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Reporting Rape in a National Sample of College Women

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Abstract

Introduction—Studies indicate that a small percentage of rapes are reported to law enforcement officials. Research also suggests that rapes perpetrated by a stranger are more likely to be reported and that rapes involving drugs and/or alcohol are less likely to be reported. College women represent a unique and understudied population with regard to reporting rape.

Methods—In the current study, we interviewed a national sample of 2,000 college women about rape experiences in 2006.

Results—Only 11.5% of college women in the sample reported their most recent/only rape experience to authorities, with only 2.7% of rapes involving drugs and/or alcohol reported. Minority status (i.e., non-white race) was associated with lower likelihood of reporting, whereas sustaining injuries during the rape was associated with increased likelihood of reporting.

Discussion—Reporting, particularly for rapes involving drugs and alcohol, is low among college women. Implications for policy are discussed.

Keywords

rape; sexual assault; reporting; college populations

Approximately one in seven U.S. women have been raped in their lifetimes.^{1–2} Estimates from the 1990s and 2000s indicate that only 16–20% of forcible rape victims report the rape to law enforcement.^{1,3–4} Because there is compelling evidence to suggest that the majority of rapists are recidivists,⁵ unreported rapes are a significant public safety issue. Furthermore, failure to report rape may limit needed medical and/or psychological care after the sexual assault.^{6–7} College is a high-risk timeframe for sexual victimization, with studies reporting that one in four college women have been raped or experienced an attempted rape.⁸ Further,

one study found that half of college men surveyed report having engaged in some form of sexual aggression on a date.⁹ Despite the alarming prevalence of rape victimization among college women, there is a limited body of research examining the extent to which these rapes are reported to law enforcement. One study did find that very few incidents (fewer than 5%) of sexual victimization on college campuses were reported to police or campus authorities¹⁰.

Variables Associated with Reporting

Understanding what factors may lead a rape victim to report or not report a rape can help researchers and policy makers develop targeted interventions to increase reporting. Previous research suggests that reporting is more likely to occur when rape characteristics fit within the societal stereotype of rape. For example, being raped by a stranger^{4,11} and sustaining injuries^{12–15} have been consistently associated with increased likelihood of reporting. In contrast, victim use of alcohol and/or drugs at the time of the assault has been found to be associated with lower likelihood of reporting.¹⁶ These consistent findings may illustrate maintenance of a traditional belief in society about what constitutes a rape. More specifically, rapes by strangers are more consistent with the stereotype of rape, and women may be less likely to label rape by intimate partners or dating acquaintances as such.¹⁷ Likewise, rapes involving drugs and alcohol may be associated with lower likelihood of reporting because these factors may deviate from stereotypes about the conditions under which an individual is considered a rape victim. Although there is a paucity of research investigating predictors of rape reporting among college women, research suggests that several of these variables are associated with reporting among college women as well. More specifically, one study found that, among college women, being raped by a stranger was associated with higher likelihood of reporting and victim use of alcohol and/or drugs at the time of the assault was associated with lower likelihood of reporting.¹⁰ Given that the majority of rapes (estimates of up to 85%) among college women are perpetrated by a non-stranger¹⁷ (e.g., acquaintance, date, partner, etc.), it is reasonable to expect that reporting in this population may be even lower than that of the general population. Furthermore, rates of binge drinking, which is a risk factor for rape¹⁸ are particularly high in college populations.^{19–20} These findings suggest that this population deserves special attention given these unique factors that may affect the percentage of rapes that are reported.

The Current Study

Although several studies provide an important basis for understanding rape reporting and the variables associated with it, little is known about the potentially unique predictors of and barriers to reporting that may be present among college women. The dearth of research using large, national samples of college women to examine rape reporting limits our ability to understand these potentially unique features. A greater understanding of this population with regard to rape reporting may have important public health implications. Further, the majority of studies examining both the prevalence and correlates of reporting rape are from the 1980s and 1990s. Surprisingly few researchers have examined whether these patterns still hold, given the public awareness campaigns and policies that would presumably impact societal norms and beliefs about who gets raped, by whom, and under what circumstances. We examined the prevalence of reporting rape to law enforcement in a national sample of 2,000 college women interviewed in 2006. In addition, this study attempted to extend our current understanding of the variables associated with reporting in this population. Consistent with previous work, we hypothesized that variables associated with a stereotypical view of rape (e.g., stranger rapes) would be associated with greater likelihood of reporting, whereas rape characteristics that do not fit societal beliefs about rape (e.g., facilitated by drugs and/or alcohol) would be associated with lower likelihood of reporting.

Method

Participants

The list sample for college women was purchased from the American Student List (ASL), the largest and most widely used list of students in the United States. This list includes approximately six million students who are attending around 1,000 U.S. colleges and universities. The sample list purchased contained about 17,000 students. Respondents were stratified by region of the country, randomly selected, then called via random digit dial methodology in proportion to the national census representation of college women. There were 253 different schools included in the sample from 47 different states. Two thousand interviews ($N=2,000$, mean age = 20.13, $SD = 3.19$) were conducted via telephone by a national surveying firm, SRBI (Schulman, Ronca, Bucuvalas, Incorporated). Sample demographics are presented in Table 1.

Measures¹

Demographics—Participants provided their age at time of their most recent rape incident (under 11 years, 12–17 years of age, or 18 or older) and their racial/ethnic status (White, Black, Hispanic, or other; due to the low frequency of minority participants, for analyses participants were grouped dichotomously – Caucasian non-Hispanic vs. all other races/ethnicities). Additionally, we assessed education level, and household income at the time of interview.

Rape Experiences—We assessed women's most recent/only and, if multiple rape incidents were endorsed, first incident of rape. Rape was defined as penetration of the victim's vagina, mouth or rectum without consent. Questions were closed-ended and behaviorally specific and did not require women to personally label the experience as a "rape." Women who reported a rape were asked, "Did you or someone else report the incident to the police, or was it not reported to the police?"

Most Recent Rape Incident Characteristics—Several incident characteristics of women's most recent/only rape were assessed: victims' memory of the rape, peritraumatic fear, injuries sustained during the rape, and relationship to perpetrator. Memory of the event was assessed by asking "How well do you remember the details of what happened in this incident?" Women endorsing "extremely" or "very" well were coded as remembering the event well; endorsements of "not so well" and "not well at all" were coded as not remembering it well. Peritraumatic fear was assessed by asking women if they were "afraid (they) might be killed or seriously injured." Injury was assessed by asking if women suffered "serious physical injuries, minor physical injuries, or no physical injuries as a result of the incident." Both serious and minor injuries were categorized as affirmative responses to injury. Women were considered to have been raped by an intimate perpetrator if they endorsed that the perpetrator was their husband, ex-husband, boyfriend/lover, or ex-boyfriend/lover at the time of the incident. Women were considered to have been raped by a stranger if they endorsed that they (a) had not ever seen the perpetrator before, or (b) did not know the perpetrator well or at all. Women who were not classified as being raped by a stranger or an intimate partner were categorized as having been raped by a non-intimate partner, non-stranger (i.e., non-intimate relative, non-intimate acquaintance).

Most Recent Rape Type—Cases were defined as *forcible rape* (FR) if the perpetrator used force or threat of force, or the victim reported being injured as a result of unwanted vaginal, oral, or anal penetration. The key element of *incapacitated rape/drug-alcohol facilitated rape* (IR/DAFR) was that the victim either perceived the perpetrator to have (a) raped her when she was intoxicated and impaired via voluntary intake of drugs or alcohol by

the victim (i.e., IR), or (b) deliberately attempted to produce incapacitation by administering drugs or alcohol to the victim (i.e., DAFR). In IR/DAFR cases, the victim was unable to consent to unwanted sexual intercourse, oral sex, or anal sex due to incapacitation (e.g., lack of consciousness/awareness or ability to control behavior). Classification of individuals into rape categories was based on their most recent/only rape experience; classification was non-mutually exclusive.

Prior Rape History—We also assessed whether women had a history of previous rapes. Women endorsing multiple rapes during their lifetime were also asked about their first rape, including rape characteristics and rape type, classified as described above.

Service Utilization—We assessed whether participants received medical attention after their rape, as well as whether they sought advice or help from an agency that serves victims of crime, such as a rape crisis center. These variables were not entered as predictors of reporting, as the direction of the association was likely to be reversed (i.e., it was predicted that reporting would be associated with increased service utilization). This information was gathered for descriptive purposes to characterize prevalence of these types of service seeking among rape victims, as well as to examine differences in utilization of care in reporters v. non-reporters.

Procedure

Women were interviewed by a professional survey data collection company using highly standardized procedures. All interviews were conducted using a computer-assisted telephone interviewing (CATI) system. The CATI system is designed to reduce interviewer error in both data collection and data recording. The CATI system presents each question one screen at a time and does not move to the next interview item until an appropriate response has been entered by the interviewer. It also allows for the programming of skip patterns, which reduces risk for interviewer error. The interview itself was highly structured, with all closed-ended questions. All participants were asked the same screening questions, and additional questions were asked when participants endorsed having certain experiences. Only experienced female interviewers were involved in survey procedures. English and Spanish versions of the interview were developed; the version administered was based on respondent language preference. Completed interviews averaged 20 minutes. This study was approved by the Institutional Review Board at a major medical university.

Statistical Analyses

Logistic regressions were conducted by predictor set: demographics (i.e., age at time of most recent assault, education, ethnicity, income), most recent rape incident characteristics (i.e., memory of event, peritraumatic fear, relationship to perpetrator, injury), most recent rape type (i.e., FR, IR/DAFR), and other rape history (i.e., history of previous rape) that were associated with reporting their most recent/only rape incident to authorities. Significant predictors emerging from these analyses were entered into a final multivariable logistic regression analysis predicting reporting of most recent/only rape incident. SUDAAN (version 10.0) was used for all regression analyses to account for complex survey design.

Results

Prevalence of Reporting Rape and Concerns about Reporting

Out of 230 women who reported experiencing a rape, 27 (11.5% of victims) reported their most recent/only rape to law enforcement officials. Regarding rape experiences, 16.0% of FR cases were reported, whereas only 2.7% of DAFR/IR cases were reported. Frequencies of all independent variables are provided in Table 1. Correlations among the predictors are

in Table 2. Preliminary models are presented in Table 3. The final model is presented in Table 4.

Prevalence of Receiving Care

Overall, 18.7% of rape victims received medical attention after the rape, and 17.8% sought help or advice from an agency that provides assistance to victims of crime (e.g., rape crisis center). 51.9% of those who reported their rapes received medical attention, and 44.4% of those who reported sought help from an agency that provided assistance to crime victims (e.g., rape crisis center). In contrast, only 13.9% of those who did not report received medical and/or other victim assistance from an agency. These differences were statistically significant for both medical attention, χ^2 (df=2, N=229) = 25.56, $p < .001$, and agency assistance, χ^2 (df=2, N=229) = 23.00, $p < .001$.

Demographics—Of the variables in the demographics model only age at most recent rape and racial/ethnic status were significant predictors. Reports to authorities were more likely to be made for Caucasian women than women of other racial/ethnic groups (OR=14.51) and for women who were raped prior to age 10 (ages 11–17 OR=.13; 18+ OR=.14).

Most Recent Incident Characteristics—Among the incident characteristics of the women's most recent (or only) rape, endorsement of peritraumatic fear (OR=2.96 vs. none), and incurring an injury as a result of the rape (OR=3.95 vs. no injury), were associated with increased odds of reporting. Neither remembering the rape well, nor the perpetrator being an intimate partner or a stranger added predictive value.

Most Recent Rape Type—Forcible rapes were 6.77 times more likely to be reported than were rapes involving substances or alcohol.

Prior Rape History—Having a history of a previous rape was not significantly associated with increased likelihood of reporting the most recent rape.

Final Model—All significant predictors from the individual models were entered into a final multivariable model (See Table 3). Of all of the variables that were associated with reporting in the individual models, only racial/ethnic status (OR=5.09 for Caucasian non-Hispanic vs. all other categories) and rapes involving injuries (OR=2.79 vs. no injuries) remained significant predictors of reporting, with higher likelihood of reporting associated with Caucasian race and the presence of injuries resulting from the rape. Peritraumatic fear (i.e., fear at the time of the rape) was marginally associated with reporting in the final model (OR=2.57 v. no fear, $p=.06$).

Comment

The current study extends prior research on predictors of rape reporting among college women by examining the contributions of several new rape incident and victim characteristics. The percentage of college women who reported in this sample was somewhat higher than that of a previous study examining the prevalence of reporting rape in college women.¹⁰ This may be due in part to differences in the operationalization of “rape” and the variants of sexual victimization assessed. Still, the current findings suggest that the majority of rapes go unreported in college samples. Moreover, the percentage of college women in this sample who reported their rapes to authorities was lower than that of a nationally representative community sample of women.⁴

Importantly, findings from this study suggest that college women who report their rapes to authorities are more likely to receive medical attention and other assistance. Although the association between reporting and receiving medical attention is likely to be mediated by the higher percentage of women with rape-related injuries who report their rapes, access to other assistance from rape crisis centers and other agencies appears to be limited among those who do not report, with fewer than 14% of those who do not report receiving assistance from a crime victim agency or other similar agency. These findings suggest that the majority of rape victim outreach assistance programs may make initial contacts at the hospital exam, and that rape victims are unlikely to seek assistance from these agencies if they are not accessed during the medical exam. The medical exam, then, is important not only for potentially gathering evidence, but these initial contacts are likely to be the primary source for receiving further mental health referrals and treatment.

Unique to this study, three variant rape tactics were examined for their unique contribution to the prediction of reporting. Consistent with prior research indicating lower likelihood of reporting among victims consuming alcohol,^{10,16} our results indicate that victims whose rape included forcible tactics, in comparison with IR/DAFR experiences were 6.77 times more likely to report their experience to authorities. However, forcible rape type maintained only marginal significance in the final model, most likely due to overlap in variance accounted for by rape characteristic variables included in the final model that are typical elements of forcible rapes (e.g., peritraumatic fear and injury). Indeed, correlations among peritraumatic fear, sustaining injuries, and forcible rape ranged from .31–.44, (all $ps < .001$). That only 2.7% of IR/DAFR (vs. 16% of FR) cases were reported to authorities highlights the need for college community outreach programming to educate college women and law enforcement about IR/DAFR: that IR/DAFR are legally recognized as rape and can have emotional/mental health consequences.²¹

Of all variables examined as predictors of reporting, only Caucasian race and injury during the rape remained significant unique associates of reporting in the final model. Consistent with previous research using a national sample of college women (Fisher et al., 2003), minority status was associated with decreased likelihood of reporting. Women experiencing injury during the rape were nearly three (2.77) times more likely than women without significant injury to report to authorities. This is consistent with similar research among community-based samples of women,^{13–14} and may be associated with medical service utilization, which often involves reporting the rape to police or other authorities.⁷

Limitations

Although the current study presents data from a national sample of college women and is the first, to the authors' knowledge, to examine impact of rape tactic in predicting reporting to authorities, this study is not without limitations. All data were retrospective, self-report and subject to the limitations imposed by this methodology. Additionally, college women without landline phone numbers were excluded from this sample, as were women not currently enrolled in a 4-year college or university limiting the population to which findings may be generalized.

Conclusions

In spite of these limitations, the results from this study have direct implications for campus rape prevention programming to educate women: (1) regarding risk factors for IR/DAFR and be informed that this is a legally recognized as rape, (2) on the reporting process, and (3) that rape crisis and medical/mental health assistance is available post-rape. Finally, research that samples only those rape victims who report their rape experiences is likely to exclude a

significantly portion of college rape victims, particularly victims of DAFR/IR. Thus, findings from studies using these sampling procedures should be interpreted with caution.

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Table 1

Frequencies for Independent Variables (N=230)

Variable	N	%
Age at Most Recent Rape		
11 and under	15	6.6
12–17	72	31.6
18 and older	141	61.8
Race		
All others	54	23.5
Caucasian non-Hispanic	176	76.5
Education		
Freshman	74	32.2
Sophomore	54	23.5
Junior	49	21.3
Senior or grad student	53	23.0
Income		
<\$20,000	28	13.3
\$20,000–\$60,000	67	31.9
>\$60,000	115	54.8
Memory of Rape		
No	95	41.3
Yes	135	58.7
Peritraumatic Fear		
No	172	76.1
Yes	54	23.9
Perpetrator Intimate Partner		
No	178	81.3
Yes	41	18.7
Perpetrator a Stranger		
No	200	87.0
Yes	30	13.0
Injury		
No	163	70.9
Yes	67	29.1
Rape Type		
FR	157	68.3
DAFR or IR	73	31.7
History of Previous Rape		
No	130	56.5
Yes	100	43.5

Table 2

Correlations among predictor variables

	FR	DAFR/IR	Stranger	IP	Cauc	Mar	Income	Mem	Fear	Prev Rape	Age	Yr Coll
Injury	.44***	-.26***	.06	.09	-.06	.00	-.18**	.15*	.31***	.08	.01	.05
FR	-	-.67***	0.07	.11	-.11	-.04	-.13	.32***	.37***	.17*	-.13*	.06
DAFR/IR	-	-	.16*	-.26***	.11	-.10	.12	-.35***	-.41***	-.21***	.35***	-.08
Stranger	-	-	-	-.19**	.09	.04	.13	-.04	-.03	-.08	.01	-.02
IP	-	-	-	-	-.08	-.05	-.09	.15*	.05	.03	.04	.10
Cauc	-	-	-	-	-	-.09	.27***	-.08	-.16*	-.11	.19**	.03
Married	-	-	-	-	-	-	-.12	.01	.08	-.02	-.07	.08
Income	-	-	-	-	-	-	-	-.03	-.15*	-.22***	.09	-.07
Mem	-	-	-	-	-	-	-	-	.24***	-.01	-.10	.03
Fear	-	-	-	-	-	-	-	-	-	.12	-.24***	.05
Prev rape	-	-	-	-	-	-	-	-	-	-	-.08	-.02
Age (MRape)	-	-	-	-	-	-	-	-	-	-	-	.13

Key: Cauc=Caucasian; Mem=Memory of the rape; MRape=most recent/only rape; Prev rape=history of previous rape; Stranger=stranger rape; FR=forcible rape; DAFR/IR=drug/alcohol facilitated or incapacitated; Fear=fear at the time of the rape; YrColl=year in college

Table 3

Logistic Regression Results: Reporting

Predictor	OR	95% CI	p-value
Model 1: Demographics			
Age at Most Recent Rape			
11 and under	1.00	-	<0.05
12–17	0.13	0.02–0.88	
18 and older	0.14	0.03–0.68	
Race			
All others	1.00	-	0.005
Caucasian non-Hispanic	14.51	2.28–92.45	
Education			
Freshman	1.91	0.46–7.95	0.50
Sophomore	0.94	0.20–4.49	
Junior	0.77	0.13–4.42	
Senior or grad student	1.00	-	
Income			
<\$20,000	1.00	-	0.96
\$20,000–\$60,000	1.16	0.19–7.03	
>\$60,000	0.99	0.18–5.40	
Model 2: Most Recent Incident Characteristics			
Memory of Rape			
No	1.00	-	0.78
Yes	0.87	0.32–2.34	
Peritraumatic Fear			
No	1.00	-	0.04
Yes	2.96	1.08–8.11	
Perpetrator Intimate Partner			
No	1.00	-	0.29
Yes	0.51	0.14–1.78	
Perpetrator a Stranger			
No	1.00	-	0.72

Predictor	OR	95% CI	p-value
Yes	1.24	0.37–4.14	
Injury			
No	1.00	-	0.004
Yes	3.95	1.54–10.08	
Model 3: Most Recent Rape Type			
Rape Type			
FR	6.77	1.54–29.76	0.01
DAFR or IR	1.00	-	
Model 4: Prior Rape History			
History of Previous Rape			
No	1.00	-	0.37
Yes	1.45	0.65–3.27	

Table 4

Logistic Regression Results: Final Model of Reporting

Predictor	OR	95% CI	p-value
Age at Most Recent Rape			
11 and under	1.00	-	0.33
12–17	0.25	0.04–1.65	
18 and older	0.26	0.04–1.68	
Race			
All others	1.00	-	0.03
Caucasian non-Hispanic	5.09	1.19–21.84	
Peritraumatic Fear			
No	1.00	-	0.06
Yes	2.57	0.96–6.87	
Injury			
No	1.00	-	0.04
Yes	2.79	1.04–7.53	
Rape Type			
FR	3.07	0.58–16.15	0.18
DAFR or IR	1.00	-	