

Findings from the National Study of Drug Facilitated, Incapacitated, and Forcible Rape Project

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Communities and on our Campuses"

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- John Boyle, Ph.D. at SRBI also has made major contributions to the project.

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Gaps Project was Designed to Fill

- It is difficult to know how big the rape problem is or what rape cases are like without accurate data.
- At the national level, data on new cases of rape are provided each year by the NCVS. However, the NCVS does not measure drug or alcohol-facilitated rape, and it is not designed to measure the lifetime prevalence of rape or rape-related MH problems

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Gaps (cont)

- There have been several good studies of rape prevalence at the national level (e.g., The National Women's Study and the National Violence Against Women Survey). However, these focused primarily on forcible rape, and the studies were conducted in the early and mid-1990s.

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Gaps (cont)

- Although these previous studies have provided the best data available on rape prevalence, case characteristics, and rape-related mental health problems, the most recent study was conducted 10 years ago.
- This Research Project was designed to address these gaps.

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Definitions of Rape

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Forcible Rape

- Unwanted sexual act involving oral, anal, or vaginal penetration; no attempted assaults that did not involve penetration were included.
- Use of force or threat of force or victim sustained physical injury
- Might also involve elements of DAFR or IR

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Drug or Alcohol-Facilitated Rape

- Unwanted sexual act involving oral, anal, or vaginal penetration; no attempts included.
- Perception by victim that perpetrator deliberately gave her drugs without her permission and/or tried to get her drunk
- Victim was passed out or awake but too drunk or high to know what she was doing or to control her behavior

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Incapacitated Rape

- Unwanted sexual act involving oral, anal, or vaginal penetration; no attempts included.
- Drug or alcohol use was exclusively voluntary on the victim's part
- Victim was passed out or awake but too drunk or high to know what she was doing or to control her behavior
- *Note:* IR and DAFR are mutually exclusive by definition

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Methodology: Sampling Frame

- A national household probability sample of adult women between the ages of 18 and 34 (n=1998)
- A national household probability sample of adult women age 35 and older (n=1003)

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Methodology: Sampling Strategy

- Household probability samples of younger and older women were identified using random digit dialing (RDD) telephone sampling procedures.

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Methodology: Respondent Selection and Introduction to Survey

- Phone number generated by RDD.
- One eligible woman randomly selected per household
- Purpose of study described as “to understand issues that are important to today’s women in America including personal safety, unwanted sexual experiences, and alcohol or drug use”.

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The Survey Interview:

- Was approximately 22 minutes long
- Used computer assisted telephone interview format
- Was conducted by female interviewers.

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Rape Screening and Classification Involved Four Stages:

- Introduction to frame screening Q's.
- Six screening Q's measuring elements of FR, DAFR, and IR
- Followup Q's confirming that unwanted sexual penetration occurred and determining number of rape incidents that occurred.
- Incident characteristic section completed for most recent/only and first rape cases (if they had experienced more than one).

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Exhibit 1. Lifetime Prevalence of Rape in the 2005 U.S. Population of Women

<i>Type of Rape</i>	<i>Victims (n)</i>	<i>% of Sample</i>	<i>Population estimate*</i>
Any DAFR	70	2.3	2.6 million
Alcohol	66	2.2	2.5 million
Drugs	14	0.5	0.6 million
Any IR	85	2.8	3.1 million
Alcohol	83	2.8	3.1 million
Drugs	22	0.7	0.8 million
Any DAFR/IR	150	5.0	5.6 million
Any FR	483	16.1	18.0 million
Any FR Without DAFR/IR	439	14.6	16.4 million
Any Rape	541	18.0	20.2 million

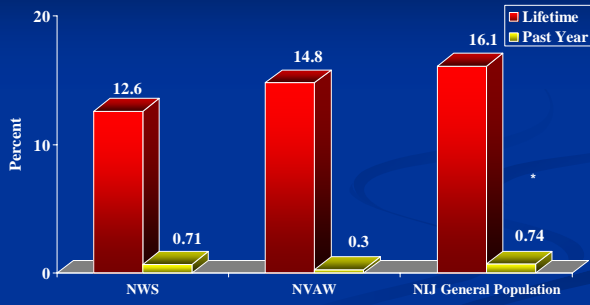
*based on Census 2005 population estimates of 112,068,000 adult women in the U.S. 15

Exhibit 2. Estimated Annual Prevalence of Rape in the 2005 U.S. Population of Women

<i>Type of Rape</i>	<i>Number of Victims in Last 7 Months</i>	<i>Percent in Last 7 Months</i>	<i>Projected Annual Percent</i>	<i>Annual Population Estimate</i>
Any DAFR	3	0.001%	0.16%	179,000
Any IR	5	0.17%	0.27%	303,000
DAFR/IR	8	0.27%	0.42%	471,000
Any Forcible	14	0.47%	0.74%	829,000
Forcible Only	10	0.33%	0.52%	583,000
Any Rape	18	0.60%	0.94%	1.1 million

Average number of months was 7.67 which was used in actual estimates. 16

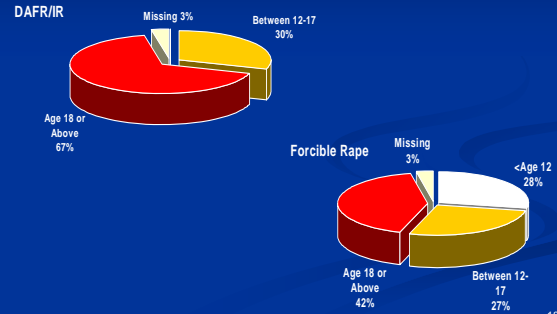
Exhibit 3. Comparison of Forcible Rape Prevalence with Other Large-Scale Epidemiological Studies



*This percentage prorated based on 6.87 month prevalence

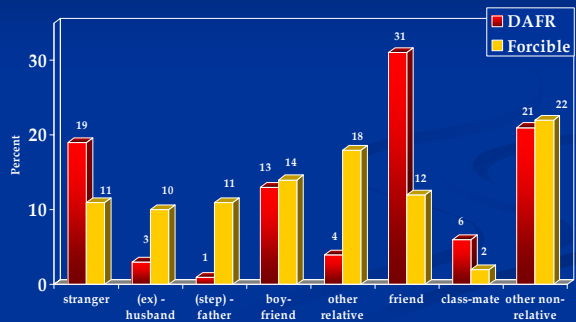
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Exhibit 4. Age at Time of Rape - DAFR/IR (N=175 Cases) and Forcible Rape (N=618 Cases): General Population Sample



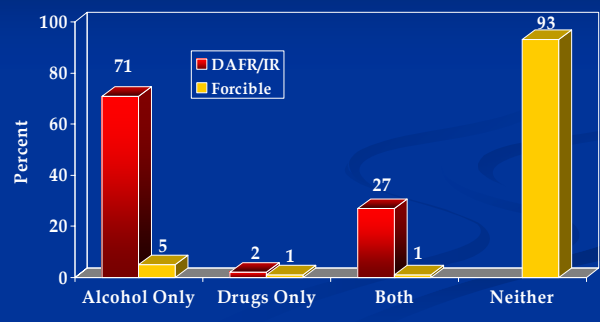
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Exhibit 5. Perpetrator's Relationship to Victim - DAFR/IR (N=175) and Forcible Rape Cases (N=618) in General Population Sample



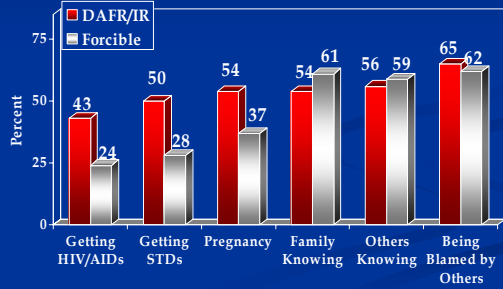
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Exhibit 6. Type of Drugs or Alcohol Involved During DAFR/IR (N=175 cases) and FR (N=618 Cases): General Population Sample



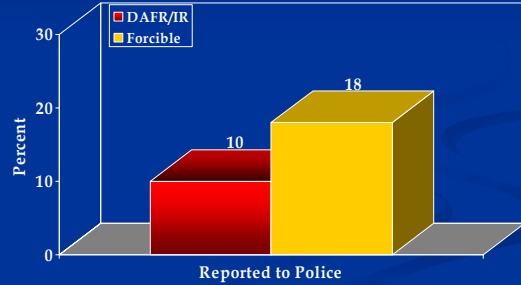
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Exhibit 7. Important Concerns of Rape Victims -- DAFR/IR (N=175 Cases) and FR (N=618 Cases): General Population Sample



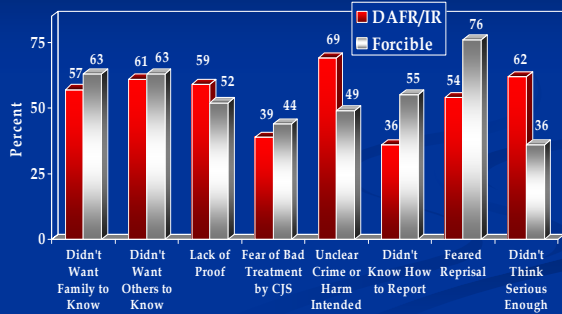
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Exhibit 8. Percentage Reporting to Police -- DAFR/IR (N=175 Cases) and FR (N=618 Cases): General Population Sample



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Exhibit 9. Reasons for Not Reporting to Police – DAFR/IR (157/175) and FR (N= 504/618) Cases

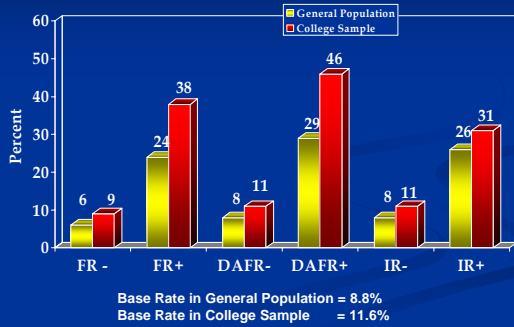


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Mental Health, Substance Abuse and Rape Victimization

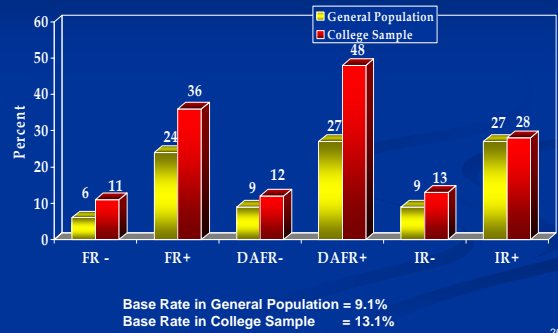
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Exhibit 10. Current PTSD in General Population (N=3001) and College Sample (N=2000)



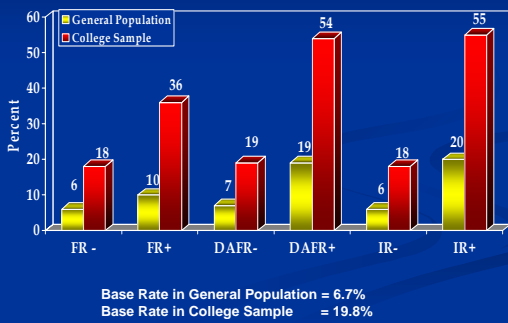
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Exhibit 11. Current Depression in General Population (N=3001) and College Sample (N=2000)



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Exhibit 12. Past Year Substance Abuse in General Population (N=3000) and College Sample (N=2000)



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Discussion/Conclusions

- Findings demonstrate the feasibility and importance of measuring DAFR and IR as well as FR in any rape study.
- Prevalence of all three types of rape is high, and history of rape is a major risk factor for substance abuse, PTSD, and MD.

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Conclusions - Continued

- DAFR and IR increase risk of MH problems as much or more than FR, suggesting that these types of rape have serious MH consequences.
- Reporting of rape cases remains low; strangers remain a minority of perpetrators and there is no evidence that rape prevalence is decreasing.

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Questions?

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Introductory Preface to Rape Screening Questions

Many women tell us that they have experienced unwanted sexual advances at some point during their lives. Women do not always report such experiences to police or discuss them with family or friends. Such experiences can happen anytime in a woman's life – even as a child. The person making these unwanted advances can be friends, boyfriends, co-workers, teaching assistants, supervisors, family members, strangers, or someone they just met. The person making the unwanted sexual advances can be male or female.

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Introductory Preface (cont)

We would appreciate it if you would answer as many questions as possible, but you don't have to answer a question if it makes you too uncomfortable. Now I am going to ask you about different types of unwanted sexual advances you may have experienced. Some of the language may seem graphic to you, but using correct terms is the only way to determine whether or not women in the study have had such experiences. Regardless of how long ago it happened or who made the unwanted sexual advances

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Rape Screening Questions

- Q1. Has a man or boy ever made you have sex by using force or threatening to harm you or someone close to you? Just so there is no mistake, by having sex, we mean putting a penis in your vagina.
- Q2. Has anyone, male or female, ever made you have oral sex by force or threatening to harm you? So there is no mistake, by oral sex, we mean that a man or boy put his penis in your mouth or someone penetrated your vagina with their mouth or tongue.

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Screening Questions (cont.)

- Q3. Has anyone ever made you have anal sex by force or threatening to harm you? By anal sex, we mean putting their penis in your anus or rectum.
- Q4. Has anyone ever put fingers or objects in your vagina or anus against your will by using force or threatening to harm you?

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Screening Questions (cont.)

Some women tell us they have had sex when they didn't want to because they were very high, intoxicated, or even passed out because of alcohol or drugs. We would like to ask you about these types of experiences you might have had. Again, we are interested in these experiences regardless of how long it happened, who did it, or whether or not it was reported to police.

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Screening Questions (cont.)

- Q5. Has anyone ever had sex with you when you didn't want to after you drank so much alcohol that you were very high, drunk, or passed out? By having sex, we mean that a man or boy put his penis in your vagina, your anus, or your mouth.
- Q6. Has anyone ever had sex with you when you didn't want to after they gave you, or you had taken enough drugs to make you very high, intoxicated, or passed out? By having sex we mean that a man or boy put his penis in your vagina, your anus, or mouth.

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