
Sexual Assault Victims in Honolulu

— A Statistical Profile —

A report by the
Department of the Attorney General
Crime Prevention & Justice Assistance Division
State of Hawaii

In Partnership With
Sex Abuse Treatment Center
Honolulu, Hawaii



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*The findings and conclusions of this study do not necessarily represent
the views of the Kapi'olani Medical Center for Women and Children.*

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Janet Davidson, Senior Research Analyst
Paul Perrone, Chief of Research & Statistics
Florita Haro, Research Intern

Research & Statistics Branch
Crime Prevention & Justice Assistance Division
Department of the Attorney General
State of Hawaii

- and -

Evelyn Yanagida, Ph.D., Clinical Program Manager
SooJean Choi-Misailidis, Ph.D., Psychology Fellow

Sex Abuse Treatment Center
Honolulu, Hawaii



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Executive Summary

This report provides a descriptive analysis of 5,095 sexual assault victims who received treatment or services through the Sex Abuse Treatment Center (SATC) in Honolulu, Hawaii from mid-1990 through mid-2001. This analysis, and the statistical profiles herein presented, should not be generalized to all victims of sexual assault, as many victims neither disclose their assault nor seek treatment. Additionally, the findings and conclusions of this study do not necessarily represent the views of Kapi`olani Medical Center for Women and Children. Nonetheless, the information presented in this report is useful in detailing a population of victims in Hawaii who have survived a sexual assault and sought treatment. The key findings include the following:

- The average victim in this sample is 18 years old (age at assault). Females, who represent 90% of the victims, are an average of 18 years old and males are an average of 10 years old.
- The largest ethnic categories of victims are: Hawaiian/part-Hawaiian (28.8%), Caucasian (26.3%), and mixed ethnic heritage, not including Hawaiian (17.4%).
- Most victims are assaulted by someone they know; only 16.3% of the victims were assaulted by a stranger. Males are more likely than females to be victimized by a stranger. Males are also more likely than females to be assaulted by a relative, while females are more likely than males to be assaulted by an intimate partner.
- The greatest likelihood of assault is from Midnight to 6:00 a.m. and is most likely to occur in the victim's (36.2%) or assailant's (26.3%) home, hotel, or workplace.
- The majority of assaults did not involve the use of a weapon. More common assault strategies include the use of physical force (69.9%), intimidation (64.6%), threats (39.5%), and deception (37.0%). The use of physical force and weapons increases with victim age. About one quarter (27.4%) of victims reported a collateral injury as the result of the sexual assault.
- In general, victims who sought treatment in an emergency room took less than one day post-assault to do so, whereas the average length between assault and treatment for victims who only sought counseling was 20 days. Male and younger victims took longer to seek treatment.

- General trends from 1990-2001:
 - The number of victims seeking treatment through SATC has decreased, although this is potentially related to funding issues.
 - Females consistently comprised roughly 90% of the victims seeking treatment within a given year, and the average age of victims fluctuated between 15 and 20 years old (age at assault).
 - There has been a dramatic decrease in the percentage of Caucasian victims with a corresponding increase in the percentage of Hawaiian/part-Hawaiian victims.
 - Victims were consistently more likely to be assaulted by someone they know rather than by a stranger, and to have been assaulted in the home, hotel, or workplace of the victim or the assailant.
- While the national rate of reporting sexual assault to law enforcement is estimated to be around 28%, the rate of SATC victims who report to the police is 68%. The following factors are significantly related to increased rates of SATC victims reporting sexual assault to the police:
 - Adult victims are more likely to report if the assailant is a stranger; the assailant used threats, physical force, a weapon, intimidation, or the victim was injured; they are Hawaiian/part-Hawaiian; and/or if they were sexually assaulted with an object.
 - Juvenile victims are more likely to report if the assault took place in a vehicle; the assailant is a stranger; there was only one assailant; a weapon was used or the victim was injured; they were sexually assaulted with an object or subjected to forcible rape or sodomy; and/or if they are Hawaiian/part-Hawaiian or Filipino.
 - Male victims are more likely to report if the assailant used physical force; and/or if the victim is widowed.
 - Female victims are more likely to report if the assault took place in a vehicle; the assailant is a stranger; there was only one assailant; the assailant threatened, used physical force, a weapon, or injured the victim; they were sexually assaulted with an object; are Hawaiian/part-Hawaiian, Filipino, or other Asian (excluding Japanese); is an adult; and/or is single.

- The pre-assault use of alcohol by the assailant increases the level of risk involved in the sexual assault. The following circumstances are significantly related to sexual assaults in which the assailant consumed alcohol prior to the assault:
 - For adults, there is an increased likelihood of assault by a stranger or by a friend/acquaintance; use of physical force, deception, or injury; or forcible rape or assault with an object. Caucasians and females are the most likely to be subject to an assault in which the assailant consumed alcohol.
 - For juveniles, there is an increased likelihood of forcible rape; assault in a vehicle; by a stranger; by two or more assailants; and assault involving threats, physical force, weapon, intimidation, deception, and injury. Females are more likely to be subject to an assault in which the assailant consumed alcohol.

Background

General Information on Sexual Assault and Sexual Assault Victims

Introduction

A review of sexual assault literature reveals that there are a wide range of victimizations considered sexual assault. However, a general definition of sexual assault includes all those victimizations involving unwanted sexual contact occurring between the victim and assailant. This includes not only physical contact, but also threats and attempts to commit sexual acts (Greenfeld, 1997). One of the difficulties in discussing the population of sexual assault victims, however, is the inherent complication in identifying this population. As such, it is important to note that the information contained in this section is only meant to highlight some of the more salient research-based information regarding this offense.

Sexual assault is one of the offenses most underreported to law enforcement (Green, et al., 2001; Greenfeld, 1997; Maguire & Pastore, 2001). Additionally, efforts to tap into this population are marred with methodological variances (Green, et al., 2001). As such, the full scope and characteristics of this offense may never fully be discovered. Nonetheless, studies and statistics collected on divergent victim and non-victim cohorts continue to replicate basic findings, hence adding to the overall reliability and validity of what is known about sexual assault victims.

Victim Characteristics

Age

In general, the younger the person, the more likely they are to experience a violent crime (Greenfeld, 1997; Rennison, 2002; Snyder, 2000). Although the numbers vary based on the sample studied, the general consensus is that a large percentage of sexual assaults involve children as victims (Greenfeld, 1997; Kaplan, et al., 2001; Maguire & Pastore, 2001; Snyder, 2000).

The Committee on Adolescence, part of the American Academy of Pediatrics, (Kaplan, et al., 2001) calculated the following annual incidence of sexual victimization per 1,000 persons aged 12 and over: 3.5 for 12-15 age group; 5.0 for 16-19 age group; 4.6 for 20-24 age group; and 1.7 for 24-29 age group. Note that there is a dramatic decrease in rates for the latter group. Maguire and Pastore (2001) found the highest rate (4.3 per 1,000) for victimization was in the 16-19 age group (the rate is based on a population of persons aged 12 and over), while the lowest rates were in the 35-49, 50-64, and 65 and older groups, with rates of 0.8, 0.4, and .01, respectively.

Gender

It is difficult to state with any degree of certainty the actual discrepancy between the rate of female and male sexual victimization, largely due to the lack of reporting by most sexual assault victims. Nonetheless, current data on sexual assault populations demonstrate that the majority of known victims are female (Snyder, 2000). That said, there may be more barriers to reporting sexual assaults for males than for females that may minimize what is actually known about the quantity and characteristics of male victims of sexual assault.

Marital Status

The following description is not limited to the role of marital status in sexual assaults, but depicts said role in overall violent victimizations which include several types of violent assaults, such as murder, assault, robbery, and sexual assaults. It is worth noting that differences in rates of victimization by marital status will vary according to the type of sample analyzed. Craven (1997) and Rennison (2002) found that divorced and separated men and women experienced similar overall rates of violent victimization. However, earlier work by Rennison (1999) found that persons who had never married were the most likely to be violent crime victims. Rennison's 2001 report claimed that females who were separated were more likely than women of any other marital category to become victims of intimate partner violence. Finally, Maguire and Pastore (2001) note that the rate of victimization (per 1,000 persons aged 12 and older) was 2.6 for those never married and 2.3 for those who are divorced or separated, although these numbers are likely confounded by the inclusion of a population base that begins at age 12 (there is a low likelihood of marriage for the persons aged 12-18).

Assault Characteristics

Victim / Assailant Relationships

There exists a profound difference between the public perception of victim-assailant relationships and the reality of such relationships. The myth is that of the threat posed by “a dangerous stranger lurking in the dark.” The reality, however, is that people are most likely to be victimized by someone they know rather than by a stranger (Craven, 1997). Indeed, a minority (estimates range between 14% and 34%) of victimizations is perpetrated by strangers; the remaining assailants are known to the victim (Craven, 1997; Greenfeld, 1997; Snyder, 2000).

Some studies have found that roughly one-quarter of assailants were related to the victim. Of these victims, younger victims were more likely than older victims to have been assaulted by a family member. Specifically, Snyder (2000) found that 49% of the assailants of victims under 6 were family members; compared to 24% within the 12-17 year age group. Greenfeld (1997) found similar numbers, with 43% of victims younger than 12 and 11% of victims 30 and older experiencing sexual assault from a family member. It follows, then, that the likelihood of a stranger assault increases with age.

The Committee on Adolescence posits the following explanation for some of the age-graded differences in victim-assailant relationships: older adolescents are most commonly the victims during social encounters with the assailants (e.g., on dates). With younger adolescent victims, the assailant is more likely to be a member of the adolescent’s extended family.

The importance of acknowledging these types of victim-assailant relationships cannot be understated. For example, Snyder (2000) notes that a majority of the public, including law enforcement personnel and legislators, are concerned over stranger victimization, especially of young children. While this is a laudable goal, prevention efforts need to be focused more holistically to include the full range of potential victimizations.

Time and Location

Greenfeld (1997) found that roughly two-thirds of sexual assaults occur between 6:00 p.m. and 6:00 a.m.. The time of victimization has also been linked to the age of the victim, with adult victims more likely to be sexually assaulted between midnight and 2:00 a.m., while juveniles’ likelihood of victimization peaks at 3:00 p.m. (Snyder, 2000).

Most sexual assaults occur in the residence of the victim, the assailant, or another individual residence (Greenfeld, 1997; Maguire & Pastore, 2001; Snyder, 2000). Additionally, Snyder (2000) found that men (77%) were more likely than women (69%) to be victimized in a home. Additionally, juvenile victims (77%) were more likely to be victimized in a home than were adult victims (55%). Other prevalent locations included a street (other than near the home, 12.1%), commercial building (7.0%), and inside a school building or property (5.2%) (Maguire & Pastore, 2001).

Weapon Use

The most-used weapon in sexual assault is classified as personal (e.g., hands, feet, fists), comprising 77% of the weapons used (Snyder, 2000). Other weapons, such as firearms, knives, or blunt instruments are much less likely to be included in a sexual assault, although they do increase in use as the age of the victim increases (Greenfeld, 1997; Snyder, 2000). Greenfeld (1997) found that when the assailant was a stranger, a gun was used in 10% of the cases versus only 2% of the time when the assailant was a family member.

Injury and Treatment

Although a majority of sexual assault victims do not report a physical injury as the direct result of the assault, a substantial minority do. Greenfeld (1997) notes that 40% of rape victims suffered a “collateral” injury as a result of the assault.

When treatment is sought after an assault, it is more likely by victims who were assaulted by a stranger than by someone known to the victim. Additionally, increased severity in the attack led to a greater likelihood of seeking earlier, rather than later, treatment (Millar, et al., 2002). Regardless of the relationship to the assailant or the severity of attack, research has demonstrated the long-term positive impact of seeking treatment after an assault.

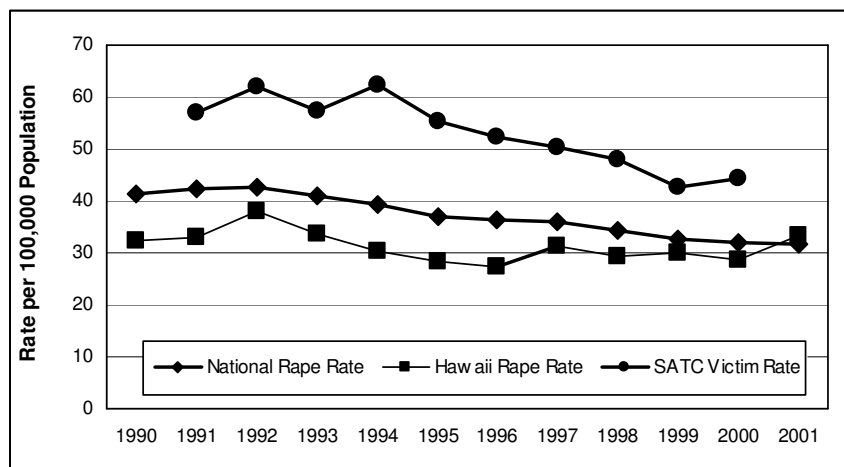
Prevalence of Sexual Assault in Hawaii

Rates of all violent crimes are lower in Hawaii than in the U.S. In particular, though, the rate of forcible rape¹ in the United States as a whole was steadily above that of Hawaii in the early to mid-90's, but the gap began to noticeably close around 1997 (Figure 1). Figures from 2001 indicate that Hawaii's forcible rape rate is now slightly *higher* than the national average. In a report released in 2003, Ruggiero and Kilpatrick, using national factors predictive of female forcible rape (such as age, race/ethnicity, and national region), estimate that approximately

14.5% of adult women in Hawaii have at some point in their lifetime been subject to a completed forcible rape. They note that this is slightly higher than the national average.

Additionally, the rate of victims seeking treatment through the Sex Abuse Treatment Center (SATC) has declined from a peak in 1994, largely attributed to decreased funding. What is noticeable about this graph, though, is that treatment need appears to be aligned with known sexual assault victimization, at least for forcible rape². In other words, the trends for victimization and treatment follow the same general pattern.

Figure 1: Comparison of Hawaii's Forcible Rape Rate with the National Forcible Rape Rate and the Rate of Treatment Seeking at SATC



Source: 1991-2002 FBI Uniform Crime Reporting Program; 1991-2002 *Crime in Hawaii*; and SATC Victim Data. Note: The SATC Victim Rate presents a rate of victims seeking treatment at SATC per 100,000 Oahu population and is included only as a reference against the national and state rape rate. Only semi-annual data were available for SATC cases in 1990 and 2001, and these years are not represented for SATC Victim Rate in the above graph.

Although certain explanations could be put forth in an effort to explain the increase in forcible rape in Hawaii — such as more people reporting assaults to the police, with no real increase in the incidence of assaults (which might also explain the decrease in treatment), or the reduction in funding for treatment services — more should be known about victims of sexual assault, both nationally and locally, in an effort to better serve this special category of crime victims.

Current Study

The descriptions and analyses in the remainder of this report are derived from data from the Sex Abuse Treatment Center (SATC – description follows), located in Honolulu, Hawaii. The data set is victim-based, and includes calendar years 1990 through 2001. These data represent all victims who sought treatment at SATC after a sexual assault, regardless of the type of assault or whether or not it was reported to the police. As such, these data represent a larger population of victims than those that are included in law enforcement data only. These data, then, allow for the analysis of factors that facilitate or hinder reporting sexual assaults to the police. Additionally, the aggregate number of years allows for the inclusion of a larger portion of male victims, thus rendering a comparison of male and female victims possible.

First and foremost, it should be noted that SATC is not a research center. Rather, it is a victim treatment center and, as such, the primary mission is to provide direct services to victims of sexual assault. The result for research, however, is that there are some limitations to the use of these data to address research problems. The biggest difficulty is associated with missing information in some of the data fields, which can call into question the validity of analyses using those particular fields.

Although the data set does include some assailant information, much of this information, such as age and ethnicity, is speculative on the part of the victim, especially in cases of stranger assault. These data, with the exception of the victim-assailant relationship, are not used in the current study due to the unreliability of such data.

Finally, much research has centered on the role of victim resistance during the assault in terms of how these factors relate to reporting behavior and victim recovery. These data are not currently collected by SATC. Indeed, questions of this nature are likely too sensitive to consider for collection at the time of treatment as it may inadvertently be perceived as victim-blaming by the victim. These variables, then, are also not analyzed in this report.

Statistical analyses were conducted on a sample of SATC victims from 1990 through 2001. Univariate analyses (analysis of one variable at a time, largely utilizing percentages and means) are used to offer a basic description of the victims and assault characteristics for this sample. Several bivariate and multivariate analyses (the analysis of two variables at a time, the analysis of three or more variables at a time, respectively) were also conducted to provide

more detailed information on characteristics of known sexual assaults in Hawaii. These analyses were performed using cross-tabulations, often referred to as “cross tabs.” A determination of significant relationships was utilized with the application of chi-square tests of significance. For the relationship to be considered statistically significant, the relationship between two variables must have a significance level of at least .05. This significance level means that the relationship is meaningful and not merely due to chance, or, in other words, there must be at least a 95% likelihood that the observed result did not occur by chance.

A more detailed description of the data collection methods can be found in a previously published analysis of these data. The article, “Patterns Among Sexual Assault Victims Seeking Treatment Services,” (Green, et al., 2001) was conducted with SATC data from the years 1991-1995. This study, in part, replicates this earlier study. The intent of the current report is to provide contemporary, varied, and comprehensive analyses so that a variety of audiences (such as policymakers, law enforcement, service providers, and researchers) will find it informative.

The Sex Abuse Treatment Center (SATC)

The Sex Abuse Treatment Center (SATC) is a program of the Kapi`olani Medical Center for Women and Children, a specialty hospital for pediatrics and obstetrics-gynecology. SATC was established in 1976 in response to the community’s concern over the absence of adequate support for victims of sexual assault. Prior to SATC’s inception, those reporting sexual assault to the police were taken to the city morgue in order to gather legal evidence. Only those who could afford a private physician and/or therapist were able to access the appropriate medical care and mental health treatment needed following such victimization. Needless to say, most adult victims and parents of child victims were reluctant to report sexual assaults to the police. Without support, victims were frequently unwilling or emotionally unable to pursue legal action or to participate as witnesses in the criminal justice process, thus the assailants were left unpunished to commit new crimes. Moreover, without mental health treatment services available, the painful post-traumatic symptoms associated with sexual assault resulted in long-lasting psychological and social consequences for victims. SATC was, therefore, designed to alleviate such conditions by offering the critical support needed to help victims deal with the aftermath of sexual assault.

SATC is available to help victims of sexual assault 24 hours a day, 7 days a week. For all victims of sexual assault, SATC offers emergency medical care, mental health counseling, as well as emotional support, and advocacy for those victims participating in the criminal justice system. Medical care includes an examination for physical injuries, collection of legal evidence, testing and medication for sexually transmitted disease and pregnancy, and information about the risk of Acquired Immune Deficiency Syndrome (AIDS). Around-the-clock crisis intervention includes someone to talk with about the sexual assault and its effects, and accompaniment to the emergency room by a supportive, informed crisis worker trained in sexual assault trauma and who can explain the forensic data gathering process. Mental health counseling is offered to individuals, couples, and families in order to assist in their recovery from the traumatic changes caused by the sexual assault. Support and advocacy services are offered throughout the victims' interactions with the criminal justice system. Consultation, trainings and presentations about sexual assault, the needs and concerns of child and adult victims, and available resources for victims are provided to the general public and to community professionals. Sexual assault prevention programs targeted at youth include multiple session presentations emphasizing date or acquaintance rape, sexual harassment, and incest.

Demographic Profile

Victim Demographics and Other Assault Characteristics

Victim Profile – Hawaii

In the eleven-year period between 1990 and 2001, the Sex Abuse Treatment Center (SATC) has assisted an average of 460 victims per year³, with as many as 541 in 1994 to 368 in 1999. This number represents, unfortunately, well over one sexual assault victim per day in Honolulu. Developing a profile of these victims is an important component in intervention and prevention efforts.

As Figure 2 demonstrates, the age distribution of female victims is noticeably different than for males. Although both genders display a cluster of ages toward the younger side of the distribution, males are skewed more heavily to the younger side. More precisely, the average age of female victims is 18 while the average age of male victims is 10, marking a significant difference in the age of the victims, most likely related to a reluctance of adult males to enter into treatment.

Figure 2: Age Distribution of Female and Male Sexual Assault Victims

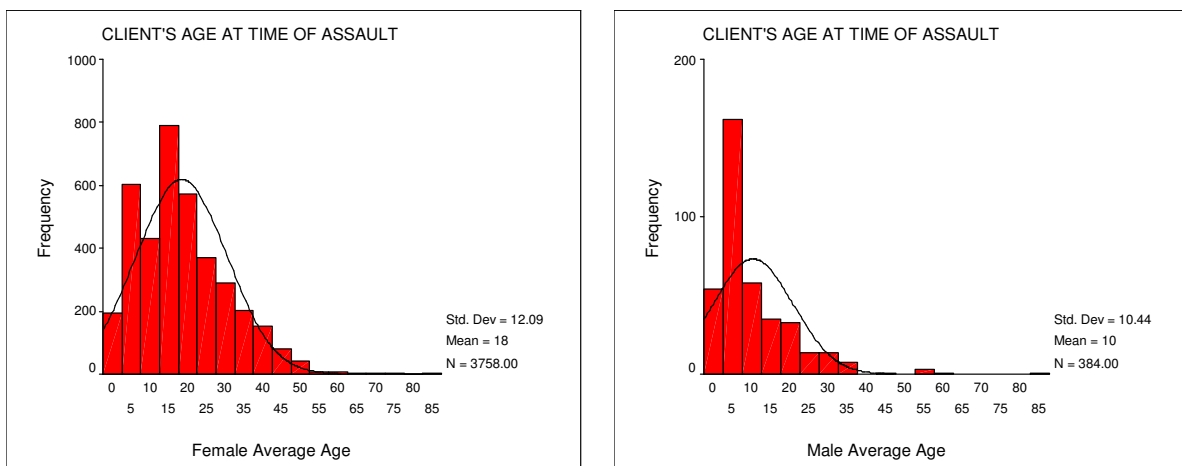


Table 1 details key demographic variables associated with the victims. Although the majority of victims are female, a significant number are male (10%). Interestingly, almost three-quarters (71.4%) of the male victims were 12 years of age or younger at the time of assault, as compared to only one-third (32.7%) of the female victims in the same age category. The differences in age between male and female victims are statistically significant⁴ ($\chi^2 = 257.2$, $p < .001$).

Table 1: Demographic Characteristics of Sexual Assault Victims Seeking Treatment at SATC, 1990-2001 (Percentages)

Demographic	All Victims N=5,095	Females N=4,448	Males N=495
Age*** (at assault – in years)			
0-5	18.8	16.2	44.0
6-11	13.7	12.7	23.4
12-15	16.4	17.0	11.2
16-17	7.3	7.9	1.8
18-22	14.6	15.3	8.6
23-29	12.8	13.6	5.2
30-45	13.7	14.7	4.2
46 and over	2.5	2.6	1.6
Ethnicity***			
Hawaiian/part-Hawaiian	28.8	28.0	36.0
Caucasian	26.3	26.3	26.0
Filipino	7.5	8.0	3.3
Japanese	6.2	6.6	3.1
Black	2.8	2.9	2.4
Samoan	2.1	2.0	3.5
Korean	1.8	1.9	0.7
Hispanic	1.8	1.9	1.3
Chinese	1.5	1.7	0.4
American Indian	1.0	1.1	0.2
Pacific Islander	0.7	0.6	1.1
Vietnamese	0.3	0.3	0.4
Other Asian (not mixed)	0.7	0.8	0.7
Other (not mixed)	0.9	0.9	0.9
Mixed (non-Hawaiian)	17.4	17.1	19.9
Marital Status (victims 18 and older)			
Single	63.6	62.4	89.6
Married	16.2	16.6	6.0
Separated or Divorced	19.0	19.7	1.5
Widowed	1.2	1.1	3.0
Employment Status (victims 18 and older)			
Unemployed	61.4	60.8	76.9
Retired	1.5	1.5	3.8
Student	37.0	37.7	19.2

Note: Information on gender was missing in 152 cases; for race in 526 cases; for marital status in 22 cases; and for employment status in 601 cases. ***Denotes statistical significance at $p < .001$ between male and female victims.

The largest category of victims by ethnicity was Hawaiian or part-Hawaiian. The relevance of Hawaiian/part-Hawaiian as an analytic category, however, is a difficult one to deconstruct. The standard coding of ethnicity for the state of Hawaii involves classifying anyone who claims to be even a small portion Hawaiian, regardless of the entire ethnic mix, to be classified as Hawaiian/part-Hawaiian. The result is that this category is often the largest group in a diverse type of analyses performed in the state of Hawaii. Thus, the Hawaiian category is often arguably inflated and other categories deflated.

It is both interesting and difficult to compare the percentage breakdown of the victim ethnicities with those in the general population distribution of Hawaii⁵. Figures from the U.S. Census Bureau provide some details on ethnicity in the state population. However, there is some difficulty in direct comparisons given the number of individuals citing more than one ethnicity. Nevertheless, it is instructive to point out some of the disparities in victim ethnicity in comparison to the general population. The most noticeable under-representation of victim ethnicity groups is Japanese, whose share of the total population in Hawaii is 16.7%, and yet only represent 6.2% of the victims in the SATC sample. This is consistent with recent findings elsewhere from the National Asian Women's Health Organization⁶. Chinese victims and Filipino victims are similarly under-represented as victims, with the groups respectively comprising 4.7% versus 1.5%, and 14.1% versus 7.5%, of the state versus SATC population⁷.

There are significant ethnic differences between female and male victims ($\chi^2=48.7$, $p < .001$). Most evident is the difference between the percentage of female and male Hawaiian/part-Hawaiians, with more males (36.0%) than females (28.0%). Conversely, there are about twice as many female Filipino (8.0%) or Chinese (1.7%) victims than male victims of the same ethnicities (3.3 and 0.4, respectively). There is little or no difference between male and female victims in the remaining ethnic categories.

An analysis of both marital status and employment status was limited to victims of adult status (i.e., victims 18 years of age or older at the time of assault). The majority of victims were classified as single and as unemployed. There were no significant differences between male and female victims in terms of marital or employment status.

Assault Characteristics – Hawaii

The metaphor of “stranger-danger” stands as one of the most pervasive myths in violent crime commission (Walker, 1998). Contrary to that myth, a majority of victims were either intimately familiar (10.1%) or otherwise acquainted with their assailant (73.6%). There were a significant number of stranger assaults (16.3%), and it should not be generalized that there is no such thing as stranger sexual assault. Rather, the patterns that emerge here, and elsewhere, indicate that a person is much more likely to be assaulted by someone they know than by a stranger. The former assailants included friends/acquaintances (49.9%), relatives (23.7%), and intimates (10.1%). Table 2 demonstrates that there are significant differences regarding the relationship of the victim and assailant for male and female victims ($\chi^2 = 82.1$, $p < .001$). In general, males (38.4%) are more likely than females (22.2%) to be victimized by a relative. In turn, females (11.1%) are more likely than males (0.3%) to be victimized by an intimate partner.

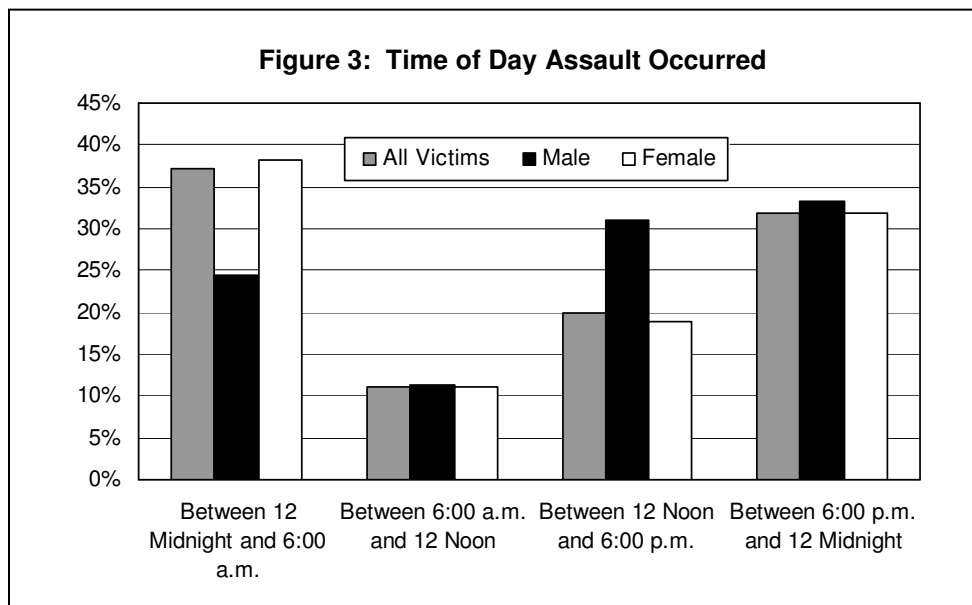
Table 2 also demonstrates little variation in the victim-assailant relationship by gender when age is controlled. The only significant differences between males and females, when controlling for age, is in the 12-15 ($\chi^2 = 12.7$, $p < .01$) and 16-17 ($\chi^2 = 7.8$, $p < .05$) year-old categories. The salient difference for these categories is that males, much more than females, are likely to be victimized by a stranger than by someone they know. It may be that, in cases of a stranger victimization, males may be more comfortable seeking treatment if the perpetrator is not someone they know.

Table 2: Relationship of Victim and Assailant (Percentages)

Relationship (by age at assault)	All Victims	Females	Males
0-5 years			
Intimate	0.0	0.0	0.0
Other relative	52.1	51.7	54.3
Friend/acquaintance	44.5	44.7	43.7
Stranger	3.4	3.6	2.0
6-11 years			
Intimate	0.4	0.4	0.0
Other relative	52.3	53.1	48.2
Friend/acquaintance	40.5	39.7	44.7
Stranger	6.8	6.8	7.1
12-15 years**			
Intimate	9.0	9.6	0.0
Other relative	20.5	21.1	9.8
Friend/acquaintance	54.0	53.8	58.5
Stranger	16.4	15.4	31.7
16-17 years*			
Intimate	13.4	13.7	0.0
Other relative	9.9	10.2	0.0
Friend/acquaintance	58.2	58.6	42.9
Stranger	18.5	17.5	57.1
18-22 years			
Intimate	15.3	15.9	3.3
Other relative	3.8	3.8	3.3
Friend/acquaintance	57.8	57.7	60.0
Stranger	23.1	22.5	33.3
23-29 years			
Intimate	15.5	16.1	0.0
Other relative	2.0	1.8	5.9
Friend/acquaintance	55.6	55.3	64.7
Stranger	26.9	26.8	29.4
30-45 years			
Intimate	21.2	21.8	0.0
Other relative	3.3	3.2	6.7
Friend/acquaintance	51.4	50.8	73.3
Stranger	24.1	24.2	20.0
46 and over			
Intimate	11.2	12.5	0.0
Other relative	40.9	40.0	48.3
Friend/acquaintance	32.7	30.8	48.3
Stranger	15.2	16.7	3.4

Note: Information on relationship of victim to assailant was not available in 1,029 cases. *Denotes statistically significant differences at $p < .05$, ** at $p < .01$ between male and female victims while controlling for age categories.

The greatest number of assaults occurred between Midnight and 6:00 a.m. (see Figure 3). This figure, however, differs by gender. Female victims were significantly more likely than male victims to be assaulted between Midnight and 6:00 a.m., while male victims were more likely to be assaulted between Noon and 6:00 p.m. ($\chi^2 = 22.7$, $p < .001$). These numbers likely reflect different assailant types for males and females, rather than a mere propensity of males and females to be victimized at certain times of the day.



There are significant variations between the time of assault and the victim-assailant relationship, as well as by the age group of the victim. Specifically, victims who were assaulted by an intimate partner (Figure 4) were more likely to be assaulted from 6:00 a.m. to Noon and least likely to be assaulted from Noon to 6:00 p.m. ($\chi^2=21.1$, $p < .05$). The differences in time of assault by age category (Figure 5) were greater than the previous example. For example, victims between the ages of 18-22 were more likely to be assaulted between Midnight and 6:00 a.m. but least likely to be assaulted between 6:00 a.m. and Noon. In general, those victims between the ages of 0 through 17 were less likely than older victims to be assaulted between Noon and 6:00 p.m. ($\chi^2 = 192.9$, $p < .001$).

Figure 4: Time of Day Assault Occurred, by Relationship of Victim to Assailant

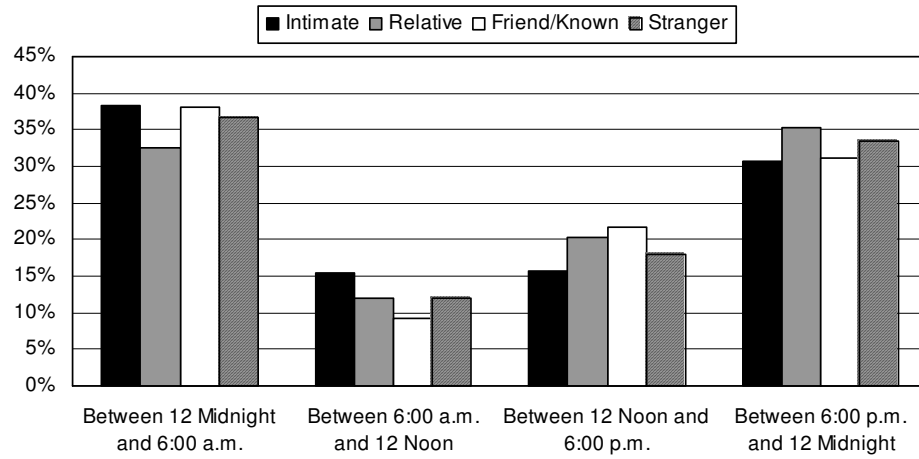


Figure 5: Time of Day Assault Occurred, by Age of Victim

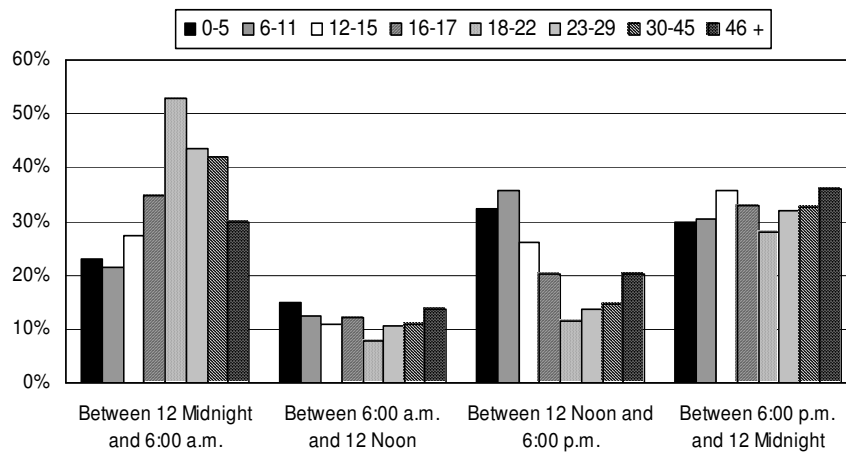


Table 3: Location of Assault, by Age at Assault and Gender (Percentages)

Location by Age at Assault	All Victims	Females	Males
0-5			
Victim's home, hotel, or workplace	42.3	43.2	40.0
Assailant's home, hotel, or workplace	32.4	30.2	40.8
Victim or assailant's vehicle	0.9	0.9	0.8
Other private place	10.2	10.1	9.6
Outdoors	10.7	11.2	8.0
Other public places	3.6	4.4	0.8
6-11*			
Victim's home, hotel, or workplace	49.9	51.4	41.2
Assailant's home, hotel, or workplace	27.8	28.3	25.0
Victim or assailant's vehicle	1.3	1.3	1.5
Other private place	8.3	8.0	10.3
Outdoors	9.0	7.2	19.1
Other public places	3.7	3.9	2.9
12-15			
Victim's home, hotel, or workplace	27.9	28.1	25.0
Assailant's home, hotel, or workplace	27.1	27.9	15.0
Victim or assailant's vehicle	8.0	7.6	12.5
Other private place	12.9	12.3	20.0
Outdoors	18.3	18.1	20.0
Other public places	5.9	5.8	7.5
16-17			
Victim's home, hotel, or workplace	20.5	21.0	0.0
Assailant's home, hotel, or workplace	27.9	27.9	28.6
Victim or assailant's vehicle	9.2	9.1	14.3
Other private place	16.3	15.9	28.6
Outdoors	17.3	17.0	28.6
Other public places	8.8	9.1	0.0
18-22			
Victim's home, hotel, or workplace	27.6	27.8	23.3
Assailant's home, hotel, or workplace	26.0	25.3	40.0
Victim or assailant's vehicle	10.6	10.6	10.0
Other private place	11.6	11.9	6.7
Outdoors	16.3	16.3	16.7
Other public places	7.8	8.1	3.3
23-29**			
Victim's home, hotel, or workplace	33.9	35.0	5.6
Assailant's home, hotel, or workplace	25.3	25.4	22.2
Victim or assailant's vehicle	10.8	10.8	11.1
Other private place	8.2	7.9	16.7
Outdoors	12.7	12.8	11.1

Location by Age at Assault	All Victims	Females	Males
Other public places	9.0	8.1	33.3
30-45**			
Victim's home, hotel, or workplace	37.4	37.6	31.3
Assailant's home, hotel, or workplace	22.9	23.4	6.3
Victim or assailant's vehicle	7.9	8.2	0.0
Other private place	10.4	9.6	37.5
Outdoors	13.6	13.3	25.0
Other public places	7.8	8.0	0.0
46 and over			
Victim's home, hotel, or workplace	58.6	59.8	47.6
Assailant's home, hotel, or workplace	15.0	14.1	23.8
Victim or assailant's vehicle	3.2	3.0	4.8
Other private place	8.6	8.0	14.3
Outdoors	8.6	9.5	0.0
Other public places	5.9	5.5	9.5

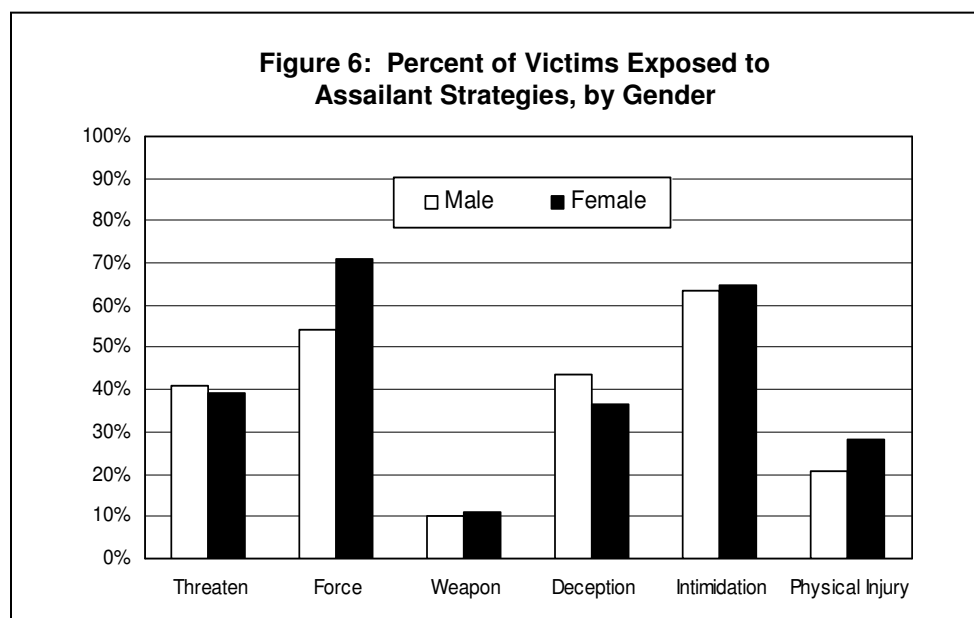
Note: Information was missing on location of assault in 1,348 cases. *Denotes statistically significant differences at $p < .05$, ** at $p < .01$ between male and female victims while controlling for age categories.

Table 3 provides detail on the location of the assaults. The majority of assaults occurred in the victim's (36.2%) or assailant's (26.3%) home, hotel, or workplace. There are certain significant differences between gender when age is considered, but only for those victims in the following age categories: 6-11 ($\chi^2 = 11.1$, $p < .05$), 23-29 ($\chi^2 = 18.4$, $p < .01$), and 30-45 ($\chi^2 = 18.0$, $p < .01$).

The largest difference between male and female victims in the 6-11 age category is that males were more likely than females to be assaulted outdoors, while females were more likely to be assaulted in their own home. Although smaller base numbers for males create considerable fluctuation, the 23-29 age category demonstrates that female victims were more likely than males to be assaulted in their own home, while male victims were more likely than females to be assaulted in a public place.

The majority of the assaults (89%) did not involve the use of a weapon. More common assault strategies involved the use of physical force (69.9%), intimidation (64.6%), threats (39.5%), and deception (37.0%). A minority (27.4%) of victims reported a physical injury as a direct result of the sexual assault. These assault strategies, however, do differ by both the victim's gender and age.

Figure 6 displays differences in assault strategies by the victim's gender. Male and female victims were subject to significant differences in the assailants' use of force, with females more likely than males ($\chi^2 = 27.7$, $p < .001$) to report that the assailant used such force. This is likely related to the age differences between male and female victims (recall that male victims tend to be younger than female victims). Males, on the other hand, were more likely than females to have been deceived by their assailant ($\chi^2 = 4.6$, $p < .05$). Female victims were also significantly more likely ($\chi^2 = 6.6$, $p < .05$) to report an injury in addition to the sexual assault.



Significant differences also emerge when assailant assault strategies are analyzed with regard to victim age (Table 4). The only strategy in which statistically significant differences are not apparent by age is intimidation. The use of threats was more likely to be used against older rather than younger victims. This also correlates with the greater use of threats against female victims. Additionally, physical force ($\chi^2 = 342.6$, $p < .001$) and weapon use ($\chi^2 = 82.9$, $p < .001$) are strategies used more often against older victims than against younger victims. A significant difference exists regarding the use of deception ($\chi^2 = 15.1$, $p < .05$), but is not as strong as for the other strategies, and a noticeable pattern does not appear. Finally, the reporting of injury in addition to the sexual assault is more likely to come from older rather than younger victims ($\chi^2 = 221.5$, $p < .001$). This finding makes sense in light of the increased risk of force and weapon use against older victims.

Table 4: Assailant Assault Strategies, by Age at Assault (Percentages)

	Strategy					
	Threats***	Physical Force***	Weapon***	Deception*	Intimidation	Physical Injury***
Age						
0-5	35.5	43.1	6.3	40.1	58.0	17.4
6-11	40.4	41.1	2.7	37.7	67.6	10.8
12-15	32.9	64.6	7.8	33.9	64.8	15.2
16-17	34.3	78.1	10.6	29.8	62.2	22.2
18-22	38.2	83.7	11.9	39.8	66.0	36.1
23-29	42.1	81.0	15.1	41.7	69.0	38.3
30-45	46.6	78.6	18.9	36.7	63.9	43.3
46 & over	49.7	71.2	12.6	28.1	56.6	27.0

Note: Information for threats was not available for 2,128 cases, in 1,993 cases for physical force, in 1,824 cases for weapons, in 2,224 cases for deception, in 1,990 for physical injury, and in 2,285 for intimidation. Statistical significance is noted by the following: * $p < .05$, *** $p < .001$.

Table 5: Source of Referral to SATC, by Age at Assault and Gender (Percentages)

Referral by Age at Assault	All	Females	Males
0-5			
Police	20.9	19.8	25.0
Family	6.6	6.7	6.3
Friends	5.4	6.0	3.5
Self	6.6	6.5	6.3
Physician, hospital, or ambulance	25.3	25.4	25.0
Social service agency or school	22.0	22.3	20.8
Other	13.2	13.3	13.2
6-11			
Police	26.2	25.4	31.4
Family	7.9	6.9	14.3
Friends	4.5	4.3	5.7
Self	4.9	4.7	5.7
Physician, hospital, or ambulance	12.8	13.3	10.0
Social service agency or school	30.5	32.0	21.4
Other	13.2	13.5	11.4
12-15			
Police	40.6	40.5	42.1
Family	6.9	6.6	10.5
Friends	5.2	5.0	7.9
Self	2.8	2.6	5.3
Physician, hospital, or ambulance	10.9	11.0	10.5
Social service agency or school	22.7	23.1	15.8
Other	10.9	11.1	7.9
16-17			
Police	44.4	44.7	33.3
Family	6.5	6.6	0.0
Friends	9.0	9.2	0.0
Self	3.6	3.7	0.0
Physician, hospital, or ambulance	9.0	9.2	0.0
Social service agency or school	14.7	14.7	16.7
Other	12.9	12.1	50.0
18-22			
Police	47.2	47.6	38.7
Family	3.6	3.2	9.7
Friends	8.9	9.2	3.2
Self	4.6	4.9	0.0
Physician, hospital, or ambulance	16.0	15.6	22.6
Social service agency or school	5.2	5.1	6.5
Other	14.6	14.3	19.4

23-29			
Police	47.6	46.8	68.4
Family	1.4	1.4	0.0
Friends	9.4	9.5	5.3
Self	7.6	7.7	5.3
Physician, hospital, or ambulance	11.2	11.0	15.8
Social service agency or school	4.8	5.0	0.0
Other	18.1	18.6	5.3
30-45*			
Police	47.9	48.9	13.3
Family	1.7	1.5	6.7
Friends	6.6	6.7	0.0
Self	8.2	8.3	6.7
Physician, hospital, or ambulance	17.0	16.8	26.7
Social service agency or school	5.4	5.0	20.0
Other	13.1	12.7	26.7
46 and over			
Police	18.3	18.8	15.0
Family	6.2	6.1	5.0
Friends	7.0	7.3	5.0
Self	7.3	7.6	5.0
Physician, hospital, or ambulance	21.7	22.3	17.5
Social service agency or school	25.4	25.2	27.5
Other	14.1	12.7	25.0

Note: Information on referral to SATC was missing in 1,093 of the cases. *Denotes statistically significant differences at $p < .05$ between male and female victims while controlling for age categories. There are likely errors in coding in those cases for victims in the 0-5 age category and referral to SATC as it is unlikely that victims in this age group would have been self-referred to SATC.

SATC presents two readily noticeable benefits to victims specifically and the criminal justice system in general. First, SATC literature review efforts suggest that victims who seek treatment are likely to experience a more positive long-term recovery, and, as such, victims who come to the SATC for treatment are exposed to this potential as well. Additionally, the rate of reporting sexual assault to the police is higher for victims seeking treatment than for victims in general (this will be explored in more detail in a subsequent section). It follows, then, that knowledge of sources of referral to the SATC might be of use to prevention programs as well as direct services and others who wish to assist sexual assault victims.

The largest categories of victims are referred to the SATC by the police (36.6%), a physician, hospital, or ambulance (15.9%), or a social service agency or school (16.2%). There are significant differences in referral by gender ($\chi^2 = 19.4$, $p < .01$), with females more likely than

males to be referred by the police or by friends, and males more likely to be referred by family members.

Table 5 displays further detail on referrals by age categories. Victims at the youngest categories were less likely than older victims to be referred to the SATC by the police. Victims in the 0-5 age category were most likely referred by a physician, hospital, or ambulance, and victims in the 6-11 age category were most likely referred by a social service agency or school. Conversely, victims in the remainder of the age groups were significantly more likely to be referred to the SATC by the police.

Looking at the victim sample as a whole, it took an average of three days to seek treatment after the assault. These numbers, however, are highly impacted by the extended lag between assault and treatment for a few victims that may skew the numbers to an overall higher average. It is more instructive to examine the time to treatment for types of assaults. There was, in general, a bi-modal⁸ distribution of average time to treatment; one set of victims (acute) generally sought treatment, on average, the same day as the assault, while the other set of victims (non-acute) sought treatment an average 19.7 days post-assault. Additionally, male victims took longer to seek treatment, and, in general, younger victims took longer to seek treatment.

It is also instructive to look at the time it took a victim to report an assault to the police by specific victim characteristics. For victims in which reporting information was available, the time elapsed from assault to reporting to police was less than a day. The number was slightly higher for male victims, though, at 1.2 days. Additionally, reporting time was longer for younger victims and for non-acute cases.

Table 6: Average Days Elapsed from Assault to Treatment and Police Reporting, by Gender and Age at Assault

Category	Time to Treatment	Time to Reporting to Police
All Victims	3.0	0.8
Female Victims	2.9	0.8
Male Victims	4.1	1.2
<i>Age Categories</i>		
0-5	3.5	1.4
6-11	5.4	2.0
12-15	4.3	1.3
16-17	3.0	0.8
18-22	2.0	0.5
23-29	2.6	0.4
30-45	1.9	0.5
46 and over	4.6	1.6
<i>Case Types⁹</i>		
Acute (ER)	0.7	0.5
Non-acute (counseling)	19.7	5.6
Other (sexual assault clinic)	2.3	1.5

Note: Figures rely on a 5% trimmed mean. Of 5,095 cases, only 2,747 cases had information on time from assault to treatment at SATC, and 3,091 cases had information on reporting assaults to the police.

Trends

Trends in Sexual Assault Characteristics

Introduction

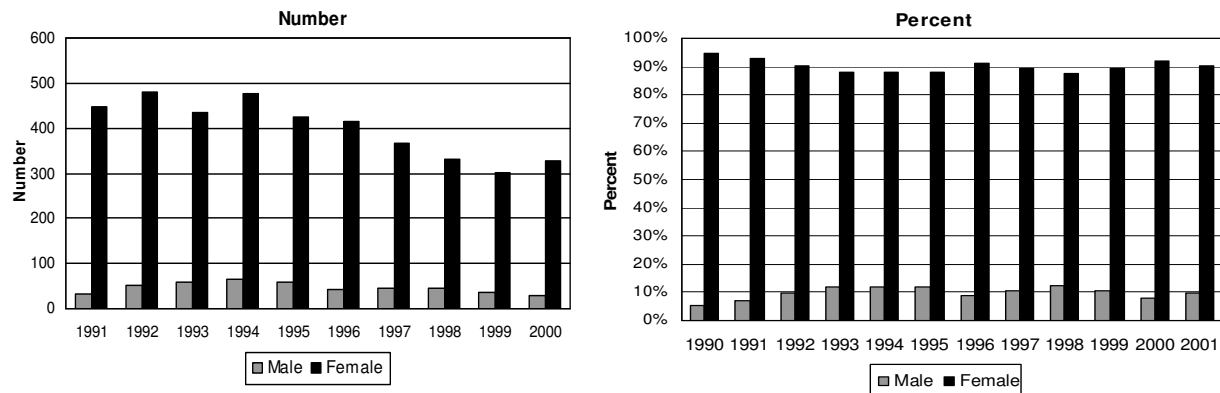
As a research tool, trend analyses are important to assist in the guidance of criminal justice policymakers, service providers, legislators, and the general public by identifying a time-specific trajectory of sexual assault patterns. Additionally, whereas most studies on sexual assault characteristics provide a snapshot in time, trend analysis allows for a better understanding of whether or not key patterns exist within certain characteristics of sexual assault. The most important trend, the number of sexual assaults in the country, demonstrates that between 1991 and 2001, a slow and consistent decline in sexual assaults has occurred in the United States, at least according to official statistics (see Figure 1 on page 8). For example, from 1993 to 2000 alone, a 52% decline in reported forcible rapes was recorded (Maguire & Pastore, 2001).

Sexual Assault Victim Trends, 1990-2001

Although the number of victims annually seeking treatment at SATC has declined in the past few years, Figure 7 shows that there have not been any demonstrable changes in the gender composition of victims. It should be noted, though, that funding to SATC to provide services has also declined, reducing the number of victims who can be treated at SATC. In general, about 90% of SATC clients in any given year are female.

The average age (at assault) of victims has also not shown much change over the past decade (Figure 8). In general, sexual assault victims have ranged between an average age of 15-20 years old. This figure, though, is driven by the large number of female victims; male victims have been consistently younger. The spike in average male age in 2001 is due to a handful of older male victims that boosted the average age to a much higher category (the median age for males that year was 16).

Figure 7: Number and Percent of Victims, by Gender, 1991-2001



Note: 1990 & 2001 data have been left out of the left figure because SATC data for those years only represent one-half a year's figures.

In terms of victim ethnicity, the most noticeable trend is a dramatic increase in the percentage of Hawaiian/part-Hawaiian victims (notwithstanding earlier concerns over coding ethnicities in Hawaii). Figure 9 also demonstrates a striking decrease in the percentage of Caucasian victims over the same 10-year period. The remaining ethnic categories have remained fairly stable across time. It is unclear why this pattern has emerged, although it might be related to funding cuts that commit remaining resources to indigent and needy populations. In turn, the Hawaiian/part-Hawaiian population has one of the highest unemployment rates in the state¹⁰.

Figure 8: Victim Age at Assault, by Gender, 1990-2001

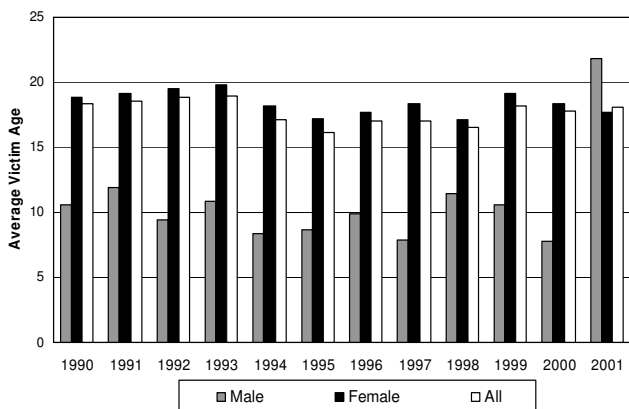
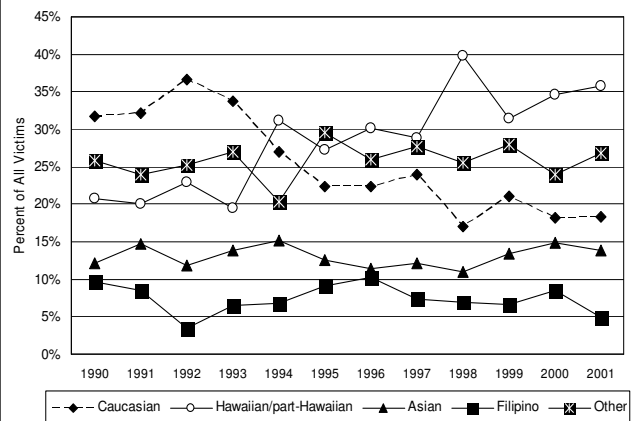
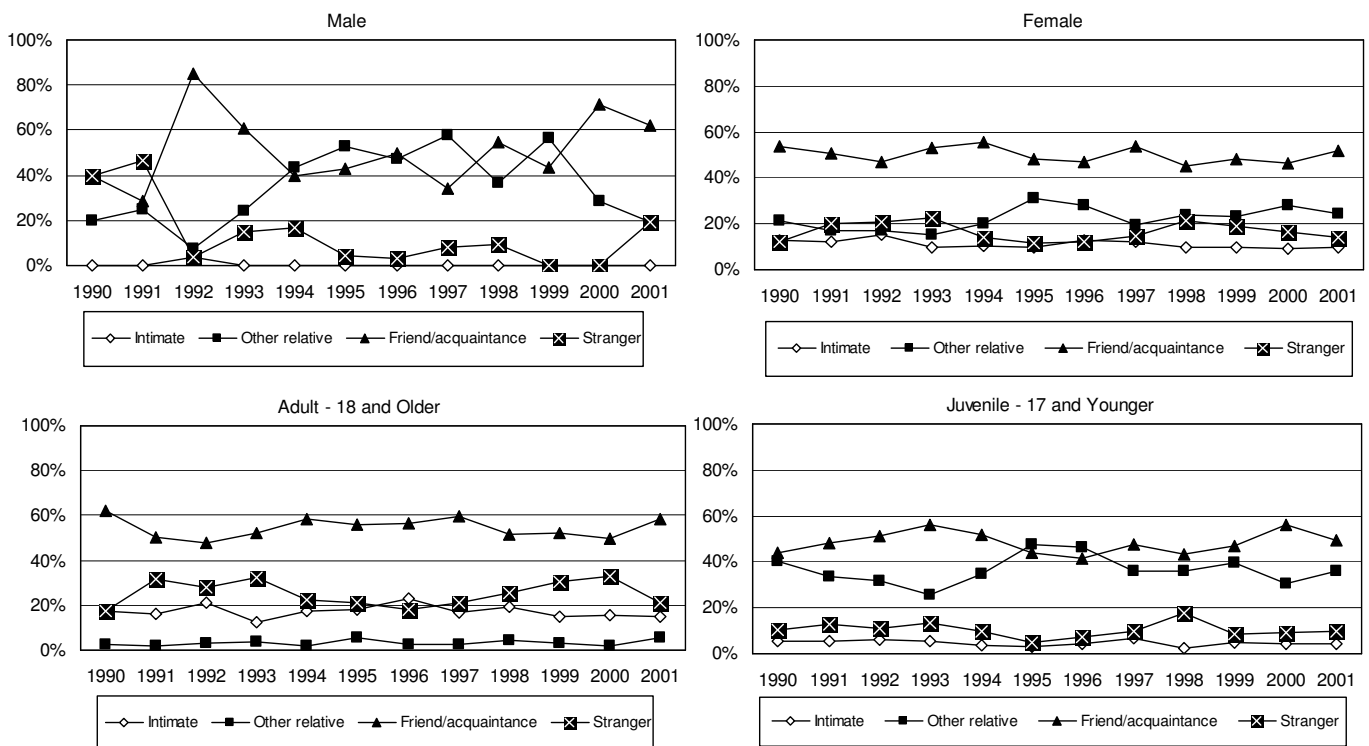


Figure 9: Ethnicity of Victims, 1990-2001



The most noticeable pattern in victim-assailant relationships (Figure 10) is that, regardless of gender, victims are less likely to be assaulted by strangers than by an assailant otherwise known to the victim. The likelihood of assault by someone known is not a rare phenomenon, but, rather generally and consistently typifies sexual assaults. While there are more fluctuations in the victim-assailant relationship for male victims, this is again largely due to the smaller base number of male victims. However, there is a pattern worth noting in the family assailant (other relative) category. There is a clear and sustained increase in the number of family member perpetrators for male victims through most of the last decade. Also noteworthy is distinction between stranger assaults on adult versus juvenile victims, with the former more likely to be subject to a sexual assault by a stranger than are the latter.

Figure 10: Trends in Victim-Assailant Relationship, 1990-2001



Trends in Assault Characteristics, 1990-2001

With the exception of certain fluctuations for male victims, the patterns for the past decade in terms of assault location (Figure 11) have remained relatively stable. In general, victims of both genders and in both age groups are most likely to be assaulted in their own home, hotel, or work environment. Conversely, victims are consistently least likely to be assaulted in public places, outdoors, or other areas.

Figure 12 reveals that, for this study period, the most prevalent and also the most serious type of assault for males is forcible sodomy and for females is forcible rape. All groups depicted above demonstrate a decline in forcible sodomy and rape, with corresponding increases in other assault types in the latter years, although the pattern is not dramatic.

Figure 11: Trends in Assault Location, 1990-2001

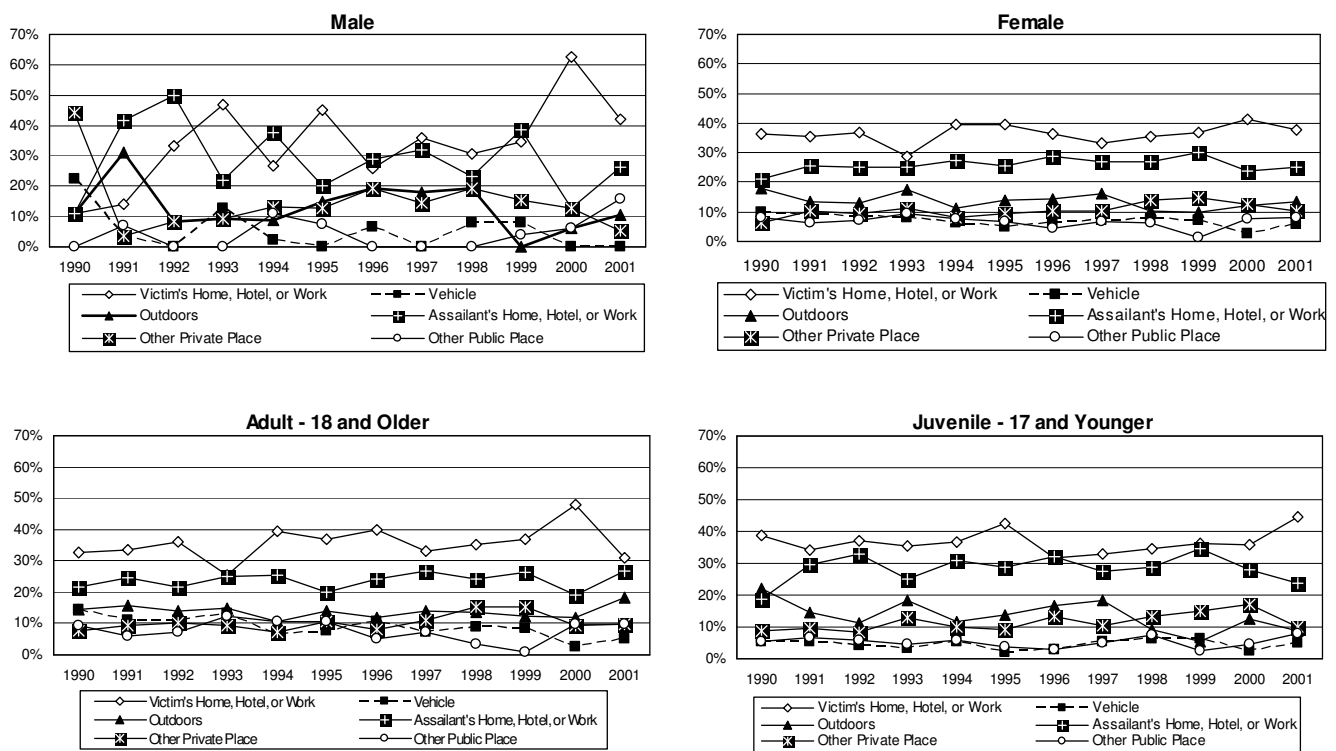


Figure 12: Trends in Gender and Age of Victim, by Type of Assault, 1990-2001

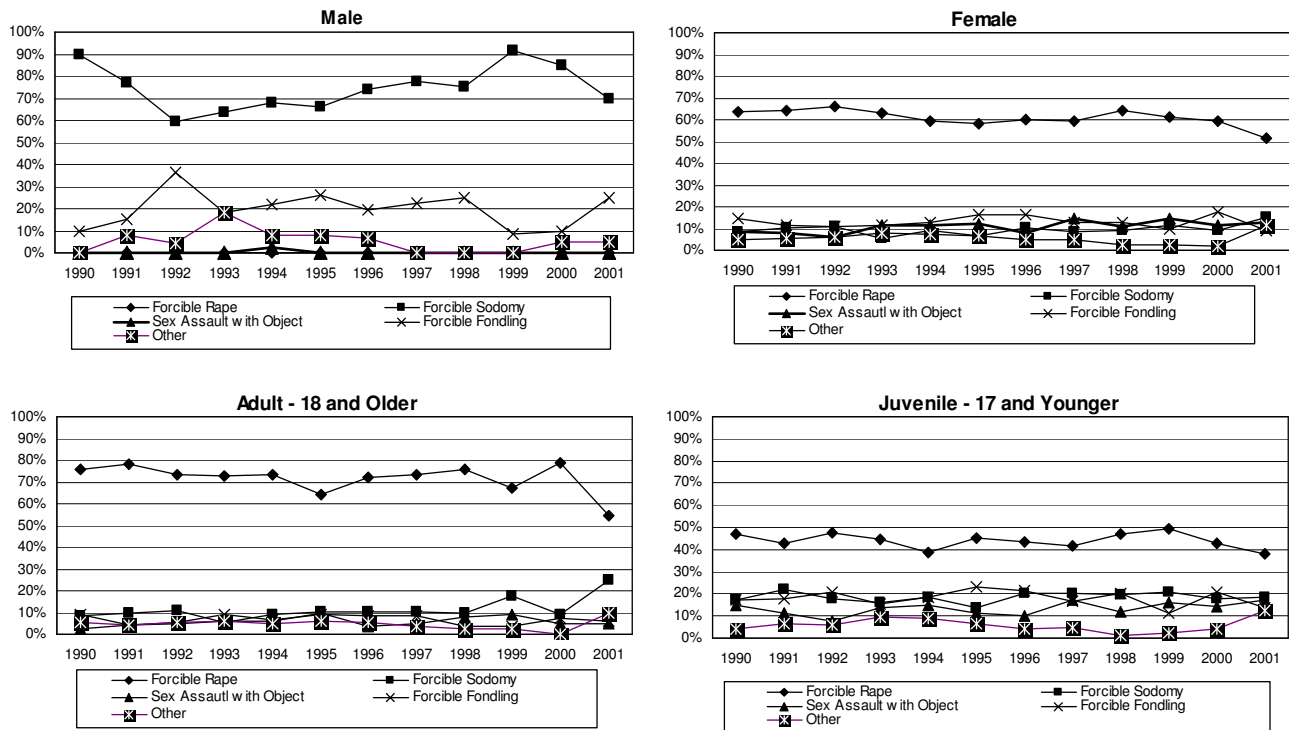
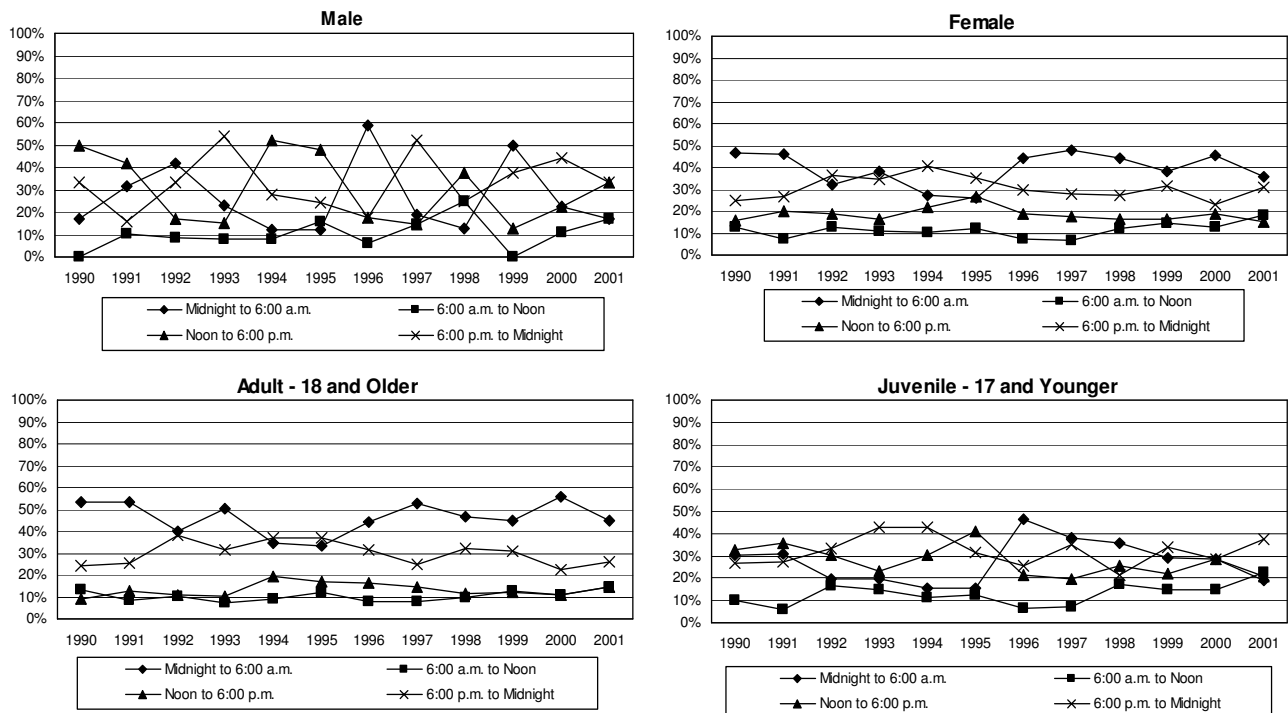
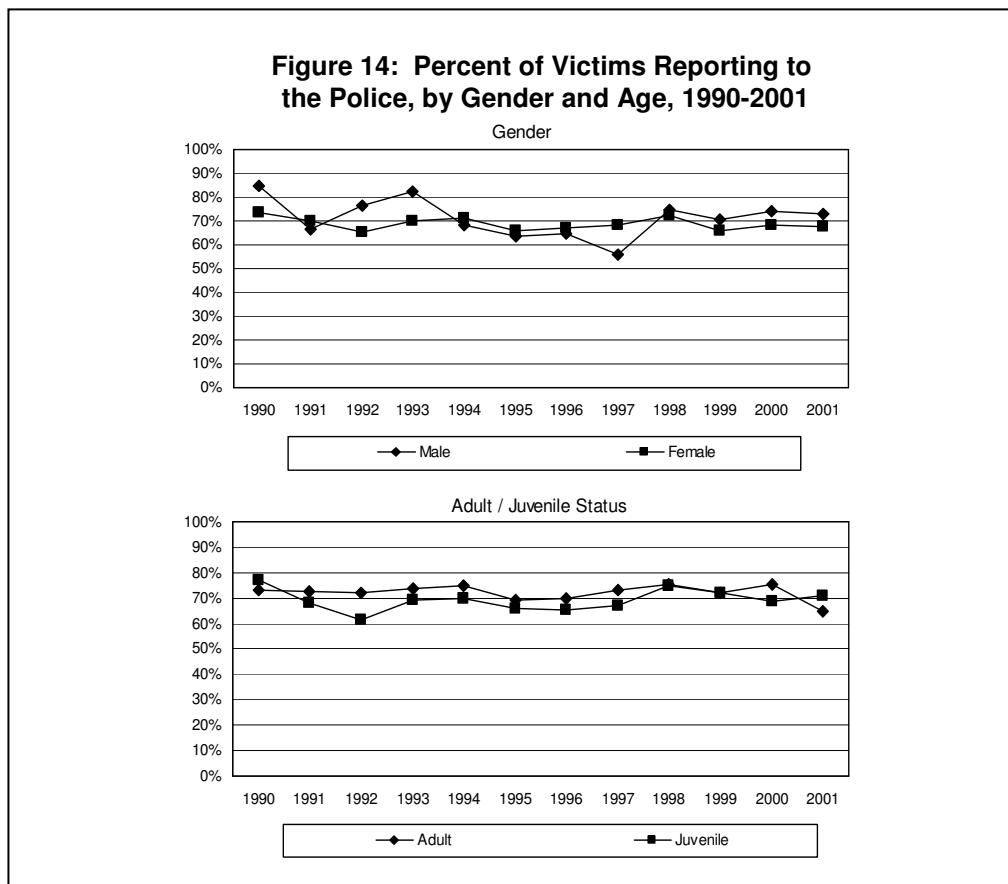


Figure 13: Gender and Age of Victim, by Time of Assault, 1990-2001



For female, adult, and juvenile victims, overall, the majority of assaults occur between Midnight and 6:00 a.m. (Figure 13). As with the other analyses, the small number of male victims makes establishing patterns for this group somewhat unreliable. There is much less of an established pattern for juveniles, however. The current trend, from about 1998-2001, shows a decline in assaults from Midnight to 6:00 a.m. as well as Noon to 6:00 p.m.

Figure 14 demonstrates remarkable stability in the percentage of victims who report their assaults to the police. Additionally, there is little variation in the reporting patterns over time by gender or by age group. The proportion of SATC victims who report to the police is much greater than any given population of sexual assault victims. The factors that inhibit or aid reporting as well as general patterns in reporting behavior will be discussed more thoroughly in the next section.



Victim Police Reporting

Predictive Factors in Reporting Sexual Assaults to the Police

Background

It is widely acknowledged that, of all serious violent crimes, sexual assault is least often reported to the police. According to the latest representative figures available, only 28% of sexual assault victims aged 12 and older reported their victimization to the police (Maguire & Pastore, 2001)¹¹. The numbers do vary, however, depending on the sample surveyed. The above-mentioned figure is significantly lower than the percentage of SATC victims who report to the police. Specifically, 68% of SATC victims report the assault to the police (69% of SATC victims age 12 and older at the time of assault report). However, using another data source on Hawaii victims demonstrates a much lower overall victim reporting percentage. According to a series of surveys conducted in Hawaii from 1994 to 1998 (Hawaii Household Survey Reports), anywhere between 0% and 33% of rape victims reported their victimization to the police¹². That SATC victims report at a higher than average rate probably, in part, reflects the fact that many of the victims (36.6%) are actually referred to SATC by the police, and that victims who seek treatment may be more likely to also disclose the assault to law enforcement.

Nevertheless, the variation that does exist in estimates of reporting rates certainly adds to the uncertainty regarding the actual extent of sexual assault victimization. Given that the incapacitation of persons who commit these types of crimes can only occur if the police are aware of the offense, an understanding of why victims do or do not report their assaults is essential.

Although the most often cited reason for not reporting a sexual assault to the police is that it is a “personal matter” (Rennison, 2002), the reporting rate does vary by certain demographic and assault characteristics as well as by assault types. Research has also demonstrated the psychological aspect of barriers to reporting. For example, Ullman (1996) reports that victims of more “stereotypic” assaults are more likely to report to the police as well as to seek medical

assistance. Neville and Pugh (1997) note that women who did not report assaults stated general concerns with the police, and a fear of negative consequences.

Greater knowledge of which of these factors pose significant barriers to reporting can enhance efforts to increase victim participation in the criminal justice process. Ideally, the criminal justice system is not in place to merely react to crimes, but also to reduce the future incidence of crimes, in this case, sexual assault (Steketee & Austin, 1989). However, this is only a likely scenario if victims make use of the system.

Assault Type

Positive reporting behavior has been linked to the type and completeness of the sexual assault. Rennison (2002), for example, found that 36% of women who were victims of rapes, 34% of attempted rapes, and 26% of sexual assaults reported their victimization to the police.

Victim-Assailant Relationship

In general, the closer the relationship between the victim and the assailant, the lower the likelihood that the victim will report the incident to the police (Garcia & Henderson, 1999; Rennison, 2002; Steketee & Austin, 1989; Ullman, 1996; Williams, 1984). Victims who were assaulted by a stranger, versus someone they knew, were significantly more likely to report their victimization to the police. One of the reasons for higher reporting rates for strangers is related to the perception that the victim will be believed and did not in some way contribute to his/her assault. There still exists a social stigma on the victim in terms of what s/he did that may have precipitated the assault, and this likely has a negative impact on reporting behavior.

Additionally, there may be a perception that the criminal justice system is unable to “do” anything to the assailant. Indeed, a study of sexual assault case processing conducted by the Vera Institute found that while 20% of the cases involved a guilty plea by the defendant with some minor type of punishment and an overall dismissal rate of 60%, *all* cases in which the assailant was a stranger were dismissed (Walker, 1998). There is also evidence that victims may fear negative retribution from their assailants, especially if the assailants are known, thus resulting in an unwillingness to report the assault (Buddie & Miller, 2001).

Ethnicity

Researchers have found that there are significant differences in reporting (and help-seeking) behavior between ethnicities. For example, Ruch, et al. (2000) found that Japanese women were less likely to report to the police than were other ethnicities. Additionally, Mills and Granoff (1992) discovered a decreased likelihood among Japanese women to seek treatment services following a sexual assault. Neville and Pugh (1997) documented the lower likelihood of African American female victims to report to the police. It is essential to understand that decreased likelihood to report is largely influenced by cultural differences (Lefley, et al., 1993; Mills & Granoff, 1992). Importantly, research has demonstrated cultural differences in perceptions of various behaviors that are legally defined as sexual assault (Lefley, et al., 1993; Maciejewski, 2002).

Part of the disconnect between legally criminal behavior that could be reported to the police and personal perception of that behavior involves the internalization of “rape myths.” In other words, some victims do not perceive their assault to have been an illegal act (Buddie & Miller, 2001; Cluss, et al., 1983; Ullman, 1996). A study that looked at attitudes toward rape among Caucasian and Asian college students found this to be the case (Mori, et. al., 1995). Asians were more likely to hold negative attitudes toward rape victims as well as to embrace more rape myths than did the Caucasians in the study. The researchers also observed that the Asian students who were more acculturated to Western norms reported more positive views of rape victims — supporting a need for culturally sensitive educational programs related to sexual victimization.

Gender

Extant research also demonstrates that females and males generally cling to different rape myths (Lefley, et al., 1993). While males are more likely to hold more negative views toward rape victims, females are more likely to internalize behavior and to not perceive a rape or sexual assault as such. Buddie and Miller (2001) note that adherence to such myths may contribute to male justification of sexual violence against females and, in turn, female denial of personal vulnerability to rape.

Locality

Sexual assault victims who have been assaulted in their homes, cars, or in public places are more likely to report to the police than are victims whose assaults occurred in a social context (Steketee & Austin, 1989; Williams, 1984). Sexual assaults that occur within a social context typically carry factors that are associated with rape myths held by many victims, and, as a byproduct, are less likely to be reported to law enforcement.

Weapon

Whether or not a weapon, and which type of weapon, was used in an assault makes a difference in reporting sexual assault to the police. Women who are threatened with a gun, knife, or other deadly weapon; experience a high degree of force used against them; or are injured as a result of sexual assault are more likely to report to the police (Neville & Pugh, 1997; Williams, 1984).

The Classic Rape

The idea of a “classic rape” (i.e., assaulted by a stranger, in a non-social situation, with a weapon, while engaged in “appropriate” behavior) has led many assailants and victims to misperceive behavior that is legally classified as criminal into something less serious. However, research continually demonstrates that there is no such thing as a classic rape. Sexual assault is multi-faceted and complex; yet, the myths that surround what it means to have been sexually assaulted create barriers to reporting to the police and seeking medical and other counseling help. Williams (1984) notes that “the classic rape provides the victim with the evidence she needs to convince both herself and others that she was indeed a true rape victim.”

But, since many victims do not fit into this category of a classic rape victim, there is a greater tendency to perceive themselves as something other than victims. Ultimately, researchers seem to have reached a consensus that for a woman to report a rape to the police, she must first perceive herself as a victim (Neville & Pugh, 1997). It is reasonable to expect that these factors also relate to male victims and their rates of reporting.

Reporting Behavior in Honolulu

A majority (68.9%) of victims who sought treatment at SATC reported their assault to the police. As noted elsewhere in this report, this number is much higher than national statistics suggest (usually around 30%). While the national figures are typically based on self-report victimization surveys, the victims in the current study made the significant step of seeking treatment, and, as such, were probably much more likely to report to the police. Even so, there is still a substantial portion — almost one-third — of victims who did not report. An exploration of the factors that account for variation in reporting is thus worthwhile.

Table 7: Percentage of Victims Reporting to the Police, by Age and Gender

	Percent Reporting to the Police
Age*	
Adult	72.0
Juvenile	69.1
Gender	
Male	70.0
Female	68.7

* Statistical significance at $p < .05$.

Recall that the overall percentage of SATC victims who reported to the police is 68.9%. Table 7 demonstrates that there is not much variation in reporting rates when the numbers are disaggregated by adult and juvenile status or by gender. However, the differences in reporting (though small) are significantly different between adults and juveniles.

The remainder of this section explores additional correlates of reporting sexual assault to the police, presented by age and gender. This will allow an analysis of specific factors within each group that are significantly related to reporting.

Predictors of Reporting to Police - Adults

Several factors proved to be significantly associated with reporting behavior for adult victims (Table 8). First, the relationship of victim to assailant proved significant ($\chi^2=14.2$); victims were more likely to report if the assailant was a stranger and less likely to report if the assailant was an intimate partner, a pattern that is consistent in existing literature.

Specific assault characteristics are also significantly related to reporting. Adult victims of assaults in which the assailant threatened ($\chi^2=28.3$), used physical force ($\chi^2=17.6$), a weapon ($\chi^2=9.6$), or intimidation ($\chi^2=6.1$), or injured ($\chi^2=31.3$) the victim were more likely to report than were other adult victims who were not subjected to the same conditions. Interestingly, adult victims who were assaulted with an object were more likely to report (93.3%) than victims of other assault types. This type of assault is consistent with situations in which victims perceive themselves as victims.

There were also statistically significant differences in reporting behavior by ethnicity ($\chi^2=26.1$). Japanese victims were least likely (59.3%) to report to the police, while Hawaiian/part-Hawaiians were most likely (79.5%) to report.

Adult victims who presented to the SATC as part of an acute or “other” case type were more likely to report to the police than were other victim case types ($\chi^2=116.6$). Finally, victims who were referred to SATC by the police were most likely to also officially report the assault to the police (97.9%, $\chi^2=479.6$), while those referred by friends were least likely to report (41.8%).

The current analysis, then, does suggest that victims of “classic” or stereotypical sexual assaults (assaults by strangers, with a weapon, force, or intimidation by the assailant), or victims of the most severe forms of assault (such as forcible rape, sodomy, or sexual assault with an object) are more likely to report to law enforcement.

**Table 8: Adult Victim Reporting Behavior for
Select Characteristics (Percentages) [N=1,758]**

	Reported to Law Enforcement	Did Not Report to Law Enforcement
Location of Assault		
Victim's Home, Hotel, or Workplace	71.3	28.7
Assailant's Home, Hotel, or Workplace	68.8	31.2
Vehicle	79.4	20.6
Other Private Place	71.3	28.7
Outdoors	77.0	23.0
Other Public Place	75.4	24.6
Relationship of Victim to Assailant**		
Intimate	67.7	32.3
Other Relative	73.5	26.5
Friend/Acquaintance	71.1	28.9
Stranger	79.3	20.7
Number of Assailants		
One	73.1	26.9
Two or More	69.3	30.7
Assault Characteristics		
Assailant Threatened Victim***	80.7	19.6
No Threat	68.6	31.4
Assailant Used Physical Force***	75.2	24.8
No Physical Force	63.1	36.9
Assailant Used a Weapon**	81.4	18.6
No Weapon Use	71.8	28.2
Assailant Used Intimidation*	75.9	24.1
No Intimidation	69.7	30.3
Assailant Used Deception	73.3	26.7
No Deception	73.7	26.3
Assailant Injured Victim***	81.7	18.3
No Injury	68.8	31.2
Type of Assault***		
Forcible Rape	72.6	27.4
Forcible Sodomy	76.1	23.9
Sexual Assault with an Object	93.3	6.7
Forcible Fondling	67.6	32.4
Other Sexual Assault	57.3	42.7
Ethnicity***		
Caucasian	68.9	31.1
Hawaiian/part-Hawaiian	79.5	20.5
Filipino	70.1	29.9
Japanese	59.3	40.7
Other Asian	77.1	22.9

	Reported to Law Enforcement	Did Not Report to Law Enforcement
Other	74.6	25.4
Gender		
Male	73.2	26.8
Female	71.9	28.1
Marital Status		
Single	70.9	29.1
Married	76.2	23.8
Separated/Divorced	71.7	28.3
Widowed	71.4	28.6
SATC Case Type***		
Acute	79.8	20.2
Non-acute	55.0	45.0
Other	100.0	0.0
Referral to SATC***		
Police	97.9	2.1
Family	50.0	50.0
Friends	41.8	58.2
Physician, Hospital, Ambulance	53.7	46.3
Social Service Agency or School	50.6	49.4
Self	51.4	48.6
Other	50.8	49.2

Statistical significance is denoted by the following: * p < .05; ** p < .01; *** p < .001.

Predictors of Reporting to Police – Juveniles

Unlike for adult victims, assault location proved to be significantly related ($\chi^2=18.5$) to reporting behavior for juveniles (Table 9). Juveniles victimized in a vehicle (86.8%) were most likely to report, while those victimized in a private place outside of a home, hotel, or work environment were least likely to report (64.3%).

Like adult victims, juveniles were most apt to report if the assailant was a stranger (83.3%), and also least likely if the assailant was an intimate (53.1%, $\chi^2=36.2$). Additionally, juvenile victims assaulted by two or more assailants were significantly less likely to report than were those assaulted by a sole assailant ($\chi^2=7.8$).

As compared to adult victims, fewer of the assailant assault strategies were significantly related to reporting for juveniles. Juvenile victims against whom the assailant used a weapon ($\chi^2=4.1$) and were injured ($\chi^2=7.6$) were more likely to report (78.6% and 77.7%, respectively), than were juvenile victims who were not subject to the same conditions. As with the adults,

juveniles assaulted with an object were more likely to report (78.5%) than were victims of other assault types, followed by victims of forcible sodomy (76.0%) and forcible rape (72.3%, $\chi^2=20.1$).

Juvenile victims of Japanese ethnicity were, like their adult counterparts, also less likely to report (51.8%) than were other ethnicities, while Hawaiian/part-Hawaiian juveniles were most likely (75.7%) to report ($\chi^2=41.9$). Juvenile victims who presented to SATC as an acute or other case type were more likely to report than were other case types ($\chi^2=234.7$). Finally, victims who were referred to SATC by the police were most likely to officially report the assault (96.5%), while those who were self-referred were least likely to report (40.7%, $\chi^2=420.0$).

**Table 9: Juvenile Victim Reporting Behavior for
Select Characteristics (Percentages) [N=2,188]**

	Reported to Law Enforcement	Did Not Report to Law Enforcement
Location of Assault**		
Victim's Home, Hotel, or Workplace	69.5	30.5
Assailant's Home, Hotel, or Workplace	66.8	33.2
Vehicle	86.8	13.2
Other Private Place	64.3	35.7
Outdoors	74.0	26.0
Other Public Place	73.9	26.1
Relationship of Victim to Assailant***		
Intimate	53.1	46.9
Other Relative	66.7	33.3
Friend/Acquaintance	71.4	28.6
Stranger	83.3	16.7
Number of Assailants**		
One	71.1	28.9
Two or More	62.2	37.8
Assault Characteristics		
Assailant Threatened Victim	73.6	26.4
No Threat	69.0	31.0
Assailant Used Physical Force	72.8	27.2
No Physical Force	68.5	31.5
Assailant Used a Weapon*	78.6	21.4
No Weapon Use	69.1	30.9
Assailant Used Intimidation	67.7	32.3
No Intimidation	69.3	30.7
Assailant Used Deception	68.2	31.8
No Deception	70.8	29.2
Assailant Injured Victim**	77.7	22.3
No Injury	68.6	31.4

Type of Assault***		
Forcible Rape	72.3	27.7
Forcible Sodomy	76.0	24.0
Sexual Assault with an Object	78.5	21.5
Forcible Fondling	67.5	32.5
Other Sexual Assault	59.1	40.9
Ethnicity***		
Caucasian	58.5	41.5
Hawaiian/part-Hawaiian	75.7	24.3
Filipino	73.4	26.6
Japanese	51.8	48.2
Other Asian	66.7	33.3
Other	70.8	29.2
Gender		
Male	71.3	28.7
Female	68.7	31.3
SATC Case Type***		
Acute	79.0	21.0
Non-acute	49.6	50.4
Other	84.3	15.7
Referral to SATC***		
Police	96.5	3.5
Family	48.9	51.1
Friends	44.0	56.0
Physician, Hospital, Ambulance	58.3	41.7
Social Service Agency or School	75.2	24.8
Self	40.7	59.3
Other	43.6	56.4

Statistical significance is denoted by the following: * p < .05; ** p < .01; *** p < .001.

Predictors of Reporting to Police – Males

The analysis of reporting behavior for males (Table 10) demonstrates very few statistically significant relationships. It is worth noting, however, that smaller base numbers of males in this sample make it inherently more difficult to achieve statistical significance. Nonetheless, there is value in making a distinction among factors that did prove to be significantly associated with reporting.

The location of the assault, the victim-assailant relationship, and the number of assailants did not show significant associations with reporting for males. The only assailant strategy that proved significant was the use of physical force ($\chi^2=4.5$), in which victims who were subject to physical force (78.6%) were more likely to report than were victims who were not subjected to such force (65.7%).

Marital status also proved to be significantly associated with reporting for male victims ($\chi^2=21.4$). Married male victims were least likely to report (20.0%), while widowers were most likely to report (100.0%). These results are somewhat questionable, though, as 94.6% of the male victims were single, leaving little variation in the other categories.

Male victims who were seen in the ER or other SATC case types were more likely to report than non-acute victims ($\chi^2=21.0$). Finally, male victims referred by the police were very likely to make an official report to law enforcement (96.2%) and victims who were referred by family were least likely to report (29.6%, $\chi^2=72.2$).

Table 10: Male Reporting Behavior, by Select Characteristics (Percentages) [N=423]

	Reported to Law Enforcement	Did Not Report to Law Enforcement
Location of Assault		
Victim's Home, Hotel, or Workplace	76.0	24.0
Assailant's Home, Hotel, or Workplace	68.4	31.6
Vehicle	78.6	21.4
Other Private Place	78.0	22.0
Outdoors	73.2	26.8
Other Public Place	46.7	53.3
Relationship of Victim to Assailant		
Intimate	100.0	0.0
Other Relative	70.3	29.7
Friend/Acquaintance	72.4	27.6
Stranger	82.2	17.8
Number of Assailants		
One	74.1	25.9
Two or More	63.6	36.4
Assault Characteristics		
Assailant Threatened Victim	77.6	22.4
No Threat	67.2	32.8
Assailant Used Physical Force*	78.6	21.4
No Physical Force	65.7	34.3
Assailant Used a Weapon	80.0	20.0
No Weapon Use	71.0	29.0
Assailant Used Intimidation	71.9	28.1
No Intimidation	68.4	31.6
Assailant Used Deception	76.3	23.7
No Deception	69.7	30.3
Assailant Injured Victim	79.6	20.4
No Injury	69.1	30.9
Type of Assault		
Forcible Sodomy	75.6	24.4
Sexual Assault with an Object	100.0	0.0

	Reported to Law Enforcement	Did Not Report to Law Enforcement
Forcible Fondling	74.2	25.8
Other Sexual Assault	68.4	31.6
Ethnicity		
Caucasian	69.1	30.9
Hawaiian/part-Hawaiian	75.2	24.8
Filipino	90.0	10.0
Japanese	66.7	33.3
Other Asian	50.0	50.0
Other	64.9	35.1
Age		
Adult	73.2	26.8
Juvenile	71.3	28.7
Marital Status***		
Single	71.8	28.2
Married	20.0	80.0
Separated/Divorced	40.0	60.0
Widowed	100.0	0.0
SATC Case Type***		
Acute	75.2	24.8
Non-acute	58.0	42.0
Other	83.1	16.9
Referral to SATC***		
Police	96.2	3.8
Family	29.6	70.4
Friends	66.7	33.3
Physician, Hospital, Ambulance	55.4	44.6
Social Service Agency or School	75.0	25.0
Self	38.9	61.1
Other	67.9	32.1

Statistical significance is denoted by the following: * p < .05; ** p < .01; *** p < .001.

Predictors of Reporting to Police – Females

Interestingly, almost every assault characteristic analyzed for females proved to have a statistically significant association with reporting to the police (Table 11). It is unclear why this would differ so much in comparison to the analyses of adult, juvenile, and male victims. However, it may be that the onus, real or perceived, to “prove” that one has been assaulted falls much heavier on female victims. Additionally, the female victims were more likely than males to report based on whether or not they experienced a “stereotypical” sexual assault.

Female victims were more likely (81.8%) to report if the assault occurred in a vehicle and less likely (65.5%) to report if they were assaulted in a private place other than a home, hotel, or workplace ($\chi^2=30.2$). Additionally, victims of a stranger assault were more likely (80.1%) and

victims of an intimate assault were less likely (62.8%) to report ($\chi^2=46.2$). The number of assailants was also significantly related to reporting ($\chi^2=12.2$), with victims of a multiple-assailant assault less likely (63.4%) to report than were victims for which there was only one assailant (71.6%).

Many of the assault strategies used by the assailant are associated with a difference in the decision to report to the police. Females who were threatened ($\chi^2=21.8$), in which the assailant used force ($\chi^2=12.7$) or a weapon ($\chi^2=14.9$), or injured the victim ($\chi^2=39.9$) were significantly more likely to report than were female victims who did not experience these circumstances. As with the adult and juvenile groups, females were more likely to report an assault when it occurred with an object (81.0%), followed by victims of forcible sodomy (75.7%) and forcible rape (71.9%, $\chi^2=38.5$).

As with the other groups, female victims of Japanese ethnicity were significantly less likely (53.3%) to report to the police than were female victims of other ethnicities ($\chi^2=63.9$). Hawaiian/part-Hawaiian victims were most likely to report the assault to the police (73.9%). It is also interesting to note that female adult victims were slightly more likely to report their assault to the police than were female juvenile victims. Additionally, single female victims were more likely to report the victimization than were the other three types of marital statuses.

As with the other groups, female victims with non-acute cases (non-ER) were less likely than were other types of SATC cases to report to the police ($\chi^2=405.3$). And, as expected, females who were referred to SATC by the police were more likely (97.2%) to report than were victims with other referral types, notably those who were referred by friends (40.3%, $\chi^2=875.5$).

Table 11: Female Reporting Behavior, by Select Characteristics (Percentages) [N=3,934]

	Reported to Law Enforcement	Did Not Report to Law Enforcement
Location of Assault***		
Victim's Home, Hotel, or Workplace	69.1	30.9
Assailant's Home, Hotel, or Workplace	67.6	32.4
Vehicle	81.8	18.2
Other Private Place	65.5	34.5
Outdoors	74.8	25.2
Other Public Place	76.4	23.6
Relationship of Victim to Assailant***		
Intimate	62.8	37.2
Other Relative	65.8	34.2
Friend/Acquaintance	70.8	29.2
Stranger	80.1	19.9
Number of Assailants***		
One	71.6	28.4
Two or More	63.4	36.6
Assault Characteristics		
Assailant Threatened Victim***	76.9	23.1
No Threat	68.6	31.4
Assailant Used Physical Force***	73.4	26.6
No Physical Force	66.6	33.4
Assailant Used a Weapon***	80.1	19.9
No Weapon Use	69.8	30.2
Assailant Used Intimidation	71.8	28.2
No Intimidation	69.5	30.5
Assailant Used Deception	70.5	29.5
No Deception	72.3	27.7
Assailant Injured Victim***	80.5	19.5
No Injury	68.5	31.5
Type of Assault***		
Forcible Rape	71.9	28.1
Forcible Sodomy	75.7	24.3
Sexual Assault with an Object	81.0	19.0
Forcible Fondling	67.0	33.0
Other Sexual Assault	57.8	42.2
Ethnicity***		
Caucasian	62.3	37.7
Hawaiian/part-Hawaiian	73.9	26.1
Filipino	72.2	27.8
Japanese	53.3	46.7
Other Asian	72.8	27.2
Other	71.4	28.6
Age*		
Adult	71.9	28.1
Juvenile	68.7	31.3

	Reported to Law Enforcement	Did Not Report to Law Enforcement
Marital Status*		
Single	70.0	30.0
Married	65.4	34.6
Separated/Divorced	62.6	37.4
Widowed	62.5	37.5
SATC Case Type***		
Acute	79.2	20.8
Non-acute	49.1	50.9
Other	83.4	16.6
Referral to SATC***		
Police	97.2	2.8
Family	49.7	50.3
Friends	40.3	59.7
Physician, Hospital, Ambulance	55.3	44.7
Social Service Agency or School	71.9	28.1
Self	44.9	55.1
Other	44.9	55.1

Statistical significance is denoted by the following: * $p < .05$; ** $p < .01$; *** $p < .001$.

Alcohol and Level of Assault Risk

The Role of Pre-Assault Use of Alcohol by the Assailant

Background

Alcohol has been implicated in approximately one- to two-thirds of rape incidents (Brecklin & Ullman, 2002; Collins & Messerschmidt, 1993; Norris & Cubbins, 1992). The precise impact of alcohol in sexual assaults generally, and incidents of rape specifically, however, has not been definitively established.

Nonetheless, alcohol is theorized to affect characteristics of a sexual assault in the following ways: the assailant may have a diminished sense of responsibility if s/he has consumed alcohol prior to the assault (Stormo, et al., 1997); alcohol use may cause misperceptions of sexual intent (Corbin, et al., 2001); alcohol use on the part of the victim has been associated with a reduced likelihood of engaging in physical or verbal resistance during an assault (Corbin, et al., 2001); assailant pre-assault drinking has been linked with a greater likelihood of rape completion (Brecklin & Ullman, 2002); assailant pre-assault alcohol use is theorized to be associated with riskier assault characteristics, such as assaulting a stranger or using weapons (Brecklin & Ullman, 2001); and there are myriad cognitive conceptions involved with either assailants or victims who use alcohol, such as the belief of some people that a female who consumes alcohol is more promiscuous than one who does not, or that the use of alcohol lowers sexual inhibitions (Aromaki & Lindman, 2001).

As with the rape myths discussed earlier, there also exist myths surrounding alcohol use, sometimes referred to as “alcohol expectancies,” that may impact the manner in which a sexual assault is perceived. For example, Corbin, et al. (2001) found that people who have consumed alcohol are more likely to be perceived by others as being more sexually available than their non-drinking counterparts. Alcohol consumption may alter the ability to decipher benign dating or other cues and gestures as ones that are sexual in nature (Abbey & Harrish,

1995; Bernat, et al., 1998; Corbin, et al., 2001). Additionally, due to the cognitive changes that can occur with the use of alcohol, victims who have been drinking may be less able to clear up misperceptions that an assailant may have, thus lowering the ability to prevent or resist a sexual assault (Abbey & Harrish, 1995; Collins & Messerschmidt, 1993). It must be stressed, however, that factors involved in a sexual assault are complex and multi-faceted, and alcohol use, by either the assailant or the victim, should not be looked at as a *cause* of an assault.

The assailant's pre-assault use of alcohol has been linked with riskier, or more serious, sexual assault characteristics. Brecklin & Ullman (2002) found that assailant drinking was associated with a greater likelihood of rape completion (but not associated with increased physical injury or need for medical care). Pre-assault use of alcohol by the assailant has also been associated with an increased likelihood of stranger, night, and outdoor assaults (Brecklin & Ullman, 2001). One reason for this may be that men who consumed alcohol had an expectation that the alcohol would contribute to sexual enhancement, whether or not this was in fact the case (Aromaki & Lindman, 2001). Assailant drinking is hypothesized to aid in self-justification for the sexual assault via "excuses" for sexually assaultive behavior (Stormo, et al., 1997).

Research has also established that the interaction between assailant's and victim's drinking may contribute to the perception that a sexual assault has not occurred when, in fact, it has (Norris & Cubbins, 1992). This misperception may deter the victim from reporting the assault and/or from seeking professional help (Nicholson, et al., 1998).

Although the assailants are the sole responsible actors in a sexual assault, it is instructive to explore factors that are significantly associated with alcohol use, as these factors may prove useful in the construction of educational programs designed to reduce and/or prevent sexual assault. This section will first summarize alcohol and drug use and then further analyze the factors that are related to assailant's use of alcohol.

Data on alcohol and drug use for victims and assailants in the SATC sample is limited due to a large amount of missing information for these factors. Furthermore, information on victims' drug or alcohol use should be viewed as generally more reliable; whereas the victim is in a position to accurately self-report his/her own usage, the victim may not be able to definitively state whether or not the assailant used drugs or alcohol. The data to follow, then, should be viewed as suggestive, at best.

Table 12 presents a summary of alcohol and drug use for cases in which such information was available. For all victims, alcohol was the substance most used – over half of the assailants are reported as having used alcohol prior to the assault. Assailants of females are more likely (57.4%) to have consumed alcohol than are assailants of male victims (18.1%). As expected, victim alcohol and drug usage increases with the victim’s age through age 29, and then subsequently decreases. Assailant alcohol and drug use followed a similar pattern.

Table 12: Use of Alcohol and Drug Use Prior to Assault (Percentages)

Category	Assailant Used Alcohol	Assailant Used Drugs	Victim Used Alcohol	Victim Used Drugs
All Victims	53.6	18.0	21.1	4.0
Female Victims	57.4	19.8	23.0	4.3
Male Victims	18.1	5.5	5.2	1.8
<i>Victim Age</i>				
0-5	7.6	2.9	0.8	0.2
6-11	20.0	5.2	0.4	0.2
12-15	50.0	20.7	15.7	4.4
16-17	70.7	34.9	30.1	5.0
18-22	84.2	36.1	45.0	8.4
23-29	79.4	20.3	44.7	7.2
30-45	65.7	27.6	37.3	8.0
46 and over	50.0	28.6	25.4	5.8

Information on assailant use of alcohol was missing in 4,233 cases (83.1%); on assailant use of drugs in 4,513 cases (88.6%); on victim use of alcohol in 1,872 cases (36.7%); and on victim use of drugs in 2,058 cases (40.4%). There are likely database errors for victims in the 0-5 age category, as it is unlikely that victims in this age group would have consumed either alcohol or drugs.

Assailant Alcohol Use and Assault Risk – Adults

Table 13 presents the results of bivariate analyses detailing the relationship between assailant use of alcohol and various assault characteristics for adults. In general, there does appear to be an association between an assailant's use of alcohol and more serious assaults. Victims of assault in which the assailant used alcohol were more likely to have been assaulted by a stranger (79.1%), but equally likely to be assaulted by a friend or acquaintance (79.1%), than by an intimate partner or by a family member ($\chi^2=9.1$).

Assaults involving assailant alcohol use are related to an increased likelihood of a multiple assailant assault (89.5%) compared to a sole assailant (74.5%, $\chi^2=4.2$). There was also a significantly greater likelihood of the use of physical force ($\chi^2=4.6$), deception ($\chi^2=4.6$), and injury ($\chi^2=14.1$) in assailant-alcohol related assaults. There was a greater percentage of victims of more serious sexual assaults (forcible rape, forcible sodomy, and sexual assault with an object) in cases in which the assailant used alcohol ($\chi^2=22.4$). Cases termed acute were significantly more likely to have been associated with assailant alcohol use. Finally, female victims were more likely (77.2%) than male victims (52.9%) to have been assaulted by an assailant who consumed alcohol ($\chi^2=5.3$).

Table 13: Characteristics of Adult Sexual Assault Victims and Assailant Use of Alcohol (Percentages) [N=411]

	Assailant Used Alcohol	Assailant Did Not Use Alcohol
Location of Assault		
Victim's Home, Hotel, or Workplace	70.9	29.1
Assailant's Home, Hotel, or Workplace	79.6	20.4
Vehicle	88.6	11.4
Other Private Place	73.5	26.5
Outdoors	80.5	19.5
Other Public Place	69.4	30.6
Relationship of Victim to Assailant*		
Intimate	61.4	38.6
Other Relative	66.7	33.3
Friend/Acquaintance	79.1	20.9
Stranger	79.1	20.9
Number of Assailants*		
One	74.5	25.5
Two or More	89.5	10.5

	Assailant Used Alcohol	Assailant Did Not Use Alcohol
Assault Characteristics		
Assailant Threatened Victim	73.5	26.5
No Threat	74.5	25.2
Assailant Used Physical Force*	77.6	33.3
No Physical Force	66.7	22.4
Assailant Used a Weapon	67.7	32.3
No Weapon Use	75.8	24.2
Assailant Used Intimidation	75.8	24.2
No Intimidation	72.9	27.1
Assailant Used Deception*	80.8	19.2
No Deception	71.9	28.7
Assailant Injured Victim***	86.6	13.4
No Injury	69.2	30.8
Type of Assault***		
Forcible Rape	80.5	19.5
Forcible Sodomy	66.7	33.3
Sexual Assault with an Object	76.5	23.5
Forcible Fondling	50.0	50.0
Other Sexual Assault	50.0	50.0
Ethnicity***		
Caucasian	88.2	11.8
Hawaiian/part-Hawaiian	66.0	34.0
Filipino	70.8	29.2
Japanese	58.1	41.9
Other Asian	65.2	34.8
Other	75.0	25.0
Gender*		
Male	52.9	47.1
Female	77.2	22.8
Marital Status		
Single	78.4	21.6
Married	78.9	21.1
Separated/Divorced	72.0	28.0
Widowed	33.3	66.7
SATC Case Type *		
Acute	78.7	21.3
Non-acute	72.0	28.0
Other	25.0	75.0
Referral to SATC		
Police	83.3	16.7
Family	77.8	22.2
Friends	75.0	25.0
Physician, Hospital, Ambulance	66.7	33.3
Social Service Agency or School	58.3	41.7
Self	76.7	23.3
Other	77.3	22.7

Statistical significance is denoted by the following: * p < .05; ** p < .01; *** p < .001.

Assailant Alcohol Use and Assault Risk – Juveniles

Table 14 presents the results of bivariate analyses detailing the relationship between assailants' use of alcohol and various assault characteristics for juvenile victims. The association between assailant alcohol use and more serious sexual assaults is much more pronounced in the juvenile sample.

In cases where the assailant consumed alcohol, the relationship between the victim and the assailant was most likely that of stranger ($\chi^2=18.2$). Sexual assaults were most likely to occur in the assailant's home, hotel, or work (46.1%) or in a vehicle (83.3%) if the assailant had used alcohol ($\chi^2=29.3$). Assailant pre-assault alcohol use was also significantly related to sexual assaults involving more than one assailant ($\chi^2=7.6$). Juvenile females were more likely than juvenile males to be sexually assaulted by an assailant who used alcohol.

All assault strategies were significantly associated with assailants' use of alcohol. If the assailant consumed alcohol prior to the assault, the victim was more likely to be threatened ($\chi^2=6.5$), physically forced ($\chi^2=21.7$), subjected to weapon use ($\chi^2=8.7$), intimidated ($\chi^2=19.2$), deceived ($\chi^2=10.2$), and to have been injured ($\chi^2=19.0$). In addition, the victim was more likely to be subjected to the most serious sexual assault of forcible rape when the assailant used alcohol ($\chi^2=60.3$). Not surprisingly, cases were more likely to be categorized as acute in those cases in which the assailant drank ($\chi^2=10.9$).

Table 14: Characteristics of Juvenile Sexual Assault Victims and Assailant Use of Alcohol (Percentages) [N=437]

	Assailant Used Alcohol	Assailant Did Not Use Alcohol
Location of Assault***		
Victim's Home, Hotel, or Workplace	22.0	78.0
Assailant's Home, Hotel, or Workplace	46.1	53.9
Vehicle	83.3	16.7
Other Private Place	33.9	66.1
Outdoors	32.9	67.1
Other Public Place	27.3	72.7
Relationship of Victim to Assailant***		
Intimate	43.5	56.5
Other Relative	23.0	77.0
Friend/Acquaintance	35.8	64.2
Stranger	70.6	29.4

	Assailant Used Alcohol	Assailant Did Not Use Alcohol
Number of Assailants**		
One	31.3	68.7
Two or More	48.5	51.5
Assault Characteristics		
Assailant Threatened Victim*	48.9	51.1
No Threat	33.5	66.5
Assailant Used Physical Force***	49.1	50.9
No Physical Force	24.5	75.5
Assailant Used a Weapon**	65.0	35.0
No Weapon Use	32.8	67.2
Assailant Used Intimidation***	47.4	52.6
No Intimidation	24.4	75.6
Assailant Used Deception***	49.5	50.5
No Deception	31.1	68.9
Assailant Injured Victim***	63.0	37.0
No Injury	30.4	69.6
Type of Assault***		
Forcible Rape	54.6	45.4
Forcible Sodomy	20.0	80.0
Sexual Assault with an Object	20.7	79.3
Forcible Fondling	19.4	80.6
Other Sexual Assault	17.4	82.6
Ethnicity		
Caucasian	47.4	52.6
Hawaiian/part-Hawaiian	28.7	71.3
Filipino	32.1	67.9
Japanese	40.0	60.0
Other Asian	18.2	81.8
Other	29.2	70.8
Gender***		
Male	9.4	90.6
Female	37.5	62.5
SATC Case Type***		
Acute	42.9	57.1
Non-acute	27.5	72.5
Referral to SATC		
Police	42.7	57.3
Family	34.4	65.6
Friends	48.3	51.7
Physician, Hospital, Ambulance	29.2	70.8
Social Service Agency or School	31.5	68.5
Self	10.5	89.5
Other	34.0	66.8

Statistical significance is denoted by the following: * p < .05; ** p < .01; *** p < .001.

Discussion and Implications

The aim of this report is to provide a statistical profile of sexual assault victims who have received treatment through SATC. This profile is not intended to be representative of all victims of sexual assault, as assailants, victims, and circumstances may differ on certain measures in cases where the victim does not seek services and/or treatment. Additionally, this report is not intended as an analytical analysis of SATC functioning. Any items of discussion or implication contained herein are intended to provide useful information to persons, groups, or organizations that are either currently, or contemplating, providing services related to sexual assault victimization.

The study data do help shape a profile of the average sexual assault victim who seeks treatment, as measured by victims receiving treatment through SATC. Nine-tenths of the victims are female, with an overall average victim age of 18 years (at time of assault). Male victims tend to be significantly younger (average age of 10 years) than female. In Hawaii, the victims are most likely to be Hawaiian/part-Hawaiian, Caucasian, Filipino, Japanese, or of mixed ethnic heritage.

Most SATC victims were sexually assaulted by someone that they know; less than one-quarter (16.3%) were assaulted by a stranger. Female victims are likely to have been assaulted between Midnight and 6:00 a.m., and males between Noon and 6:00 p.m.. Most assaults occur in the victim's (36.2%) or assailant's (26.3%) home, hotel, or workplace, and most do not involve the use of a weapon. More common is the use of physical force (69.9%), intimidation (64.6%), threats (39.5%), and deception (37.8%). The use of weapons and/or physical force increases with age.

The most recent national figures demonstrate that, for victims age 12 and older, slightly more than one-quarter of assaults are reported to the police. Although the percentage of SATC victims who report to the police (68%) is much higher than the national average,

underreporting of sexual assault remains a serious social issue in Hawaii as in the nation. The latest victimization surveys conducted in Hawaii demonstrate that anywhere from 0% to 33% of rape victims report to the police.

Encouraging victims of sexual assault to report to law enforcement is the only way to hold assailants legally responsible for their actions. One of the best methods of encouraging reporting is through educational programs that target known barriers to reporting. Statistical analyses presented in this report and elsewhere confirm that individuals who do not perceive themselves as victims of a “classic rape” (i.e., assaulted by a stranger and involving a weapon or physical force), are unlikely to report their sexual victimization to the police. This is especially the case for young female victims. As well, male victims are traditionally reluctant to seek help or to report sexual assaults to the police – largely attributable to the stigma attached to these assaults. Additionally, Japanese victims, regardless of the assault circumstances, are less likely than other victims to report sexual assault to the police.

It is therefore recommended that both gender- and culturally- specific educational programs be delivered in a manner that will help broaden individual perceptions of victimization. The adherence to beliefs based on the “classic rape” stereotype is a barrier to reporting sexual victimization to the police. Educational programs that give a clearer picture of sexual assault are necessary to combat this stereotype. Indeed, victims should be aware that most assaults will *not* fit the mold of a “classic rape.” Most victims know their assailants, and most assaults do not involve the use of a weapon.

Specifically, culturally sensitive educational programs, especially those targeted at members of ethnic groups who are most unlikely to report, will likely aid in increasing knowledge about facts that constitute sexual assault. Specialized sexual assault prevention and education efforts, such as might be directed at young Japanese men and women, are encouraged. Targeting such groups might provide positive rewards in terms of a decrease in the number of persons who accept as true sexual assault myths and stereotypes, and a corresponding increased willingness to participate in the criminal justice system. Mills and Granoff (1992) found that such a culturally sensitive program was effective in reducing sexual assault myths for Japanese students attending the University of Hawaii. Additionally, Maciejewski (2002) notes that, “Education designed to break down rape myths can help Japanese-American survivors and communities destigmatize the victim, and confront the perpetrator (who is

otherwise able to use cultural factors to justify or hide sexual aggression and violence).” Aside from education programs, Maciejewski recommends the use of psycho-educational intervention for both the victim and his/her family members in an effort to help them cope with the unique cultural aspects of sexual assault for Japanese victims.

Gender-sensitive educational programs may also prove beneficial. Males are traditionally less likely than females to report sexual assault. It is hypothesized that males fear the social stigma attached to sexual assault, such as a fear of being labeled as homosexual or having one’s masculinity questioned. These barriers can be addressed through programs that broaden the base of knowledge for males regarding sexual assault victimization.

The literature on sexual assault victimization has demonstrated a link between assailant use of alcohol and an increase in the likelihood of a riskier, or more serious, sexual assault. This link has also been documented in the analyses performed in this report. While all blame for a sexual assault lies solely with the assailant, it is worth noting the role that alcohol does play in a sexual assault. Research suggests that alcohol may alter an assailant’s cognitive functioning in a manner that either aid in a heightened sense of aggression or a lowered sense of personal responsibility, or both. Increased awareness of the role of alcohol in sexual assaults should be included in any general sexual assault educational programs.

The gradual decline in the number of victims receiving treatment from SATC (since 1994) is likely associated with the corresponding decline in funding to SATC, although this assessment is not definitive. There has not been a corresponding decline in the number of sexual assault victims known to the police. The funding reductions have impacted the type, and number, of victims that SATC is able to serve. It is therefore also a recommendation of this report that funding be restored to earlier levels so that SATC may continue to provide services to a wide range of sexual assault victims.

It is recommended that SATC (and other agencies) consider collecting fuller and more complete data on the victim population. Several analyses were unable to be completed for this report due to the extent of missing data for certain variables. Additionally, more information on treatment duration, outcome, and follow-up would prove beneficial for future analyses that seek to predict and improve best practices for the treatment of sexual assault victims. However, it must be stressed that the primary focus of SATC is to provide victim services;

SATC is *not* a research center. As such, any alterations to current methods of data collection (e.g., completeness or broadness) must be weighed against any negative impact on the victim.

Outcome measures (e.g., client functioning and well-being, pre- versus post-treatment diagnoses, PTSD symptoms) is the area most in need of strengthening for two reasons. First, these are the very types of measures that allow a determination of whether or not a program is meeting its desired objectives. Second, outcome measures are increasingly necessary as a means of “proving” need to funding agencies.

Additional recommended enhancements to SATC data collection involve the following:

- Increased collection of criminal justice information on the sexual assault. This would include only those cases in which an official police report was made. These data would include, at a minimum, assailant arrest information; decisions to prosecute; charge(s); case outcome; and sentencing information. It should be noted that these types of data are marred with issues of confidentiality involving the victim, the assailant, and the multiple agencies involved;
- More detail on the nature of alcohol and drug usage (such as the context of such use) on the part of the victim and, if known, that of the assailant. Further tracking of the correlation between types of sexual assault and substance use could aid in future sexual assault prevention programs; and
- Increased tracking of individual counseling services, such as duration (how long in treatment), dosage (length of each treatment), and intensity of services. Ideally, these types of data could be, after a length of time post-discharge, correlated with victim recovery. The latter measure, however, would also need to be weighed against potential negative impact of post-discharge contact with the victim.

Finally, recommendations for future policy- and practice-relevant studies include, first, a deeper analysis of the trends in Caucasian and Hawaiian/part-Hawaiian victims who have sought treatment at SATC. Beginning in the early 1990s, the number of Caucasian victims seeking treatment at SATC gradually declined while the number of Hawaiian/part-Hawaiian victims who sought treatment steadily increased. Secondly, as noted by Ruggiero and Kilpatrick (2003), the best method for gauging the true prevalence of sexual assault in Hawaii would be the administration of a well-designed, reliable, and valid survey instrument measuring personal victimization.

References

- Abbey, A. and Richard J. Harnish. 1995. "Perception of Sexual Intent: The Role of Gender, Alcohol Consumption, and Rape Supportive Attitudes." *Sex Roles* 32:297-313.
- Aromaki, A.S. and Ralf E. Lindman. 2001. "Alcohol expectancies in convicted rapists and child molesters." *Criminal Behavior and Mental Health* 11:94-101.
- Bernat, J.A., Karen S. Calhoun and Stephanie Stolp. 1998. "Sexually Aggressive Men's Responses to a Date Rape Analogue: Alcohol as a Disinhibiting Cure." *Journal of Sex Research* 35:341-349.
- Brecklin, L. R. and Sarah E. Ullman. 2001. "The Roles of Assailant Alcohol Use in Rape Attacks." *Journal of Interpersonal Violence* 16:3-22.
- Brecklin, L. R. and Sarah E. Ullman. 2002. "The Roles of Victim and Assailant Alcohol Use in Sexual Assaults: Results from the National Violence Against Women Survey." *Journal in the Study of Alcohol* 63:57-63.
- Buddie, A. M. and Arthur G. Miller. 2001. "Beyond Rape Myths: A More Complex View of Perceptions of Rape Victims." *Sex Roles* 45:139-160.
- Cheasty, M., Anthony W. Clare and Claire Collins. 2002. "Child sexual abuse – a predictor of persistent depression in adult rape and sexual assault victims." *Journal of Mental Health* 11: 79-84.
- Cluss, P. A., Janice Boughton, Ellen Frank, Barbara D. Stewart and Deborah West. 1983. "The Rape Victim: Psychological Correlates of Participation in the Legal Process." *Criminal Justice and Behavior* 10:342-357.
- Collins, J. J. and Pamela M. Messerschmidt. 1993. "Epidemiology of Alcohol-Related Violence." *Alcohol Health and Research World* 17:93-101.
- Combs-Lane, A. M. and Daniel W. Smith. 2002. "Risk of Sexual Victimization in College Women: The Role of Behavioral Intentions and Risk-Taking Behavior." *Journal of Interpersonal Violence* 17:165-183.
- Corbin, W. R., Jeffrey A. Bernat, Karen S. Calhoun, Lily D. McNair and Kari L. Seals. 2001. "The Role of Alcohol Expectancies and Alcohol Consumption Among Sexually Victimized and Nonvictimized College Women." *Journal of Interpersonal Violence* 16:297-311.
- Craven, D. *Sex Differences in Violent Victimization, 1994*. BJS report, NCJ 164508. September 1997.
- Cunningham, R. P. 1994. "Reporting Sexual Assault Crimes Can be a Touchy Subject." *Quill* 82:10-11.
- Darves-Bornoz, J.M. M. Choguet, S. Ledoux, I. Gasquet, and R. Manfredi. 1998. "Gender differences in symptoms of adolescents reporting sexual assault." *Social Psychiatry and Psychiatric Epidemiology* 33:111-117.

- Garcia, S. and Margaret Henderson. 1999. "Blind Reporting of Sexual Violence." *FBI Law Enforcement Bulletin* 68:12-16.
- Green, T., Adriana Ramelli and Mavis Mizumoto. 2001. "Patterns Among Sexual Assault Victims Seeking Treatment Services." *Journal of Child Sexual Abuse* 10:89-108.
- Greenfeld, L. *Sex Offenses and Assailants: An Analysis of Data on Rape and Sexual Assault*. BJS report, NCJ 163392, February 1997.
- Hodge, S. and David Cantor. 1998. "Victims and Perpetrators of Male Sexual Assault." *Journal of Interpersonal Violence* 13:222-239.
- Kaplan, D.W., Ronald A. Feinstein, Martin M. Fisher, Jonathan D. Klein, Luis F. Olmedo, Ellen S. Rome and W. Samuel Yancy. 2001. "Care of the Adolescent Sexual Assault Victim." *Pediatrics* 107:1476-1480.
- King, M.B. 1990. "Male Rape." *BMJ* 301:1345.
- Lefley, H.P., Clarissa S. Scott, Maria Llabre and Dorothy Hicks. 1993. "Cultural Beliefs About Rape and Victims' Response in Three Ethnic Groups." *American Journal of Orthopsychiatry* 63:623-632.
- Lipscomb, Gary H.; Muram, David; Speck, Pat; and Brian M. Mercer. 1992. "Male Victims of Sexual Assault." *JAMA* 267:3064-3066.
- Maciejewski, S. 2002. "Cultural Influence of Reporting Rape to Police: A Comparison of Japanese American Women and European American Women." Ph.D. dissertation, The California School of Professional Psychology, Alameda, CA.
- Maguire, K. and Ann L. Pastore, eds. *Sourcebook of Criminal Justice Statistics 2000*. U.S. Department of Justice, Bureau of Justice Statistics. Washington, DC. USGPO, 2001.
- Millar, G., Lana Stermac and Mary Addison. 2002. "Immediate and Delayed Treatment Seeking Among Adult Sexual Assault Victims." *Women and Health*. 35:53-64.
- Mills, C. S. and Barbara J. Granoff. 1992. "Date and Acquaintance Rape among a Sample of College Students." *Social Work* 37:504-509.
- Mori, L., Jeffrey A. Bernat, Patricia A. Glenn, Lynn L. Selle, and Mylene G. Zarate. 1995. "Attitudes Toward Rape: Gender and Ethnic Differences Across Asian and Caucasian College Students." *Sex Roles* 32:457-467.
- Neville, H. A. and Aalece O. Pugh. 1997. "General and Culture-Specific Factors Influencing African American Women's Reporting Patterns and Perceived Social Support Following Sexual Assault." *Violence Against Women* 3:361-374.
- Nicholson, M. E., Min Qi Wang, Delores Maney, Jianping Yuan, Beverly S. Mahoney, and Daniel D. Adam. 1998. "Alcohol Related Violence and Unwanted Sexual Activity on the College Campus." *American Journal of Health Studies* 14:1-10.
- Norris, J. and Lisa A. Cubbins. 1992. "Dating, Drinking, and Rape: Effects of Victim's and Assailant's Alcohol Consumption on Judgments of Their Behavior and Traits." *Psychology of Women Quarterly* 16:179-191.

- Rennison, C.M. 1999. *Criminal Victimization 1998: Changes 1997-98 with Trends 1993-98*. Bureau of Justice Statistics, NCJ 176353.
- Rennison, C.M. 2001. *Criminal Victimization 2000: Changes 1999-2000 with Trends 1993-2000*. Bureau of Justice Statistics, NCJ 187007.
- Rennison, C.M. 2002. *Rape and Sexual Assault: Reporting to Police and Medical Attention, 1992-2000*. Bureau of Justice Statistics, NCJ 194530.
- Ruch, L., Janet Davidson-Coronado, Barry J. Coyne and Paul Perrone. 2000. *Reporting Sexual Assault to the Police in Hawaii*. Crime Prevention and Justice Assistance Division, Hawaii Department of the Attorney General.
- Ruggiero, K.J. and Dean G. Kilpatrick. 2003. *Rape in Hawaii: A Report to the State*. Charleston, SC: National Violence Against Women Prevention Center, Medical University of South Carolina.
- Seymour, R.B. 1999. "Date Rape Commonly Involves Use of Drugs, Alcohol." *The Brown University Digest of Addiction Theory and Application* 18:4.
- Snyder, H.N. 2000. *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Assailant Characteristics*. BJS report, NCJ 182990.
- Steketee, G. and Anne H. Austin. 1989. "Rape Victims and the Justice System: Utilization and Impact." *Social Service Review* 63:285-303.
- Stormo, K.J., Alan R. Lang, and Werner G. K. Stritzke. 1997. "Attributions About Acquaintance Rape: The Role of Alcohol and Individual Differences." *Journal of Applied Social Psychology* 27: 279-305.
- Ullman, S.H. 1996. "Correlates and Consequences of Adult Sexual Assault Disclosure." *Journal of Interpersonal Violence* 11:554-571.
- Vearnals, S. and Tomas Campbell. 2001. "Male victims of male sexual assault: a review of psychological consequences and treatment." *Sexual and Relationship Therapy* 16: 279-286.
- Walker, S. 1998. *Sense and Nonsense about Crime and Drugs*. Belmont, CA: West/Wadsworth Publishing Company.
- Williams, L.S. 1984. "The Classic Rape: When Do Victims Report?" *Social Problems* 31:459-467.

Appendix A

Table A1: Basic Frequency Distribution of Variables Used in Report

Variable	Percentage	Number
Age at Assault		
0-5	18.8	779
6-11	13.7	568
12-15	16.4	681
16-17	7.3	304
18-22	14.6	607
23-29	12.8	532
30-45	13.7	569
46 and over	2.5	105
Ethnicity		
Caucasian	26.3	1,202
Chinese	1.5	70
Filipino	7.5	343
Hawaiian/part-Hawaiian	28.8	1,314
Japanese	6.2	284
Korean	1.8	83
Samoan	2.1	97
Vietnamese	0.3	15
Black	2.8	130
American Indian	1.0	46
Hispanic	1.8	83
Other Asian (not mixed)	0.7	34
Other Pacific Islander	0.7	30
Other (not mixed)	0.9	43
Other Mixed (non-Hawaiian)	17.4	795
Marital Status – Victims 18 and Older		
Single	63.6	1,099
Married	16.2	279
Separated or Divorced	19.0	328
Widowed	1.2	21
Employment Status – Victims 18 and Older		
Unemployed	61.4	438

Variable	Percentage	Number
Retired	1.5	11
Student	37.0	264
Relationship of Victim to Assailant		
Intimate	10.1	411
Other Relative	23.7	963
Friend/Acquaintance	49.9	2,029
Stranger	16.3	663
Time of Assault		
Between Midnight and 6:00 a.m.	37.2	1,027
Between 6:00 a.m. and Noon	10.9	302
Between Noon and 6:00 p.m.	19.9	549
Between 6:00 p.m. and Midnight	31.9	880
Location of Assault		
Victim's Home, Hotel, or Workplace	36.2	1,356
Assailant's Home, Hotel, or Workplace	26.3	987
Vehicle (Victim or Assailant)	6.6	249
Other Private Place	10.7	402
Outdoors	13.6	510
Other Public Place	6.5	243
Assailant Threatened Victim	39.5	1,171
Assailant Used Physical Force	69.9	2,167
Assailant Used a Weapon	11.0	360
Assailant Used Deception	37.0	1,062
Assailant Intimidated the Victim	64.6	1,814
Assailant Injured the Victim	27.4	851
Source of Referral to SATC		
Police	36.6	1,466
Family	5.0	201
Friends	6.8	272
Physician, Hospital, Ambulance	15.9	637
Social Service Agency or School	16.2	648
Self	5.7	229
Other	13.7	549
Victim Reported Assault to Law Enforcement	68.9	3,091

Endnotes

¹ The following are adapted from the FBI's National Incident Reporting System and are used throughout this report:

- Forcible rape: the carnal knowledge of a person, forcibly and/or against that person's will.
- Forcible sodomy: oral or anal intercourse with another person, forcibly and/or against that person's will.
- Sexual assault with an object: to use an object or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of another person.
- Forcible fondling: the touching of the private body parts of another person for the purpose of sexual gratification.
- Other: any sexual assault that does not comply with one of the above-mentioned definitions.

² The numbers depicted in the Hawaii Rape Rates and the National Rape Rates are based on Uniform Crime Report definitions. As such, only cases in which there was forced / attempted forced vaginal penetration are included. The calculation of the SATC victim rate is based on the number of victims seeking treatment at SATC divided by the population on Oahu. This restriction is based on the concentration of SATC treatment efforts on Oahu. Despite the disparities in comparison bases, the utility of this graph is the ability to track trend data.

³ This number excludes victims from 1990 and 2001 because data were only available for the second half of 1990 and the first half of 2001 at the start of this analysis.

⁴ A determination of significant relationships was utilized with the application of chi-square tests of significance. For the relationship to be considered statistically significant, the relationship between two variables must have a significance level of at least .05. This significance level means that the relationship is meaningful and not merely due to chance, or, in other words, there must be at least a 95% likelihood that the observed result did not occur by chance.

⁵ The ethnicities of the SATC victims herein reported are based on self-designated ethnicity, while nationality data are not collected. As a result, the otherwise separate issues of race, ethnicity, and nationality become entangled, while the validity and reliability of the data are further impacted by clients who may have based their self-designations upon any of a number of potentially conflicting factors (e.g., blood versus cultural identification/preference, etc.)

⁶ This conclusion is derived from study findings released February 13, 2003 by The National Asian Women's Health Organization (NAWHO). The title of the California based study is *Silent Epidemic: A Survey of Violence Among Young Asian American Women*, and can be found at <<http://www.nawho.org>>.

⁷ For more detail on ethnicity breakdowns, see the U.S. Census Bureau's web site at <<http://factfinder.census.gov>>.

⁸ Bi-modal refers to a distribution of scores in which there are two or more scores with an equally high number of occurrences. The term is used here to demonstrate the difference in time to treatment for two different groups of victims.

⁹ The division of cases into case types is for analytical purposes only. Acute cases refer to those cases in which SATC services were received within 72 hours of the assault; while non-acute cases are cases that presented more than 72 hours post-assault. Finally, the other cases refer to a mix of acute and non-acute cases.

¹⁰ 2001 *State of Hawaii Data Book*, published by the Department of Business, Economic Development, and Tourism. This book, and corresponding data, can be found at <<http://www.state.hi.us/dbedt>>.

¹¹ *Sourcebook of Criminal Justice Statistics 2001*, page 208. U.S. Department of Justice, Bureau of Justice Statistics.

¹² Figures are based on victim reports of both sexual assault and subsequent law enforcement reporting behavior. The numbers are derived from the *Crime and Justice in Hawaii: Household Survey Report* for the years 1994-1998. The survey and subsequent analyses for the above-mentioned reports were conducted by the Research & Statistics Branch, Crime Prevention & Justice Assistance Division of the Department of the Attorney General.