HEALTH AND WELL-BEING:

Texas Statewide Sexual Assault Prevalence Study

Final Report
August 2015

The University of Texas at Austin
Institute on Domestic Violence
& Sexual Assault
School of Social Work

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Executive Summary

Health and Well-being: The Texas Statewide Prevalence Study on Sexual Assault is a statewide telephone survey conducted in English and Spanish. The study used a randomly selected, representative sample of 1,203 adult Texans.

The purpose of this report is to present the descriptive findings on sexual assault prevalence, health and well-being in Texas, including the victims' relationship to perpetrators, involvement of alcohol, reporting of sexual assault to the police and the impact of sexual assault on victims. Below are some of the highlights from this study.

Findings

Prevalence

- 6.3 million (4.2 million women and 2.1 million men) or 33.2% of adult Texans have experienced some form of sexual assault in their lifetime.

Annual Rate

- 413,000 (2.3% women and 2% men) or 2.2% of adult Texans experienced sexual assault within a year prior to this survey.

Multiple Victimization Rate

- 65.2% of victims report multiple victimizations.

Gender

- Sexual assault affects all genders; however, women (2 in 5) are twice as likely to be sexually assaulted as men (1 in 5) in their lifetimes.
- Women are more likely to experience sexual assault when they are 18 or older (26.1%), and men when they are ages 14 to 17 (10.6%).

Race and Ethnicity

- Sexual assault affects all racial and ethnic groups. Although African Americans (36.8%) and White, non-Hispanics (35.2%) report the highest proportion of sexual assault and Hispanics (27.9%) the lowest, these data indicate that all racial/ethnic groups are at risk.

Impact on Health and Well-Being

- Physical, mental and emotional problems that limit activities are nearly twice as prevalent among sexual assault victims (41.3%) than among non-victims (26.5%).
- Sexual assault victims are more likely to experience certain medical conditions. Victims are almost twice as likely as non-victims to suffer from asthma (20.9% versus 12.5%), frequent headaches (21% versus 11%), irritable bowel syndrome (9% versus 4.2%), and chronic pain (20.3% versus 9.9%).

Use of Weapons

- While most sexual assaults do not involve other physical violence, a substantial minority (14.8% for women and 1.9% for men) does.[1]

Reports to Law Enforcement

- Sexual assault continues to be a severely underreported crime. Only 9.2% of victims reported their experience to the police.[2]

Alcohol and Drug Use

- Only 14.6% of victims report that they were under the influence of alcohol or drugs at the time of the sexual assault they chose to talk about. Almost twenty-four percent of victims reported that the perpetrator was under the influence of drugs and/or alcohol. [3]
- Victims reported the use of alcohol only (25.2%) more often than the use of both alcohol and drugs (8.3%) or drugs only (5%) during the sexual assault.[4]

Call to Action and Recommendations:

Although progress has been made in efforts to prevent sexual assault, this is a crime that continues to affect hundreds of thousands of citizens in Texas. Our findings indicate that sexual assault impacts the lives of both women and men throughout their lifetime. Sexual assault is much more prevalent among women and thus should be considered a major health issue for Texas women. However, the suffering of men and boys should not be minimized or ignored. Sexual assault has long lasting and potentially negative consequences for all victims. Advances in science and measurement have improved our ability to understand and describe sexual assault victimization over the last decade. Given its prevalence and impact in Texas, benchmarking in more frequent intervals is critical.

[1] Data on these findings are from follow-up questions to participants who reported sexual assault victimization. The participants were asked if they were willing to talk in more detail about one sexual assault victimization experience. [2] Ibid. [3] Ibid. [4] Ibid.

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Introduction

Sexual assault is a concern among women and men and a prevalent public health problem impacting 6.3 million or 33.2% of adult Texans over their lifetime. In the year prior to this survey, 413,000 sexual assault crimes occurred in Texas. Before this study, the most current statewide study on sexual assault prevalence in Texas was in 2003. In 2003, researchers at The University of Texas at Austin found that approximately 1.9 million adult Texans (1,479,912 females and 372,394 males) or 13% of adult Texans reported sexual assault victimization at some point in their lives (Busch, Bell, DiNitto, & Neff, 2003). While the 2003 study created a foundation for our knowledge of statewide prevalence of sexual assault, innovations in the science of measuring sexual assault warrant another study. Current and comprehensive understandings of the prevalence and extent of reported and unreported sexual assaults are critical to understanding the scope of the problem, designing effective responses, and developing primary prevention strategies.

Even though there were some more recent reports on sexual victimization, there was still a need to benchmark sexual assault prevalence data in Texas. Several state agencies in Texas also collect updated data on interpersonal violence and sexual assault, including the Texas Department of Public Safety, Office of the Attorney General of Texas, and Texas Health and Human Services Commission. While these data provide information on reported sexual assault cases, most cases of sexual assault go unreported. As a result, these estimates might not fully capture the scope of the problem. Our study presents more detailed data about the scope of sexual assault prevalence and incidence specifically focused on Texas.

This report contains the results of *Health and Well-Being: The Texas Statewide Prevalence Study on Sexual Assault.* The purpose of this report is to present the descriptive findings on sexual assault prevalence, health and well-being in Texas, including the victims' relationship to perpetrators, involvement of alcohol, reporting of sexual assault to the police and the impact of sexual assault on victims. Advocates, policy-makers, researchers, medical professionals and practitioners can use these findings to better inform institutional responses and service delivery to victims in Texas.

How to read this report?

This report has seven major sections. The introduction, background, and methodology sections provide details about the procedures. The findings section contains relevant analyses. To make statistical data available and easy to understand infographics and explanatory highlights are used for each major finding. Our hope is that this presentation achieves that purpose. There are twelve infographics findings. The infographics are designed as stand-alone sections. Readers may also download infographics individually at:

https://socialwork.utexas.edu/cswr/institutes/idvsa/

Finally, it was important to include results that did not yield statistically relevant findings. It is important to understand that conclusions should not be drawn with these data.

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Background

Extensive studies have pointed out the short and long term health consequences of sexual assault on victims. Consequences range from sexually transmitted infections and clinically diagnosable illnesses such as post-traumatic stress disorder (PTSD), substance use disorders, major depression, and other mental health issues (Chen & Ullman, 2010; Kilpatrick, Resnick, Ruggiero, Conoscenti & McCauley, 2007; Black et al., 2011; Tjaden & Thoennes, 2006; Coles, Lee, Taft, Mazza & Loxton, 2015) to gastrointestinal disorders, migraines and frequent headaches, and physical disabilities (Jewkes, Sen & Garcia-Moreno, 2002). Recent studies found that women who had experienced sexual assault had significantly higher prevalence of chronic health conditions such as physical disabilities, asthma as well as mental health conditions including depression, anxiety (Santaularia, 2014) and suicidal ideation (Santaularia et al., 2014; Chang et al., 2015).

Further, sexual assault victims suffering from PTSD are more likely to suffer from depression and anxiety (Amenu, & Hiko, 2014). These previously documented negative health associations may not reflect all health consequences of this crime. Given the documented poor health associations and potential consequences for mental and physical well-being we asked questions about participant health and wellness.

Economic Costs

In addition to health costs, sexual assault also has staggering economic costs in Texas. According to a 2006 study, adult sexual assault victims cost the state $27 million annually, or $15,000 - $50,000 per victim (Busch, Camp, & Kellison, 2006), in medical costs, lost work productivity and mental healthcare. A study by Busch-Armendariz et al. (2011) found that sexual assault crimes cost the state of Texas $8 billion dollars annually. Another study concluded that sexual assault cost the state of Michigan more than $6.5 billion that year, or $108,447 per victim. To cover the cost of sexual assault, the authors suggest that every Michigan resident would have had to pay a "rape tax" of $700 (Post, Mezey, Maxwell, & Wilber, 2002). A national study in 2010 found that each sexual assault victim costs around $151,000 (DeLisi et al., 2010). If we apply a conservative estimated cost of $100,000 per sexual assault victim to Texas and its 80,000 cases each year, sexual assault costs the Lone Star State nearly $8 billion annually—or a rape tax of $319 per Texas resident (Busch-Armendariz, Heffron, & Bohman, 2011). However, this still may not completely reflect the total tangible and intangible costs of sexual assault on society.

Prevention

The consequences and costs of sexual assault demonstrate the eminent need for prevention strategies. Most primary prevention strategies focus on educational programs of unknown effectiveness that are oriented toward producing individual changes in knowledge and attitudes (DeGue et al., 2014). Empirical studies indicate that programs focused on an ecological approach with particular attention to peer and community contexts have been more effective (Casey & Lindhorst, 2009; Flood & Pease, 2009), in the changing of norms (Casey & Lindhorst, 2009), and attitudes toward women (Flood & Pease, 2009). Casey and Lindhorst (2009) call attention to the importance of focusing on more types of community and societal-level prevention approaches.

Background

Primary prevention aims to prevent sexual assault from happening in the first place. Prevention requires earlier intervention than at college-age since the risk of sexual assault begins early in life. Bystander intervention is one prevention strategy that focuses on the community level. This strategy concentrates on changing attitudes and norms, while assigning to the community an active engagement in prevention (Cares et al., 2015). For example, one of the elements of bystander intervention includes speaking out against rape myths, sexist language or intervening in situations that present potential future victimization (DeGue et al., 2014). According to a systematic review of primary prevention strategies for sexual assault, bystander intervention is among the programs with the most promising findings (Cares et. al., 2015; Coker et al., 2011) and positive evaluation results in changing attitudes on college campuses (Cares et al., 2015). Understanding the importance of gathering statewide data that further inform prevention programs, our study included questions about bystander attitudes such as speaking out and readiness to help.

Benchmarking

In Texas, the need for current data and community requests about the prevalence of this crime, led a group of stakeholders to mobilize around an effort for the next sexual assault prevalence study. The current study builds on the statewide prevalence study *A Health Survey of Texans in 2003* (Busch, Bell, DiNitto, & Neff, 2003; Busch-Armendariz et al., 2011), The National Violence Against Women Survey (Tjaden, 1996) conducted by the National Institute of Justice and the Centers for Disease Control and Prevention (CDC), and survey design of The National Intimate Partner and Sexual Violence Survey (Black et. al., 2011) which provided advancements in methodology warranting a revision of our 2003 study methods. A working group of professionals across the state helped to plan a survey that would fill in the knowledge gaps in Texas. The research working group for this study included members of Department of State Health Services (DSHS), Texas Association Against Sexual Assault (TAASA), the Office of the Attorney General, and The Institute on Domestic Violence and Sexual Assault (IDVSA) at The University of Texas at Austin.

DSHS and IDVSA started a partnership in June of 2014 to carry out a statewide sexual assault prevalence study. Health and Well-being: The Texas Statewide Prevalence Study on Sexual Assault's purpose was to understand the magnitude of Texans' experiences of sexual assault across the state. After six months of working on the planning process and instrument development, the survey was ready to be fielded. To conduct the surveys, IDVSA contracted with the Customer Research International (CRI). IDVSA in collaboration with CRI piloted and then fielded the survey in November of 2014. Data collection concluded in February 2015.

Background

Other Statistics on Sexual Assault

Sexual assault is a highly underreported crime (National Victim Assistance Academy, 1999). Prior to this statewide study, information about the prevalence of rape was based on the Uniform Crime Reports and the National Crime Survey (NCS) conducted by the Bureau of Justice Statistics (National Victim Assistance Academy, 1999). Advocates working with sexual assault survivors, state policy makers, and legislators in Texas and other states rely on these national reports because state-specific statistics and reporting systems that document the scope of sexual assault are not available. However, these national reports have serious limitations. The Uniform Crime Reporting Program (UCR) is a voluntary reporting program in which approximately 17,000 law enforcement agencies report crimes to the Federal Bureau of Investigation (FBI). The UCR uses standardized offense definitions; therefore, law enforcement reports are based only on cases that fit these definitions and are made without regard to state statute. Currently, the development of the National Incident-Based Reporting System (NIBRS) is being used to update this reporting system. NIBRS includes additional descriptive information about crimes. However, it still has limitations.

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

Impetus for the Study

This study adds significantly to our understanding of the experience of sexual assault among Texans. It provides information that can assist direct service providers in targeting services to high risk and underserved populations and developing innovative services for sexual assault survivors. The findings may differ from national studies for a variety of reasons.

This study is the second empirical study to examine prevalence in the state of Texas specifically. While we have no reason to believe that rates of sexual assault in Texas are dramatically different from other states or nationally, it is possible that there are differences within states that account for different rates of sexual assault.

Second, studies vary in their definition or measurement of sexual assault. As the following pages indicate, we have used a behaviorally specific definition focusing on unwanted oral, vaginal, and anal sex and unwanted sexual contact with other objects. We believe that defining sexual assault in this way results in more accurate reports of sexual assault than does asking a person if she or he was raped. Advances in science and measurement have improved our ability to understand and measure sexual assault victimization over the last decade. As a result, the prevalence and rates between 2003 and 2015 differ (see Findings: Comparing 2003 and 2015 Prevalence in Texas on page 31 for more information). Again, we have produced a current, representative, and Texas-specific study of the prevalence of sexual assault. We have added, for the first time annual rates. We hope that these data will assist agencies and policymakers in providing services for survivors of sexual assault.

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Methodology

Overview

Health and Well-Being: The Texas Statewide Prevalence Study on Sexual Assault is a statewide random digit dial (RDD) telephone and cellphone survey of the English and Spanish speaking population of Texas. The study used a randomly selected, representative sample of 1,203 adult Texans.

The purpose of this project is to understand Texans' experiences of health and well-being including sexual assault based on the following research questions:

- How do people living in Texas rate their health status and behaviors, including drug and alcohol use?
- How many Texans have experienced sexual assault in their lifetime?
- What is the annual rate of sexual assault in Texas?
- What is the knowledge of Texans about services for victims and involvement in efforts to end this crime?

We asked participants 15 behavioral-based questions about their sexual assault and determined sexual assault victimization based on the 2014 Texas Penal Code for sexual assault and age range at the time of victimization and several follow up questions.

Sampling Procedures

We drew a random sample from landline (60%) and mobile phones (40%) using random-digit-dial methods. The sampling error is ± 2.8 percentage points at the 95% confidence level (see Appendix B for additional details about our sampling plan). The interviewers made approximately 9,070 telephone and mobile phone calls to reach the 1,203 participants in this study. Eighty-two percent resulted in incomplete surveys, 48% were non-qualified, completed surveys and 13% resulted in qualified completed surveys. Incomplete surveys included participants who declined to take the survey, or who the interviewers could not reach after the initial contact. Non-qualified surveys included participants who were underage or did not live in Texas. The interviewers placed calls during the evening, nighttime and weekends to ensure participants' availability.

Limitations

There are several limitations in utilizing a telephone survey (both landline and cellphone) to investigate sexual assault. First, it is difficult to determine if participants (victims and non-victims) who chose to answer this phone survey had different experiences than those Texans who declined participation or withdrew from the survey. Also, this phone survey may have excluded people with disabilities, those without landline or cell phone service, people who only spoke languages other than English or Spanish and persons residing in institutions. Furthermore, people who are saturated by telemarketing studies or other types of unsolicited phone calls could have been less likely to answer this survey. Also, participants with recent or current sexual assault experiences might be less likely to report or even feel ready to disclose these experiences.

Second, our methodology only included follow up questions of one incident that participants reported. We could have missed important data from participants who had experienced multiples forms of victimizations. This might have affected data in regard to the locations of sexual assaults and additional information about incidents such as if they sought help, experienced collateral violence, pregnancy and experienced distress as a result of other sexual assault victimizations.

The current study is the second time our state has examined prevalence and rates of sexual victimization among Texans. Although it provides the most comprehensive investigation of sexual assault prevalence to date, many additional questions about sexual assault victimization were generated as a result of this undertaking.

Characteristics of the Sample

The sample of 1,203 participants consisted of 50.6% females and 49.3% males. The racial and ethnic composition was 50.9% White, non-Hispanic, 36.1% Hispanics, 12.1% African Americans, and 4% all other racial/ethnic groups or unknown race/ethnicity. Participants varied in regard to income, with 21.1% under $25,000, 26.2% between $25,000 and $49,999, 19.2% between 50,000 and $74,999 and 33.4% with $75,000 and over annually. Education ranged from no schooling to post-graduate degrees. A full description of the sample is provided in Appendix A.

Protection of Human Subjects

The Institutional Review Board (IRB) at the University of Texas at Austin reviewed and approved this project (IRB approval No. 2014-07-0034). Participation was completely voluntary. Participants

gave their informed verbal consent and could skip any question or stop at any time. The CDC consent methodology of NISVS (2010) was utilized, whereby, interviewers introduced each section with possible outcomes so that participants could prepare emotionally to answer the upcoming questions and decide if they wanted to continue to participate.

The survey started with general questions on socio-demographic information and health before moving on to victimization question and a detailed report of victimization and closing with lighter questions to help the participant with emotional closure. All participants received the National Sexual Assault Hotline number at the beginning and end of the survey.

Training, Monitoring and Support of Interviewers

Customer Research International (CRI) administrators carefully selected interviewers for this project. All interviewers were CRI employees and received training on the use of the computerized data collection procedures. Given the sensitive nature of this survey, CRI interviewers, supervisors, and managers completed two three-hour training workshops co-facilitated by IDVSA researchers and the Hays-Caldwell Women's Center in San Marcos, Texas. The topics of the workshops included sexual assault myths, etiology, and post-traumatic responses to sexual assault and protocols for distressed participants (see Appendix C for more details on the training outlines).

The CRI supervisors closely monitored interviewers' calls and offered on-going support and suggestions to improve the data collection procedures and compliance with protocols for the protection of human subjects. The research team monitored interviews during the pilot and data collection in real time and provided ongoing feedback to CRI to ensure compliance with protocols and the protection of subjects. The research team also provided support to interviewers.

Distressed Participants and Protocol

The human subject's review included a protocol for distressed participants. Interviewers were trained on the protocol and procedures were developed to integrate our growing knowledge of the neurobiology of sexual assault trauma including the recognition of post-traumatic responses that may have resulted from the decision to talk about the sexual assault victimization among study participants. The protocol included information on identifying distressed behaviors that participants may demonstrate such as: becoming withdrawn or quiet, taking long pauses between the question and providing their answer, their voice may quiver, or they may make statements that indicate they want to end the call. In the case of an interview where a research participant appears to be emotionally upset by the questions in the interview guide, the interviewer will be trained to follow the following protocol:

- Ask participant if they would like to terminate the interview.
- Reassure the participant that strong feelings are normal when reliving a traumatic experience like sexual assault.
- Remind participant that many people are helped to feel better about themselves after talking with a professional about the experience.
- Tell participant about the National Sexual Assault Hotline (NSAH).
- Whenever possible, check in with the participant about what plans they may have in place to help take care of themselves and help problem-solve (for example, call a friend).
- After hanging up with the research participant, the interviewer will immediately report the incident to their supervisor at CRI and fill out a report form, which will be delivered to the CRI director.
- Interviewers are encouraged to call the hotline themselves to talk about their feelings about the call. The CRI director will then, within 24 hours, forward the report to the Principal Investigator of the Research Project, Dr. Noël Busch-Armendariz, who will then report the incident to the IRB within one week of the incident.

During this study, interviewers reported two cases of distressed participants and referred both participants to the National Sexual Assault Violence Hotline.

Survey Instrument Development

Our team of researchers developed the survey instrument in collaboration with the Research Working Group, which consisted of sexual assault experts from across the state including the Texas Department of State Health Services, Texas Association Against Sexual Assault, Office of the Attorney General, and other members of IDVSA. Researchers consulted these experts to design an instrument that was sensitive to the nature of the study and all participants. CRI staff translated the English version of the survey instrument. A native Spanish-speaking

Methodology

IDVSA researcher and two bilingual members of the IDVSA research team reviewed the Spanish translation of the instrument to ensure its accuracy and cultural appropriateness.

Questions build upon the National Intimate Partner and Sexual Violence Survey (Black et al., 2011), the Statewide Prevalence Study of Intimate Partner Violence in Texas (Busch-Armendariz, Heffron & Bohman, 2011), The Health Survey of Texans: A Focus on Sexual Assault (Busch, Bell, DiNitto, & Neff, 2003), the Pacific Attitudes Toward Gender scale (Vaillancourt & Leaper, 1997), the Bystander Efficacy Scale (Banyard, 2008), Readiness to Help Scale (Banyard, Moynihan, Cares & Warner, 2014) and several other references.

The survey has four sections. Section I covers demographic and socioeconomic variables, participants' health and well-being, drug and alcohol use, attitudes and perceptions about sexual assault. Since we framed the survey in the context of well-being, it included a series of questions about participants' health and health-related experiences. Demographic information included ethnicity, education, deployment status, income, and number of household members. There were 37 queries about participants' general well-being, health, alcohol and drug use, and attitudes about sexual assault and gender socialization.

Section II contains victimization questions divided into 3 age ranges (13 and younger, 14 through 17, 18 and older), the relationship of the victim to the perpetrator, and if participants had been sexually assaulted within the last year.

Section III asked follow-up questions to participants who reported sexual assault victimization about the incident including:

- What was the victim-perpetrator relationship?
- What was the impact of victimization on mental and physical health?
- What was the extent and nature of injuries sustained?
- To what extent did victims and survivors seek help after sexual assault and utilize medical, mental health, and criminal justice systems?

Section IV included additional demographic questions such as participant's marital status and sexual orientation, and the survey wrap-up.

Alcohol and Drug Use

The researchers used two approaches to capture information about alcohol and drug use. First, interviewers gave participants who reported that they were victims of sexual assault the opportunity to talk in more detail about one of those experiences. These follow-up questions included one that asked whether they or the perpetrator(s) were using alcohol or drugs at the time of the assault. Second, interviewers asked all participants questions based on a modification of the CAGE instrument (Mayfield, McLeod, & Hall, 1974) and CAGE-AID (Brown & Rounds, 1995) to screen for alcohol and drug problems. Building on the CAGE instrument, which focuses exclusively on alcohol, Brown and Rounds (1995) measure assesses alcohol and drug use. An example of a question in Brown and Rounds (1995) is "Have you felt you ought to cut down on your drinking or drug use?" The clinical rationale for combining alcohol and drugs is that clients are often less willing to admit drug use than alcohol use. For this study, however, rather than combining questions about drugs and alcohol for each type of experience, we asked the questions separately for alcohol and drugs. For both the CAGE instrument and our adaptations that include drug questions, one "yes" answer indicates a positive screen and the need for further assessment and follow-up. However, two "yes" answers are often used with the CAGE instrument as a cut-off screening score.

You can obtain a complete copy of the modified survey instrument from Dr. Noël Busch-Armendariz at nbusch@austin.utexas.edu.

Sexual Assault Victimization Questions

Improvements in the science and measurement of sexual assault crimes have advanced the previous Health Survey of Texans: A Focus on Sexual Assault (Busch, N.B., Bell, H., DiNitto, D.M., & Neff, J, 2003), which queried five victimization questions. The current study (2015) includes the 5 victimization questions from our 2003 study, added 10 additional victimization questions, and builds upon the National Intimate Partner and Sexual Violence Survey (Black et al., 2011). Victims often do not define their experiences as sexual assault. Therefore, this survey was designed to help identify if participants had ever been sexually assaulted. For this reason participants were asked 15 behavioral-based questions about unwanted sexual experiences, that occurred during three age periods: before the

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age of 14, between the ages of 14 and 17, and at age 18 and over. The victimization question were as follows:

Victimization questions in 2015

1. Made you have vaginal sex
2. Made you have anal sex
3. Made you have oral sex
4. Put their fingers or an object in your vagina or anus
5. Tried to have vaginal, oral or anal sex
6. Exposed their bodies parts to you, flashed you, or masturbated in front of you
7. Made you show your sexual body parts to them
8. Made you look at or participate in sexual photos or movies
9. Kissed you in a sexual way
10. Fondled, groped, grabbed, or touched you in a way that make you feel unsafe
11. Pressured by doing things like telling you lies, making promises about the future they knew were untrue, threatening to end your relationship, or threatening to spread rumors about you
12. Wearing you down by repeatedly asking for sex, or showing they were unhappy
13. Using their influence or authority over you, for example, your boss or your teacher
14. Happened when you were drunk, high, drugged, or passed out and unable to consent
15. Unwanted sexual experiences under any other circumstances

Victimization questions in 2003

1. Made you have vaginal sex
2. Made you have anal sex
3. Made you have oral sex
4. Put their fingers or an object in your vagina or anus
5. Tried to have vaginal, oral or anal sex

Length of Interview

On average, an interview with a participant who had not experienced sexual assault victimization took approximately 25 minutes. On average, an interview with a sexual assault victim took 38 minutes.

Weighting

The research team weighted the row data based on the Texas census and the design included effects for gender, ethnicity, and age. The estimated margin of error for the sample in this survey is ± 2.8% at the 95% confidence level. See Appendix B for a full description of the weighting.

Data Analysis

To conduct data analysis, the research team tabulated using age, gender, and ethnicity weights that reflect the census population distribution in the State of Texas. Research banners include victimization status, gender, ethnicity, income and education. Summary statistics included averages and percentages as appropriate for the scale of the question response choices. Standard inferential tests were also included in the tabulation report, specifically z-tests for comparing proportions and t-tests for comparing averages.

We established victimization by following rules that met the legal definition of sexual assault and sexual offenses in the State of Texas (More details are provided on Appendix D). We assessed incidence by asking participants if any of the reported sexual experiences that happened after they were adults occurred within the last year.

Data Quality Assurance

The research team implemented several strategies and mechanisms to monitor data collection and quality assurance. These activities included the testing of links to make sure they reflected the content and the programming for both English and Spanish versions of the survey, the survey instrument pilot, the daily review of data collected and debriefing with CRI interviewers and supervisors. During the pilot, the team tested both survey content and methodology. These resulted in several adjustments to the process and instrument programming. During both the pilot and data collection, the team monitored interviews in real time and provided ongoing feedback to CRI to ensure quality assurance and compliance with protocols.

Additional activities during and after the piloting survey included ongoing communication with CRI's director and supervisors and the monitoring of data collection. We held ongoing email and phone calls with CRI on a weekly and sometimes bi-weekly basis to coordinate details of the field work and adjustments to both survey content and programming. Internally, our team met continuously over 6 months for formal meetings to make adjustments to the instrument and move the project forward.

Call to Action and Recommendations

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Call to Action and Recommendations

Although progress has been made in efforts to prevent sexual assault, this crime affects hundreds of thousands of residents in Texas. Our findings indicate that sexual assault impacts the lives of both woman and men throughout their lifetime. Sexual assault is much more prevalent among women and thus should be considered a major health issue for Texas women. However, the suffering of men and boys should not be minimized or ignored. Sexual assault has long lasting and potentially negative consequences for all victims. Advances in science and measurement have improved our ability to understand and describe sexual assault victimization over the last decade. Given its prevalence and impact in Texas, benchmarking in more frequent intervals is critical.

We Offer These Recommendations as a Call to Action for Texas:

1. Health, mental health, and criminal justice organizations should consider specific public health and criminal justice strategies to reach women and girls.
2. The prevalence and rates and comparative analyses should be repeated every five years and reported to the Department of State Health Services.
3. Stable funding to organizations whose missions address this crime and provide necessary victim/survivor services is needed including: rape crisis centers, medical and other healthcare providers, prevention and education programs, law enforcement, prosecutors and other criminal justice services as well as incarceration and intervention for offenders.
4. Develop innovative ways that will improve sexual assault victims' confidence and comfort in reporting to formal systems, including law enforcement.
5. Extend accessible, competent and trauma-informed services to all victims of this crime.

Findings suggest that hundreds of thousands of Texans are victims of this violent crime. In the end, we must recognize sexual assault crimes persist as a social problem in Texas and the need to propel this issue to the public's attention is pressing. While prevention efforts are well underway, we need to continue to do more to prevent victimization and perpetration. We hope that this report serves as a catalyst and direction for future efforts. Our actions should be strategic, swift, and revolutionary.

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Findings

The Cost and Prevalence of Sexual Assault in Texas
The Sexual Assault Prevalence in Texas
Comparing 2003 and 2015 Prevalence in Texas
Who are the Perpetrators?
Violence and Use of Weapons During Sexual Assault
Alcohol and Drug Use at the Time of Sexual Assault
Assessment on Health and Well-Being
Impact on Health and Well-Being
Impact: Disruption of Daily Life
Impact: Economic Hardship
Seeking Help After Sexual Assault
Who Participated in this Study
Lifetime Sexual Assault Prevalence by Victim Demographics

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COST AND PREVALENCE OF SEXUAL ASSAULT IN TEXAS*

6.3 MILLION

ADULT TEXANS HAVE EXPERIENCED SOME FORM OF SEXUAL ASSAULT IN THEIR LIFETIME

that's **33.2% OF ALL TEXANS**

65.2% OF VICTIMS REPORT MULTIPLE VICTIMIZATIONS.

413,000 ADULT TEXANS HAVE EXPERIENCED SOME FORM OF SEXUAL ASSAULT IN THE PAST YEAR

★ COSTS THE STATE OF TEXAS **$8 BILLION**

$42.8 MILLION

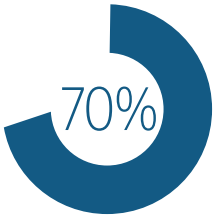
ANNUAL EXPENDITURES IN SERVICES FOR VICTIMS

COSTS EACH TEXAN $340

OF SEXUAL ASSAULTS **NO WEAPON** WAS USED**

10% OF SEXUAL ASSAULTS **RESULT IN PREGNANCY**+

9.2% OF VICTIMS **REPORTED TO LAW ENFORCEMENT****



OF SEXUAL ASSAULTS ARE COMMITTED BY A PERPETRATOR **KNOWN OR RELATED TO THE VICTIM****

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FOOTNOTES

** Costs are based on Busch-Armendariz et al. 2011*

***These analyses are based on one victimization that victims chose to describe in detail and not based on all the sexual assaults reported by victims in this survey.*

+ These analyses are base upon a small sample size therefore caution is warranted.

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SEXUAL ASSAULT PREVALENCE IN TEXAS

EXTENT OF THE PROBLEM

6.3 MILLION
Adult Texans have experienced some form of sexual assault in their lifetime

- 4.2 M FEMALE VICTIMS
- 2.1 M MALE VICTIMS

413,000
Adult Texans experienced some form of sexual assault in the past year

2.2% ALL TEXANS

- FEMALE VICTIMS 2.3%
- 2% MALE VICTIMS

65.2%
of victims report multiple victimizations

VICTIMIZATION BY GENDER AND AGE

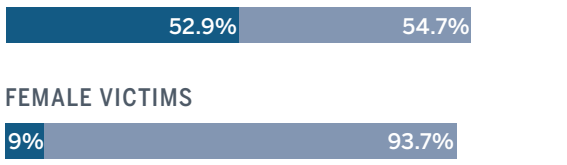
● FEMALE VICTIMS ● MALE VICTIMS ● ALL VICTIMS

2 IN 5 WOMEN

1 IN 5 MEN

LIFETIME REPORT OF SEXUAL ASSAULT BY GENDER OF VICTIM

● FEMALE PERPETRATORS ● MALE PERPETRATORS



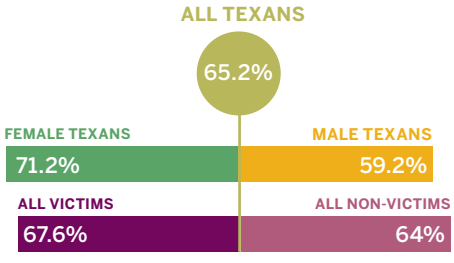
Percentages may sum to more than 100% because of multiple victimizations by both male and female perpetrators. n=399

LIFETIME REPORT OF SEXUAL ASSAULT BY RELATIONSHIP TO PERPETRATOR*

● FEMALE VICTIMS ● MALE VICTIMS

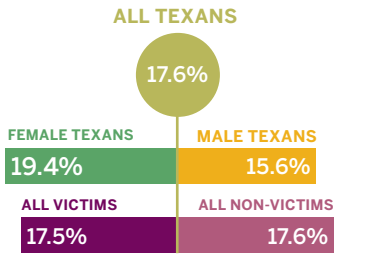
Percentages may sum to more than 100% because of multiple assaults experienced by both male and female victims. n=399

THINK SEXUAL VIOLENCE IS A PROBLEM IN TEXAS**



n=1141

HAVE BEEN OR ARE CURRENTLY INVOLVED IN ONGOING EFFORTS TO END SEXUAL VIOLENCE IN THEIR COMMUNITY**



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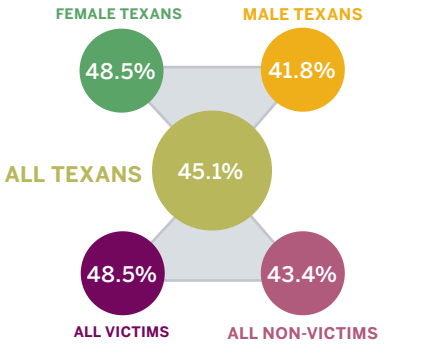
KNOW OF A RAPE CRISIS CENTER THAT SERVES THEIR COMMUNITY+



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HIGHLIGHTS

UNDERSTANDING THE PERPETRATORS OF WOMEN

Women are primarily sexually assaulted by men.

93.7% of women report that their perpetrators were male and a significant minority of women (9%) report being victimized by a female offender.

Women are most vulnerable to sexual assault from someone they know and often trust.

53.3% of women report that an acquaintance or friend was the offender.

52.2% of women report that someone in a close relationship to them was their offender, including spouses, dating partners, family members, and relatives.

About a third of women, 34% report that the offender was a stranger.

UNDERSTANDING THE PERPETRATORS OF MEN

Men have an almost equal chance of being assaulted by either a woman or a man.

52.9% of men who have been assaulted report that their perpetrators were female.

54.7% of men report that their perpetrators were male.

Men are more likely than women to be victimized by an acquaintance or friend (59.9%).

Men are less likely than women to be assaulted by someone they have a close relationship with (29.5%).

VICTIMIZATION BY GENDER AND AGE

Sexual assault affects both men and women. Women are twice as likely to be sexually assaulted as men in their lifetimes, 43.8% compared to 22.5% respectively.

Women experience sexual assault at higher rates than men for every age group surveyed.

The highest prevalence rate of sexual assault for women occurs in the 18 and older age group; in contrast, men report higher sexual assault prevalence for ages 17 and under.

FOOTNOTES

*RELATIONSHIP DEFINITIONS: *Stranger is defined as a person the victim never met or met in the 24 hours prior to the sexual assault. Acquaintance or friend is defined as friend, roommate, neighbor, parent of friend, family friend, co-worker, ex-coworker, co-volunteer, ex-co-volunteer, employee, ex-employee, classmate, or ex-classmate. Person of authority is defined as boss, supervisor, teacher, professor, instructor, coach, doctor, nurse, other health professional, faith leader, or landlord.*

***Participants responded to questions based on a 10 point scale where 10 means "very much true" and 1 means "not at all true." Analyses are based on reporting into one collapsed category where responses 8, 9 and 10 were summed.*

+ On this question participant choices were "yes," "no," and, "don't know." Percentages are calculated on "yes" responses.

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COMPARING 2003 AND 2015 PREVALENCE IN TEXAS

VICTIMIZATION SCREENING QUESTIONS

2003 SURVEY

5 questions that met 2003 Texas Penal Code

Questions applied to all ages

2015 SURVEY

5 questions from 2003 survey that met Texas Penal Code for 2003 and 2014

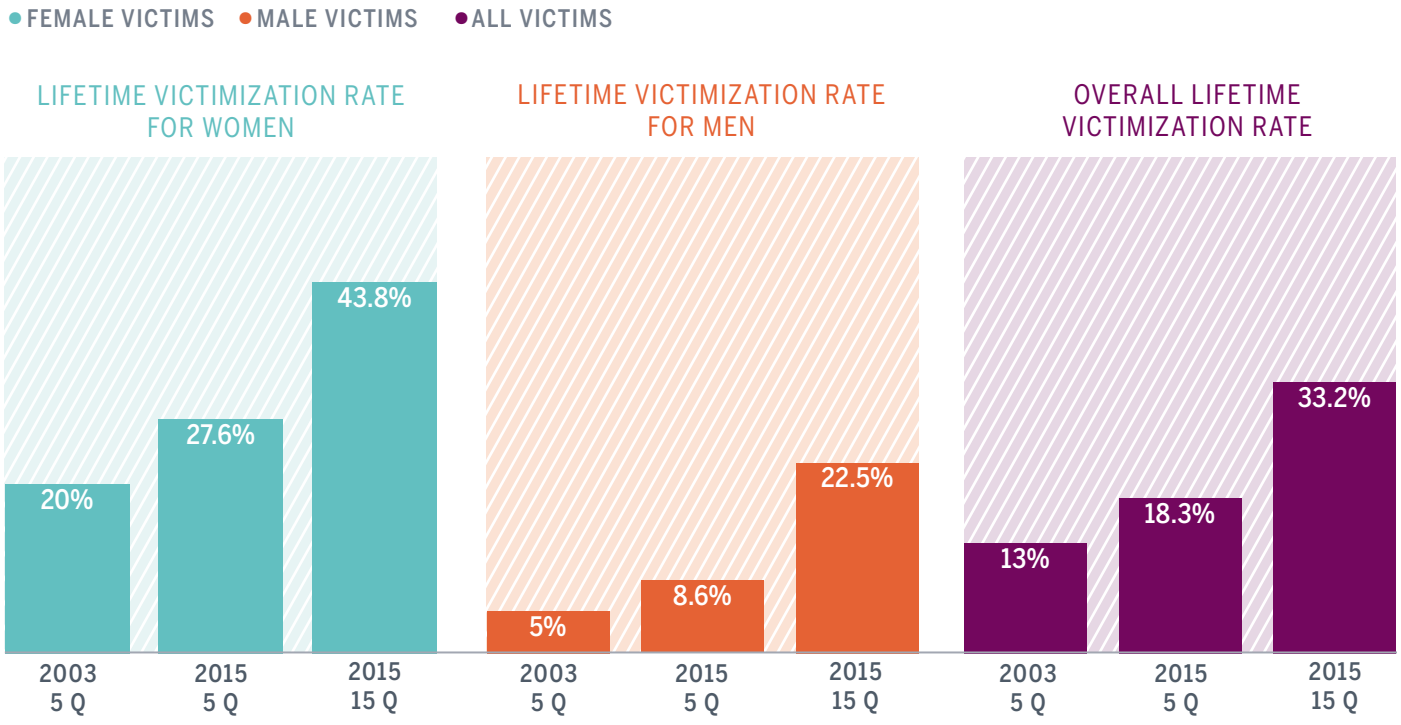
10 additional questions that met 2014 Texas Penal Code

New questions applied to certain age groups

WHY ARE 2015 RATES SO MUCH HIGHER?

The increase of sexual assault victimization across all categories is likely a result of the expansion of the Texas Penal Code on sexual assault, better scientific methods for measuring sexual assault, an increase in knowledge and public awareness of sexual victimization, the willingness of Texans to identify their victimization, and an underestimation of the 2003 sexual assault data. There may also be other explanations for the increase.

Although direct comparisons should not be made, these data indicate that sexual assault should be a crime of great concern in the State of Texas, given its prevalence and impact upon Texans.



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HIGHLIGHTS

COMPARING 2003 AND 2015 PREVALENCE IN TEXAS

Determining sexual assault prevalence rates is complex. This study shows an increase in lifetime sexual assault prevalence over the past decade for all victim categories.

In 2003, five questions that met the 2003 state Penal Code for sexual assault crimes were used to estimate the prevalence of sexual assault in Texas.

In 2015, 15 questions that met the 2014 state Penal Code for sexual assault crimes were used to estimate the prevalence of sexual assault in Texas.

Given that ten new questions were added in 2015, only partial comparisons can be made about the prevalence rates in these two time periods.

Comparisons should be made using the five similar questions asked both years.

Victims often do not define their experiences as sexual assault. Therefore, this survey was designed to help identify if participants had ever been sexually assaulted. For this reason participants were asked 15 behavioral-based questions about unwanted sexual experiences, that occurred during three age periods: before the age of 14, between the ages of 14 and 17, and at age 18 and over. The victimization question were as follows:

Victimization questions in 2003

1. Made you have vaginal sex
2. Made you have anal sex
3. Made you have oral sex
4. Put their fingers or an object in your vagina or anus
5. Tried to have vaginal, oral or anal sex

Results indicate an increase in lifetime sexual assault victimization among adult Texans from 13% in the 2003 to 18.3% in 2015.

Women reported the greatest increase of sexual assault lifetime victimization, from 20% in 2003 to 27.6% in 2015.

Victimization questions in 2015

1. Made you have vaginal sex
2. Made you have anal sex
3. Made you have oral sex
4. Put their fingers or an object in your vagina or anus
5. Tried to have vaginal, oral or anal sex
6. Exposed their bodies parts to you, flashed you, or masturbated in front of you
7. Made you show your sexual body parts to them
8. Made you look at or participate in sexual photos or movies
9. Kissed you in a sexual way
10. Fondled, groped, grabbed, or touched you in a way that make you feel unsafe
11. Pressured by doing things like telling you lies, making promises about the future they knew were untrue, threatening to end your relationship, or threatening to spread rumors about you
12. Wearing you down by repeatedly asking for sex, or showing they were unhappy
13. Using their influence or authority over you, for example, your boss or your teacher
14. Happened when you were drunk, high, drugged, or passed out and unable to consent
15. Unwanted sexual experiences under any other circumstances

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WHO ARE THE PERPETRATORS?

REPORT OF SEXUAL ASSAULT BY AGE OF VICTIM AND GENDER OF PERPETRATOR

VICTIMS AGE 13 AND UNDER

FEMALE PERPETRATORS 20.3%

MALE PERPETRATORS 80.9%

VICTIMS AGE 14 TO 17

FEMALE PERPETRATORS 18.2%

MALE PERPETRATORS 75.6%

VICTIMS AGE 18 AND OLDER

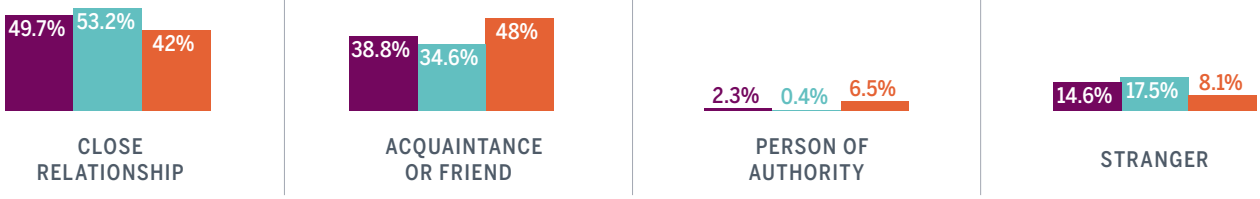
FEMALE PERPETRATORS 17.4%

MALE PERPETRATORS 76.1%

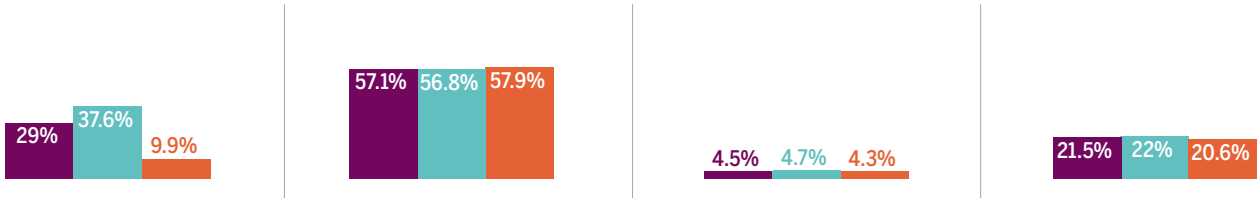
REPORT OF SEXUAL ASSAULT BY RELATIONSHIP TO PERPETRATOR AND AGE OF VICTIM*

● FEMALE VICTIMS ● MALE VICTIMS ● ALL VICTIMS

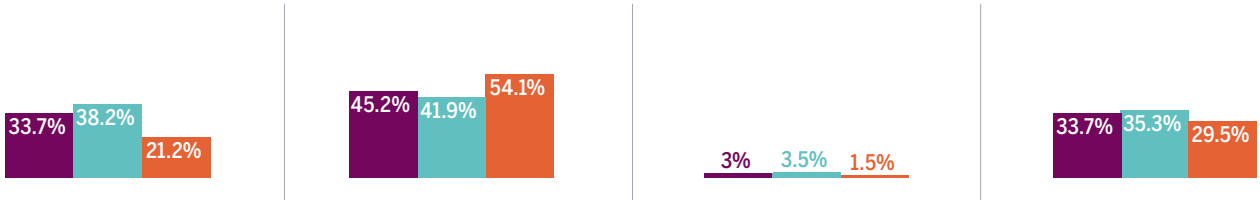
VICTIMS AGE 13 AND UNDER



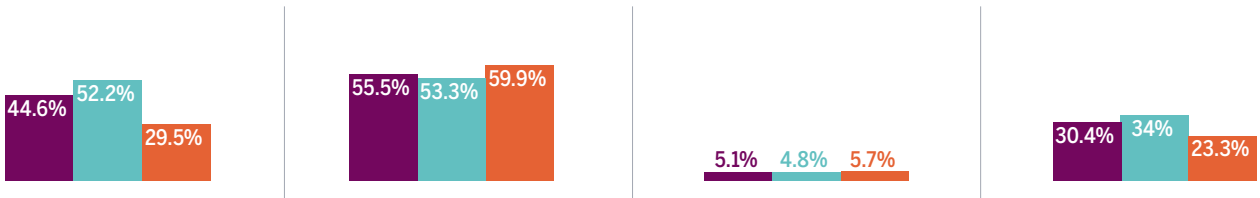
VICTIMS AGE 14 TO 17



VICTIMS AGE 18 AND OLDER



VICTIMS LIFETIME



The percentages for female and male victims sum to more than 100% because victims may have been assaulted multiple times and their perpetrators may include both males and females.

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HIGHLIGHTS

GENDER OF PERPETRATORS:

Male perpetrators commit the majority of sexual assaults, over 75% across all victim age categories. Victims age 14 to 17 (75.6%) report the lowest number of sexual assaults committed by male perpetrators.

Victims age 13 and under report the highest percentage of sexual assaults by both genders, with 80.9% by male perpetrators and 20.3% by female perpetrators.

*RELATIONSHIP DEFINITIONS:

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Acquaintance or friend is defined as friend, roommate, neighbor, parent of friend, family friend, co-worker, ex-coworker, co-volunteer, ex-co-volunteer, employee, ex-employee, classmate, or ex-classmate.

Person of authority is defined as boss, supervisor, teacher, professor, instructor, coach, doctor, nurse, other health professional, faith leader, or landlord.

Close relationships is defined as spouses, ex-spouse, dating partner, ex-dating partner, other family members or relatives.

RELATIONSHIP TO PERPETRATOR:

Female perpetrators commission of sexual assault increases as the victims' age decreases, with the lowest report by victims' age 18 and older (17.4%).

The majority of lifetime sexual assaults are most likely to be committed by an acquaintance or friend of the victim (55.5%).

Women and men ages 18 and older (45.2%) and ages 14 to 17 (57.1%) were more likely to be victimized by someone they knew as an acquaintance or friend.

For young women and men age 13 and under (49.7%) the most likely perpetrator of sexual assault was someone with whom they had a close relationship, this includes family members and relatives.

Although a person of authority was less likely to perpetrate a sexual assault across all age categories, they posed the greatest risk (4.5%) to young women and men ages 14 to 17.

Women and men ages 18 and older were as likely to be victimized by a stranger (33.7%) as they were by someone they had a close relationship with (33.7%).

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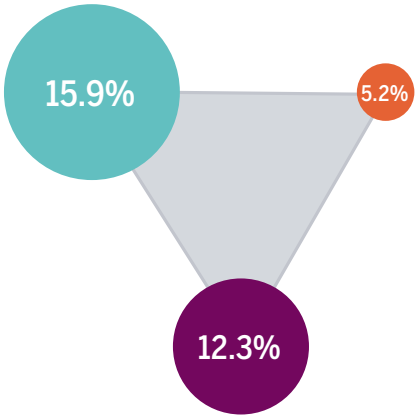
VIOLENCE & USE OF WEAPONS DURING SEXUAL ASSAULT

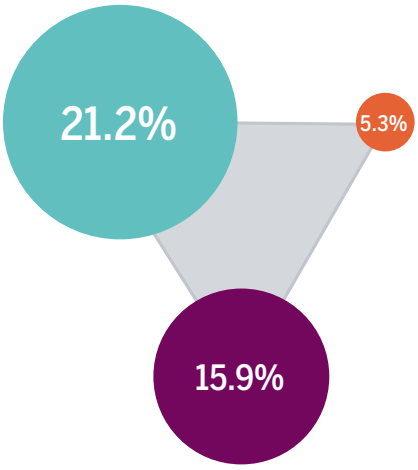
COLLATERAL VIOLENCE

● FEMALE VICTIMS ● MALE VICTIMS ● ALL VICTIMS

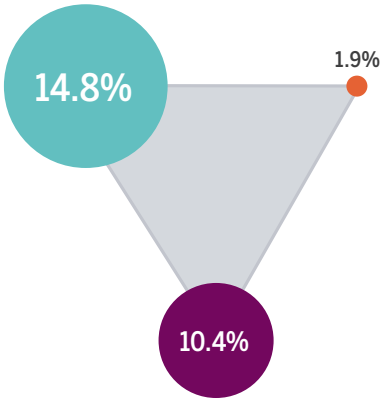
VICTIM REPORTED THAT THE OFFENDER THREATENED TO HARM OR TO KILL THEM OR SOMEONE CLOSE TO THEM



VICTIM BELIEVED SHE/HE OR SOMEONE CLOSE TO HER/HIM WOULD BE SERIOUSLY HARMED OR KILLED



VICTIM WAS PHYSICALLY INJURED



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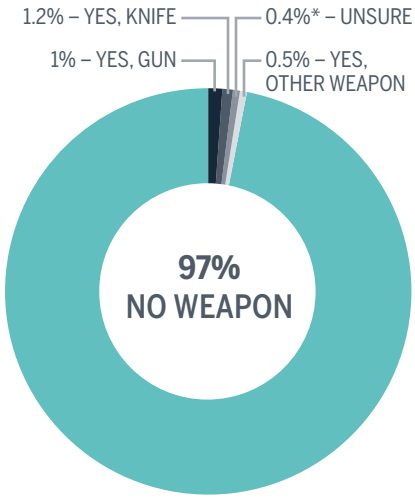
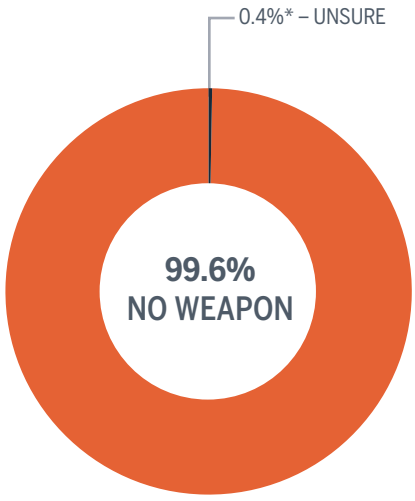
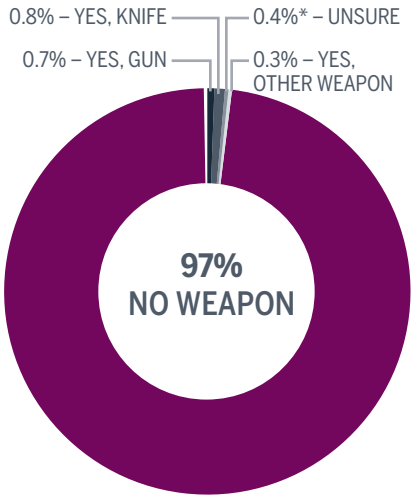
USE OF A WEAPON DURING ASSAULT

● FEMALE VICTIMS ● MALE VICTIMS ● ALL VICTIMS







n=384

These analyses are based on one victimization that victims chose to describe in detail and not based on all the sexual assaults reported by victims in this survey.

** For an explanation of "unsure" see back under Highlights.*

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HIGHLIGHTS

VIOLENCE AND USE OF WEAPONS DURING SEXUAL ASSAULT

Weapons were not used during the occurrence of most sexual assaults in Texas, with almost 98% of all victims reporting no weapon use.

As a result of age, incapacitation or a trauma response victims (0.4%) may not be able to recall or may be unsure of whether a weapon was present.

Women are three times more likely than men to be threatened with harm to themselves or someone close to them.

Women have seven times the risk of being physically injured in comparison to men during their sexual assault experience.

When a weapon is used on a woman it is primarily a knife (1.2%) or a gun (1.0%).

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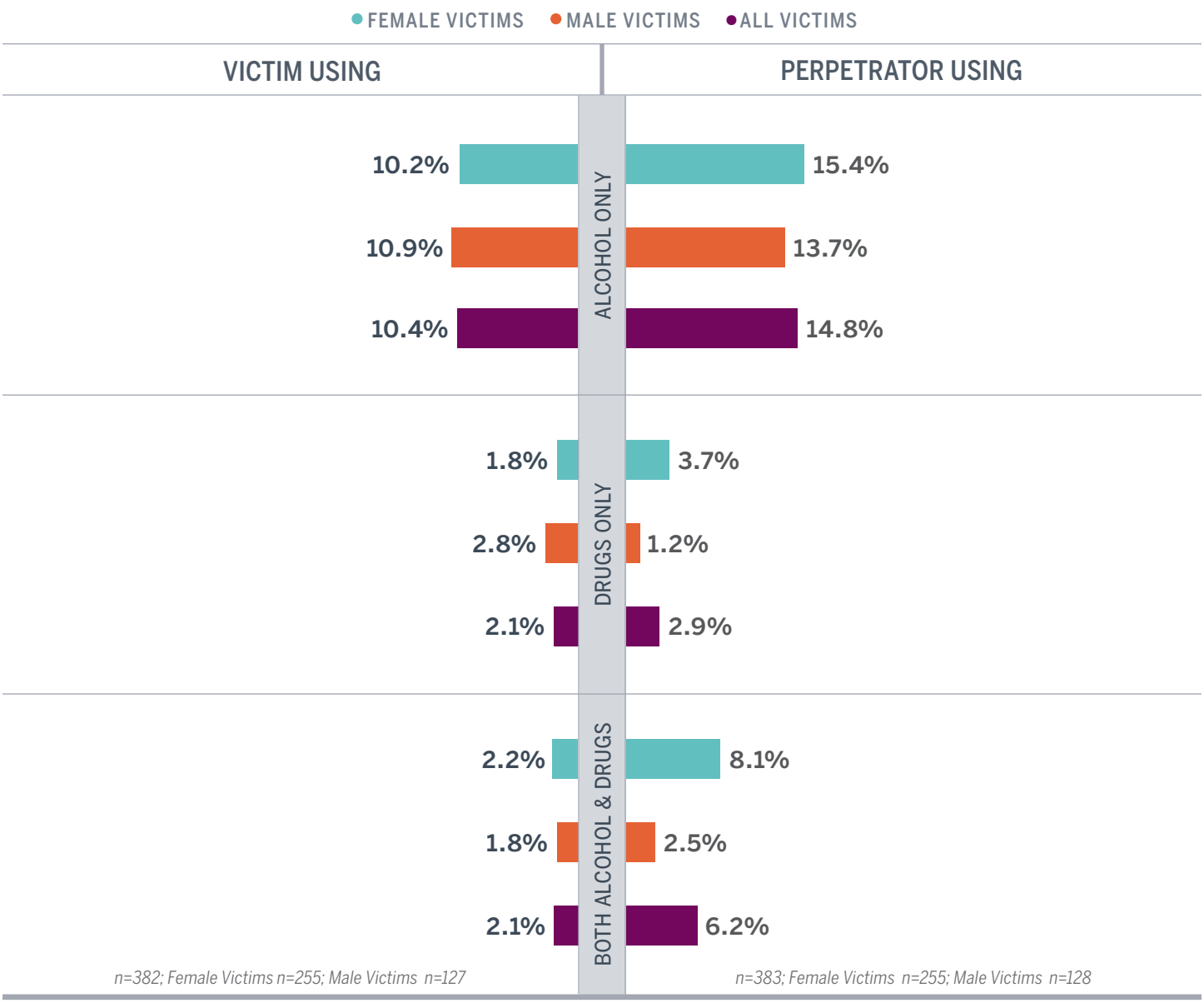
ALCOHOL & DRUG USE AT THE TIME OF SEXUAL ASSAULT



83.9% of victims were not using alcohol or drugs

1% declined to answer

49.8% of victims indicated that the perpetrator was not using alcohol or drugs

26.2% of victims did not know if the perpetrator was using alcohol or drugs

14.8% of victims reported that the perpetrator was using alcohol during the sexual assault.

13.7% of victims reported they were incapacitated by a substance or asleep at the time of the sexual assault.

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HIGHLIGHTS

ALCOHOL & DRUG USE AT THE TIME OF SEXUAL ASSAULT

Alcohol was not a major contributing factor in the sexual assaults reported by this study for either the perpetrator or victim.

Victims reported that their perpetrators were using alcohol (**14.8%**) or a combination of alcohol and drug use (**6.2%**).

Alcohol use (**10.4%**) and alcohol combined with drug use (**2.1%**) was lower for victims.

Drug use "only" by perpetrator (**2.9%**) and victim (**2.1%**) is less common.

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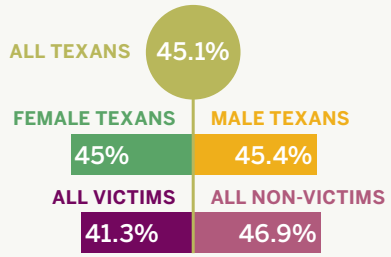
ASSESSMENT ON HEALTH AND WELL-BEING+

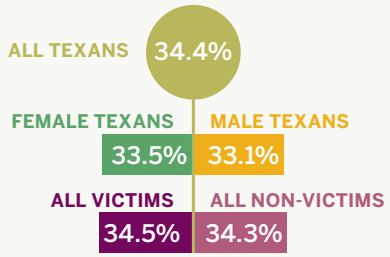
GENERAL HEALTH AMONG TEXANS*

ALL TEXANS · FEMALE TEXANS · MALE TEXANS · ALL VICTIMS · NON-VICTIMS

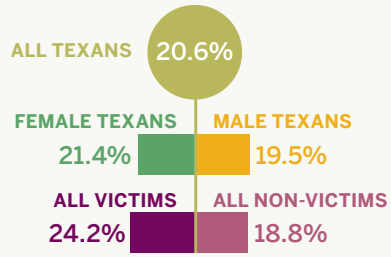
EXCELLENT



GOOD



FAIR

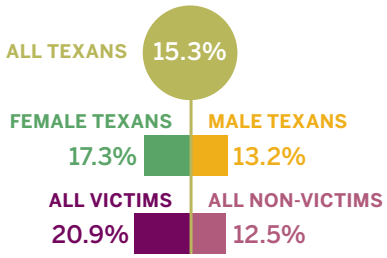


n=1201

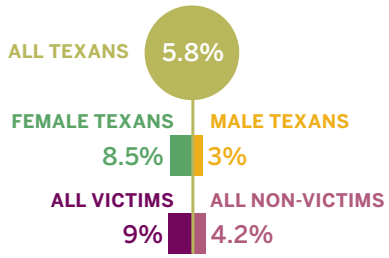
HEALTH PROBLEMS AMONG TEXANS*

ALL TEXANS · FEMALE TEXANS · MALE TEXANS · ALL VICTIMS · NON-VICTIMS

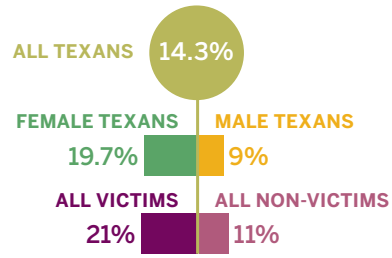
ASTHMA



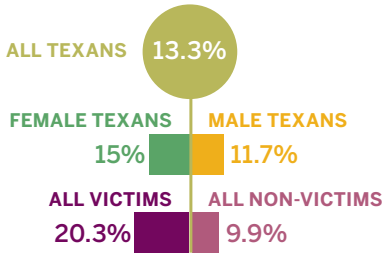
IRRITABLE BOWEL SYNDROME



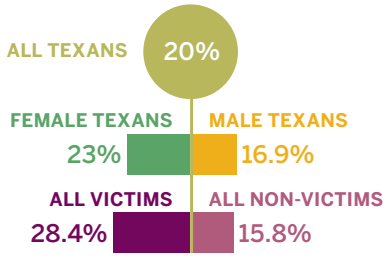
FREQUENT HEADACHES



CHRONIC PAIN



DIFFICULTY SLEEPING



n=1203

+ Percentage may not equal 100% because of rounding.

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HIGHLIGHTS

ASSESSMENT ON HEALTH AND WELL-BEING

It appears that sexual victimization negatively impacts the health and wellbeing of victims.

In Texas, victims report more health issues compared to non-victims from poorer health (5%) and twice as many incidences of irritable bowel syndrome (9%), frequent headaches (21%), chronic pain (20.3%) and higher rates of asthma (20.9%) and sleeping difficulties (28.4%).

FOOTNOTES

**Participants responded to questions based on a 5 point scale where 1 means "excellent," 2 "very good" 3 "good" 4 means "fair" 5 means "poor." Analyses are based on reporting into three collapsed categories (excellent/ very good, good, fair/poor).*

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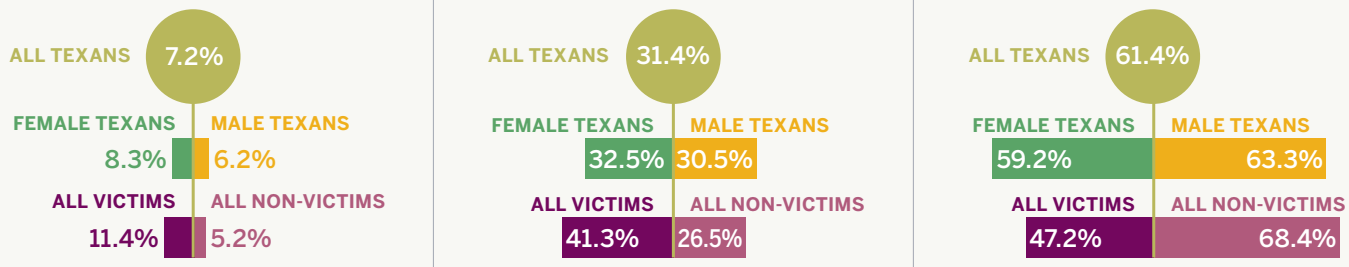
IMPACT ON HEALTH AND WELL-BEING*

LIMITATIONS OF ACTIVITIES BECAUSE OF PHYSICAL, MENTAL OR EMOTIONAL PROBLEMS AMONG TEXANS**

ALL TEXANS · FEMALE TEXANS · MALE TEXANS · ALL VICTIMS · NON-VICTIMS

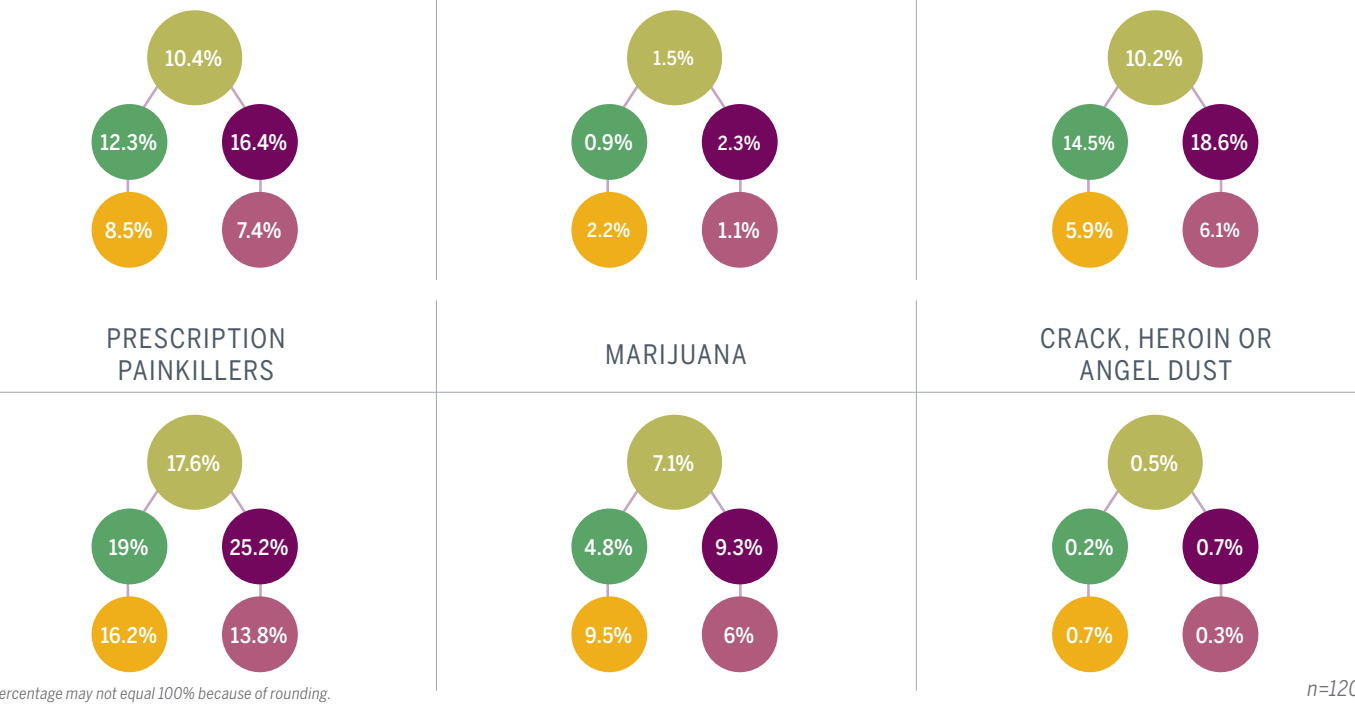


* Percentage may not equal 100% because of rounding.

n=1195

DRUGS TAKEN IN THE PAST MONTH

ALL TEXANS · FEMALE TEXANS · MALE TEXANS · ALL VICTIMS · NON-VICTIMS



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n=1203

SEXUAL ASSAULT THAT RESULTED IN PREGNANCY+‡

n=26

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HIGHLIGHTS

IMPACT ON HEALTH AND WELL-BEING

It appears that sexual victimization negatively impacts the health and wellbeing of victims.

Limitations of activities due to physical and psychological problems are more likely for victims (11.4%) than non-victims (5.2%).

Legal and illicit drug use is reported more frequently for victims including the use of sedatives/sleeping pills (16.4%), anti-depressants (18.6%) and prescription painkillers (25.2%) compared to non-victims (7.4%, 6.1% and 13.8% respectively).

A significant minority of sexual assault victims report that their victimization resulted in pregnancy.

FOOTNOTES

*** Participants responded to questions based on a 5 point scale where 1 means "always," 2 "usually," 3 "sometimes," 4 "rarely," and 5 "never." Analyses are based on reporting into three collapsed categories (always/usually, sometimes/rarely, never).*

+ These analyses are base upon a small sample size therefore caution is warranted.

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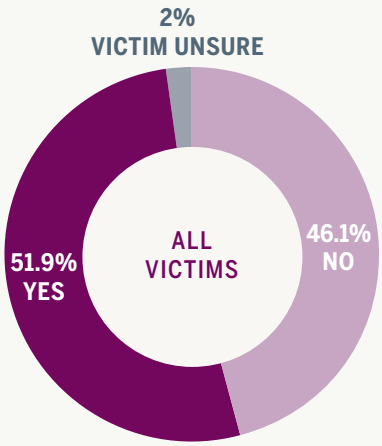
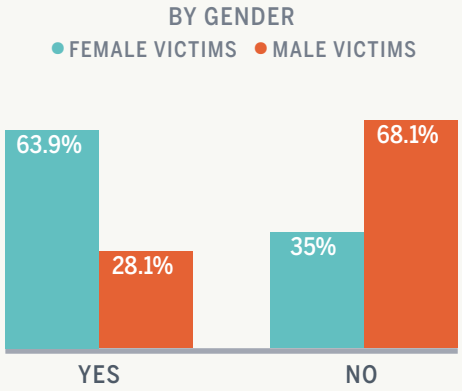
IMPACT: DISRUPTION OF DAILY LIFE

EXPERIENCED PSYCHOLOGICAL OR EMOTIONAL DISTRESS

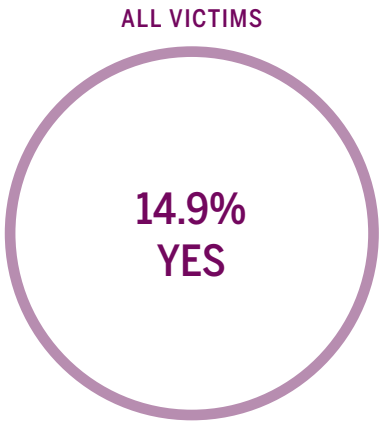


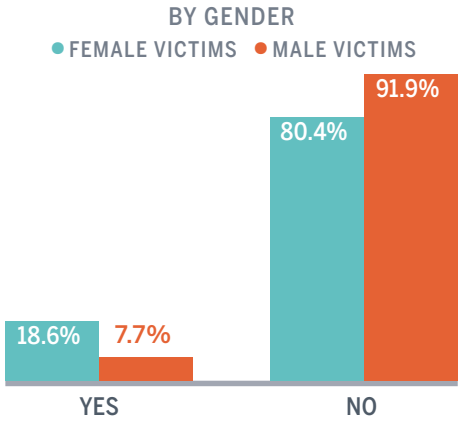


UNSURE:
1.1% Female Victims; 3.8% Male Victims

n=383

HAD TO TAKE TIME OFF FROM SOCIAL/RECREATIONAL ACTIVITIES

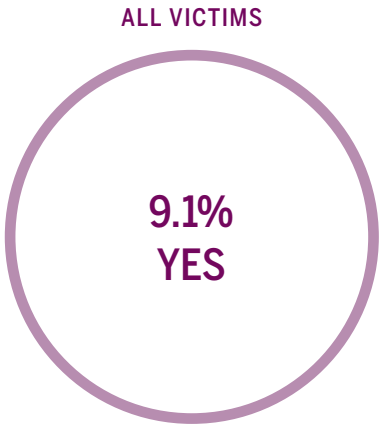


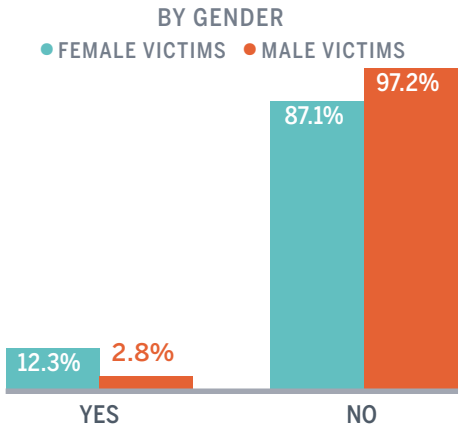


UNSURE:
1.0% Female Victims; .4% Male Victims

n=384

HAD TO TAKE TIME OFF FROM HOUSEHOLD RESPONSIBILITIES





UNSURE:
0.7% Female Victims

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HIGHLIGHTS

IMPACT: DISRUPTION OF DAILY LIFE

Psychological Impact:

Over half, 51.9%, of all sexual assault victims report psychological or emotional distress.

Women are more than twice as likely as men to experience psychological or emotional distress because of their sexual assault experience (63.9% to 28.1% respectively).

Social/Household Impact:

Women (18.6%) report higher rates of taking time off from social and recreational activities compared to men (7.7%) as a result of the sexual assault.

Women report taking more time off from household responsibilities (12.3%) than men (2.8%).

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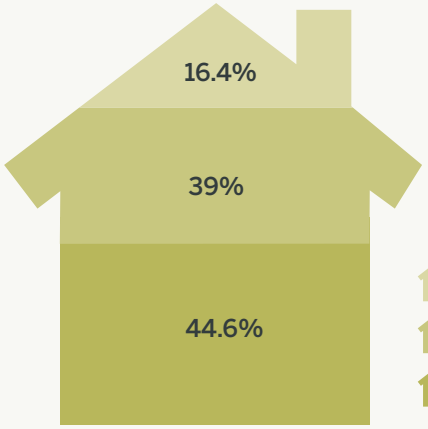
IMPACT: ECONOMIC HARDSHIP

STRESSED ABOUT ABILITY TO PAY THE MORTGAGE WITHIN THE PAST YEAR



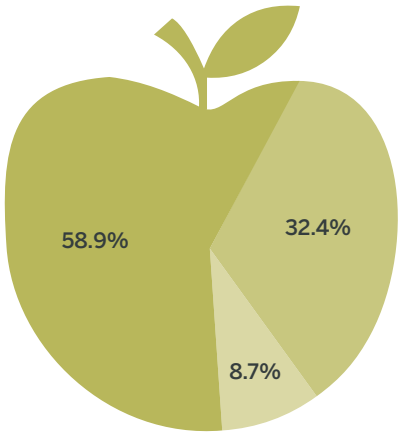
Always
Sometimes
Never

	ALL TEXANS	FEMALE TEXANS	MALE TEXANS	ALL VICTIMS	NON-VICTIMS
ALWAYS	18.1%	14.7%		19.7%	14.7%
SOMETIMES	40.7%	37.4%		42.7%	37.1%
NEVER	41.3%	47.9%		37.6%	48.1%

Participants responded to questions based on a 5 point scale where 1 means "always," 2 "usually," 3 "sometimes," 4 "rarely," and 5 "never." Analyses are based on reporting into three collapsed categories (always/usually, sometimes/rarely, never).

n=1193

STRESSED ABOUT HAVING ENOUGH NUTRITIONAL MEALS WITHIN THE PAST YEAR



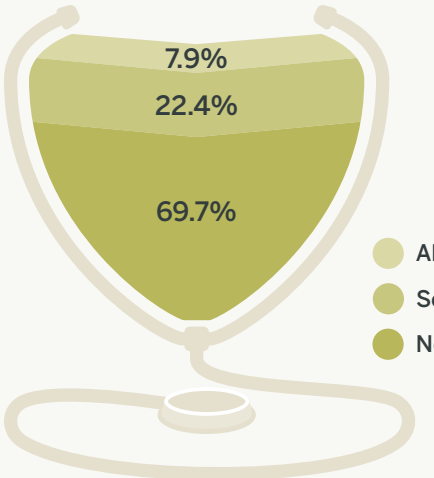
Always
Sometimes
Never

	ALL TEXANS	FEMALE TEXANS	MALE TEXANS	ALL VICTIMS	NON-VICTIMS
ALWAYS	9.8%	7.7%		11.7%	7.2%
SOMETIMES	35.6%	29%		36.4%	30.5%
NEVER	54.5%	63.4%		51.9%	62.3%

Participants responded to questions based on a 5 point scale where 1 means "always," 2 "usually," 3 "sometimes," 4 "rarely," and 5 "never." Analyses are based on reporting into three collapsed categories (always/usually, sometimes/rarely, never).

n=1201

NEEDED TO SEE A DOCTOR BUT COULDN'T AFFORD TO WITHIN THE PAST YEAR



Always
Sometimes
Never

	ALL TEXANS	FEMALE TEXANS	MALE TEXANS	ALL VICTIMS	NON-VICTIMS
ALWAYS	9.4%	6.4%		11.4%	6.1%
SOMETIMES	26.7%	17.7%		29.7%	18.8%
NEVER	63.9%	75.9%		58.8%	75.2%

Participants responded to questions based on a 5 point scale where 1 means "always," 2 "usually," 3 "sometimes," 4 "rarely," and 5 "never." Analyses are based on reporting into three collapsed categories (always/usually, sometimes/rarely, never).

n=1195

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HIGHLIGHTS

IMPACT: ECONOMIC HARDSHIP

It appears that economic hardship affects women and victims more than men and non-victims.

Economic hardship was greater for victims of sexual assault compared to non-victims, and woman were more likely than men to report these findings.

Always being stressed over mortgage payments during the past year was more likely for victims (19.7%) and women (18.1%) compared to non-victims (14.7%) and men (14.7%).

Always being stressed about having enough nutritional meals was more likely for victims (11.7%) and women (9.8%) and less likely for non-victims (7.2%) and men (7.7%).

Never being unable to afford to see a physician was more common for men (75.9%) and non-victims (75.2%) in comparison to women (63.9%) and victims (58.8%).

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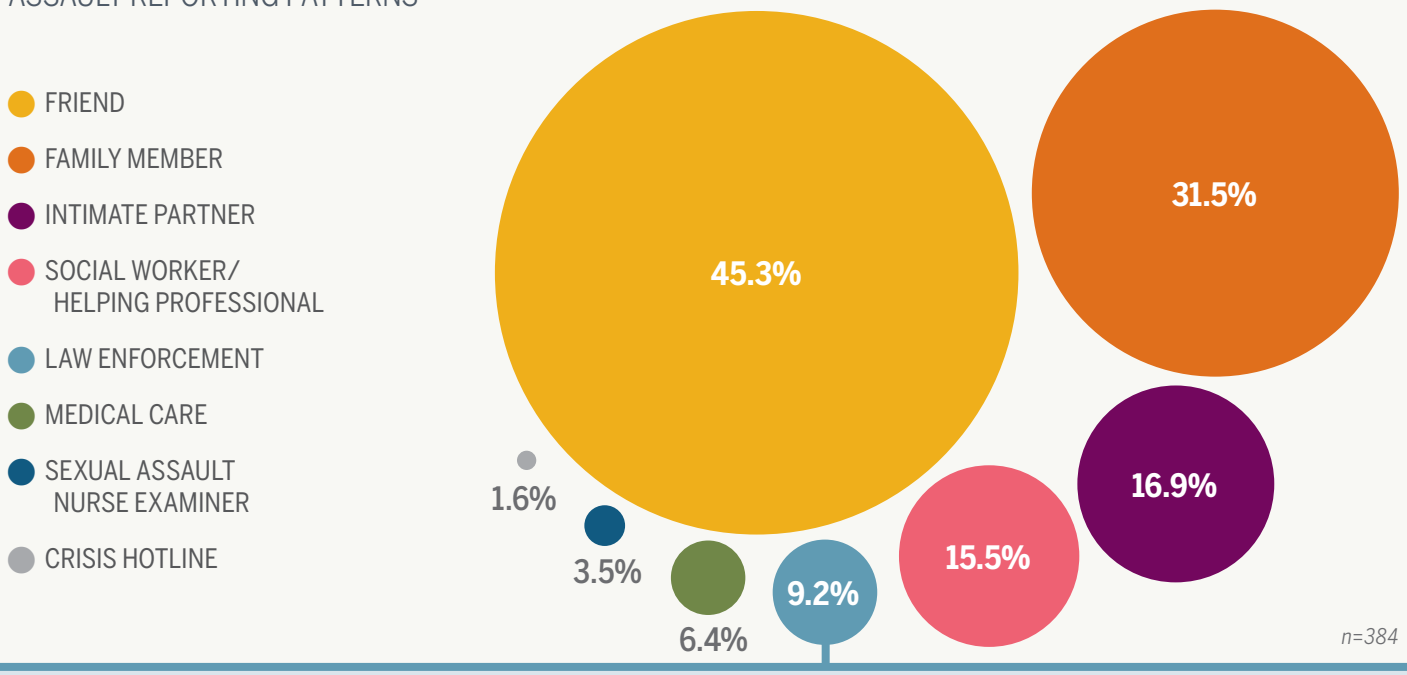
SEEKING HELP AFTER SEXUAL ASSAULT+

ASSAULT REPORTING PATTERNS



n=384

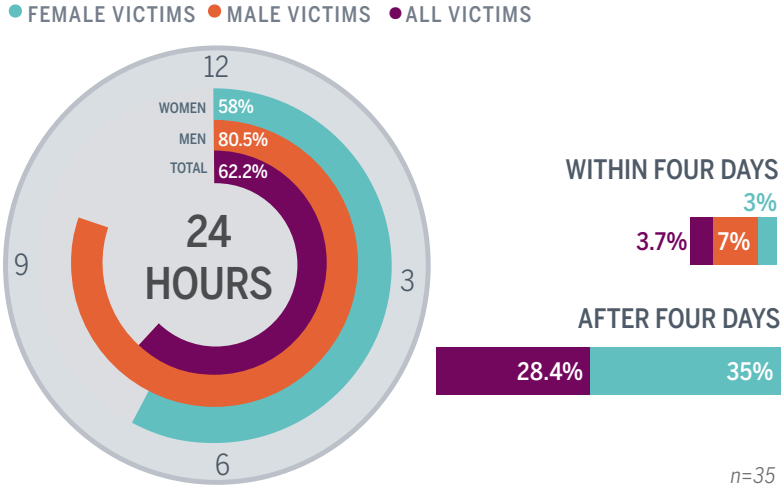
TOP REASONS VICTIMS DID NOT REPORT TO LAW ENFORCEMENT

- Did not define their experience as a crime.
- Were too young to report their victimization to law enforcement.
- Were too scared to report.
- Chose to deal with the sexual assault themselves or ask friends or family for help.
- Felt "stupid," ashamed, or embarrassed about what had happened to them.

OTHER REASONS GIVEN

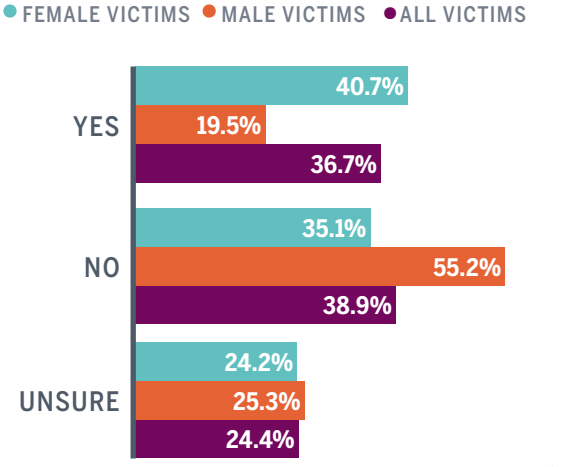
- Wanted to forget about it and move on with their lives.
- Did not think they would be believed.
- Were prevented from reporting it.
- Thought that reporting it might jeopardize their employment.
- Blamed themselves.
- Worried about jeopardizing their immigration status.

WHEN WAS IT REPORTED TO POLICE?*



n=35

WERE CRIMINAL CHARGES EVER FILED?*



n=35

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HIGHLIGHTS

SEEKING HELP AFTER SEXUAL ASSAULT

Women and men victimized by sexual assault turn to friends (45.3%) and family members (31.5%) for help, and are least likely to contact a crisis hotline (1.6%).

Intimate partners (16.9%) were seen as a support at a slightly greater rate than social workers and/or helping professionals (15.5%),

Victims sought help from the criminal justice and healthcare systems at a lower rate than personal supports. Law enforcement was only contacted by 9.2% of the victims and at a slightly higher rate than medical care providers (6.4%) and sexual assault nurse examiners (3.5%).

REPORTING AND FILING CHARGES:

If victims chose to report the sexual assault to police, 62.2% reported within 24-hours, 3.7% within four days and, 28.4% after four days.

Female victims (58%) were less likely than male victims (80.5%) to report to police within 24 hours of the assault.

Female victims reported that charges were filed more often (40.7%) than not (35.1%), whereas, male victims reported more often that charges were not filed (55.2% to 19.5%).

Nearly a quarter (24.4%) of all victims that reported to police were unsure whether criminal charges were ever filed.

FOOTNOTES

+ These analyses are based on one victimization that victims chose to describe in detail and not based on all the sexual assaults reported by victims in this survey.

** These analyses are base upon a small sample size therefore caution is warranted.*

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Karin Wachter
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Caitlin Sulley
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METHODOLOGY

- Representative sample of 1,203 adult Texans
- Sample drawn randomly from landline (60%) and mobile phones (40%)
- Sampling error is ± 2.8 percentage points at a 95% confidence level
- Weights include design effects for gender, ethnicity, and age
- Telephone interviewers collected data using closed ended questions with a specific survey protocol
- Specific information about sexual assault experiences is based on only one particular incident that victims chose to talk about

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WHO PARTICIPATED IN THIS STUDY

GENDER

50.6% FEMALE TEXANS

49.3% MALE TEXANS

n=1199

SEXUAL ORIENTATION*

93% HETEROSEXUAL

1.6% GAY OR LESBIAN

0.3% IDENTIFIED AS OTHER

5.1% DECLINED

n=1188

*Percentages may total to more than 100% because participants could select more than one category.

RACE/ETHNICITY*

50.9% WHITE NON-HISPANIC

36.1% HISPANIC

12.1% AFRICAN AMERICAN

3.9% ALL OTHER RACES/ ETHNICITIES

n=1196

*Percentages may total to more than 100% because participants could select more than one category.

EDUCATION

- 13% DID NOT GRADUATE HIGH SCHOOL
- 19.5% HIGH SCHOOL GRADUATE
- 23.6% 4-YEAR COLLEGE DEGREE
- 32.5% SOME COLLEGE OR VOCATIONAL SCHOOL
- 11.4% POST-GRADUATE DEGREE

n=1200

HOUSEHOLD INCOME

- 21.1% UNDER $25,000
- 26.2% $25,000 – $49,999
- 19.2% $50,000 – $74,999
- 33.4% $75,000 OR MORE

n=1105

PARTICIPANTS (OR THEIR PARTNERS) HAVE BEEN DEPLOYED TO A COMBAT ZONE OR HOSTILE REGION

9.2%**

- **61.1%**+ PARTICIPANT WAS DEPLOYED
- **32.5%**+ PARTNER DEPLOYED
- **6.4%**+ BOTH DEPLOYED

** n=1199 + n=108

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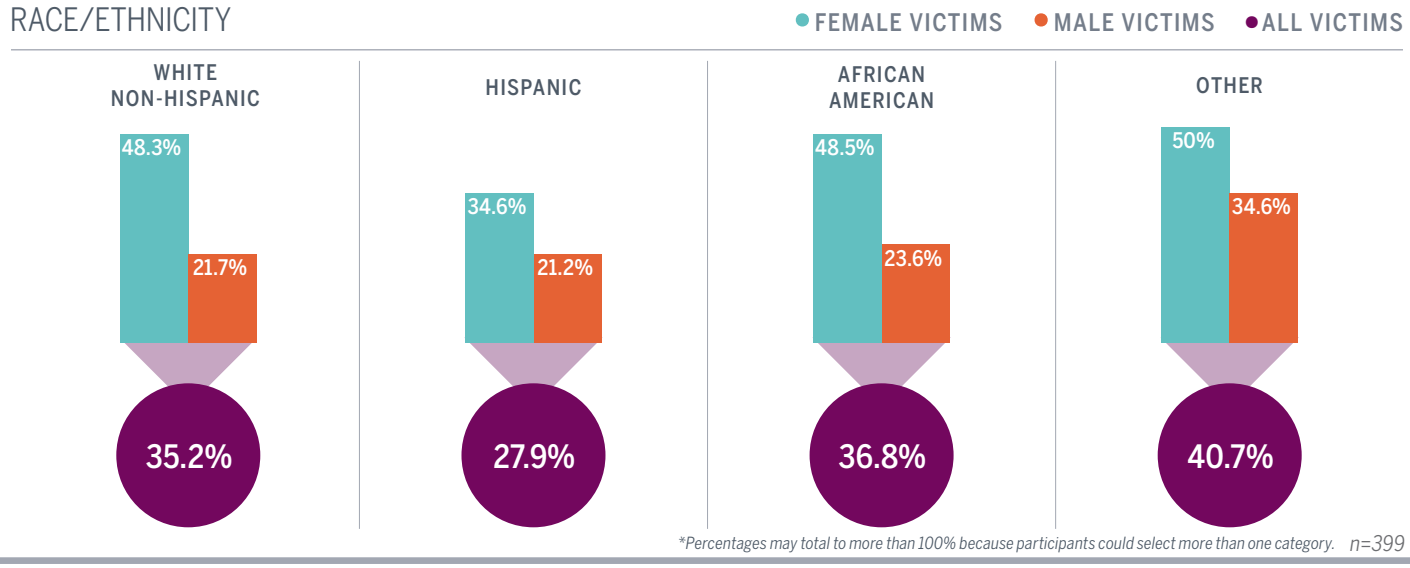
LIFETIME SEXUAL ASSAULT PREVALENCE BY VICTIM DEMOGRAPHICS

RACE/ETHNICITY

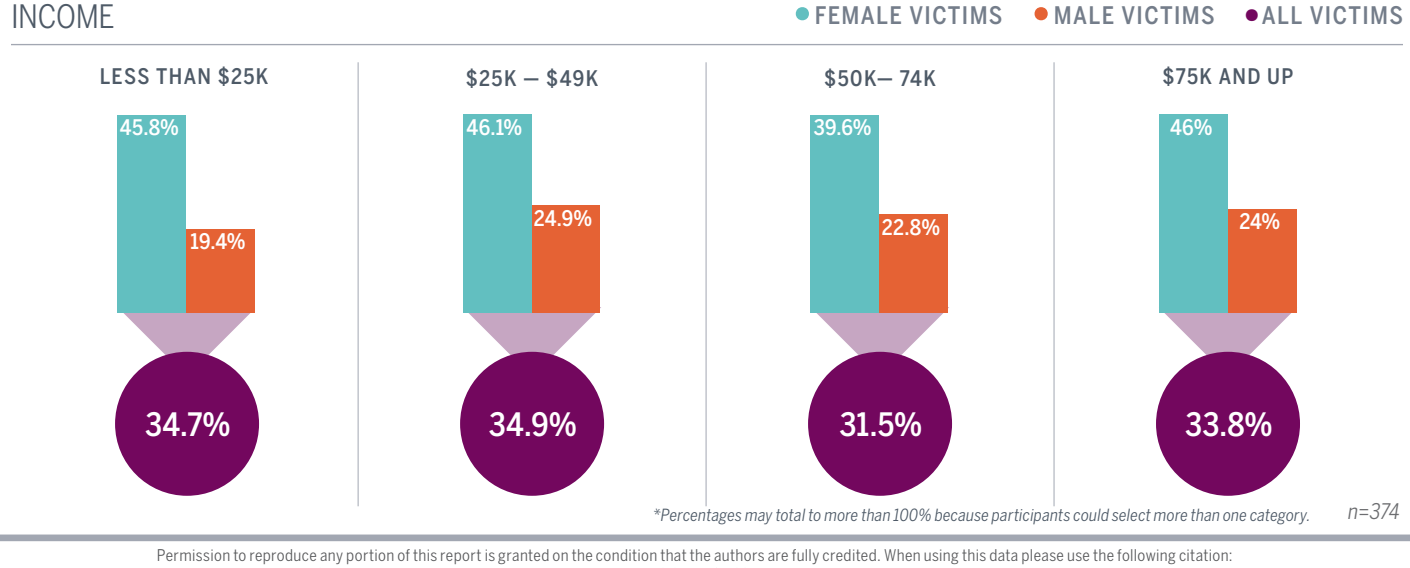


*Percentages may total to more than 100% because participants could select more than one category. n=399

EDUCATION

*Percentages may total to more than 100% because participants could select more than one category. n=398

INCOME



*Percentages may total to more than 100% because participants could select more than one category. n=374

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HIGHLIGHTS

LIFETIME SEXUAL ASSAULT PREVALENCE BY VICTIM DEMOGRAPHICS

Sexual assault affects all racial and ethnic groups. African Americans report the highest incidents (36.8%) followed closely by Whites, non-Hispanic (35.2%) and Hispanics (27.9%), indicating all racial/ethnic groups are at risk for sexual assault.

The highest rate of sexual assault for women was reported by those with some college (49.4%) followed by women with graduate degrees (44.4%).

Participants with a high school education or less reported the lowest rates of sexual assault (25.4%).

All income groups are at risk for sexual assault with almost equal percentages reported for all income categories.

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Additional Findings

HEALTH AND WELL-BEING
- Length of Physical and Psychological Limitations
- Special Needs and Mobility Equipment Due to Health Problems
- Alcohol and Drug Addiction

DETAILS OF ASSAULT VICTIMS CHOSE TO TALK ABOUT
- Perpetrator Victims Chose to Talk About
- Types of Assault Victims Chose to Talk About
- Location of Sexual Assault
- Victims that Contracted Sexually Transmitted Infections (STI)

VICTIMS WHO WERE SEXUALLY ASSAULTED BY AN INTIMATE PARTNER
- Partner Relationship Status at the Time of Victimization

HELPFULNESS OF VICTIM SUPPORT
- Helpfulness of Counseling Services
- Helpfulness of a Friend
- Helpfulness of a Family Member
- Helpfulness of a Partner
- Helpfulness of Law Enforcement

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Additional Findings

This section includes analyses for the entire sample (n=1203).

Health and Well-Being

Length of Physical and Psychological Limitations

	Total	Women	Men	Total Victims	Female Victims	Male Victims	Total Non-Victims	Female Non-Victims	Male Non-Victims
Total	450	239	211	204	141	64	246	98	147
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Less Than A Year	121	54	67	41	27	14	80	27	53
	26.9%	22.5%	31.9%	20.1%	19.4%	21.7%	32.6%	27.0%	36.3%
More Than A Year But Less Than 3 Years	105	70	35	51	39	13	54	32	22
	23.3%	29.4%	16.5%	25.2%	27.4%	20.3%	21.8%	32.2%	14.8%
3 or More years	224	115	109	112	75	37	112	40	72
	49.7%	48.1%	51.6%	54.7%	53.2%	58.0%	45.6%	40.8%	48.8%
Declined to Answer	753	369	381	195	125	69	558	243	311

n=450

Special Needs and Mobility Equipment Due to Health Problems

	Total	Women	Men	Total Victims	Female Victims	Male Victims	Total Non-Victims	Female Non-Victims	Male Non-Victims
Total	1201	607	590	399	266	133	802	341	457
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Yes	82	41	41	38	22	16	44	19	25
	6.8%	6.8%	6.9%	9.4%	8.1%	11.9%	5.5%	5.7%	5.5%
No	1119	566	549	362	244	117	758	322	432
	93.2%	93.2%	93.1%	90.6%	91.9%	88.1%	94.5%	94.3%	94.5%
Declined to Answer	2	1	1	-	-	-	-	-	-

n=1201

Alcohol and Drug Addiction

	Total	Women	Men	Total Victims	Female Victims	Male Victims	Total Non-Victims	Female Non-Victims	Male Non-Victims
Alcohol 2+	8.86%	7.05%	10.48%	12.01%	10.11%	15.63%	7.25%	4.31%	9.04%
Drugs 2+	5.63%	4.03%	7.06%	7.07%	5.32%	10.42%	4.89%	2.39%	6.12%

ALCOHOL 2+ n=835
DRUGS 2+ n=403

Note: The table above shows the percentage of respondents who use alcohol/drugs and scored 2 or more points on the CAGE questions

Details of Sexual Assault Experiences that Victims Chose to Talk About

The methodology of this study included a section of follow up questions that applied only to participants who had reported experiencing some form of sexual assault. This section contained detailed questions about the assault. If participants had experienced more than one incident of sexual assault, the interviewer asked them to choose an experience they wanted to share additional information about. This represents a slight tweak on the methodology used in 2003 when participants were asked about their most recent sexual assault. This time, the researchers wanted to give the participants a choice when deciding which assault they talked about. The information below is based on those follow up questions, which included the perpetrators' relationship to victims, types of sexual assault, locations, reporting the incident reporting the incident, sought help, and experienced collateral violence and/or services received. The information presented may also include participants that reported one victimization. The information presented below contains responses from both participants who only had one experience, meaning that they didn't have to choose, and participants who had multiples experiences. Based on this information, participants responded to additional follow-up questions including if they reported the incident, sought help, and experienced collateral violence and/or services received.

Perpetrator Victims Chose to Talk About

	All Victims	Female Victims	Male Victims
Family Member/Relative	53.3%	57.1%	45.8%
Dating Relationship/Spouse	15.3%	15.0%	15.9%
Acquaintance or Friend	31.4%	28.0%	38.4%
Stranger/Unknown	18.6%	19.7%	16.5%
Preferred Not to Disclose	5.9%	5.5%	6.6%

Type of Assault Victims Chose to Talk About

	All Victims	Female Victims	Male Victims
Exposed, Flashed, Or Masturbated	24.3%	24.9%	23.1%
Make You Show Sexual Body Parts	4.7%	4.8%	4.6%
Sexual Photos Or Movies	3.8%	3.1%	5.4%
Verbally Harassed	5.8%	6.8%	3.8%
Kissed In Sexual Way	13.1%	8.2%	23.1%
Fondled, Groped, Grabbed, Or Touched	16.7%	17.2%	15.6%
Vaginal	8.1%	11.2%	1.9%
Anal	1.5%	0.5%	3.5%
Oral	2.5%	2.6%	2.3%
Fingers Or Object	3.4%	4.2%	1.6%
Penetration Did Not Occur	4.3%	4.1%	4.7%
Pressured	4.6%	5.0%	3.9%
Repeated Asking	2.4%	1.9%	3.3%
Influence Or Authority	0.9%	1.4%	
Drunk, High, Drugged	2.0%	1.8%	2.6%
Other Circumstance	1.8%	2.4%	0.6%

n=399

Location of Victimization

	All Victims	Female Victims	Male Victims
Victim's home or yard	20.7%	21.6%	19.0%
Perpetrator's home or yard	22.2%	23.0%	20.5%
Victim's/Perpetrator's home or yard	4.1%	5.9%	0.7%
Someone else's home or yard	7.9%	8.0%	7.8%
Street, alley	4.6%	6.2%	1.3%
Parking lot	1.6%	2.4%	
Car	4.6%	3.6%	6.7%
Your workplace	5.6%	4.4%	8.1%
His/her workplace	1.9%	1.8%	2.1%
Restaurant, store	1.5%	1.8%	0.9%
Bar, dance club, pool hall	4.2%	2.5%	7.7%
Rural areas, woods, park, campground	3.2%	3.2%	3.2%
Other public building, hospital	1.8%	0.7%	4.1%
School, college, campus	7.3%	7.9%	6.1%
Lake, dock, beach, lagoon, pool	1.5%	1.1%	2.4%
Motel, hotel	1.2%	1.3%	1.1%
Other	6.0%	4.9%	8.3%

n=380

Victims that Contracted Sexually Transmitted Infections (STI)

	All Victims	Female Victims	Male Victims
Yes	2.1%	3%	0.5%
No	96.9%	96.7%	97.5%
Unsure	0.9%	0.4%	2%

n=383

Victims Who Were Sexually Assaulted by an Intimate Partner

Note: These analyses are based on one victimization that victims chose to provide more details about and not based on all the sexual assaults reported by victims in this survey.

Partner Relationship Status at the Time of Victimization

	Total	Female	Male
Total	46	46	46
	100.0%	100.0%	100.0%
Were Still Involved	27	23	3
	58.6%	60.0%	50.2%
After Relationship Ended	5	5	-
	12.0%	14.1%	-
Both	12	9	3
	26.6%	22.5%	49.8%
Declined to Answer	1	1	-
	2.8%	3.3%	-

n=46

Helpfulness Of Victim Support

Note: These analyses are based on one victimization that victims chose to provide more details about and not based on all the sexual assaults reported by victims in this survey.

Helpfulness of Counseling Services

	Total	Female	Male
Total	60	49	11
	100.0%	100.0%	100.0%
Very Helpful	31	24	7
	52.0%	48.9%	66.5%
Somewhat Helpful	17	16	1
	28.3%	31.8%	12.2%
A Little Bit Helpful	4	4	-
	6.1%	7.5%	-
Not Helpful at All	8	6	2
	13.6%	11.9%	21.4%

n=60

Helpfulness of a Friend

	Total	Female	Male
Total	174	125	49
	100.0%	100.0%	100.0%
Very Helpful	82	69	13
	47.1%	55.0%	26.5%
Somewhat Helpful	43	28	15
	24.5%	22.4%	30.0%
A Little Bit Helpful	19	13	6
	11.2%	10.6%	12.6%
Not Helpful at All	28	14	14
	15.9%	11.3%	27.8%
Unsure	2	1	1
	1.3%	0.7%	3.0%

n=174

Helpfulness of a Family Member

	Total	Female	Male
Total	121	91	30
	100.0%	100.0%	100.0%
Very Helpful	73	53	20
	60.1%	57.6%	67.8%
Somewhat Helpful	19	18	1
	15.7%	19.4%	4.4%
A Little Bit Helpful	11	8	2
	8.8%	9.0%	7.9%
Not Helpful at All	19	13	6
	15.4%	14.0%	19.9%

n=121

Helpfulness of a Partner

	Total	Female	Male
Total	65	44	21
	100.0%	100.0%	100.0%
Very Helpful	31	23	9
	48.0%	51.6%	40.5%
Somewhat Helpful	13	10	3
	20.5%	23.9%	13.6%
A Little Bit Helpful	9	4	6
	14.4%	8.5%	26.4%
Not Helpful at All	10	6	4
	15.4%	13.4%	19.6%
Unsure	1	1	-
	1.8%	2.6%	0.0%

n=65

Helpfulness of Law Enforcement

	Total	Female	Male
Total	35	29	7
	100.0%	100.0%	100.0%
Very Helpful	17	14	3
	48.8%	48.1%	51.9%
Somewhat Helpful	7	6	1
	19.2%	21.3%	10.3%
A Little Bit Helpful	3	2	1
	7.9%	6.8%	12.8%
Not Helpful at All	5	4	1
	12.9%	13.0%	12.5%
Unsure	4	3	1
	11.2%	10.9%	12.5%

n=35

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APPENDIX A
Description of the Sample

Gender

	Total	Female	Male
Total	1199	608	591
Male	591	-	591
	49.3%		100.0%
Female	607	607	-
	50.6%	99.9%	
Transgender Female	1	1	-
	0.0%	0.1%	
Transgender Male	-	-	-
Genderqueer/Gender-nonconforming	-	-	-

Race/Ethnicity

	Total	Female	Male
Total	1196	607	587
White, non-Hispanic	610	310	297
	50.9%	51.1%	50.7%
Hispanic or Latino/Latina	432	218	214
	36.1%	35.9%	36.5%
African American	144	75	69
	12.1%	12.4%	11.8%
Asian	13	8	6
	1.1%	1.2%	1.0%
Native Hawaiian or other Pacific Islander	1	-	1
	0.1%		0.2%
American Indian or Alaskan Native	14	7	7
	1.1%	1.1%	1.1%
All Other Racial/Ethnic Groups	20	8	11
	1.6%	1.3%	1.9%
Declined	7	1	5

Education

	Total	Female	Male
Total	1200	606	590
No schooling	8	5	3
	0.7%	0.8%	0.5%
1st - 8th grade	72	33	39
	6.0%	5.5%	6.6%
Some high school	75	28	47
	6.3%	4.6%	8.0%
High school graduate or equivalent	234	106	126
	19.5%	17.5%	21.4%
Technical or vocational school (attended or graduated)	79	47	32
	6.6%	7.7%	5.5%
Some college	311	166	144
	25.9%	27.3%	24.4%
4-year college degree	283	153	130
	23.6%	25.2%	22.1%
Postgraduate	137	69	68
	11.4%	11.4%	11.5%
Declined	3	2	1

Income

	Total	Female	Male
Total	1105	546	558
Under $25,000	233	136	96
	21.1%	24.9%	17.3%
$25,000 to $49,999	290	137	153
	26.2%	25.0%	27.5%
$50,000 to $74,999	212	109	103
	19.2%	20.0%	18.5%
$75,000 to $99,999	139	55	84
	12.6%	10.0%	15.0%
$100,000 to $124,999	82	39	43
	7.4%	7.2%	7.6%
$125,000 to $149,999	63	29	34
	5.7%	5.4%	6.0%
$150,000 to $174,999	18	11	8
	1.6%	1.9%	1.3%
$175,000 to $199,999	17	10	7
	1.5%	1.9%	1.2%
$200,000 and over	51	20	31
	4.6%	3.6%	5.5%
Declined	98	61	33

Appendices

APPENDIX B
Sampling Strategy and Weighting Procedures

The survey data were weighted to match on the Texas census, including effects for gender, ethnicity, and age. The first four tables in this appendix show the Census data for adult Texans and the survey sample distribution (in terms of counts and percentages), both cut by gender, ethnicity, and age. Weights were calculated as the ratio of these distributions and used to project the survey results to the adult Texan population as both percentages and population counts. The weights used are shown in the final two tables.

Census Distribution as Counts

	White, non-Hispanic		Hispanic		African American		All Other Racial/Ethnic Groups	
	Female	Male	Female	Male	Female	Male	Female	Male
18-24	485494	513219	569558	620680	169673	175228	77249	73301
25-35	794163	804164	829995	888579	246476	230610	124181	133496
36-45	733616	743805	694003	692731	219337	199166	113726	124141
46-55	894503	885978	535583	537297	220490	200895	89435	96189
56-65	828672	792759	352234	325227	159303	136539	62105	71839
65+	967148	776358	316798	238483	132244	87756	44546	53879

Source census http://txsdc.utsa.edu/Data/TPEPP/Estimates/Index.aspx

Census Distribution as Percentages

	White, non-Hispanic		Hispanic		African American		All Other Racial/Ethnic Groups	
	Female	Male	Female	Male	Female	Male	Female	Male
18-24	2.55%	2.69%	2.99%	3.26%	0.89%	0.92%	0.41%	0.38%
25-35	4.17%	4.22%	4.35%	4.66%	1.29%	1.21%	0.65%	0.70%
36-45	3.85%	3.90%	3.64%	3.63%	1.15%	1.04%	0.60%	0.65%
46-55	4.69%	4.65%	2.81%	2.82%	1.16%	1.05%	0.47%	0.50%
56-65	4.35%	4.16%	1.85%	1.71%	0.84%	0.72%	0.33%	0.38%
65+	5.07%	4.07%	1.66%	1.25%	0.69%	0.46%	0.23%	0.28%
Total	24.67%	23.69%	17.30%	17.33%	6.02%	5.40%	2.68%	2.90%

Survey Counts

	White, non-Hispanic		Hispanic		African American		All Other Racial/Ethnic Groups	
	Female	Male	Female	Male	Female	Male	Female	Male
18 - 24	29	47	31	31	6	10	11	13
25 - 35	51	46	56	41	10	9	15	18
36 - 45	35	56	46	30	15	4	9	12
46 - 55	66	65	26	28	8	11	5	12
56 - 65	64	41	24	14	9	9	5	6
66 or older	74	57	12	7	8	4	8	5
Total	319	312	195	151	56	47	53	66

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Survey Percentages

	White, non-Hispanic		Hispanic		African American		All Other Racial/Ethnic Groups	
	Female	Male	Female	Male	Female	Male	Female	Male
18-24	2.42%	3.92%	2.59%	2.59%	0.50%	0.83%	0.92%	1.08%
25-35	4.25%	3.84%	4.67%	3.42%	0.83%	0.75%	1.25%	1.50%
36-45	2.92%	4.67%	3.84%	2.50%	1.25%	0.33%	0.75%	1.00%
46-55	5.50%	5.42%	2.17%	2.34%	0.67%	0.92%	0.42%	1.00%
56-65	5.34%	3.42%	2.00%	1.17%	0.75%	0.75%	0.42%	0.50%
65+	6.17%	4.75%	1.00%	0.58%	0.67%	0.33%	0.67%	0.42%
	26.61%	26.02%	16.26%	12.59%	4.67%	3.92%	4.42%	5.50%

Weights as Proportions

	White, non-Hispanic		Hispanic		African American		All Other Racial/Ethnic Groups	
	Female	Male	Female	Male	Female	Male	Female	Male
18-24	1.05	0.69	1.16	1.26	1.78	1.10	0.44	0.35
25-35	0.98	1.10	0.93	1.36	1.55	1.61	0.52	0.47
36-45	1.32	0.84	0.95	1.45	0.92	3.13	0.79	0.65
46-55	0.85	0.86	1.30	1.21	1.73	1.15	1.13	0.50
56-65	0.81	1.22	0.92	1.46	1.11	0.95	0.78	0.75
65+	0.82	0.86	1.66	2.14	1.04	1.38	0.35	0.68
	0.93	0.91	1.06	1.38	1.29	1.38	0.61	0.53

Weights to Gross the Sample Counts Up to Population Values

	White, non-Hispanic		Hispanic		African American		All Other Racial/Ethnic Groups	
	Female	Male	Female	Male	Female	Male	Female	Male
18-24	16741	10920	18373	20022	28279	17523	7023	5639
25-35	15572	17482	14821	21673	24648	25623	8279	7416
36-45	20960	13282	15087	23091	14622	49792	12636	10345
46-55	13553	13630	20599	19189	27561	18263	17887	8016
56-65	12948	19336	14676	23231	17700	15171	12421	11973
65+	13070	13620	26400	34069	16531	21939	5568	10776

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APPENDIX C
Trainings Outlines

First Training

1. Overview to the study
2. Overview of sexual assault
   - Overview of sexual assault in Texas (myths and realities)
   - Why most survivors don't report
   - Post-traumatic responses to sexual assault
   - How to listen for distress over the phone, what it might sound like
   - Secondary trauma and counter-transference (especially if surveyor is a survivor)
   - How interviewers can take care of themselves & connecting with Hayes-Caldwell Women's Center (HCWC)
3. Survey instrument run-through
4. Protocol Practice
   - How to offer a referral to the National Sexual Assault Hotline in a way that is sensitive and does not imply that the research participant's reactions are inappropriate (HCWC)
   - Review the protocol for recognizing signs of distress, providing the hotline number, offering to connect them to the national hotline (IDVSA)
   - Role-play (recognizing signs of distress and administering the protocol) (HCWC)

Second training

New Interviewers:

1. Overview to the study
2. Overview of sexual assault
   - Overview of sexual assault in Texas (myths and realities)
   - Why most survivors don't report
   - Post-traumatic responses to sexual assault
   - How to listen for distress over the phone, what it might sound like
   - Secondary trauma and counter-transference (especially if surveyor is a survivor)
   - How interviewers can take care of themselves & connecting with Hayes-Caldwell Women's Center (HCWC)
3. Protocol Practice (IDVSA & HCWC)
   - How to offer a referral to the National Sexual Assault Hotline in a way that is sensitive and does not imply that the research participant's reactions are inappropriate (HCWC)
   - Review the protocol for recognizing signs of distress, providing the hotline number, offering to connect them to the national hotline (IDVSA)
4. Follow-up training (Both new and interviewers already trained) (IDVSA & HCWC)
   - Check-in with previously trained interviewers about experiences with distressed participants questions and concerns.

Appendices

APPENDIX D
Assessment of Questions According to Age of Participant at the Time of Victimization

Question	Age of participant at time of unwanted sexual experience
Made you have vaginal sex	All ages
Made you have anal sex	All ages
Made you have oral sex	All ages
Put their fingers or an object in your vagina or anus	All ages
Tried to have vaginal, oral or anal sex	All ages
Exposed their bodies parts to you, flashed you, or masturbated in front of you	All ages
Made you show your sexual body parts to them	All ages
Made you look at or participate in sexual photos or movies	13 and under, and/or between 14 and 17
Kissed you in a sexual way	13 and under and/or between 14 and 17
Fondled, groped, grabbed, or touched you in a way that made you feel unsafe	13 and under or between 14 and 17
Pressured by doing things like telling you lies, making promises about the future they knew were untrue, threatening to end your relationship, or threatening to spread rumors about you	13 and under
Wearing you down by repeatedly asking for sex, or showing they were unhappy	13 and under
Using their influence or authority over you, for example, your boss or your teacher	13 and under and/or between 14 and 17
Happened when you were drunk, high, drugged, or passed out and unable to consent	All ages
Any other circumstance	Depending of type of behavior and age of participant at the time of incident

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