

Office for Victims of Crime
Training and Technical Assistance Center

Sexual Assault

1 in a series of 8 resource papers:

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Sexual Assault*

Rape is the most underreported crime in America. While the term “rape” historically has referred to vaginal penetration by the penis using force or resulting in physical injury and “sexual assault” referred to all other forms of sexual assault, today these terms are most often used interchangeably. Sexual assault and rape are often accompanied by social stigma that blame and shame the victim. Extensive research about sexual assault and rape indicates that many victims endure significant mental health, medical, and social consequences. While the past three decades have witnessed significant improvements in the treatment of rape victims by the justice system, medical and mental health professionals, and victim service providers, greater public awareness and education are needed to increase reporting, encourage victims to access supportive services, and reduce the stigma of rape in America.

Statistics

The following statistics come from “Crime Victimization in the United States: Statistical Overviews,” which the Office for Victims of Crime prepared for National Crime Victims’ Rights Week, 2012, as well as from other referenced sources.

- In 2010, victims age 12 or older experienced a total of 188,380 rapes or sexual assaults.¹
- In 2010, 91.9 percent of rape or sexual assault victims were female.²
- **Of** female rape or sexual assault victims in 2010, 25 percent were assaulted by a stranger, 48 percent by friends or acquaintances, and 17 percent were intimate partners.³
- In 2010, 49.6 percent of all rapes and sexual assaults were reported to law enforcement.⁴
- In 2010, forcible rapes accounted for 6.8 percent of violent crimes reported to law enforcement.⁵
- In 2010, 3.6 percent of arrests for all violent crime were for forcible rape.⁶

* This resource paper was originally authored in 2007 by Anne Seymour, Justice Solutions, Inc., Washington, D.C., and reviewed by Mario Gaboury, Ph.D., University of New Haven, and Linda Ledray, Ph.D., founder and director of the Minneapolis-based Sexual Assault Resource Service (SARS). Dr. Ledray updated the content in 2009 and 2012.

- During fiscal year 2010, there were 3,158 reports of sexual assault involving military service members, representing a two percent decrease from fiscal year 2009. Of these reports received by Military Services, 2,410 were “unrestricted” reports, which is a four percent decrease from fiscal year 2009.⁷
- Initially, the Military Services received 882 restricted reports involving Service members and U.S. civilians; 134 of these were converted from “restricted” to “unrestricted” reports.⁸
- In fiscal year 2010, 56 percent of unrestricted reports in the Armed Services involved service member-on-service member sexual assault.⁹
- In fiscal year 2009, victim compensation programs paid \$32 million for forensic sexual assault exams.¹⁰
- In 2010, 40.3 percent of reported forcible rapes were cleared (usually by arrest) by law enforcement.¹¹
- In a 2007 survey of 146 state and federal prisons, 4.5 percent of inmates reported experiencing sexual victimization. Ten facilities in the survey had victimization rates of 9.3 percent or higher, and six facilities had no reported incidents.¹²
- A recent study of a nationwide sample of 2,000 Latinas found that 17.2 percent of Latinas had been sexually assaulted at some point during their lifetime. The majority of these Latina sexual assault victims (87.5%) had also experienced another type of victimization (physical, threat, stalking, or witnessing abuse).¹³
- The forcible rape arrest rate decreased 56 percentage points between 1991 and 2009, after peaking in the period from 1984 to 1991.¹⁴

Definitions

The legal definitions for sexual assault will vary by state and under military law.

Rape: Until January 2012, forcible rape, as defined by the FBI’s Uniform Crime Report (UCR) only included penetration with the use of physical force, threats of force, or resulting in physical injury. It excluded attempted rape, statutory rape (without force), and other sex offenses.¹⁵

The new more inclusive FBI UCR definition of rape is “the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.” This new definition is more inclusive and better reflects the revised state sexual assault codes. The UCR definition is

used by law enforcement to collect statistical information about rape and sexual assault in America. It is expected that this long overdue new definition will provide a more accurate understanding of the scope and extent of the crime of rape.

Some more specific examples of sexual assault include:

- Forcing an individual to perform oral sex.
- Forcing an individual to masturbate, or to masturbate someone else.
- Forcing an individual to look at sexually explicit material or pose for sexually explicit pictures.
- Touching, fondling, kissing, and any other unwanted sexual contact with an individual's body.
- Exposure and/or flashing of sexual body parts.¹⁶

Drug Facilitated Sexual Assault (DFSA): This general term includes both drug and alcohol facilitated rape (DAFR) and incapacitated rape (IR). **Drug and alcohol facilitated rape** refers to an unwanted sexual act involving oral, anal, or vaginal penetration that occurs after the perpetrator deliberately gives the victim drugs *without her permission* or tries to get her drunk. The victim is passed out or awake but too drunk or high to know what she is doing or to control her behavior.¹⁷ **Incapacitated rape** refers to an unwanted sexual act involving oral, anal, or vaginal penetration that occurs after the victim *voluntarily* uses drugs or alcohol. The victim is passed out or awake but too drunk or high to know what she is doing or to control her behavior.¹⁸ While in the past a distinction was sometimes made between DAFR and IR, today they are both referred to as DFSA.

Intimate Partner Violence (IPV): For many decades, it was not illegal for a man to rape his wife in the United States. It was not until the 1970s that a man in this country was convicted of raping his wife.¹⁹ Initially referred to as **marital rape**, this is a type of a much broader form of violence now referred to as Intimate Partner Violence. IPV includes sexual and physical violence by a spouse or nonmarital partner, or a former spouse or nonmarital partner.²⁰

Unique Impact/Effects on Victims

For many victims, rape or sexual assault is a life-shattering event, a violation of the most intimate part of the self. Many victims feel that a part of them has been killed. Every aspect of a victim's life may be affected by rape because of the nature of the violation,

the meaning of sexual assault to the victim, and the range and intensity of the resulting trauma symptoms.²¹

Two general characteristics of a rape victim's reactions are frequently misunderstood, misinterpreted, and mistakenly used to discredit victims:

- First, in the initial aftermath of rape, the way victims typically act is often not what people expect.
- Second, over time, as victims struggle to cope with the impact of rape on their lives, they typically shift back and forth between seemingly opposite states. Sometimes, the dramatic changes in their mood and affect are misinterpreted as indicators of inconsistencies rather than as the normal course of rape trauma symptomatology.

These two characteristic reactions may affect the interactions victims have with various professionals and agencies that attempt to provide assistance. Therefore, it is important to understand the underlying reasons for these behaviors.

Most people expect to see a visibly upset victim following a sexual assault—that is, a victim who is crying, angry, or agitated. Although some victims respond this way, the more likely immediate response is an outwardly contained demeanor:

- Immediately after a sexual assault, many victims experience shock. They are stunned. They feel numb. Outwardly, they may appear calm, subdued, or dazed. They have a flat affect. They are often in a state of disbelief. Many victims say, “I can't believe this happened to me.” Victims often find it difficult to focus and concentrate. They may appear confused or disoriented, inattentive or distracted. Sometimes they seem distant. This behavior can mask the presence and severity of the trauma the victim has sustained.
- Often, the victim's shock reaction is followed by a period of denial and numbing. The victim may want to try to forget what happened. Denial may be evident in such behaviors as reporting the incident late, attempting to resume normal or usual activities, and avoiding stimuli that remind the victim of the assault, including interacting with helping professionals.

Following the immediate reactions of shock and denial, many victims vacillate between immersion in the trauma, and avoidance or numbing.

- When victims are immersed in the trauma, they have symptoms of distress, such as nightmares, intrusive thoughts, preoccupation with the trauma, and a sense that they are reliving it. They may become hypervigilant (constantly on guard) and experience intense emotions and acute distress.

- In striking contrast, when they shift to a state of “psychic numbing,” victims appear outwardly unaffected. They attempt to ward off feelings and avoid or deny the significance and meaning of the trauma. They may withdraw from activities and relationships.²²

This variability is the normal range of reactions to the trauma of rape, and these responses should be understood in the context of the trauma the victim has sustained. The various feelings and behaviors associated with these seemingly opposite states can sometimes affect the victim’s interactions with criminal justice professionals. For example, the victim may immediately contact authorities, indicating interest in taking legal action and pursuing prosecution of the offender, but when contacted days or weeks later, the victim may be distant and reticent or even unwilling to engage in the tasks at hand.

The victim’s own reactions may be compounded when these same attitudes are expressed and reinforced by significant others or people with whom the victim interacts in medical settings, law enforcement agencies, the courts, and other resources to which the victim turns for support and assistance. Victims have a wide range of concerns related to their victimization, including concerns about:

- Being blamed by others (62%).
- Family knowing (61%).
- Others knowing (59%).
- Becoming pregnant (37%).
- Getting STDs (28%).
- Getting HIV/AIDS (24%).²³

Only about 18 percent of rapes are ever reported to law enforcement. Major barriers to reporting rape to law enforcement include:

- Not wanting others to know about the rape (63% of rape cases and 61% of drug facilitated or incapacitated rape [DFSA] cases).
- Fear of retaliation (76% rape; 54% DFSA).
- Perception of insufficient evidence (52% rape; 59% DFSA).
- Uncertainty about how to report (55% rape; 36% DFSA).
- Uncertainty about whether a crime was committed or whether harm was intended (49% rape; 69% DFSA).²⁴

These findings indicate a need for increased public awareness and law enforcement outreach about what constitutes a rape or sexual assault and how to report such crimes.

Researchers have identified several mental health problems associated with rape in samples of the general population as well as college women. These problems include posttraumatic stress disorder (PTSD), depression, and alcohol or other drug abuse:²⁵

- Criteria for past year posttraumatic stress disorder (PTSD) were met by 9 percent and 12 percent of women in the national and college samples, respectively. In the national sample, this includes approximately 23 percent of rape victims versus 6 percent of nonvictims. In the college sample, this includes 34 percent of rape victims versus 9 percent of nonvictims.
- Past-year depression was experienced by 9 percent and 13 percent of women in the national and college samples. This includes 23 percent of victims versus 6 percent of nonvictims in the national sample, and 33 percent of victims versus 11 percent of nonvictims in the college sample.
- Past-year alcohol or other drug abuse was reported by 6.7 percent and 19.8 percent of women in the national and college samples. This includes 10 percent of victims versus 6 percent of nonvictims in the national sample, and 40 percent of victims versus 17 percent of nonvictims in the college sample.

Victims of rape, drug facilitated rape, and incapacitated rape show comparable risks for PTSD and depression. However, victims of drug facilitated rape were nearly twice as likely to have past-year substance abuse problems. This was true in both the national and college-student samples.

The prevalence of mental health problems among women who have experienced rape, drug or alcohol facilitated rape, or incapacitated rape compared to women who have *not* been victimized is depicted below.²⁶

Mental Health Problems Among Women Who Have Experienced Forcible Rape (FR), Drug or Alcohol Facilitated Rape (DAFR), or Incapacitated Rape (IR) – 2007

Mental Health Problem	No FR	FR	No DAFR	DAFR	No IR	IR
Lifetime PTSD	13%	40%	16%	46%	16%	39%
Current PTSD	6%	24%	8%	29%	8%	26%
Lifetime Depression	9%	34%	12%	33%	12%	34%
Current Depression	6%	24%	9%	27%	9%	27%

Mental Health Problem	No FR	FR	No DAFR	DAFR	No IR	IR
Binge Drinking at Least Once a Month	4%	5%	4%	10%	4%	15%
Past-Year Substance Abuse	6%	10%	7%	19%	6%	20%

The psychological impact of marital rape is similar to the impact of stranger rape.²⁷ The impact may be more severe for some women because the woman knows, loves, and trusts her rapist. Because women who are raped by their husbands usually live with their rapist, there is a high likelihood of repeat rapes.²⁸ Some research suggests that women who are raped by their intimate partners are more likely to experience physical injury than those raped by strangers.²⁹

Effective Responses for Victim Support and Advocacy, Medical and Mental Health Treatment, and Advocacy for Justice System Participation

Sexual Assault Response Team (SART)

Many communities have developed collaborative community support teams most often referred to as SARTs. These teams include the victim service provider/advocate, sexual assault forensic examiner (SAFE) and/or sexual assault nurse examiner (SANE), law enforcement officer, crime laboratory specialist, and the prosecutor.

The degree of collaboration will vary depending on the community protocols. As a result of the implementation of SARTs, victims of sexual assault now receive an improved system response that facilitates forensic evidence collection and promotes prosecution, as well as an improved medical response.³⁰

Victim Support and Advocacy

Victim service providers/advocates may be paid staff or volunteers who work out of a rape crisis center (community-based), child advocacy center, the prosecutor's office, or the law enforcement department (system-based). They may be contacted by sexual assault victims at many different stages, from immediately after the crime occurs to days, weeks, or even months or years later. For cases that are reported immediately or shortly after the crime occurs, victim service providers/advocates should:

- Help identify any immediate concerns of the victim related to safety, medical care, and crisis intervention and support, and whether there is a support person who can be contacted.
- Ask victims if they have bathed, showered, brushed their teeth, or laundered their clothes since the sexual assault. If the victim answers “no” to any of the questions, stress the importance of preserving any possible evidence.
- Facilitate any transportation needs the victims may have—for example, to and from the emergency room, a law enforcement agency, or rape crisis center.
- Answer any questions and provide detailed information about the medical examination and evidence collection (see “Medical Response” below), and accompany the victim to the examination.
- Provide fresh clothing and toiletries to victims following the examination and facilitate their safe return home.
- Help survivors understand the range of mental health consequences of sexual assault and provide referrals for mental health treatment.
- Provide information about and referrals to other services—including medical services, support groups, and supportive resources for partners and friends. Explain which services are free and which involve a cost to the victim.
- Determine the victim’s willingness to talk to law enforcement to evaluate the options and discuss what an investigation might entail.

Victim service providers should provide information about victim compensation and assistance with applying for victim compensation for victims who seek it. With the January 2009 implementation of the 2005 reauthorization of the Violence Against Women Act, states are required to provide victim compensation funds to pay for forensic examinations without victims reporting to law enforcement, and states will have to certify that a procedure is in place for victims to have examinations without reporting to or cooperating with law enforcement. In 2008, crime victim compensation boards paid \$29 million for sexual assault exams alone.³¹

Victim service providers also should be aware of other local programs available to support sexual assault victims. These include rape crisis centers. Rape crisis centers operate in every region of the United States. They offer a wide range of services to both reporting and nonreporting victims at the crisis stage and in the weeks, months, and years that follow, including:

- Crisis intervention for survivors and their significant others.

- Referrals to and support through medical and mental health interventions, including hospital accompaniment.
- Counseling.
- Support groups for survivors and their significant others.
- Advocacy throughout the criminal justice system, including accompanying the victim to court.
- Community education.
- Training and cross-training programs with allied professionals.
- Information about and referrals to other supportive services.

Many rape crisis centers participate in collaborative sexual assault response teams (SARTs) that promote a coordinated response to sexual assault victims.

The Rape, Abuse and Incest National Network (RAINN) sponsors a toll-free hotline (800-656-HOPE) that offers free, confidential online and telephone services to rape victims 24 hours a day, 7 days a week, and links callers to the rape crisis center nearest to them. RAINN's new online hotline offers crisis intervention, support, and referrals via e-mail, and is available at www.rainn.org.

In addition, many professionals—including community-based and system-based victim advocates as well as mental health and allied professionals—advocate on behalf of sexual assault victims throughout the criminal justice process, explain options for civil remedies, and provide referrals for legal advocacy.

The OVC Training and Technical Assistance Center offers an online Sexual Assault Advocate/Counselor Training program designed to teach advocates how to provide competent, effective crisis intervention services to victims and survivors of sexual assault. Access the online training program at www.ovcttac.gov/SAACT/index.cfm.

Medical Treatment

Increased public awareness is needed to educate survivors about the potential health implications of rape and encourage them to seek medical help, whether they report the assault or not. Rape victims have repeatedly expressed a number of concerns related to their physical health, including pregnancy and getting an STD (HIV, AIDS), and concerns about injuries.³² A 2002 national hospital records review found that only 20 percent of rape victims in the United States received emergency contraception to prevent pregnancy and only 58 percent were screened or given prophylactic treatment to prevent STDs.³³

The past decade has witnessed tremendous growth in the use of sexual assault nurse examiners (SANEs). A SANE is a registered nurse who has advanced education and clinical preparation in the forensic examination of sexual assault victims.³⁴ While SANE programs may operate differently depending on such factors as community-specific coordinated response protocols and the location of the program, their primary function is to provide objective forensic evaluation of victims of sexual assault. During the course of the evidentiary examination, the SANE will—

- Obtain information about the victim’s pertinent health history and the crime.
- Assess psychological functioning sufficiently to determine whether the victim is suicidal and is oriented to person, place, and time.
- Perform a physical examination to inspect and evaluate the body of the victim for injuries (not a routine physical examination).
- Collect and preserve all evidence and document findings.
- Collect urine and blood samples and send them to designated laboratories for analysis in cases in which drug facilitated sexual assault is suspected.
- Treat or refer the victim for medical care.
- Provide the victim with medications for the prevention of pregnancy, sexually transmitted diseases (STDs), and other care needed as a result of the crime.
- Provide the victim with referrals for medical and psychological care and support.³⁵

An *OVC Bulletin* titled “Sexual Assault Nurse Examiner (SANE) Programs: Improving the Community Response to Sexual Assault Victims” offers a thorough overview of SANE programs. Access the bulletin at www.ncjrs.gov/ovc_archives/bulletins/sane_4_2001/welcome.html.

Additionally, “A National Protocol for Sexual Assault Medical Forensic Examinations” (2004) published by the U.S. Department of Justice, is available at www.ncjrs.gov/pdffiles1/ovw/206554.pdf.

Mental Health Treatment

The psychological problems that many rape survivors face require effective responses by mental health professionals. The National Violence Against Women Prevention Research Center recommends a thorough assessment that entails a detailed trauma history and an evaluation of trauma characteristics. Additionally, the center has identified four treatment modalities, with demonstrated empirical support, that can help victims with PTSD, anxiety, and depression:

- *Stress inoculation training* to treat fear and anxiety symptoms through three phases: education, skill building, and application.
- *Exposure therapy* (also known as flooding), which helps victims repeatedly confront fearful images and memories of their traumatic event so that fear and anxiety decrease.
- *Cognitive processing therapy*, which helps victims integrate the rape by processing emotions and confronting cognitive distortions and maladaptive beliefs concerning the rape.
- *Multiple channel exposure therapy*, which educates victims about panic and trauma, breathing exercises that can reduce panic, and methods to counteract negative and distorted thinking.

Find additional information about each of these methods of treatment at www.musc.edu/vawprevention/advocacy/rape.shtml.

Advocacy for Justice System Participation

In addition to facilitating appropriate medical and mental health treatment for sexual assault victims, another key role of victim service providers is helping survivors understand the criminal justice system, its key agencies, and its professionals; providing information about victims' rights; and offering guidance for victims as they navigate the criminal justice process. The victim service provider often serves as an important liaison between the victim and justice professionals responsible for processing the case.

Victim service providers/advocates play various roles in helping victims navigate the criminal justice system as they deal with law enforcement, prosecution and the courts, and correctional institutions.

Law Enforcement

In the area of law enforcement, the role of the victim service provider/advocate in supporting the sexual assault victim is to—

- Ensure that the victim has documentation about the investigation, including a case number and contact information for the responding officers and any detectives assigned to the case.
- Explain to the victim that while law enforcement officials ask difficult questions that may sometimes appear to be judgmental, their role is to address the victim's immediate needs and gather information that will support the investigation and successful prosecution of the offender.

- Explain procedures generally involved in sexual assault investigations and offer to notify the victim (or co-notify with law enforcement) if an arrest is made.
- Offer to accompany the victim to any police interview or procedure such as a line-up or pretrial hearing (such as bail or bond hearings).
- Help the victim register to be notified about the status of the offender and case.

Prosecution and Courts

At the prosecution and courts stage of the criminal justice process, the role of the victim service provider/advocate is to—

- Advocate for any victims' rights under law to be present, heard, and informed throughout any trial proceedings, including any plea negotiations.
- Determine whether any court hearings will be held in a courtroom that is closed to the public, and advocate to the prosecutor on behalf of the victim, upon request, for such privacy provisions.
- Provide explanations or written information about key court processes and strategies, including voir dire (questioning potential jurors), use of DNA evidence, and use of expert witnesses.
- Seek a private area (if there is not a separate designated waiting area) for the victim before and after proceedings and during breaks. The area should be separated by sight and sound from the defendant, his or her defense counsel, and any family members or friends who might intimidate the victim.
- Upon request, accompany the victim to any court proceedings to provide support and answer any questions the victim may have.
- Determine the victim's need for privacy, and make the need known to the prosecutor, court administrator, and any news media.

In cases involving convictions, the role of the victim service provider is to—

- Advocate for the victim's interests by documenting financial losses for restitution, completing any court pre-sentence investigation reports, and preparing a victim impact statement.
- Help the victim obtain documentation of the sentence, and explain any of its contents, upon request.
- Provide information about and linkages to victims' rights and services in probation, institutional corrections, and/or parole.

Community and Institutional Corrections

Both community corrections (probation and parole) and institutional corrections (jails, prisons, and detention centers) have key roles in victim assistance and sex offender management. Victim service providers/advocates can work closely with correctional agencies to—

- Assess and address any concerns that victims may have about their personal safety, and ensure that there is no unwanted contact between convicted offenders and their victims.
- Use information contained in victim impact statements to improve effective offender management, including sex offender treatment and conditions of supervision for offenders who are on probation or parole.
- Develop and implement strong policies that restrict child visitation in cases involving interfamilial sexual abuse.
- Inform victims about how to access information about their offenders from the National Sex Offender Public Registry.

Cultural Issues and Barriers to Reporting and Accessing Services

Cultural issues surrounding sexual violence have significant and detrimental effects on reporting rape, seeking services, and responding and coping in the aftermath of rape. The concept of rape as gender-based violence identifies sexual assault as a crime of hate, power, and control perpetrated because of the victim's gender. In many cultures—particularly those that are patriarchal or that have strong sexual taboos—survivors are considered “damaged goods,” inappropriate for future relationships including marriage, and may be blamed for the assault and treated as pariahs.

Targeted outreach to diverse cultures, including tribal communities, within the United States must be increased to generate greater awareness about culture and rape. Victim service providers/advocates can—

- Become educated about the attitudes toward and implications of rape within distinct cultures in order to understand how they affect reporting and responding to rape and seeking help.
- Become better informed about barriers to reporting in tribal communities and within cultural groups and work with these groups to overcome these barriers and increase reporting.

- Develop a roster of interpreters who are proficient in different languages.
- Provide informational resources and services in multiple languages used within a community.

Additionally, victim service providers/advocates can collaborate with organizations that serve populations that are diverse by race and culture to promote awareness about the prevalence of rape and sexual assault and culturally specific resources to assist victims.

Collaborative Responses and Resources

Increasingly, communities are promoting a collaborative response to rape and sexual assault by establishing sexual assault response teams (SARTs). At a minimum, SARTs include a medical professional (such as a SANE or SAFE), a victim advocate, a law enforcement officer, and a prosecutor. SARTs seek to coordinate and streamline programs and services for victims of rape and sexual assault and to facilitate prosecution of offenders. “Sexual Assault Response Team Guidelines,” published by the *Pennsylvania Coalition Against Rape*, can be accessed at www.pcar.org/sites/default/files/file/healthcare/SART_Guidelines.pdf.

The *Sexual Assault Resource Service* Web site, www.sane-sart.com, features information and resources about SANE and SART programs.

Since 1997, the *Center for Sex Offender Management* has promoted a victim-centered approach to sex offender management in the community. CSOM’s efforts engage corrections officials, sex offender treatment professionals, and victim service providers to promote victim and community safety and effective offender treatment and management. CSOM offers a variety of resources specific to victims and service providers on its Web site, www.csom.org.

The *American Prosecutors Research Institute* Web site features information about rape and legal issues, state rape reporting requirements, and state statutes. For example, the handbook “Confronting Violence Against Women: A Community Action Approach” describes how to create community coordinating councils, and a practitioners’ manual provides information about prosecuting DFSA. Access these resources at www.ncjrs.gov/pdffiles1/Digitization/170091NCJRS.pdf.

The *National Sex Offender Public Registry*, sponsored by the U.S. Department of Justice, provides public access to information about the location of offenders who, in most cases, have been convicted of sexually violent offenses against adults and children and features referral information for victim services. Visit the NSOPR Web site at www.nsopr.gov.

Resources for Effective Justice System Advocacy

- “First Response to Victims of Crime,” published by OVC, contains helpful tips for law enforcement officers who respond to sexual assault victims. Go to www.ovc.gov/publications/infores/pdftxt/2010FirstResponseGuidebook.pdf.
- “Understanding Sexual Violence: Prosecuting Adult Rape and Sexual Assault Cases” is a comprehensive, 4-day research-based curriculum developed with support from the Office on Violence Against Women. Visit www.mincava.umn.edu/documents/usvpros/usvpros.shtml.
- “Understanding DNA Evidence: A Guide for Victim Service Providers,” a brochure developed by National Institute of Justice (NIJ) and OVC, can help victim service providers explain DNA evidence to victims. Find a copy of the brochure at www.ojp.usdoj.gov/nij/pubs-sum/BC000657.htm.
- “Sexual Assault Evidence: National Assessment and Guidebook,” published by NIJ, highlights information about medical and physical evidence in rape cases. Go to www.ncjrs.gov/App/Publications/abstract.aspx?ID=191837.
- “Sexual Assault Response Teams: Partnering for Success,” published by the Office for Justice Programs, Partnerships for Safer Communities, provides interviews with survivors, victim advocates, forensic medical professionals, law enforcement officers, and prosecutors to acquaint victim service providers with the benefits of developing a multidisciplinary Sexual Assault Response Team. Go to www.ncjrs.gov.
- The Office for Victims of Crime, Training and Technical Assistance Center offers “DNA Collection and Utilization in Sexual Assault Cases: The Role of the First Responder,” a training designed for law enforcement officers, SAFE/SANE medical personnel, and victim advocates to help strengthen collaboration in a team response, from the initial crime scene to prosecution of sexual assault cases. For more information on trainings, visit www.ovcttac.gov.

Resources for Cultural Competence

- The *National Network To End Violence Against Immigrant Women* addresses sexual assault, domestic violence, and human trafficking crimes affecting immigrant women. It is a national coalition that provides training, technical assistance, public policy advocacy, and multilingual outreach materials for victims. Visit the Web site at www.immigrantwomennetwork.org.

Endnotes

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