perpetrator, but they also attributed less blame to the white victim raped by a black man than to the black victim raped by the black man. All participants attributed more blame to the black perpetrator than to the white perpetrator; black participants were more lenient toward the white rapist than the black rapist, but white men held the white perpetrator more accountable. Regardless of race, women were more likely to interpret the scenario as rape. In general, rape myth adherence was predictive of the scenario interpretation. However, the authors note that the study had very small sample sizes by experimental condition and that findings should be taken with caution.

Vickio, Craig J., Barbara Arps Hoffman, and Elizabeth Yarris, "Combating Sexual Offenses on the College Campus: Keys to Success," *Journal of American College Health*, Vol. 47, No. 6, May 1999, pp. 283–286.

This article offers six strategies for educational organizations to improve their sexual assault education, prevention, and response: (1) using a team approach that includes students, faculty, and staff; (2) determining the mission statement and goals in order to provide a clear purpose and range of issues and to ensure the programs stay on task; (3) securing support from top university administrators, both to lend credence to the effort and also for monetary resources; (4) identifying a central location and a contact person; (5) publicizing the efforts, both to inform people about sexual assault and to gain recognition; and (6) evaluating and documenting the program.

Vogel, Ronald E., and Melissa J. Himelein, "Dating and Sexual Victimization: An Analysis of Risk Factors Among Precollege Women," *Journal of Criminal Justice*, Vol. 23, No. 2, 1995, pp. 153–162.

This study evaluated the predictive power of different risk factors for date rape and sexual assault. The authors analyzed survey data from 320 women about to begin college to

assess four sets of factors associated with sexual assault and date rape: childhood sexual assault experiences; frequency of alcohol/drug use on dates; attitudinal factors, such as rape myth acceptance; and personality qualities, such as assertiveness. The researchers found that early childhood sexual assault served as the strongest predictor of adult sexual assault. Greater alcohol/drug use on dates, stronger adversarial sexual beliefs, and lower assertiveness were also related to increased risk of sexual victimization.

Wagner, Lisa Walbolt, *Domestic Violence and Sexual Assault Data Resource Center, Final Report*, Washington, D.C.: U.S. Department of Justice, 2008.

This study assessed the status of domestic violence and sexual assault data-collection efforts across the United States. Data were collected from the agencies deemed most likely to use, collect, or report domestic violence, stalking, or sexual assault statistics—namely, state Uniform Crime Reporting programs, state Statistical Analysis Centers, domestic and sexual violence coalitions, and state government agencies. Interviews and surveys representing 304 such agencies revealed that 21 states collect only summary offense information, 10 states collect only incident-based offense information, 20 states collect either type of information and allow agencies to pick which option to report, and 11 states have specialized data-collection systems specifically for domestic or sexual violence, in addition to either summary or incident-based data systems. Overall, 47 states have sexual violence–oriented data systems, and, as of December 2006, 30 states were FBI-certified to report incident-based data. Additional findings pertain to the specific fields included in data systems and the frequency with which states use service provider-furnished information in their systems. The publication also describes a Web site (Domestic Violence and Sexual Assault Data Resource Center, 2009) created as part of the study, which contains such features as a comparison of all states on the type of system used and types of information collected and state-by-state snapshots of data-collection activities and practices.

Wahab, Stéphanie, and Lenora Olson, "Intimate Partner Violence and Sexual Assault in Native American Communities," *Trauma, Violence, & Abuse*, Vol. 5, No. 4, October 2004, pp. 353–366.

The authors present this research review in the context of prior work asserting that Native American women suffer higher rates of sexual violence than other ethnic or racial groups of women: 34 percent of Native American women experience a completed or attempted rape during their lifetime, but there is a general lack of research focusing on sexual assault within this population. The limited research that does exist suggests that, because of the variation in Native American experiences, research should not be aggregated across this group. This small body of work also speculates that institutional oppression (racism, exploitation of resources, seizure of lands, alcoholism) is related to higher victimization rates. The authors write that further research should address the role of religion, rural and urban contexts, and the changing cultural practices regarding gender and family.

Wall, Anne-Marie, and Regina A. Schuller, "Sexual Assault and Defendant/Victim Intoxication: Jurors' Perceptions of Guilt," *Journal of Applied Social Psychology*, Vol. 30, No. 2, 2000, pp. 253–274.

The authors investigated the influence of intoxication on juror perceptions of guilt and evaluations of sexual assault cases. In the study, 323 jury-eligible college undergraduates read a vignette and then answered survey questions as a mock juror. The authors found that alcohol use by either the perpetrator or the victim prior to an alleged sexual assault influenced mock juror perceptions of the two parties and their evaluation of the case. Views about perpetrator guilt varied based on who was drinking at the time of the assault and the level of intoxication. For example, when the victim was sober and the perpetrator extremely intoxicated, mock jurors were more inclined to issue a guilty verdict. On the other hand, when the victim was extremely intoxicated, the perpetrator's consumption did not have a differential influence on verdicts. The authors conclude by suggesting that the findings hint at a reluctance—possibly an increasing one—to absolve irresponsible drunken behavior.

Ward, Colleen, *Attitudes Toward Rape: Feminist and Social Psychological Perspectives*, Thousand Oaks, Calif.: Sage Publications, 1995.

This book provides a feminist interpretation of rape incidence and of society's interpretation of and response to rape. The author considers both feminist and psychological theory and research of rape attitudes. She asserts that society is fundamentally prejudiced against the rape victim, and she discusses the consequences of biased and prejudicial perceptions of sexual assault. She supports the perspective that programs can change rape attitudes. However, she notes that the resiliency as well as the behavioral implications of that change remain unclear, even as she remains optimistic that the collaboration of feminist and psychological research can address these issues and yield recommendations for positive change.

Wasco, Sharon M., Rebecca Campbell, April Howard, Gillian E. Mason, Susan L. Staggs, Paul A. Schewe, and Stephanie Riger, "A Statewide Evaluation of Services Provided to Rape Survivors," *Journal of Interpersonal Violence*, Vol. 19, No. 2, February 2004, pp. 252–263.

In this article, the authors discuss the results of a statewide evaluation, initiated by the Illinois Department of Human Services, of services provided to sexual assault victims. Interview and/or survey data were collected from women who obtained services in the form of the crisis hotline (N=259), advocacy (N=281), and/or counseling (N=231) from one of 33 sexual assault program centers. Results indicated that the majority of respondents who either accessed the hotline or received advocacy services felt that they gained a lot of information and received a lot of support. The majority of advocacy recipients also indicated that they received a lot of help in making decisions. With respect to counseling, a comparison of counseling outcomes and posttraumatic stress–related measures pre- and post-counseling showed statistically significant, clinically favorable changes on all measures (e.g., self-blame, low energy). The authors caution that some services could

not be evaluated using the methods they chose and that some users of hotline or advocacy services were too distressed to participate in the evaluation. However, they feel that these evaluation results are encouraging and can be used both to motivate staff and to demonstrate that these programs are an effective use of tax dollars.

Washington, Patricia A., "Disclosure Patterns of Black Female Sexual Assault Survivors," *Violence Against Women*, Vol. 7, No. 11, November 2001, pp. 1254–1283.

This article presents findings from 12 in-depth interviews that the author conducted with black female sexual assault victims to describe how sexual violence affects black women's lives, the factors that influence their disclosure decision, and the effects of that decision. Five of the 12 women disclosed their victimization within 24 hours of the incident, and all of them disclosed it to family members of close friends. Although these five women were very selective in whom they disclosed the incident to, only one of them, a childhood sexual assault victim, was satisfied with the outcome of that disclosure. The seven victims who did not immediately disclose details of their victimization offered reasons for their nondisclosure that mapped to several themes: inadequate or inappropriate socialization related to sexuality, community of origin issues (i.e., norms of the black community); the strong black woman/weak white woman stereotype; racial tensions between blacks and the criminal justice system; and perceptions that medical and crisis intervention service professions are white-dominated. The author asserts that, overall, her findings provide rich detail on how race can influence disclosure decisions and outcomes and highlight areas in need of future research with greater generalizability.

Way, Ineke, Karen M. VanDeusen, Gail Martin, Brooks Applegate, and Deborah Jandle, "Vicarious Trauma: A Comparison of Clinicians Who Treat Survivors of Sexual Abuse and Sexual Offenders," *Journal of Interpersonal Violence*, Vol. 19, No. 1, 2004, pp. 49–71.

This study compared the levels of vicarious trauma present in a large, random sample of clinicians working with either sexual assault victims or perpetrators and examined the attributes associated with clinicians who provide treatment for sexual abuse. The authors surveyed 347 clinicians who belonged to one of two professional organizations about levels of vicarious trauma, childhood maltreatment, and strategies employed to cope with providing sexual abuse treatment. Overall, 76 percent of respondents reported at least one type of abuse or neglect as a child, and 54 percent had experienced multiple types of mistreatment. In addition, 52 percent of the sample scored in the clinical range for vicarious trauma. Clinicians with less time providing sexual abuse treatment indicated a greater amount of vicarious trauma. The two clinician groups (those who treat victims and those who treat perpetrators) were not significantly different in their history of sexual abuse or in their degree of vicarious trauma, but clinicians who treated victims were more likely to report seeking professional support and using positive personal coping strategies. In addition, greater trauma effects were associated with greater use of both positive and negative personal coping strategies. The study's policy recommendations include the use of more specialized clinician training on trauma work and self-care methods.

Wheeler, Jennifer G., William H. George, and Barbara J. Dahl, "Sexually Aggressive College Males: Empathy as a Moderator in the 'Confluence Model' of Sexual Aggression," *Personality and Individual Differences*, Vol. 33, No. 5, 2002, pp. 759–775.

In this study, the authors tested the Confluence Model's ability to predict sexually aggressive behavior among college men, focusing particularly on empathy's role as a moderator for sexual aggression. The authors surveyed 209 male college students on sexual dominance, adversarial sexual beliefs, hostility toward women, amount of impersonal sex, empathy, and general sexual aggression. The researchers found that empathy moderates hostile masculinity and impersonal sex, two aggregate variables that interact to predict sexual aggression. Men indicating high levels of both hostile masculinity and impersonal sex in conjunction with low levels of empathy exhibited greater sexual aggression than all other study subjects. Men with high levels of both hostile masculinity and impersonal sex and high levels of empathy, however, had rates of sexual aggression similar to those of other men. The authors suggest that empathy appears to be a prosocial attribute that serves as a protective factor for men who otherwise would be at high risk for sexual aggression.

White, Jacquelyn W., and Paige Hall Smith, "Sexual Assault Perpetration and Reperpetration: From Adolescence to Young Adulthood," *Criminal Justice and Behavior*, Vol. 31, No. 2, April 2004, pp. 182–202.

The authors used data from a longitudinal study of college students to identify factors related to sexual assault perpetration and reperpetration. Five hundred forty-three male college students completed surveys upon entering college, and a subset of them completed follow-up surveys annually throughout their four years of schooling. Analysis of these data indicated that the respondents' childhood victimization experiences (e.g., sexual abuse, witnessing domestic violence) were related to greater risk of perpetrating sexual aggression during adolescence, which in turn was predictive of perpetrating sexual aggression while in college. The authors suggest that these findings can be used to identify populations that are at high risk for sexually aggressive behaviors and to develop prevention programs expressly for them.

Wiley, Jennifer, Naomi Sugar, David Fine, and Linda O. Eckert, "Legal Outcomes of Sexual Assault," *American Journal of Obstetrics and Gynecology*, Vol. 188, No. 6, 2003, pp. 1638–1641.

To learn more about factors that influence prosecution decisions, the authors examined 396 cases in which a sexual assault victim presented for treatment at an emergency medical facility from 1997 to 1999. These cases were coded for victim, perpetrator, and incident-related characteristics, and legal outcomes were recorded for the 132 cases for which charges were filed. A legal outcome (one of five possible options, ranging from decline to prosecute to guilty verdict) was more likely in cases in which a physical exam was performed, the victim presented herself within 24 hours of the assault, the perpetrator was the victim's partner or spouse, the assault involved oral penetration, or the victim exhibited anogenital trauma. A legal outcome was less likely in cases in which the victim

had amnesia or the perpetrator was the victim's friend or acquaintance. The authors conclude that their findings support the legal efficacy of a high standard of medical care, one in which a thorough physical examination is conducted in a timely manner.

Wilson, Doug, and Andrew Klein, *An Evaluation of the Rhode Island Sexual Assault Team (SART),* Waltham, Mass.: BOTEC Analysis Corporation, 2005.

This study focused on Rhode Island's Sexual Assault Response Team (SART), a coordinated endeavor between the Sexual Assault Trauma Resource Center, the police department, and the state's Department of the Attorney General. First, the authors describe how SART works within Rhode Island, including how it coordinates with the criminal justice system. Next, they discuss findings related to the characteristics of 200 sexual assault cases. For instance, victims who seek SART services were more likely to have had a forensic exam and less likely to have been assaulted by a stranger or to have received an initial finding of probable cause from police. Lastly, the authors considered how involvement with SART influenced legal outcomes, such as charging decisions and case dismissals. Study results did not support a relationship between the SART programs and any legal outcome. In closing, the authors note that demand for SART services certainly exists in Rhode Island, and they maintain that SART's combination of judicial advocacy and rape counseling may lead to positive victim outcomes not expressly the focus of this small study. They recommend additional consideration of the SART program after it has matured and more cases are available for analysis.

Winslett, Andrea H., and Alan M. Gross, "Sexual Boundaries: An Examination of the Importance of Talking Before Touching," *Violence Against Women*, Vol. 14, No. 5, May 2008, pp. 542–562.

This study evaluated the effect of a woman's clear statement of her sexual boundaries on college students' ability to discern when the woman wants her date to stop making sexual advances. In an experiment involving 80 male and 86 female college students, participants were asked to indicate when a woman would want her dating partner to stop making sexual advances based on how clearly articulated her sexual boundaries were. Participants were split into groups and given certain information before listening to an audio recording of a date rape scenario. All were instructed to press a button at the point they felt that the man's sexual advances should stop, and the authors analyzed the length of time participants needed to make that determination (i.e., response latency). Those participants who were informed about a discussion between the dating partners in which the woman described her sexual boundaries before any sexual contact occurred stopped the audio tape significantly earlier than those who were not advised of this discussion. There was no significant difference between the reaction times of male and female participants. The authors suggest that, given these results, rape prevention programs that focus on women's assertiveness skills should help women not only to resist unwanted sexual activity but to communicate sexual boundaries before any sexual activity takes place.

Yeater, Elizabeth A., Amy E. Naugle, William O'Donohue, and April R. Bradley, "Sexual Assault Prevention with College-Aged Women: A Bibliotherapy Approach," *Violence and Victims*, Vol. 19, No. 5, 2004, pp. 593–612.

This study evaluated the efficacy of a self-help book in preventing sexual assault for college women. The book was authored by two of the article's authors. One hundred ten college women from two universities participated in the 16-week study. Participants completed an initial questionnaire, were interviewed after the second and fourth weeks, and completed an additional questionnaire during the final week. Although the participants reported that the book was useful, the study did not find a reduction in victimization rates. Instead, the participants reported 38 cases of assault during the study. The authors describe this research as the first evaluation of a bibliotherapy approach to a more cost-effective method of sexual assault prevention.

Yeater, Elizabeth A., and William O'Donohue, "Sexual Assault Prevention Programs: Current Issues, Future Directions, and the Potential Efficacy of Interventions with Women," *Clinical Psychology Review*, Vol. 19, No. 7, 1999, pp. 739–771.

This article reviews problems with sexual assault prevention programs. One problem, according to the authors, is the lack of programs that are effective for women, regardless of their prior victimization, and that actually decrease the prevalence of sexual victimization and revictimization. A problem of male-only studies is the lack of proven success in actually changing sexually abusive behavior. In addition, the authors discuss several methodological and conceptual problems of concern, including the lack of outcome data that substantiates efficacy; the lack of information on programming preferences of participants; the lack of consistent and comparable information about the attitudes, thought processes, and behavior changes and the duration of those changes from different programs; the lack of assessment of whether participants comprehended all the material; problems of biased results; and the issue of clinical significance as compared with statistical significance. Finally, according to the authors, one very basic problem is the analytical inability to identify the causal mechanisms responsible for sexual assault or for sexual victimization.

Yeater, Elizabeth A., and William O'Donohue, "Sexual Revictimization: The Relationship Among Knowledge, Risk Perception, and Ability to Respond to High-Risk Situations," *Journal of Interpersonal Violence*, Vol. 17, No. 11, November 2002, pp. 1135–1144.

In this study, the authors compared female victims' and female nonvictims' responses to a sexual assault prevention program. They assigned 300 college women to either a treatment condition or control condition. Women in the treatment group were given a written prevention program, and during different segments of the program they were required to complete and repeat a series of questionnaires until they achieved 90 percent accuracy. In contrast, women in the control group received all the questionnaires at the procedure's start and were not given the prevention portion. On average, the women required more than one attempt on each dependent measure (e.g., rape myths and facts, risk factors and risk perception) to reach the 90 percent accuracy threshold. Sexually revictimized

women did not take longer to be trained to meet the criterion than either nonvictimized women or those with one victimization experience, but women victimized only once took significantly longer to be trained on the risk factors and risk perception segment than revictimized women. The results imply that women need repeat exposures to sexual assault prevention materials. Further, interventions may need to be tailored specifically to nonvictimized, victimized, and revictimized women.

Zawacki, Tim, Antonia Abbey, Philip O. Buck, Pamela McAuslan, and A. Monique Clinton-Sherrod, "Perpetrators of Alcohol-Involved Sexual Assaults: How Do They Differ from Other Sexual Assault Perpetrators and Nonperpetrators?" *Aggressive Behavior*, Vol. 29, No. 4, July–August 2003, pp. 366–380.

This study used survey data from 356 male college students to compare perpetrators of assaults that involved alcohol with both nonperpetrators and perpetrators of assaults in which alcohol was not a factor. Within the study sample, 18 percent of the men reported committing an act that met the legal definition of rape or attempted rape, and 58 percent had committed some type of sexual assault. In addition, 54 percent of the sexual assaults disclosed by respondents involved alcohol. While many factors differentiated sexual assault perpetrators from nonperpetrators, fewer differences than expected were found between the perpetrators of alcohol- and non-alcohol-related sexual assaults. The two groups of perpetrators differed primarily in their beliefs about alcohol, the amount of alcohol consumed in sexual situations, and their impulsivity. The authors conclude that prevention programs that focus on sexual assaults involving alcohol should address would-be perpetrators' beliefs about alcohol, including feedback about inaccuracy and potential harm that may result from such beliefs.

Zinzow, Heidi M., Anouk L. Grubaugh, Bartley Christopher Frueh, and Kathryn M. Magruder, "Sexual Assault, Mental Health, and Service Use Among Male and Female Veterans Seen in Veterans Affairs Primary Care Clinics: A Multi-Site Study," *Psychiatry Research*, Vol. 159, Nos. 1–2, 2008, pp. 226–236.

This study examined the prevalence of sexual assault among male and female veterans to explore its relationship with mental health disorders and health care service use. The authors analyzed a dataset consisting of interviews with 816 primary care patients at four Veterans Health Affairs medical centers and a blind review of participants' electronic medical records for the 12 months before their interview. The authors found that female veterans were 10.9 times more likely than male veterans to report a history of sexual assault victimization: 38 percent of female veterans experienced sexual assault during their lifetimes, compared with 6 percent of male veterans. With respect to mental health, male veterans who were victims of sexual assault were more likely to report suicidality and to exhibit worse global mental health functioning than male nonvictims. Female veterans who were victims of sexual assault were more likely than female nonvictims to meet criteria for any psychiatric diagnosis, to meet criteria for a greater number of psychiatric diagnoses, and to exhibit worse global mental health functioning. In addition, male veterans with a history of sexual assault were more than twice as likely as male nonvictims to use emergency room services, and female veterans with a history of sexual assault were

more likely than female nonvictims to seek mental health services. Since only a minority of sexually assaulted veterans sought mental health treatment within the previous year (25 percent of male victims and 38 percent of female victims) in spite of their greater psychological impairment compared with nonvictims, the authors recommend expanding screening for military sexual trauma.

Zweig, Janine M., and Martha R. Burt, "Impacts of Agency Coordination on Nonprofit Domestic Violence and Sexual Assault Programs in Communities with STOP Formula Grant Funding," *Violence and Victims*, Vol. 19, No. 5, 2004, pp. 613–624.

The STOP (Services*Training*Officers*Prosecutors) Violence Against Women Formula grant program is a major federal undertaking intended to promote programs that support female victims of violent crime. In this study, the authors investigated how STOP grant funding is related to an organization's interaction with other community agencies as well as to improvements in the organization's service offerings to victims. The authors selected 200 STOP-funded victim services agencies spanning 32 states and conducted interviews with agency staff to better understand the STOP funding and other resources that supported agency efforts; their service offerings prior to receiving STOP funds; the extent of state-level STOP program support; and community interaction. Results indicated that the pre-STOP amount of services and state-level STOP program support both were positively associated with post-STOP victim services. In addition, the interaction of STOP-funded agencies with other community organizations was related to improved support of victims and to an improved community ability to meet the needs of sexual assault victims in particular (similar results were not observed for domestic violence victims). Overall, the authors maintain that STOP funding has had a positive impact, especially in communities that had little activity supporting female victims of violent crime prior to receiving STOP funding.

Zweig, Janine M., and Martha R. Burt, "Predicting Women's Perceptions of Domestic Violence and Sexual Assault Agency Helpfulness: What Matters to Program Clients?" *Violence Against Women*, Vol. 13, No. 11, November 2007, pp. 1149–1178.

The main objectives of this study were to (1) determine what influences women's perceptions of the helpfulness of domestic violence and sexual assault agencies and (2) identify factors associated with a willingness to work with such an agency again. The authors interviewed 1,509 women residing in 26 communities across eight states. Communities were selected in part based on the presence of a local STOP (Services*Training*Officers*Prosecutors)-funded program, and two samples of women were drawn: a help seeker sample recruited from community agencies and a community sample selected via random digit dialing of households. Domestic violence and sexual assault agencies were analyzed separately, which is important to note because only 100 women reported turning to sexual assault agencies for support. For sexual assault agencies, factors related to their perceived helpfulness varied based on the category of service. The number of positive behaviors exhibited by staff members was associated with greater helpfulness for all five categories examined: safety issues, child advocacy, emotional support, legal advocacy, and individual advocacy. In addition, perceptions of helpfulness for child advocacy issues

were greater when women believed that the victim services agency was interacting with other community organizations. Lastly, the greater women's sense of control when working with an agency, the more likely they were to indicate they would use the agency again. Overall, the study's results provide guidance on ways community agencies can improve their efforts to help domestic violence and sexual assault victims.

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