



Understanding National Rape Statistics

Dean Kilpatrick and Jenna McCauley

With contributions from Grace Mattern

Policy makers and those who serve sexual violence victims/survivors need accurate information about violence against women to document the extent of the problem and to develop effective public policy, criminal justice, public health, and prevention programming. Those who seek such information are often frustrated because they are confronted with a confusing and often conflicting array of sexual violence statistics that make it difficult to understand the extent of the problem and whether it is getting better, staying the same or getting worse. The primary purpose of this paper is to provide an overview of how estimates of sexual violence in the United States are produced, with particular emphasis on major sources of rape statistics at the national level. Although having good estimates of rape at the local and state levels would be particularly valuable for local and state programs, such information is generally lacking, so we will focus this review primarily on rape statistics at a national level. Also, we will focus primarily on the crime of rape as opposed to other types of sexual violence. We will address rape among women and female children, as these cases compose the majority of rapes and therefore constitute the large majority of national estimates. Information contained in this report is meant for educative purposes, to either stand alone or be incorporated into broader training and education programming, and may prove useful to an array of advocates in the arena of prevention of violence against women.

As we will describe, rape statistics are generated from two sources: (1) cases reported to law enforcement and (2) victimization surveys. Victimization

surveys were developed by criminologists in the late 1960s to measure crimes including those that are not reported to the police (e.g., Skogan, 1981; Sparks, 1982). They involve asking people a series of screening questions designed to prompt respondents to remember and disclose various types of crime that they may have experienced. This method gathers detailed information about any crimes disclosed including whether they were reported to law enforcement. We think it is useful for consumers of rape statistics to ask themselves the following questions as they consider each source:

- What types of rape and other forms of sexual violence are being measured and/or reported (e.g., forcible rape only, other types of rape such as drug-alcohol facilitated rape, attempted rape, other sexual violence)?
- Among which group is rape being measured and to which groups are rape statistics generalized (e.g., all adult women, female children and adolescents, all persons of all ages, college students, etc.)? Are important groups excluded?
- During which time frame are cases being measured or reported (e.g., past year, past six months, throughout childhood and adolescence, throughout life time)?
- Are statistics based on cases reported to law enforcement or from victimization surveys?
- If statistics and estimates are obtained from a victimization survey, what is the wording of screening questions and how well do the

questions capture the types of rape that should be measured?

- What is the unit of analysis used for reporting the rape statistics (e.g., number of rape cases, number of women raped in a given period of time, percentage of women raped in a given period of time, number of cases per 10,000 women)?

Definitions and Terminology

Federal Criminal Code Definition of Rape

It is important to note that despite the traditional understanding that states had primary jurisdiction in the matter of violent crimes, recent years have seen an expansion of the Federal Criminal Code to cover many violent crimes, including rape. Although the Federal Criminal Code of 1986 (Title 18, Chapter 109A, Sections 2241-2233) does not explicitly use the term “rape,” *aggravated sexual abuse* is referenced and two types are identified: (1) aggravated sexual abuse by force or threat of force, and (2) aggravated sexual abuse by other means. *Aggravated sexual abuse by force or threat of force* is defined within the code as follows: when a person knowingly causes another person to engage in a sexual act, or attempts to do so, by using force against that person, or by threatening or placing that person in fear that they will be subjected to death, serious bodily injury or kidnapping. *Aggravated sexual abuse by other means* is defined as follows: when a person knowingly renders another person unconscious and thereby engages in a sexual act with that other person; or administers to another person by force or threat of force without the knowledge or permission of that person, a drug, intoxicant, or similar substance and thereby, (a) substantially impairs the ability of that person to appraise or control conduct and (b) engages in a sexual act with that person.

This definition has several important implications for what should be included in the assessment of rape. First, this definition includes more than just unwanted penile penetration of the vagina, and recognizes that not all perpetrators are male, not all victims are female, and that rape may include other

forms of penetration, such as oral and/or anal.

Second, the definition acknowledges that unwanted sexual penetration should be recognized in both the instance of being obtained by force/threat of force and the instance of drug-alcohol facilitation/incapacitation. Third, the definition highlights that statutory rape (i.e., any type of non-forcible sexual penetration with a child) is a serious federal offense and should be measured in national surveys in order to capture the full scope of the problem of rape. As noted during the discussion of individual national surveys that estimate the burden of rape, not all assessments of rape include the diverse range of unwanted sexual experiences that are defined as rape by the Federal Criminal Code.

Methods of Measurement of Rape Prevalence

Several general statistics are provided by national data on rape, and it is helpful to make distinctions in terminology prior to a review of the findings from individual studies. It is important to note that there is a distinction between *rape cases* and *rape victims*. A single rape victim may (and often does) have experienced multiple rape cases. Similarly, there is an important distinction to be made between *rape prevalence* and *rape incidence*. *Prevalence* refers to the proportion or percent of the population that has been raped at least once in a specific period of time. “Lifetime” and “past-year” are common time frames used in the assessment of prevalence. *Incidence* refers to the number of new cases of rape that occur in a specified period of time. Incidence is most often expressed as a victimization rate, or number of incidents per given number of people. Also worth noting is the difference between “reported (to authorities)” and “unreported” cases of rape. Given that a majority of rape cases, 84% by recent national estimates (Kilpatrick et al., 2007), are not reported to the police, there is a notable difference between rape estimates based on cases reported to law enforcement versus unreported cases.

When thinking of the differences between incidence rates, past-year prevalence, and lifetime prevalence, it is important to consider that these estimates can serve different functions for the reader.

For instance, if a rape crisis center is interested in how many women they can reasonably expect to serve in a given year, past year prevalence (a person-based estimate) may be most useful. However, one could also extrapolate from past year victimization rates by applying these to the current population of their community. For example, if an annual victimization incidence rate of 1.8 is applied to a community with 100,000 women, the local crisis center could expect that approximately 1,800 rape cases will occur in their area in that year. Alternatively, law enforcement agencies or victim advocate agencies may be most interested in the incidence of reported rape cases, as this would be most closely related to the size of their population served. Thirdly, mental health providers in a given community may be interested in the community mental health burden of rape, a question best addressed using lifetime prevalence data on rape. While the different ways of measuring rape may make the data seem somewhat confusing, differing forms of measuring rape are necessary to address differing needs of service providers.

Key Terminology

- *Carnal Knowledge*: (see UCR definition of rape); the act of a man having sexual bodily connections with a woman; sexual intercourse.
- *Drug-Alcohol Facilitated Rape*: an incident in which the perpetrator deliberately gives the victim drugs or alcohol without her permission in an attempt to get her high or drunk and then commits an unwanted sexual act against her involving oral, anal, or vaginal penetration.
- *Forcible Rape*: unwanted sexual act involving oral, anal, or vaginal penetration that occurs as a result of the perpetrator's use or threat of use of force.
- *Incapacitated Rape*: unwanted sexual act involving oral, anal, or vaginal penetration that occurs after the victim voluntarily uses alcohol or drugs and is passed out or awake but too drunk or high to consent or control her behavior.

- *Incest*: non-forcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.
- *Incidence*: an estimate that is based on the number of cases of rape occurring in a given period of time; usually expressed as a victimization/rape rate; women with multiple victimizations would count for each of their multiple victimizations in this analysis.
- *Lifetime Prevalence*: the proportion of the population that has ever been raped.
- *Past Year Prevalence*: the proportion of the population that was victimized during the past year; most often based on prevalence of persons.
- *Population Estimates*: calculated by multiplying prevalence data by national estimates (most often US Census data) of the total population from which the sample was drawn.
- *Prevalence of Persons*: the proportion of the population that was victimized at least once during a given time; women with multiple victimizations would only count as one unit in this analysis.
- *Random Digit Dialing Method*: a sampling method that involves random generation of landline telephone numbers within a given exchange, to be called for survey participation. Random digit dialing methods give access to unlisted telephone numbers.
- *Statutory Rape*: any type of non-forcible sexual penetration with a child.

Sources and Estimates

The major sources of U.S. prevalence data on rape included in this paper are summarized below:

Uniform Crime Reports (UCR)

The UCR is a publication of the Federal Bureau of Investigation (FBI) that estimates the number of cases of forcible rape and attempted forcible rape as well as other violent crimes that are reported to participating law enforcement agencies across the

U.S. Reports are issued annually and data from 2007 are reported below.

Who was Included: In order to be included in the UCR, a rape has to be reported to law enforcement. Participating law enforcement agencies compile information on relevant cases (those meeting the definition below) and send it either directly to the FBI or to an agency at the state level that processes cases and then sends them to the FBI. *Unfounded* cases of rape, cases that (according to federal reporting requirements) are presumed to be false or without basis upon investigation, are not included in the data. Only rapes or attempted rapes of women are included in the report. According to the FBI, approximately 94.6% of the U.S. population resides in jurisdictions that report to the UCR program. The UCR data include 95.7% of the population in metropolitan statistical areas, 88% of the population in cities outside metropolitan areas, and 90% of the population in non-metropolitan counties. The sample includes girls and women of all ages.

What was Measured: *Forcible rape* is defined in the FBI's Uniform Crime Reporting Program as "the carnal knowledge of a female forcibly and against her will." *Carnal knowledge* is defined as "the act of a man having sexual bodily connections with a woman; sexual intercourse." Carnal knowledge applies only to penetration of the vagina by the penis, no matter how slight the penetration. Assaults and attempts to commit rape by force or threat of force are also included. Note that oral and anal penetration is not assessed.

Rapes by means of the victim's intoxication, or inability to consent, are not included in this assessment. Statutory rape (without force) and other sex offenses, such as incest, are not included. However, a rape by force involving a female victim and perpetrated by a family member is counted as a forcible rape, not an act of incest. The FBI manually calculated the 2007 rate of females raped based on the national female population provided by the U.S. Census Bureau.

Findings: Based on data from 2007, an estimated 90,427 founded cases of forcible rape or attempted forcible rape were reported, with 92.2

percent of these cases being rape offenses, and assault to rape attempts accounting for the remaining 7.8 percent of reported cases. This equates to a forcible rape rate of 3 cases per 10,000 women.

National Crime Victimization Survey (NCVS)

The NCVS is conducted by the U.S. Department of Justice, Office of Justice Programs and housed in the Bureau of Justice Statistics. Twice annually (every six months), the NCVS collects detailed information on the frequency and nature of rape cases, regardless of whether these cases were reported to the police. Reports are issued annually and data from 2007 are reported here.

Who was Included: The U.S. Census Bureau personnel interview, via telephone (excepting the first and fifth interviews which are face-to-face), household members in a nationally representative sample of approximately 73,600 men and women aged 12 and older from 41,500 households. New households are rotated into the sample on an ongoing basis and, once selected, a household remains in the sample for three years. The NCVS is currently administered in both English and Spanish versions.

What was Measured: Questions on the survey assess victim information (including age, sex, race, ethnicity, marital status, income, and educational level), offender information (including sex, race, approximate age, and victim-offender relationship), and information regarding the crime itself (time and place of occurrence, use of weapons, nature of injury, and economic consequences). All items assessed are bounded within the year of assessment. Two items assess rape experiences for both men and women. They are:

1. Has anyone ever attacked or threatened you in any of these ways: any rape, attempted rape, or other type of sexual attack?
2. Incidents involving forced or unwanted sexual acts are often difficult to talk about. Have you been forced or coerced to engage in unwanted sexual activity by:
 - Someone you didn't know before?
 - A casual acquaintance?
 - Someone you knew well?

Findings: Although rape was assessed among men, fewer than 10 cases of rape per 100,000 males aged 12 or older were reported in the previous year. Among women, 2007 estimates indicate that 18 cases of forced unwanted sexual acts per 10,000 women were reported. A total of 248,000 cases of rape were projected to have occurred in the 2007 estimates.

National Women's Study (NWS)

The NWS (see Kilpatrick et al., 1992; Resnick et al., 1993) was a victimization survey of adult women in the United States that included victimization events that were reported to authorities as well as those that were not reported.

Who was Included: Telephone interviews were conducted in three waves between 1989 and 1991, (using random-digit-dial methodology) with an initial household probability sample of 4,008 adult U.S. women aged 18 or older. One-year follow-up interviews were conducted with 3,220 women from the original sample and two-year follow-up interviews were conducted with 3,006 women from the original sample. The participation rate for the study was 85.2% of screened and eligible women who agreed to participate in the study and completed the first interview.

What was Measured: The NWS interview protocol took steps to ensure participants' privacy during the interview completion and employed an all female, trained interviewing staff. Questions were behaviorally specific (they avoided the use of undefined summary labels such as "rape" or "sexual assault") and assessed women's experiences of forcible rape that occurred throughout their lifetime (by assessing for most recent/or only incident and first incident rapes), as well as between the baseline and two follow-up interviews.

The introduction read to participants was: "Another type of stressful event that many women have experienced is unwanted sexual advances. Women do not always report such experiences to the police or other authorities or discuss them with family or friends. The person making the advances isn't always a stranger, but can be a friend, boy-

friend, or even family member. Such experiences can occur at any time during a woman's life – even as a child. Regardless of how long ago it happened or who made the advance . . ." The preamble was followed by four behaviorally specific closed-ended screening questions to assess rape:

1. Has a man or boy ever made you have sex by using force or threatening to harm you or someone close to you? Just so there is no mistake, by having sex, we mean putting a penis in your vagina.
2. Has anyone, male or female, ever made you have oral sex by force or threatening to harm you? So there is no mistake, by oral sex, we mean that a man or boy put his penis in your mouth or someone penetrated your vagina or anus with their mouth or tongue.
3. Has anyone ever made you have anal sex by force or threatening to harm you? By anal sex we mean putting their penis in your anus or rectum.
4. Has anyone ever put fingers or objects in your vagina or anus against your will by using force or threatening to harm you?

Findings: Prevalence of lifetime experience of rape was 12.65%, meaning that 12.65% of women endorsed at least one of the four rape screening questions as having occurred at least once in their lifetime. Past-year prevalence of rape was 0.71%, meaning that 71 out of every 10,000 women reported rape experiences in the year prior to the survey. It is worth noting that only 16% of rape victims surveyed in this study stated that they had reported their rape to law enforcement.

National Violence Against Women Survey (NVAWS)

The NVAWS (Tjaden and Thoennes, 2000) was a national household probability survey of U.S. adult women (aged 18 and older) and adult males. Similar to the NWS, the study included cases of forcible rape that were both reported and unreported to authorities.

Who was Included: Telephone interviews were conducted between 1995 and 1996 with a national household probability sample of 8,000 adult women and 8,005 adult men who were selected via random-digit-dialing methods. To maintain consistency with the aims of this paper and with data from other reports, we will only discuss findings from the female sample. The participation rate of women screened and determined to be eligible for participation was 61.7%, somewhat lower than that of the NWS.

What was Measured: Methodology of assessment was similar to that used in the NWS. Participants were read the following preamble: “We are particularly interested in learning about violence women experience, either by strangers, friends, relatives, or even by husbands or partners. I’m going to ask you some questions about unwanted sexual experiences you may have had either as an adult or as a child. You may find the questions disturbing, but it is important we ask them this way so that everyone is clear about what we mean. Remember the information you are providing is confidential. Regardless of how long ago it happened . . .” This preamble was followed by five behaviorally-specific questions to assess rape or attempted rape:

1. Has a man or boy ever made you have sex by using force or threatening to harm you or someone close to you? Just so there is no mistake, by sex we mean putting a penis in your vagina.
2. Has anyone, male or female, ever made you have oral sex by using force or threat of harm? Just so there is no mistake, by oral sex we mean that a man or boy put his penis in your mouth or someone, male or female, penetrated your vagina or anus with their mouth or tongue.
3. Has anyone ever made you have anal sex by using force or threat of harm? Just so there is no mistake, by anal sex we mean that a man or boy put his penis in your anus.
4. Has anyone, male or female, ever put fingers or objects in your vagina or anus against your will by using force or threats?
5. Has anyone, male or female, ever attempted to make you have vaginal, oral, or anal sex

against your will, but intercourse penetration did not occur? (Note: This item assesses attempted forcible rape)

Findings: NVAWS found a 14.8% lifetime prevalence of rape among women, whereas an additional 2.8% of women reported an attempted rape experience. NVAWS data also reported the prevalence of women in the U.S. who had been raped in the past year. Past year prevalence of rape was 0.27%, or 27 women per every 10,000 women.

National Women’s Study-Replication (NWS-R)

Numerous previous national studies have omitted assessment of rape under the conditions of victim intoxication. In 2006, the National Institute of Justice funded a study entitled, “Drug Facilitated, Incapacitated, and Forcible Rape: A National Study (NWS-R)” that aimed to fill this gap (Kilpatrick et al., 2007). This national survey included detailed assessment of lifetime and past year prevalence for (1) forcible rape experiences, (2) incapacitated rape experiences, and (3) drug-alcohol facilitated rape experiences.

Who was Included: The study interviewed 3,001 women 18 to 86 years of age sampled from U.S. households using random-digit dial methodology.

What was Measured: All women were interviewed via telephone by trained female interviewers using computer-assisted telephone interview technology, and were asked if they were in a setting ensuring the privacy of their responses prior to proceeding with the interview. The study assessed women’s most recent and, for women with multiple rapes, first incident of rape. Rape was defined as penetration of the victim’s vagina, mouth or rectum by a penis, finger, or object, without consent. Questions were closed-ended (yes/no) and behaviorally specific. Women were read a preamble identical to that used in the NWS, and were then asked the four behaviorally specific questions assessing rape experiences (also used in the NWS).

In addition, women were also asked the following questions:

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

Women endorsing a rape experience were then asked follow-up questions to distinguish between incapacitated and drug-alcohol facilitated rape characteristics:

1. When this happened, did the incident involve only alcohol use on your part, only drug use on your part, or some use of both alcohol and drugs?
2. When this incident happened, did you drink the alcohol (or take the drugs) because you wanted to, did the person(s) who had sex with you deliberately try to get you drunk, or both?
3. When this incident happened were you passed out from drinking or taking drugs?
4. When this incident happened were you awake but too drunk or high to know what you were doing or control your behavior?

For questions about population percentages of U.S. women, data were analyzed at the level of the person (this involved the use of weightings). That is, the authors estimated population percentages by dividing the number of women meeting a particular criterion by the total number of women in the sample (3,001 women). In many instances, the population percentage was multiplied by the total number of women in the U.S. Census estimates (in the year 2006, 112,068,000 women) to estimate true population numbers of women. Data reported at the

person level classified women based on history of each type of rape they endorsed experiencing, regardless of whether they also met criteria for another type of rape at the incident level. For example, someone who reported a history of forcible rape as part of their most recent/only incident and who also met criteria for drug-alcohol facilitated rape for that same incident was considered to have a history of both forcible and drug-alcohol facilitated rape. The exception to this was if a woman reported both elements of drug-alcohol facilitation and incapacitation within their most recent/only incident, then they were classified as having a lifetime history of only drug-alcohol facilitation. That is to say, incapacitated rape history was defined as report of at least one incident involving incapacitation (without drug-alcohol facilitation), whether or not forcible rape was also part of that incident.

Findings: For U.S. community women, 18% of women reported at least one lifetime incident of any type of rape, equating to a population estimate of approximately 20 million women in the U.S. Nearly one-fifth of women (16.1%), approximately 18 million women, reported a lifetime experience of forcible rape. An estimated 3.1 million (2.8%) and 2.6 million (2.3%) U.S. women reported experiences of incapacitated or drug-alcohol facilitated rape experiences, respectively. Past year prevalence of forcible rape (0.7%; 829,000 women), incapacitated rape (0.3%; 303,000), and drug-alcohol facilitated rape (0.2%; 179,000) were also assessed. In sum, over 1 million women in the U.S. (0.9%) are estimated to have had a rape experience in the past year.

National Intimate Partner and Sexual Violence Surveillance System (NISVSS)

In 2009, the Centers for Disease Control and Prevention (in collaboration with the National Institute of Justice and the U.S. Department of Defense) will begin data collection for the NISVSS. Random-digit-dial telephone surveys will be conducted in both English and Spanish with a nationally representative sample of men and women ages 18

and older. The aim of the NISVSS will be to produce accurate lifetime and past-year incidence and prevalence estimates on a range of types of intimate partner violence, sexual violence, and stalking victimization. The NISVSS will produce annual estimates on a national level, as well as provide an opportunity for stable state-level lifetime prevalence data.

National Studies with Special Populations

At times it may be useful to reference national data from specific samples of individuals who are often either not directly targeted for study or excluded from the previously mentioned national studies of adult women. One population often of interest to sexual violence researchers, policy makers, and service providers is college women. College represents a particularly high-risk time period and environment for women with respect to rape. Fortunately, several large, representative, national studies have focused exclusively on the impact of rape on college women. The National College Women's Sexual Victimization Survey (NCWSV; Fisher, Cullen, & Turner, 2000) was conducted between 1996 and 1997 and was intended to use sensitive assessment methodologies to determine national prevalence of rape among American college women. The NCWSV interviewed 4,446 women enrolled in a two- or four-year college or university, using methodology similar to that employed by the NWS, NVAWS, and NWS-R. Within the first few months of the school-term, 1.7% of women reported experiencing a forcible rape, equating to an annual estimate of 3% of college women experiencing forcible rape. More recently, the NWS-R (Kilpatrick et al., 2007) measured forcible, incapacitated, and drug-alcohol facilitated rape experiences in a national sample of college women. For the 2,000 U.S. women enrolled in college sampled by the study, 11.5% of women reported at least one lifetime incident of any type of rape, a prevalence estimate somewhat lower than estimates from the national household studies. However, past year prevalence (assessed in 2006) of forcible rape (3.2%; 189,000 women), incapacitated

rape (2.1%; 123,000), and drug-alcohol facilitated rape (1.5%; 87,000) were striking. In sum, over 300,000 college women in the U.S. (5.2%) reported a rape experience in the year prior to the 2006 study.

A second population of interest due to its high-risk nature consists of adolescents. The Centers for Disease Control and Prevention monitors a compendium of health-risk behaviors among male and female youth enrolled in grades 9 through 12 and annually compiles their data in a report entitled "Youth Risk Behavior Surveillance System (YRBSS)." Although the YRBSS uses a crude assessment of rape (asking only, "Have you ever been physically forced to have sexual intercourse when you didn't want to?"), prevalence of forcible rape was notably high in the 2007 report, with 7.8% of respondents endorsing an experience of forced sexual intercourse (11.3% of females and 4.5% of males). A more thorough assessment of rape among adolescents was provided by the National Survey of Adolescents (Kilpatrick et al., 2003; Hanson et al., 2003). Conducted in 1995, the NSA included a national representative sample of 4,023 adolescents (ages 12 to 17) and used methodology similar to that of the NWS and NWS-R. According to the NSA, 3.4% of male and 13% of female adolescents endorsed a lifetime history of forced sexual assault (a broader definition including forcible rape and unwanted fondling of genitalia). In 2005, Kilpatrick and colleagues began collection of data from the National Survey of Adolescents-Replication (NSA-R). This three-wave, longitudinal assessment of adolescent victimization experiences is currently in its third wave of data collection and is expected to yield lifetime and annual prevalence estimates of sexual assault experiences, as well as drug-alcohol facilitated rape experiences.

Please see Table 1 on the following page for a summary of the studies discussed in this section.

Table 1: Summary of Rape Statistic Studies

	UCR	NCVS	NWS	NVAWS	NWS-R
Year Conducted	Annual (2007)	Annual (2007)	1989-91	1995-96	2006
Nationally Representative	X	X	X	X	X
Ages Included	Any	12 and older	18 and older	18 and older	18 and older
Men		X		X	
Women	X	X	X	X	X
Reported	X	X	X	X	X
Unreported		X	X	X	X
Behaviorally Specific Questions			X	X	X
Drug-Facilitated					X
Incapacitated					X
Oral or Anal Penetration			X	X	X
Lifetime Prevalence			X 12.65%	X 14.8%	X 18%
Past-Year Prevalence	X	X	X 0.71%	X 0.27%	X 0.9%
Cases vs. Persons	C	C	P	P	P
Population Estimate for Past Year Rapes of Women	3 rape cases per 10,000 women	18 rape cases per 10,000 women	71 women out of 10,000 women	27 women out of 10,000 women	90 women out of 10,000 women (>1,000,000 women in U.S.)

Summary

Each of the studies above provides a snapshot of the problem of rape in America from a slightly different angle, and no one study to date has been able to capture the full panorama. In this final section, we will review some of the relative strengths and weaknesses of the aforementioned studies.

First, recent data suggest that fewer than one-in-six women report their rape experiences to the police (Kilpatrick et al., 2007). Reports like the UCR, which rely on estimates from reported and founded cases of rape only, will grossly underestimate the total occurrence of rape. However, these data may have some applicability for those involved with law enforcement and/or victim advocate services as they estimate the total number of cases of rape with legal involvement.

Second, the measurement of rape is highly dependent on the sensitivity of the assessment. Behaviorally specific (as opposed to relying on labels such as “sexual assault”) questions that include assessment of experiences of oral and anal penetration by a penis, fingers, or other objects (as opposed to those only measuring forced vaginal penetration by a penis) provide a more comprehensive survey of rape in America. Because the UCR and NCVS estimates are not based on these more sensitive assessments of rape, they produce national estimates that are lower than those produced by other studies (such as the NWS, NVAWS, and NWS-R studies).

Third, the definition of rape provided by the Federal Criminal Code includes experiences where the victim is too intoxicated or high to provide consent. To date, only one nationally representative study specifically assessed experiences of drug-alcohol facilitated and incapacitated rape (NWS-R). Data suggest reporting rates for drug-alcohol facilitated and incapacitated rape experiences are even lower than reporting rates for forcible rape experiences (Kilpatrick et al., 2007). Lifetime and past-year prevalence estimates were higher, most likely due to the careful assessment of drug-alcohol facilitated and incapacitated rapes; however, forcible rape prevalence was also higher than was found previously in the NWS and NVAWS.

In addition, there are several other things to keep in mind when evaluating these and other rape statistics. The type of population sampled can have an influence on prevalence rates. For example, the age range of 18-24 years is a notably high-risk time period with respect to rape, and the college campus environment also tends to confer higher levels of risk (see Krebs et al., 2007). Therefore, past-year prevalence of rape tends to be higher when measured among women in college (or those in the 18-24 age range) than when measured among national household samples of women with ages ranging from 18 up to 90 years.

Method of assessment is also worth noting. Most of the victimization surveys discussed in this report employed random-digit-dial methods to select their sample and interviewed their participants via telephone. In addition to the methodological importance of ensuring respondents’ privacy during the interview, the use of telephone self-report limits the data available to those who are: (1) contactable by phone (e.g. not institutionalized, residing in a home, having a home phone line), and (2) willing to participate in a research survey (participation rates/cooperation vary by study and should be noted). Additionally, all self-report methods are subject to recall bias. However, the assessment of lifetime rape experiences may be more susceptible in this respect. It is also worth noting that none of the studies included specifically assessed for statutory rape.

Finally, all of the studies discussed in detail in this paper report national estimates of the prevalence or incidence of rape. For many agencies that serve state or local jurisdictions, studies that provide regional, state, and local estimates may be of more use. Data from the UCR and YBRSS produce such estimates on an annual basis. However, these studies fall prey to the numerous limitations discussed above. In an attempt to produce state and local-level rape estimates that resolve many of the key limitations of the UCR and NCVS in particular, several states have begun implementing their own surveillance of violence against women. Using the same methodology employed in the NVAWS, states such as New Hampshire (in conjunction with the University of New Hampshire Survey Center) have begun to measure the prevalence of rape among

women in their own state. Results from the New Hampshire survey, conducted in 2006, indicated that 19.5% of women reported a lifetime rape experience (compared with the 17.6% lifetime prevalence estimates in the national NVAWS). This further highlights that while national estimates provide a good guide to the impact that rape has on women (and men) in America, the burden of rape may vary significantly by region, state, or locale. Although these data do not currently exist, according to the stated aims of the NISVSS study (currently being conducted by the CDC), the data it collects will have the ability to provide initial state and local estimates of rape prevalence.

In sum, while there is no perfect study producing unflawed and comprehensive estimates of the lifetime prevalence, past-year prevalence, and past-year incidence of rape on a national, state and local level, the data from several sources may be pieced together to gain a better understanding of how rape affects America. The data discussed in this paper suggest that the burden of forcible rape on women in the U.S. appears to have increased since the NWS was completed in the early 1990s. This indicates that we must not only continue to monitor rape in America, but also to maintain a continued focus on the prevention of rape and provision of services to victims. By maintaining an awareness of how and which respondents are selected, how rape is defined by the study, which questions are used to assess rape, how data is analyzed, and what information is being presented, the reader is well-equipped to maneuver through the various available information and walk away with a clearer understanding of the impact and burden of rape victimization in America. Through an understanding of the existing national estimates of the rape burden, advocates are empowered to further educate the public through the use of media outlets addressing local, state, and national legislatures, and provide training opportunities to members of associated professions (e.g., legal, medical, mental health professionals). In addition, individual advocates and agencies are encouraged to form collaborations with researchers to continue designing rigorous evaluations of the burden of rape in America, and to further advance the agenda of prevention of violence against women.

Authors of this document:

Dean Kilpatrick, Ph.D.
Director
National Crime Victims Research & Treatment
Center
Medical University of South Carolina
kilpatdg@musc.edu

Jenna McCauley, Ph.D.
Post-Doctoral Fellow
National Crime Victims Research & Treatment
Center
Medical University of South Carolina
mccaule@musc.edu

Consultant:

Grace Mattern
Executive Director
NHCADSV
mattern@nhcadsv.org

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Other Helpful Resources

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In Brief:

Understanding National Rape Statistics

The primary purpose of this paper is to provide an overview of how estimates of sexual violence in the United States are produced, with particular emphasis on major sources of rape statistics at the national level. Rape statistics are generated from two sources: (1) cases reported to law enforcement and (2) victimization surveys. Several broad conclusions may be drawn from the estimates discussed in this paper:

First, recent data suggest that fewer than one-in-six women report their rape experiences to the police (Kilpatrick et al., 2007). Reports like the Uniform Crime Report (UCR), which rely on estimates from reported and founded cases of rape only, will grossly underestimate the total occurrence of rape.

Second, the measurement of rape appears highly dependent on the sensitivity of the assessment. Behaviorally specific (as opposed to relying on labels such as “sexual assault”) questions that include assessment of experiences of oral and anal penetration by a penis, fingers, or other objects (as opposed to those only measuring forced vaginal penetration by a penis) provide a more comprehensive survey of rape in America. Because the UCR and National Crime Victimization Survey (NCVS) estimates are not based on these more sensitive assessments of rape, they produce national estimates that are lower than those produced by other studies (such as the National Women’s Study (NWS), National Violence Against Women Survey (NVAWS), and National Women’s Study-Replication (NWS-R)).

Third, the definition of rape provided by the Federal Criminal Code includes experiences where the victim is too intoxicated or impaired by substances to provide consent. To date, only one nationally representative study specifically assessed experiences of drug-alcohol facilitated and incapacitated rape (NWS-R). Data suggest reporting rates for drug-alcohol facilitated and incapacitated rape experiences are even lower than reporting rates for forcible rape experiences (Kilpatrick et al., 2007).

In addition, there are other factors to keep in mind when evaluating these and other rape statistics. The type of population sampled can have an influence on prevalence rates. Method of assessment is also worth noting. Most of the victimization surveys discussed in this paper employed random-digit-dial methods to select their sample and interviewed their participants via telephone. The use of telephone self-report limits the data available to those who are: (1) contactable by phone (e.g. not institutionalized, residing in a home, having a home phone line as opposed to a cell phone), and (2) willing to participate in a research survey (participation rates/cooperation vary by study and should be noted). Additionally, all self-report methods are subject to recall bias. The assessment of lifetime rape experiences may be more susceptible in this respect given the length of time from which women are asked to recall. In addition, none of the studies included specifically assessed for statutory rape.

The data discussed in this paper suggest that the burden of forcible rape on women in the U.S. appears to have increased since the NWS was completed in the early 1990s. This indicates that we must not only continue to monitor rape in America, but also to maintain a continued focus on the prevention of rape and the provision of services to victims. By maintaining an awareness of how and which respondents are selected, how rape is defined by the study, which questions are used to assess rape, how data is analyzed, and what information is being presented, the reader is well-equipped to maneuver through the various available information and walk away with a clearer understanding of the impact and burden of rape victimization in America.