2011 – A review of the literature on rape and sexual assault

An NB Research pro-bono report

By Dr Nina Burrowes
Foreword

This report has been written for any organisation, professional, or volunteer whose work is in any way related to the topic of rape and sexual assault. As a psychologist, research consultant, and trustee I have been lucky enough to meet some amazing people who are doing excellent work in this field. Having worked for a number of different organisations and looked at the issue of sexual violence from a variety of different angles I have noticed that there is often a gap between academic research and real-world practice. Whilst there seems to be an appetite for research within the sector most of the organisations I encounter do not have the time, the research skills, or the access to relevant databases and journals to remain up to date with the latest academic developments. On the other side of the gap are my fellow researchers. For our part we are not always the best at making our work easy to read, easy to access, or clearly relevant to professional practice.

This report represents my small effort to bridge that gap. I believe that research has the potential to be a massively useful tool for organisations working in this space. However, very few organisations have the time or the resources to research every aspect of their work. It therefore makes sense to ensure that when good quality research is carried out we all read about it and consider whether we can use the findings to inform our own work.

A challenge for organisations is to make sure they are in a position to benefit from other people’s research and can translate this good practice into their everyday work.

A challenge for researchers is to disseminate their work in more accessible ways.

My challenge has been to provide an example of one way in which this might be done.

If you have any comments or questions about this report please feel free to get in touch with me.

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14. Rape prevention programmes ....................................................... 32
  14.1 5 star studies ........................................................................ 32
  14.2 Other useful studies ............................................................... 33
15. Policy papers ............................................................................. 34
  15.1 5 star studies ........................................................................ 34
  15.2 Other useful studies ............................................................... 35
16. Miscellaneous ........................................................................... 37
  16.1 5 star studies ........................................................................ 37
  16.2 Other useful studies ............................................................... 37
17. How to use research more in your work ....................................... 39
18. Methodology for this review ...................................................... 41
  18.1 Method of searching ................................................................ 41
  18.2 Method of assessing empirical robustness ............................... 41
19. Bibliography ............................................................................. 42
  19.1 The impact of rape .................................................................. 42
  19.2 Therapeutic work with survivors ............................................ 43
  19.3 Staff and carers who support survivors ................................... 45
  19.4 Males survivors of rape and sexual assault .............................. 46
  19.5 Rape and ethnicity ................................................................. 46
  19.6 Rape and disability ............................................................... 46
  19.7 Rape and sexual orientation .................................................... 47
  19.8 Rape within the military ........................................................ 47
  19.9 Rape within prison ................................................................. 48
  19.10 The disclosure of rape .......................................................... 48
  19.11 Rape myths .......................................................................... 49
  19.12 Rape prevention programmes ............................................... 50
  19.13 Policy papers ....................................................................... 52
  19.14 Miscellaneous ..................................................................... 53
I. Introduction

1.1 What is this document for?
This report provides a brief overview of all the literature on rape and sexual assault that was published in 2011. The report illustrates which topics are being researched and what the latest evidence-based practice is. The amount of information provided on each piece of literature is necessarily brief. This report is therefore a catalogue of the research and should be used to browse the published work and identify articles or chapters to read in full.

1.2 Which bits should I read?
The report has been designed for you to pick and choose sections to read based on the topics that you are interested in. Below you will find information on how to find copies of the articles.

1.3 What do I need to know before I start reading this report?
There are a few things to bear in mind when reading this report:
- This report is only a snapshot of the total published literature on rape and sexual assault - albeit a relatively up to date snapshot.
- It has not been possible to summarise every piece of literature that was published in 2011 (282 in total). Instead all the studies that used 'empirically robust' (see section 1.4) methods are summarised, a selection of less robust papers are also summarised and all 282 papers are listed in the bibliography.
- Writing brief summaries of research necessarily means that some important information will have been left out. Please read the full research article before using any of the findings mentioned in this report in your work.
- Sadly not all research is good research. Whilst this report should reflect the best available evidence I would recommend always having a critical eye when reading research findings.

1.4 How do I know if the research is any good?
Throughout this review each piece of published work has been given a score out of 5 for its ‘empirical robustness’. Studies that have high scores will have used research methods that result in a more solid evidence base. These studies are likely to have used larger sample sizes and tested their hypotheses using stronger research designs. If your question is ‘Should we change our practice based on this research?’ the answer is a more confident ‘Yes’ as the empirical score goes up. Every paper that scored 5 out of 5 for empirical robustness is summarised in this report.

Whilst empirical robustness is important if you want to answer the question ‘Does this work?’ empirically robust research is not the only type of useful research. Sometimes we need research to answer other types of questions such as ‘Why does this happen?’ or ‘What is it like to experience this?’ In these cases less empirically robust methods such as qualitative research are much more useful. So whilst the research in this review has been scored based on empirical robustness I would not dismiss the lower-scoring studies as ‘bad research’. If you are interested in a particular topic area I would recommend checking out all of the papers that are listed in the relevant part of the bibliography.

1.5 How have you carried out the literature search?
In section 18 of this document you will find information on the methodology I have used for searching the databases, selecting articles to include in this report and assessing the empirical robustness of the articles I have included.
1.6 If I see a piece of research that I’m interested in how do I find out more about it?

The best thing to do is to read the original article in full. There are lots of ways to get copies of the articles and chapters that are mentioned in this report. One of the best options is to try an internet search using the article or chapter title as your search terms. Occasionally you will find links to free copies of the articles online. When free copies are not available you will find links to buy the articles online. Prices tend to range from around £8 to £30 per article.

An alternative source for all publications is the British Library. You can access everything for free through the library provided you are a member, you have ordered the article, and you can visit the library in person. You can also buy many copies of articles online through the British Library website. For more information about joining the library and ordering books or articles visit their website (http://www.bl.uk).

Finally, one of the best ways to find out more about an article is to contact the author directly. This not only gives you a chance to ask the author about their research but sometimes authors are able to provide you with a free copy of their research. Researchers get many requests for help. My advice is to keep your email brief, be very clear about which article you are interested, and be clear about what it is that you want. Most researchers are more than happy to talk about their work but are often very busy with other projects. You can track down an email address for most authors by entering their name and the title of their paper in a search engine.
2. Description of the literature

Before looking at the specific topics relating to rape and sexual assault this section provides information on the literature as a whole. This review found 282 articles, chapters, and reports that were published in 2011 on rape and sexual assault. The tables below present an overview of the type of research that was conducted. Looking at Table 1 we can see that most research is conducted in the USA (72% of the total) with the UK being the second largest publisher of research in this field (8%).

Table 1: Where was the research conducted?

<table>
<thead>
<tr>
<th>Country</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>8</td>
</tr>
<tr>
<td>Belgium</td>
<td>1</td>
</tr>
<tr>
<td>Canada</td>
<td>7</td>
</tr>
<tr>
<td>Denmark</td>
<td>2</td>
</tr>
<tr>
<td>France</td>
<td>1</td>
</tr>
<tr>
<td>Germany</td>
<td>1</td>
</tr>
<tr>
<td>Ireland</td>
<td>2</td>
</tr>
<tr>
<td>Israel</td>
<td>1</td>
</tr>
<tr>
<td>Italy</td>
<td>1</td>
</tr>
<tr>
<td>Netherlands</td>
<td>3</td>
</tr>
<tr>
<td>Norway</td>
<td>1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>2</td>
</tr>
<tr>
<td>Spain</td>
<td>1</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>23</td>
</tr>
<tr>
<td>United States of America</td>
<td>204</td>
</tr>
<tr>
<td>Information not provided</td>
<td>11</td>
</tr>
</tbody>
</table>

The table above shows which countries the research was carried out in. This is based on the information provided in the abstract of the article, or where this is missing, the country the article was published in. Some countries will be under-represented because the search was conducted using papers published in the English language or because the authors have chosen to publish their work in an American or British journal rather than one from their own country.

Table 2: What topics were researched?

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Total studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of rape and sexual assault</td>
<td>43</td>
</tr>
<tr>
<td>Therapeutic work with survivors</td>
<td>49</td>
</tr>
<tr>
<td>Staff and carers who support survivors</td>
<td>6</td>
</tr>
<tr>
<td>Male survivors of rape and sexual assault</td>
<td>15</td>
</tr>
<tr>
<td>Rape and ethnicity</td>
<td>8</td>
</tr>
<tr>
<td>Rape and disability</td>
<td>4</td>
</tr>
<tr>
<td>Rape and sexual orientation</td>
<td>11</td>
</tr>
<tr>
<td>Rape within the military</td>
<td>20</td>
</tr>
<tr>
<td>Rape within prison</td>
<td>7</td>
</tr>
<tr>
<td>The disclosure of rape</td>
<td>10</td>
</tr>
<tr>
<td>Rape myths</td>
<td>49</td>
</tr>
<tr>
<td>Rape prevention programmes</td>
<td>31</td>
</tr>
<tr>
<td>Policy papers</td>
<td>35</td>
</tr>
</tbody>
</table>

Table 2 gives an overview of which topics were researched and how many studies were conducted. Some studies fall into more than one topic area, for example, a study that explored therapeutic work with male survivors would be included in the Therapeutic work with survivors section and the Male survivors of rape and sexual assault section. The most widely researched topics were Therapeutic work with survivors, Rape myths, Impact of rape and sexual assault, Policy papers, and Rape prevention programmes. Research topics that received less attention were Rape and disability, Staff and carers who support survivors, Rape within prison, and Rape and ethnicity.

Some papers did not neatly fit into the topic areas listed above. These papers discussed themes as diverse as sexual offending on the internet, how to set up collaborative research projects between academics and service providers, and multiple perpetrator rape. These papers have been labelled ‘miscellaneous’ and can be found in section 16 of this report.
Table 3 illustrates the sample sizes and quality of the research undertaken for topics areas that had 10 or more studies. Studies conducted on Rape within the military and Male survivors of rape and sexual assault tend to use very large sample sizes whereas research on Therapeutic work with survivors tends to use very small sample sizes. Sample size tends to reflect the empirical robustness of the research undertaken.

Table 3: The quality of the research

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Total studies</th>
<th>Average sample size*</th>
<th>5*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact of rape and sexual assault</td>
<td>43</td>
<td>621</td>
<td>23%</td>
</tr>
<tr>
<td>Therapeutic work with survivors</td>
<td>49</td>
<td>44</td>
<td>4%</td>
</tr>
<tr>
<td>Male survivors of rape and sexual assault</td>
<td>15</td>
<td>38676</td>
<td>40%</td>
</tr>
<tr>
<td>Rape and sexual orientation</td>
<td>11</td>
<td>1104</td>
<td>45%</td>
</tr>
<tr>
<td>Rape within the military</td>
<td>20</td>
<td>114070</td>
<td>25%</td>
</tr>
<tr>
<td>The disclosure of rape</td>
<td>10</td>
<td>681</td>
<td>20%</td>
</tr>
<tr>
<td>Rape myths</td>
<td>49</td>
<td>321</td>
<td>2%</td>
</tr>
<tr>
<td>Rape prevention programmes</td>
<td>31</td>
<td>410</td>
<td>16%</td>
</tr>
<tr>
<td>Policy papers</td>
<td>35</td>
<td>787</td>
<td>17%</td>
</tr>
</tbody>
</table>

*average for studies that had participants

Looking at Table 3 you can see that despite being widely researched Therapeutic work with survivors and Rape myths have relatively few 5* studies. Only 4% of studies on Therapeutic work with survivors and 2% of studies on Rape myths scored 5* for empirical robustness. This indicates that there is a lack of empirically robust, large sample size research being conducted in these fields. As someone who works in the sector this finding does not surprise me. Organisations who work with survivors of rape or sexual assault are rarely provided with the resources to evaluate their work. When resources are provided the research that is carried out tends to involve relatively small sample sizes as organisations generally work independently from each other.

In contrast, research on Rape and sexual orientation and Male survivors of rape and sexual assault have a high proportion of 5* studies. 45% of studies on Rape and sexual orientation and 40% of studies on Male survivors of rape and sexual assault were 5* studies.

Before moving on to look at each topic area in more detail I would like to draw your attention to the research that explores Rape within the military. As Table 3 shows, these studies tend to have very large sample sizes and have a relatively high proportion of 5* studies. In 2011 these studies exclusively explored the issue of rape within the American military and generally focused on the prevalence of rape. Should this research area progress to explore impact of therapeutic work with survivors this would be of great value to the whole sector. A large well-funded, centrally organised organisation such as the Veteran Health Administration would be in a position to conduct excellent quality research on the impact of therapeutic work with survivors using large sample sizes – a situation that small organisations in the UK are unlikely to ever be in. Anyone who is interested in good practice when it comes to clinical work with survivors of sexual assault may want to keep a close eye on the research being conducted by the American military.
This review of the 2011 literature found 43 papers that discussed the impact of rape and sexual assault on survivors. 36 papers were published in the USA; none were published in the UK. Studies that gathered data from participants used sample sizes ranging from 1 to 11,500 people.

### 3.1 5 star studies

<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Journal</th>
<th>Pages</th>
</tr>
</thead>
</table>

**What is the impact of rape on employment?**

This study explores the impact of different types of victimisation (including sexual victimisation and domestic violence) on employment. 1079 women in the USA provided data for the study. Women who had been victimised were likely to report problems with employment including ability to work and job satisfaction. Some of these problems were also associated with mental and physical health problems.

**What is the relationship between rape and substance abuse?**

This study explores the relationships between substance use disorders, mental health, history of sexual violation, and sexual orientation amongst women who have left the military in the USA. 1004 women provided data for this study. 33% of the participants had a history of substance abuse, 50% had experienced rape, and 25% had been raped whilst in the military. Lesbian and bisexual women were more likely to report rape and substance abuse than heterosexual women.

**What is the relationship between sexual trauma and psychosis?**

This study aims to identify the causal relationship between exposure to trauma and subsequent psychosis. The study collected data from all service users at a rape centre in Denmark for a one-year period. A comparison group was created from women of a similar age who lived in the same area. The study found that women who had experienced sexual trauma were more likely to have a diagnosis of psychosis than women who had not experienced sexual trauma.

**What is the impact of rape on health?**

This study explores the prevalence of sexual assault and health consequences of sexual assault. 4183 members of the public in America provided data for the study. 9.4% of participants reported that they had experienced sexual assault. The incidence of sexual assault was 4.3% amongst older adults (65 and above) and 11.2% amongst young adults (18 to 35 years). 3.7% of men and 14.6% of women reported sexual assault. Victims of sexual assault were less likely to attend routine health checks, more likely to report that they could not afford to see a doctor, more likely to be a current smoker, and more likely to report that they drank heavily.
What is the impact of sexual violence on mental and physical health?

This study explores the relationship between alcohol, race, sexual violence and thoughts of suicide amongst adolescent females in America. Of the 6294 young women who provided data for the study 11% had experienced sexual violence, 57% used alcohol, and 18% had experienced thoughts of suicide. Alcohol played an important part in the relationship between sexual violence and suicidal thoughts for African-American, Caucasian and Hispanic girls. This was especially the case for Hispanic girls. The authors recommend that any inventions aimed at reducing the incidence and impact of sexual violence should also target alcohol use.


What is the impact of rape on mental health?

This study explores the prevalence of mental health problems amongst women who have experienced gender-based violence. 4451 Australian women aged between 16 and 85 provided data for the study. Women who had a history of violence had worse mental health in terms of current mental health problems, occurrence of mental health problems through the lifetime. These women were also more likely to have a physical disability, mental disability, reduced quality of life and report taking increased days off work. Participants who had experienced 3 or more types of violence reported worse mental health.


What is the impact of rape on physical health?

This is a large scale study that explores the relationship between rape and health. 115000 people provided data for this study. The study found that people who had experienced rape were more likely to have higher cholesterol, stroke, heart disease, problems with their immune system, and report that they smoked or drank excessively in comparison to people who had not been raped. Whilst this study cannot conclude that rape causes these health problems it highlights the health problems that people who have been raped are at higher risk of experiencing.


What is the impact of rape on mental health?

This study explores the relationship between sexual assault and mental health amongst female university students in America. 2000 students provided data for the study. The study found that students who had experienced multiple sexual assaults had poor mental health in comparison to students who had not been sexually assaulted.

3.2 Other useful studies

The studies below are not rated as 5 star but have been selected from the remaining papers on the impact of rape and sexual assault as they reflect other interesting research trends and findings. You can find a complete list of all 43 articles about the impact of rape and sexual assault in section 19.1 of this report.


Does experiencing rape increase your chances of developing long term PTSD?

This study explores which factors are associated with the continued experience of Post-Traumatic Stress Disorder (PTSD) over the long term. The study gathered data by approaching a large number of
members of the public and identifying 190 women who had PTSD. These women were then contacted 2 years later to see who was still suffering from PTSD. Women who had a history of rape or childhood assault were at increased risk of experiencing PTSD over the long term. (Rated as 3*)


How do rape victims respond to trauma?

This study explores the different ways in which rape survivors respond to trauma. The study tested a theory that survivors respond to an experience of rape in one of three ways: by altering their perception of the rape so that it fits into how they already see the world; changing their view of the world to accommodate their experience of rape; or changing their view of the world in maladaptive ways as a response to the rape. Using data from 340 university students who had experienced rape the researchers found that the responses of rape survivors can be allocated to one of these three categories. The researchers also found that experience of distress and the use of behaviours that placed participants at increased risk of revictimisation varied depending on how participants responded to their rape trauma. (Rated as 3*)
4. Therapeutic work with survivors

This review of the 2011 literature found 49 papers that discussed therapeutic work with survivors. 39 papers were published in the USA; 3 were published in the UK. Studies that gathered data from participants used sample sizes ranging from 1 to 4609 people.

4.1 5 star studies


**Can you use an online chat-based helpline to support survivors?**

This is an evaluation of an online chat-based helpline for victims of sexual assault. The evaluation uses session evaluations from 4609 user sessions and feedback from 94 volunteers. The research suggests that an online service is both viable and useful. The majority of service users and volunteers reported being satisfied with the service. Service users particularly valued working with volunteers that they felt were knowledgeable and skilful. The article includes recommendations for developing the service and evaluating its effectiveness in the future.


**Is group work with survivors effective?**

This comprehensive review of the literature explores the effectiveness of working with survivors of trauma in groups rather than in 1-2-1 sessions. The study is a meta-analysis, which means that it combines the findings from a number of different evaluations. In total 16 studies were combined using data from 1686 participants in total. People who received group treatment for trauma had significant reductions in the severity of their symptoms in comparison to individuals who were on a waiting list. When compared to other treatments for trauma (e.g. 1-2-1 therapy) group treatment was not any more, or any less, effective. These findings suggest that group work can be an effective way of working with victims of trauma, but no more effective than other methods. Group treatment appeared to be slightly less effective for all-male groups (compared to all-female groups or mixed-gender groups) and groups that focus on specific types of trauma (such as combat trauma and child sexual assault trauma) rather than groups that focus on a range of different traumas (a mix of combat, sexual assault, and general trauma).

4.2 Other useful studies

The studies below are not rated as 5 star but have been selected from the remaining papers on therapeutic work with survivors as they reflect other interesting research trends and findings. You can find a complete list of all 49 articles that relate to therapeutic work with survivors in section 19.2 of this report.


**What is the difference between SARCs and Rape Crisis organisations?**

This article compares the strengths and limitations of Sexual Assault Referral Centres (SARCs) and voluntary organisations such as Rape Crisis. The study uses data from 6 case studies and 35 different survivor projects. The study found that different types of centres received different types of referrals.
which led to differences in the types of services provided. The study highlights the advantages and disadvantages of the different ways of working with survivors. Rated as 2*  

Is information-based help and support useful for recent survivors?

This chapter discusses the use of information-based help and support with survivors of sexual violence. This type of support generally provides clients with information so that they can better understand what has appended to them. This may include information on the prevalence of rape and sexual assault in society, information on how different people experience trauma, and potential sources of support. The chapter discusses the use of this type of help with women relatively soon after their experience of sexual violence. (Rated as 1*)


Is meditation useful for survivors of sexual trauma?

This chapter explores the use of mind-body practices such as breathing exercises and meditation with survivors of sexual abuse. The chapter includes a case study and details of how to begin using some of the techniques. (Rated as 1*)


Is video-conferencing a good way to provide therapy to clients living in remote areas?

This study tests the use of video conferencing technology to connect survivors of sexual trauma with specialist trauma therapists. Data was collected from 15 clients who each received at least four sessions of trauma therapy via video conferencing. The clients showed significant reductions in symptoms of trauma and depression and reported that they were very satisfied with the video conferencing facility. (Rated as 2*)


Are levels of self-blame different for rape trauma than general trauma?

This study tests the different levels of self-blame amongst clients experiencing rape related trauma in comparison to other forms of trauma. Using data from 304 participants who had experienced trauma the study found that the trauma experienced by survivors of rape is more likely to contain significant levels of self-blame than trauma experienced by other groups. The authors discuss this finding in terms of providing specialist trauma care for survivors of rape. (Rated as 3*)


How are SARCs and Rape Crisis organisations different?

This article compares the strengths and limitations of Sexual Assault Referral Centres (SARC}s) and voluntary organisations such as Rape Crisis. The study uses data from 6 case studies and 35 different survivor projects. The study found that different types of centres received different types of referrals which led to differences in the types of services provided. The study highlights the advantages and disadvantages of the different ways of working with survivors. (Rated as 2*)
5. Staff and carers who support survivors

This review of the 2011 literature found 6 papers that discussed staff and carers who support survivors. All of the papers were published in the USA. Studies that gathered data from participants used sample sizes ranging from 391 to 154 people.

5.1 5 star studies

This review did not find any 5 star studies that explored the issue of staff or carers who work with survivors of rape or sexual assault.

5.2 Other useful studies

The studies below are not rated as 5 star but have been selected from the research on staff and carers who support survivors as they reflect interesting research trends and findings. You can find a complete list of all 6 articles that relate to staff and carers who support survivors in section 19.3 of this report.


What is the impact of working with survivors of sexual assault on social workers?

This study explores whether social workers develop secondary traumatic stress when they work with survivors of family violence or sexual assault. The study uses data from 154 social workers. I am unable to provide any details about the results of the study as the authors do not provide any results in the abstract of the article. (Rated as 2*)


Should counsellors with a personal history of sexual violation work with survivors?

This study explores the impact of counsellors’ trauma on their work with clients. Self-report data from 101 counsellors is collected in the study. Counsellors who are motivated to do their work by their own experience of trauma report more trauma symptoms but also more positive changes. Counsellors who report that their work is motivated by a search for personal meaning report being hyper vigilant and more self-isolating. Counsellors who report that they have learned from their clients report less symptoms. The authors discuss best practice when it comes to working with your own trauma and that of your clients. (Rated as 2*)


Do nurses who work with survivors of rape experience secondary trauma?

This study explores the prevalence and nature of vicarious trauma experienced by forensic nurses who work with survivors of rape or sexual assault. Using data from 39 nurses the study found that 51% of the participants had experienced vicarious trauma due to the nature of their work and 46% felt that they had experienced some form of burnout. The article discusses the coping mechanisms used by
these nurses and good practice in terms of providing support to staff. (Rated as 2*)


**What should you do if someone you care for is suffering from trauma?**

This book is written for people who care for someone who is suffering from trauma. The book provides information, case studies, and advice on looking after yourself and the person you care for whilst they work towards recovery. (Rated as 1*)
6. Male survivors of rape and sexual assault

This review of the 2011 literature found 16 papers that discussed male survivors of rape and sexual assault. 13 papers were published in the USA; 1 was published in the UK. Studies that gathered data from participants used sample sizes ranging from 50 to 115000 people.

6.1 5 star studies


*Are men who have been a victim of abuse in the past more likely to be sexually assaulted again in the future?*

This study explores re-victimisation (experiencing sexual abuse more than once) for male victims of sexual abuse. Using data from 1002 male university students the research found that men who were sexually abused in childhood were more likely to be sexually assaulted in adulthood. Individuals who had been re-victimised were more likely to have problems with posttraumatic stress, hostility, depression and distress.


*What is the prevalence of sexual violence in America?*

This report gives a summary from the American 2010 National Intimate Partner and Sexual Violence Survey. The report has information on the prevalence and impact of sexual violence for men and women across the USA. The study found that 1 in 71 men experience rape in their lifetime. 1 in 7 men have experienced severe physical violence by an intimate partner and 28% of male victims of rape were first raped when they were 10 or younger.


*What is the prevalence of rape among male military personnel?*

This review of the literature uses 29 previous research studies to estimate the prevalence of military sexual trauma (MST) amongst men serving in the American military. On average 0.09% of male military personnel report MST each year. This figure ranges from 0.02-6% across different studies. Looking at the prevalence of MST across the course of a military career the average prevalence is 1.1% with a range from 0.03-12.4% reported across the different studies. The authors of the paper identify a number of methodological problems in collating this data and make recommendations for future studies in this area.

**What does the literature on male rape tell us?**

This is a comprehensive literature review exploring the literature on male victims of sexual assault and rape. The paper reviews the myths surrounding male rape, the quality of the literature available, and the gaps in our knowledge. The review finds that the rate of reported male rape varies depending on how the information is collected. The number of reported male rapes appears to be higher amongst military personnel, prison inmates, and the gay and bisexual community than the general population.


**What are the health impacts of rape on men?**

This large scale study explores the relationship between rape and health. 115000 men and women provided data for this study. The study found that people who had experienced rape were more likely to have higher cholesterol, stroke, heart disease, problems with their immune system, and report that they smoked or drank excessively in comparison to people who had not been raped. Whilst this study cannot conclude that rape causes these health problems it highlights the health problems that people who have been raped are at higher risk of experiencing.

**6.2 Other useful studies**

The studies below are not rated as 5* but have been selected from the remaining papers on male survivors of rape and sexual assault as they reflect other interesting research trends and findings. You can find a complete list of all 16 articles that relate to male survivors of rape and sexual assault in section 19.4 of this report.


**Physiological responses during male sexual assault**

This essay discusses the myths about male rape and the consequences of these myths in terms of a lack of reporting and service provision for male survivors. The article also addresses the problem of misconceptions regarding victim physical responses during the assault. Many male victims either have an erection, ejaculate, or both during assaults. The victims themselves, their perpetrators, the medical community and the criminal justice system can misinterpret this physical response as consent. The authors discuss the physiological reasons for physical responses during non-consensual sexual assault and highlight the need to disseminate this knowledge throughout the medical and legal professions. (Rated as 1*)


**What is the prevalence of sexual assault amongst ex-military personnel with drug or alcohol problems?**

This study explores the relationship between previous sexual assault and substance abuse amongst male survivors. 880 male veterans from the American military who were receiving help for alcohol use provided data for this study. 9.5% of the sample reported that they had experiences sexual assault, a figure that is much higher than average estimates amongst the wider veteran community. These men were more likely to report behaviours associated with drug and alcohol addiction than those who had not been sexually assaulted. The authors recommend that agencies that help veterans with drug and alcohol addictions should assess whether their clients have experienced sexual assault as the prevalence of previous sexual assault may be high. (Rated as 4*)
Do survivors use alcohol to cope with experiences of sexual coercion?

This study tests the use of alcohol as a means of coping with previous experiences of sexual coercion. 780 university students provided data for this study. The results indicate that some survivors of sexual coercion do use alcohol as a way of coping with their experience. This use of alcohol as a coping mechanism is more clearly found in male survivors than female survivors. (Rated as 4*)

What are the origins of male rape myths?

This essay discusses the historical origins of male rape myths and how they have developed over time. The paper specifically explores the origins of male rape myths in medicine, law, media, the military, and prisons and discusses ways to challenge rape myths at individual, institutional and societal levels. (Rated as 1*)


This review of the 2011 literature found 9 papers that discussed rape and ethnicity. 7 papers were published in the USA; 0 were published in the UK. Studies that gathered data from participants used sample sizes ranging from 104 to 9397 people.

### 7.1 5 star studies


**What is the prevalence of sexual assault at a historically black university?**

This study compares the prevalence of sexual assault between a historically black university and university that was not historically black. In total 9397 female students provided data for this survey. The prevalence of completed sexual assaults at the historically black university was considerably lower than the other university (10% compared to 14%). The authors suggest that reduced levels of alcohol consumption may account for this finding.


**What is the relationship between alcohol, race, sexual violence and thoughts of suicide?**

This study explores the relationship between alcohol, race, sexual violence and thoughts of suicide amongst adolescent females in America. Of the 6294 young women who provided data for the study 11% had experienced sexual violence, 57% used alcohol, and 18% had experienced thoughts of suicide. Alcohol played an important part in the relationship between sexual violence and suicidal thoughts for African-American, Caucasian and Hispanic girls. This was especially the case for Hispanic girls. The authors recommend that any inventions aimed at reducing the incidence and impact of sexual violence should also target alcohol use.


**What is the prevalence of sexual violence amongst minority groups?**

This study explores the prevalence of sexual violence and physical or psychological abuse amongst minority groups within an American university. 1028 students provided data for this study. Students who were from ethnic minorities or were gay, lesbian, or bisexual were more likely to have experienced sexual abuse than other students. Students who were most likely to have experienced rape were either gay, from an ethnic minority, or were female. Students who were most likely to have experienced attempted rape were heterosexual females.

### 7.2 Other useful studies

The studies below are not rated as 5 star but have been selected from the remaining papers on the rape and ethnicity as they reflect other interesting research trends and findings. You can find a complete list of all 9 articles that relate to rape and ethnicity in section 19.5 of this report.


**What coping mechanisms are used by African American survivors of sexual assault?**

This study explores the use of social support and religion as coping mechanisms amongst African American women who have experienced sexual assault. Using data from 413 women the study found that women who had higher levels of social support were less likely to have symptoms of depression or trauma. In contrast women who used religion to cope with their trauma had greater symptoms of...
depression and trauma. The authors discuss the implication of these findings for providing counselling support to African American survivors of sexual assault. (Rated as 3*)


What are the differences in engaging in treatment between White and Black survivors of sexual assault?

This study explores the different levels of engagement in no-cost support services between women of different ethnicities following sexual assault. Using data from 104 women the study found that despite having an equal or higher need for services Black women were less likely to use no-cost services than White women. The authors conclude that the different levels of engagement cannot be fully explained by differences in access and that more research is needed to understand the different barriers to treatment that face Black women. (Rated as 2*)
8. Rape and disability

This review of the 2011 literature found 4 papers that discussed rape and disability. 3 papers were published in the USA; 1 was published in Canada. Studies that gathered data from participants used sample sizes ranging from 1028 to 1095 people.

8.1 5 star studies


What is the prevalence of rape or sexual assault amongst people with disabilities?

This report provides data on the national prevalence of crime against people with disabilities in the USA. People with disabilities are twice as likely to experience violent crime than people without disabilities. The incidence of serious violent crime, including rape and sexual assault, was three times higher for people with disabilities with a rate of 16 per 1000 people in comparison to a rate of 5 per 1000 people for individuals without disabilities.


Are individuals who are deaf or hard of hearing at greater risk of abuse?

This study explores the prevalence of sexual violence and physical or psychological abuse amongst minority groups within an American university. 1028 students provided data for this study. Students who were from ethnic minorities or were gay, lesbian, or bisexual were more likely to have experienced sexual abuse than other students. Students who were deaf or hard of hearing were no more likely to have experienced sexual abuse than other students. Whilst the overall sample size for this study is large the number of students who were deaf or hard of hearing is not reported in the abstract and may therefore be very small. Consequently this finding should be viewed with caution. The students who were most likely to have experienced rape were either gay, from an ethnic minority, or were female. Students who were most likely to have experienced attempted rape were heterosexual females.


What factors are associated with greater risk of sexual violence for women with disabilities?

This study explores the prevalence and nature of victimisation amongst women with disabilities. 1095 Canadian women participated in the study. Women with disabilities were more likely to report experiencing sexual violence if they were from an ethnic minority, if they had a low household income, if they had two or more health conditions, or if their daily activities were restricted by pain.

8.2 Other useful studies

The study below is not rated as 5 star but has been included here to help provide a complete picture of the research trends and findings that relate to rape and disability.


Does an individual with Fetal Alcohol Spectrum Disorder have capacity to consent to sex?

This article discusses the ability of individuals with Fetal Alcohol Spectrum Disorder to both give consent for sexual activity (in the case of victims) and understand that consent has been given (in the case of offenders). The authors recommend that more research is conducted to examine the impact of FASD on an individual’s ability to give consent for sex. (Rated as 1*)
This review of the 2011 literature found 11 papers that discussed rape and sexual orientation with survivors. 8 papers were published in the USA; 3 were published in the UK. Studies that gathered data from participants used sample sizes ranging from 1 to 5439 people.

### 9.1 5 star studies


Are LGBT military personnel more likely to experience rape?

This study explores the relationships between substance use disorders, mental health, history of sexual violation, and sexual orientation amongst women who have left the military in the USA. 1004 women provided data for this study. 1/3 of the participants had a history of substance abuse, 1/2 had experienced rape, and 1/4 had been raped whilst in the military. Lesbian and bisexual women were more likely to report rape and substance abuse than heterosexual women.


Are lesbian or bisexual women who have experienced sexual abuse in the past more likely to experience it again?

This study explores the relationship between experiencing sexual abuse in childhood and experiencing further abuse and health problems in adulthood. The study specifically looked at these problems for lesbian and bisexual women as previous research had not explored the issue for this group. The study found that lesbian and bisexual women who had experienced childhood sexual assault were more likely to experience further sexual assault, be overweight, and have chronic medical conditions in adulthood than lesbian or bisexual women who had not been sexually abused in childhood. The trend in re-victimisation therefore appears to apply to lesbian and bisexual women as well as heterosexual women.


What is the risk of sexual assault at university for lesbian and bisexual students?

This study explores the relationship between sexual orientation, sexual assault before going to university and sexual assault whilst at university. 5439 women provided data for this study. Lesbian and bisexual women were twice as likely to have been sexually assaulted prior to going to university in comparison to heterosexual women (22-25% compared to 11%). Lesbians and bisexual women were also more likely to be sexually assaulted whilst at university in comparison to heterosexual women (18-25% compared to 13%). For all women, those who had been sexually assaulted prior to university were more likely to be sexually assaulted whilst at university. In comparison to a heterosexual woman who was not sexually assaulted prior to university a heterosexual student who was sexually assaulted prior to university was 4 times more likely to be assaulted whilst at university. In contrast a lesbian or bisexual student was 8 times more likely to be sexually assaulted whilst at university.


What is the prevalence of sexual violence amongst minority groups?
This study explores the prevalence of sexual violence and physical or psychological abuse amongst minority groups within an American university. 1028 students provided data for this study. Students who were from ethnic minorities or were gay, lesbian, or bisexual were more likely to have experienced sexual abuse than other students. Students who were most likely to have experienced rape were either gay, from an ethnic minority, or were female. Students who were most likely to have experienced attempted rape were heterosexual females.


What is the prevalence of sexual assault amongst the LGBT community?

This comprehensive literature review explores the prevalence of sexual assault amongst the gay community in the USA. The review looks at all of the literature that was published between 1989 and 2009. Across the different studies the prevalence of sexual assault ranged from 16-85% for lesbian or bisexual women and 12-54% for gay or bisexual men. The highest reported figures in any single study were: 85% prevalence of lifetime sexual assault amongst lesbian or bisexual women; 76% prevalence of childhood sexual abuse for lesbian or bisexual women; 60% prevalence of childhood sexual abuse for gay or bisexual men. Lesbian and bisexual women were more likely to report childhood sexual assault, domestic violence, and adult sexual assault than gay or bisexual men. Gay or bisexual men were more likely to report hate crime related sexual assault than lesbian or bisexual women.

9.2 Other useful studies

The studies below are not rated as 5 star but have been selected from the remaining papers on rape and sexual orientation as they reflect other interesting research trends and findings. You can find a complete list of all 11 articles that relate to rape and sexual orientation in section 19.7 of this report.


How might a jury judge an LGBT victim of rape?

This study explores the different impact of rape myths depending on the sexual orientation of the victim. The study used data from 133 members of the public who read a short description of a rape in which the victim was either heterosexual, homosexual, a cross-dresser, a female-to-male transsexual or a male-to-female transsexual. The study found that the heterosexual victim was judged more positively than all other types of victims and participants who were male and heterosexual made the most negative victim judgements. (Rated as 2*)


How might a jury judge an LGBT adolescent victim of rape?

This study explores the different attitudes towards an adolescent victim of rape depending on the gender and sexual orientation of the victim. 188 participants read a short description of a rape of a male adolescent in which the sexual orientation of the victim and the gender of the perpetrator were varied. All participants made more lenient judgements towards the female perpetrator in comparison to the male perpetrator. Male participants made more negative judgements about the victim than female participants when the victim was gay or attacked by a male perpetrator. (Rated as 2*)


Case study of woman-to-woman sexual violence

This report presents a case study of a lesbian survivor of woman-to-woman sexual violence in a rural setting. The study describes the survivor's barriers to seeking help including emotional, practical, and societal obstacles. (Rated as 2*)
10. Rape within the military

In 2011 twenty papers were published that discussed the issue of rape or sexual assault amongst military personnel. All of these papers were published in America. Many of these papers covered the issue of ‘Military Sexual Trauma’ (MST) which is defined by the Department of Veterans Affairs as "sexual harassment that is threatening in character or physical assault of a sexual nature that occurred while the victim was in the military, regardless of geographic location of the trauma, gender of victim, or the relationship to the perpetrator."

10.1 5 star studies


What is the incidence of rape amongst female veterans?

This study explores the relationships between substance use disorders, mental health, history of sexual violation, and sexual orientation amongst female veterans. 1004 women provided data for this study. 33% of the participants had a history of substance abuse, 50% had experienced rape, and 25% had been raped whilst in the military. The study found that lesbian and bisexual women were more likely to report rape and substance abuse than heterosexual women.


What is the incidence of rape related trauma for men in the military?

This review of the literature uses 29 previous research studies to estimate the prevalence of military sexual trauma (MST) amongst men serving in the American military. On average 0.09% of male military personnel report MST each year. This figure ranges from 0.02-6% across different studies. Looking at the prevalence of MST across the course of a military career the average prevalence is 1.1% with a range from 0.03-12.4% reported across the different studies. The authors of the paper identify a number of methodological problems in collating this data and make recommendations for future studies in this area.


Are veterans with rape related trauma satisfied with the health care they receive?

This study examines the relationship between military sexual trauma (MST) and satisfaction with health care provision from the Veterans Health Administration. Data was collected from 165,000 veterans. Overall military veterans report that they are satisfied with their healthcare regardless of whether they had experienced MST. Female veterans who had experienced MST indicated that they would like improved co-ordination, education, and information from health care providers.


What is the prevalence of rape related trauma amongst veterans accessing healthcare?

This study explores the prevalence of MST amongst veterans using Veteran Health Administration facilities and also explores which facilities MST veterans are using. Data from over 950,000 veterans was used in the study. The prevalence of MST was 35.8% for women and 2.4% for men. The proportion of MST patients in different clinical settings ranged from 26-81% for women and 1.5-56%
for men. Veterans with MST accessed a range of different clinics. Large proportions of women with MST accessed MST specialist clinics, PTSD clinics, psycho-social rehabilitation clinics, and substance use clinics. In contrast the only clinics that had large proportions of men with MST were MST specialist clinics. Veterans who have experienced MST (especially female veterans) are likely to seek support from a range of different clinics, it is important that these clinics have the appropriate level of training and education to support this group of veterans.


**Are women who have experienced military sexual trauma less likely to access health care?**

This study explores the reasons why American military veterans may not access health care. Using data from 3611 female veterans 19% of participants reported having delayed or unmet healthcare needs. Reasons for not accessing health care included a lack of money, problems taking time off from work and transportation problems. Women who had experienced MST were more likely to delay or fail to access healthcare than women who had not experienced MST.

**10.2 Other useful studies**

The studies below are not rated as 5 star but have been selected from the remaining papers on rape within the military as they reflect other interesting research trends and findings. You can find a complete list of all 20 articles that relate to rape within the military in section 19.8 of this report.


**What does the literature on Military Sexual Trauma tell us?**

This paper reviews previous research into Military Sexual Trauma and presents recommendations for future research. Most previous research has focused on the prevalence of MST and identifying the mental and physical health issues that are associated with MST. The authors of this review identify gaps in the previous research and highlight a lack of treatment and prevention studies that specifically focus on MST. (Rated as 1*)


**What are the consequences of Military Sexual Trauma in comparison to Combat Trauma?**

This chapter explores the prevalence and consequences of MST. The incidence of MST is estimated at 20% for female military personnel and 1% for male military personnel. The authors compare the risk of developing Post Traumatic Stress Disorder (PTSD) following military combat and following sexual assault by another solider. Risk of developing PTSD was greater following sexual assault by another solider than military combat for both men and women. The authors highlight the elevated risks that female soldiers face when serving in war zones from both risk of sexual assault and risk of combat trauma. (Rated as 1*)


**What does the literature on Military Sexual Trauma tell us?**

This paper reviews the literature on Military Sexual Trauma (MST) including prevalence; its impact on male and female military personnel; the relationship between MST and other mental health problems; and current ways of working with survivors of MST. (Rated as 1*)
How effective are rape prevention programmes within the military?

This pilot study tests the effectiveness of a rape prevention programme within the American military. The programme used a ‘bystander’ approach – focusing on the roles of community members in preventing and responding to rape, rather than the roles of victims or perpetrators. The study used an experimental design with treatment and control groups formed of 394 soldiers. The results show that those soldiers participating in the programme were more likely to report appropriate bystander behaviours than those who had not participated. (Rated as 4*)
11. Rape within prison

This review of the 2011 literature found 7 papers that discussed rape within prison. 6 papers were published in the USA; 1 was published in Australia. Studies that gathered data from participants used sample sizes ranging from 7528 to 90000 people.

11.1 5 star studies


What is the prevalence of rape within prisons?

This is a review that reports on the incidence of prison rape in the USA using three different surveys. Data was collected from over 90,000 inmates. 12% of inmates in youth facilities reported experiencing sexual violence within the facility within the last 12 months. The majority of these reported incidents (10.3%) involved members of staff rather than other youth. Within the wider prison population the reported incidence of sexual victimisation was 4.4%. Since 2005 the number of allegations of sexual victimisation has risen by 21% with 13% of these allegations being substantiated. Of the substantiated allegations 54% were sexual attacks by other inmates and 18% resulted in physical injury.


What is the prevalence of rape within prisons?

This paper reports the prevalence of sexual victimization within American adult prisons in 2007-2008. 7444 allegations were reported in 2008, 13% of these allegations were substantiated. 54% of all substantiated reports involved inmates only whereas 46% involved staff and inmates. Female prisoners were more likely to be victimized by both staff and fellow inmates. Multiple perpetrator inmate on inmate sexual assaults accounted for 12% of substantiated assaults.


What is the prevalence of rape within prisons?

This study explores the prevalence and nature of sexual assault in American prisons. Using data from 7528 inmates the incidence of sexual assault was 4% for female inmates and less than 2% overall. Male inmates were more likely to report victimisation by staff than female inmates. The vast majority of inmates reported feeling safe whilst inside prison. Those who reported feeling unsafe also reported sexual victimisation by staff or concurrent sexual and physical victimisation.

11.2 Other useful studies

The studies below are not rated as 5 star but have been selected from the remaining papers on rape within prison as they reflect other interesting research trends and research. You can find a complete list of all 7 articles that relate to rape within prison in section 19.9 of this report.


Understanding trauma within prison

This essay discusses the different types of trauma that prison inmates with mental health problems are likely to suffer from. The authors highlight that there is a high prevalence of traumatic victimisation amongst prison inmates and that this rate is much higher for females and inmates with mental health problems.
problems. The authors recommend that more research is carried out to understand the risk factors, causes, and effective ways of working with trauma within the prison context. (Rated as 1*)


Using success in the USA as a roadmap for changing policy on rape within prisons

This report highlights the lessons learned from the implementation of the Prison Rape Elimination Act (PREA) in America. The report explains how the PREA managed to navigate the process of becoming law within the USA. (Rated as 1*)


Understanding prison rape using a qualitative approach

This study examines the gradual decline of the incidence of male rape within Australian prisons between 1996 and 2009. This qualitative study uses in-depth interviews with offenders and explores the issue of prison rape in terms of power structures, control, systemic changes, and attitudes towards gender and sexuality amongst inmates. (Rated as 2*)
12. The disclosure of rape

This review of the 2011 literature found 10 papers that discussed the disclosure of rape. 9 papers were published in the USA; 1 was published in Australia. Studies that gathered data from participants used sample sizes ranging from 1 to 3001 people.

12.1 5 star studies


What is the prevalence of reporting rape to the police amongst American university students?

This study explores how many female university students report rape to the police in America. 2000 female university students provided data for this study. 11.5% of the participants had reported their most recent rape to the police. Only 2.7% of incidents that involved drugs or alcohol were reported to the police. Being in a minority group (e.g. ethnic minority) was associated with lower levels of reporting. Rapes that involved physical injury were more likely to be reported.


Reporting rape to the police

This study examines how many women report rape to the police, why women do/do not report, and what the experience of reporting rape is like. Of the 3001 American women who provided data for this study 16% had reported their rape to the police. This figure is very similar to the rates of reporting in the 1990s. Victims of rape that involved drugs or alcohol were less likely to report the crime to the police.

12.2 Other useful studies

The studies below are not rated as 5 star but have been selected from the remaining papers on the disclosure of rape as they reflect other interesting research trends and findings. You can find a complete list of all 10 articles that relate to the disclosure of rape in section 19.10 of this report.


What are the attitudes towards rape and disclosure amongst female prisoners?

This study explores the prevalence of reporting rape to the police and attitudes about rape amongst female offenders. This qualitative study gathered data from 74 participants who had experienced sexual assault prior to going to prison. The women appeared to hold many attitudes that were ‘pro-rape’ including blaming themselves for the rape, questioning whether it was real rape, and believing that it cannot be rape if the person is known to you. These attitudes, along with a feeling that others would not believe them, were the most frequent reasons given for not reporting the rape to the police.

(Rated as 2*)
Disclosure, fear of being stigmatised, and recovery from sexual assault

This study explores the reasons given for not disclosing an incident of sexual assault to the police along with their impact on the risk of experiencing sexual assault again. Data from 144 female university students who had experienced sexual assault was used in this study. One of the reasons for not disclosing sexual assault was the fear of being stigmatised. The data from the study suggests that survivors who do not disclose the assault because of fear of stigmatisation are at greater risk of experiencing sexual assault again. The researchers explore the relationship between fear of stigmatisation and recovery from the trauma of victimisation. (Rated as 3*)

Why don’t survivors report rape to the police?

This study explores the barriers to reporting sexual victimization to the police. The study used data from 127 female university students who had been sexually assaulted. Analysis of the data revealed that shame and minimisation of the offence were the most common reasons for not reporting the offence to the police. Shame was associated with physical injury, being assaulted by a relative, and blaming yourself for the offence. The authors discuss the importance of counteracting minimisation and self-blame amongst survivors of sexual assault. (Rated as 2*)
13. Rape myths

A ‘rape myth’ is an inaccurate assumption about rape. For example, a commonly held rape myth is that most victims of rape are attacked by a stranger, whereas in reality we know that most victims are attacked by someone they know. This review of the 2011 literature found 49 papers that discussed rape myths. 27 papers were published in the USA; 6 were published in the UK. Studies that gathered data from participants used sample sizes ranging from 10 to 3111 people.

13.1 5 star studies


What is the prevalence of different rape myths in Ireland?

This national population survey explores the prevalence of rape myths in Ireland. Over 3000 people provided data for this study. More than 40% of participants felt that many allegations of rape were false. Other commonly-held myths were that rape was a crime of passion rather than a crime of violence and that male rape was a crime conducted by gay men against gay men. The study indicates that a large minority of the public may be predisposed to disbelieve allegations of rape and have misconceived ideas about why rape occurs.

13.2 Other useful studies

The studies below are not rated as 5 star but have been selected from the remaining papers on rape myths as they reflect other interesting research trends and findings. You can find a complete list of all 49 articles that relate to rape myths in section 19.11 of this report.


Are overweight survivors of rape judged differently?

This study explores the impact of survivor weight on attitudes towards rape and sexual assault. 413 members of the public in Canada read a rape scenario and answered a series of questions that measured attitudes to rape and weight. When the survivor of the rape was described as thin they were more likely to be held responsible for the assault than when they were described as overweight. The authors discuss the findings in terms of anti-fat attitudes and the associated lack of sexual desire associated with people who are overweight. (Rated 3*)


Are rape myths more likely to influence juries if juror members feel entitled to judge?

These two studies explore which factors trigger rape myths and result in a defendant being found not guilty. In the first study people who agreed with rape myths were more likely to find the defendant not guilty if they were given more case-irrelevant information about the defendant. In the second study people who agreed with rape myths were more likely to find the defendant not guilty if they were under the impression that they had been given additional information about the case. The findings suggest that a sense of entitlement to judge may be a key factor in triggering the influence of rape myths on juror decisions. (Rated 3*)

Why don’t some survivors label their experience as ‘rape’?

This study explores why some women choose not to label their experience of rape as rape. 77 female university students provided data for this qualitative study. Participants were less likely to label their experience as rape if the incident did not fit their idea of what rape was or if there were perceived consequences of using a label of rape (such as feeling more traumatised or not wanting to label their attacker as a rapist). The data suggested that more survivors were likely to label their experience as rape over time. The researchers highlight that survivors of rape respond to the label of rape in different ways with some finding it a useful, adaptive tool and others finding it unhelpful or harmful. (Rated 2*)
14. Rape prevention programmes

Rape prevention programmes aim to reduce the incidence and impact of rape and sexual assault by preventing it from happening and improving societal responses to victims. Some programmes are delivered to women-only or men-only groups and provide training that aims to reduce the chances of a participant becoming a victim or perpetrator of rape. Other programmes treat participants as potential ‘bystanders’ of rape – recognising that one of their friends, colleagues, or family members may become a victim or perpetrator of rape and exploring how they may prevent the rape from occurring (for example by challenging attitudes) or react in a supportive way should someone disclose a rape to them. The vast majority of programmes are delivered to university students in America. This review of the 2011 literature found 31 papers that discussed rape prevention programmes. 28 papers were published in the USA; none were published in the UK. Studies that gathered data from participants used sample sizes ranging from 10 to 2504 people.

14.1 5 star studies


Does tailored-feedback make a rape prevention programme more effective?

This is an evaluation of a brief programme that aimed to reduce levels of alcohol consumption and experiences of alcohol-related sexual violence amongst female students. 229 students were randomly assigned to four different types of treatment groups. All of the different types of treatment were effective at reducing alcohol consumption. The incidence of alcohol related sexual violence was reduced for those students who received personalised feedback as part of their treatment. The authors conclude that tailored interventions are particularly valuable for women who have heavy alcohol use and have previous experience of sexual violence.


Are bystander rape prevention programmes effective?

This study evaluates a rape prevention programme called the ‘Green Dot Bystander Training Programme’ which is delivered to students in American universities. 2504 students provided data for this study. Students who had been trained using the programme had significantly better attitudes towards rape and were more likely to actively engage in positive bystander behaviours (such as challenging friends’ attitudes) than those who had not been on the programme.


What does the literature on rape prevention programmes with male students tell us?

This is a comprehensive literature review exploring the effectiveness of rape prevention programmes with male students in American universities. Data from seven different studies suggests that attitudes about rape and the role of bystanders can be improved by interventions.
Do rape prevention programmes with male students work?

This study evaluates a rape prevention programme using data from 635 male students in an American university. The men who attended the programme reported less sexual aggression, spending less time with sexual aggressive friends, and using pornography less.


What does the literature on rape prevention programmes in American Universities tell us?

This comprehensive literature review explores the effectiveness of rape prevention programmes in American universities. Data from 8 studies suggests that the effectiveness of programmes varies depending on who the programme is delivered to, who runs the programme, the format of the programme and the content of the programme. The review provides information on what is currently considered best evidence-based practice in rape prevention programmes.

14.2 Other useful studies

The studies below are not rated as 5 star but have been selected from the remaining papers on rape prevention programmes as they reflect other interesting research trends and findings. You can find a complete list of all 31 articles that relate to rape prevention programmes in section 19.12 of this report.


Further development of the bystander approach

This paper describes the ‘engaging bystander approach’ including an initial evaluation of the approach and updated versions of questionnaires aimed at evaluating the bystander approach. (Rated as 1 *)


How to young adults negotiate sexual consent?

This study explores the decisions that young adults make about sex. The data uses qualitative data from ten 18 to 22 year olds. The researchers found that consent for sex tended to be implied by the context rather than being explicitly stated. Problems communicating with partners and alcohol use were associated with this type of implied rather than explicit consent. Implied consent was considered normal and acceptable by the participants. The researchers emphasise the need for sexual violence education programmes to include negotiation and communication skills. (Rated as 2 *)
The term ‘policy papers’ is used here to describe a range of papers that discuss the prevalence of rape, national or organisational policy towards rape, and information on society-wide initiatives related to rape and sexual assault. This review of the 2011 literature found 35 papers of this kind. 22 papers were published in the USA; 11 were published in the UK. Studies that provided details on the sample sizes involved report sample sizes ranging from 63 to 3120 people.

### 15.1 5 star studies


*What is the prevalence of sexual violence in America?*

This report gives a summary from the American 2010 National Intimate Partner and Sexual Violence Survey. The report has information on the prevalence and impact of sexual violence for men and women across the USA. The study found that 1 in 5 women and 1 in 71 men experience rape in their lifetime. 1 in 4 women and 1 in 7 men have experienced severe physical violence by an intimate partner. 80% of female victims experienced their first completed rape by the age of 25. 28% of male victims of rape were first raped when they were 10 or younger. This report is available online.


*An international comparison of the incidence of sexual violence against women*

This report presents information on the incidence of physical and sexual violence against women across 9 different countries. The specific aim of the paper is to explore the estimates of stranger attacks across the different countries. The authors found many variations between the countries suggesting that women in different countries experience different levels of violence, in different circumstances and for different reasons.


*What is the prevalence of sexual violence in Ireland?*

This study explores the prevalence of sexual violence across Ireland. Of the 3120 adults who participated in the study 20% of women and 16% of men reported experiencing childhood sexual abuse. The prevalence of sexual violence in adulthood was 20% for women and 10% for men. Across the lifespan 42% of women and 38% of men reported some form of sexual violence in their lifetime. Looking across different age cohorts data from younger adults suggests that they are less likely to have experienced childhood sexual abuse than older cohorts but more likely to have experienced adulthood sexual violence.


*An international comparison of the incidence of sexual violence against women*

This study reviews the literature on social work and sexual assault. 66 articles were found in total, 94% of these articles explore rape in connection with some other factor such as mental health or domestic violence.
What is the prevalence of sexual assault against members of the gay community?

This comprehensive literature review explores the prevalence of sexual assault amongst the gay community in the USA. The review looks at all of the literature that was published between 1989 and 2009. Across the different studies the prevalence of sexual assault ranged from 16-85% for lesbian or bisexual women and 12-54% for gay or bisexual men. The highest reported figures in any single study were: 85% prevalence of lifetime sexual assault amongst lesbian or bisexual women; 76% prevalence of childhood sexual abuse for lesbian or bisexual women; 60% prevalence of childhood sexual abuse for gay or bisexual men. Lesbian and bisexual women were more likely to report childhood sexual assault, domestic violence, and adult sexual assault than gay or bisexual men. Gay or bisexual men were more likely to report hate crime related sexual assault than lesbian or bisexual women.

15.2 Other useful studies

The studies below are not rated as 5 star but have been selected from the remaining policy papers as they reflect other interesting research trends and findings. You can find a complete list of all 35 policy papers in section 19.13 of this report.


**Progress update on the Call to end violence against women and girls**

This document provides an update on progress so far on the government’s action plan to end violence against women and girls. The document provides a list of actions and comments on progress made in relation to each action point. (Rated as 1*)


**Where in the UK can survivors access specialist support?**

This study geographically maps support services for women who have experienced sexual violence in the UK. The study illustrates geographical gaps in provision and the distances that women need to travel in order to access services. (Rated as 2*)


**Crown Prosecution Service report on violence against women and girls**

This report reviews the prosecution of cases relating to violence against women and girls: domestic violence, rape, sexual offences, human trafficking, prostitution, forced marriage, honour based violence, female genital mutilation, child abuse and pornography between 2010 and 2011. (Rated as 1*)


**Why the reality of reporting rape rarely changes despite reforms to the system**

This essay discusses why reforms to the criminal justice system often fail to translate into benefits for complainants in rape cases. The report focuses on reporting, attrition, adversarial justice systems, victim support, specialisation and attitudes in England and New Zealand. (Rated as 1*)
Are changes to rape crisis centres in the USA viewed positively?

This qualitative study explores the ways in which rape crisis centres in the USA have transformed and assesses whether the changes are seen in a positive or negative light by the people working for and being served by the centres. The specific changes that the report focuses on include professionalisation, collaboration with other agencies, and reduced activism. (Rated as 2*)


What are the differences between SARC\textsc{es} and Rape Crisis centres in England and Wales?

This study explores the strengths and limitations of Sexual Assault Referral Centres (SARC\textsc{es}) in comparison to Rape Crisis organisations. Data is collected from 6 case study sites and 35 sexual violence projects in England and Wales. The report highlights the specific type of work that both types of agencies undertake, the challenges and strengths faced by both, and benefits of the different ways of working. (Rated as 2*)
Any papers that did not accurately fit into the topic areas that have already been mentioned in this review were defined as ‘miscellaneous’ papers. These papers discussed themes as diverse as sexual offending on the internet, how to set up collaborative research projects between academics and service providers, and multiple perpetrator rape. This review of the 2011 literature found 30 papers of this type. 23 papers were published in the USA; none were published in the UK. Studies that gathered data from participants used sample sizes ranging from 1 to 2051 people.

### 16.1 5 star studies


**If you are a victim of online abuse are you also a victim of real world abuse?**

This study explores the relationship between being a victim of abuse on the internet (online) and in real life (offline). Of the 2051 young people (aged 10-17) who provided data for this study 6% said they had been a victim of online abuse over the past year. 96% of these young people also reported being a victim of offline abuse within the last year. The strongest relationship between online and offline abuse was for sexual crimes (sexual harassment, being flashed, rape) and psychological and emotional abuse. The authors of this study suggest that those working to reduce online abuse should recognise that many online victims may not be at increased risk because they are naive about the internet but because they face a series of complicated problems resulting from their offline victimisation.

### 16.2 Other useful studies

The studies below are not rated as 5 star but have been selected from the remaining miscellaneous papers as they reflect other research topic areas, trends, and findings. You can find a complete list of all 30 miscellaneous papers in section 19.14 of this report.

Annan, S. L. (2011). “It’s not just a job. This is where we live. This is our backyard”: The experiences of expert legal and advocate providers with sexually assaulted women in rural areas. *Journal of the American Psychiatric Nurses Association*, 17(2), 139-147.

**How do advocates work with survivors in rural settings?**

A study exploring the provision of legal and advocate support services to survivors of rape and sexual assault to women living in rural areas. The study discusses rural-specific confidentiality issues, resource needs in a rural setting, the connection between victim blaming and low levels of reporting, negative provider views of the community, and whether smaller communities provide better victim care. (Rated as 2*)


**How and why should researchers and service providers collaborate more?**

This essay discusses the process and benefits of establishing a productive collaboration between academics and service providers in the field of domestic violence and sexual assault. The essay includes a discussion of the rationale for collaboration, ways of developing partnerships, issues relating to trust and time investment, research methods and giving back. (Rated as 1*)

**Does the prevalence of rape and sexual assault increase after a natural disaster?**

This study explores whether the prevalence of sexual violence increases following a natural disaster. Data is collected from over 200 women before and after Hurricane Katrina. The researchers felt that the prevalence of sexual violence was likely to increase as a result of the trauma related to the disaster. The data did not support this hypothesis. No increase in the prevalence of rape or sexual assault was found. The researchers discuss whether this finding was due to the social cohesion that was experienced after the hurricane. (Rated as 3*)


**Reviewing multiple perpetrator rape**

This chapter explores the risk factors, impact, disclosure, and therapeutic work of survivors of multiple perpetrator rape. (Rated as 1*)


**The impact of witnessing rape in online role-playing games**

This study explores the impact of engaging in or witnessing rape in online role player games such as World of Warcraft. The study uses qualitative data from 5 participants. The researchers found that some participants were not able to successfully separate the online world from the real world and were consequently emotionally affected by the online events. (Rated as 2*)
17. How to use research more in your work

This section is written for anyone who is not a trained researcher but would like to know how they might be able to use research more in their organisation or professional practice.

First of all I want to say – congratulations. Wanting to use research more in your work is good news for your clients, your funders, your professional development, your organisation, and your sector.

Whilst I’m sure all of us have good intentions and like to think that we are doing good work, research is a way of bringing integrity into our practice by making sure the work we do is as good as it can be.

Now let me be honest with you – research is difficult. To the uninitiated it can seem like a maze of dogmatic procedures and protocols that comes complete with its own technical language and jargon. Research is also time consuming and it can be expensive. As resources like time and money are always under pressure it’s important to make sure that when research is carried out we do the best work that we can – especially as not all research is good research.

As the kind of advice I could give would vary a lot depending on the nature of your organisation and your aspirations as far as research is concerned I have limited myself to a few tips that I hope will point you in the right direction:

**Know what you don’t know** From the outside looking in research might look quite easy. You just need to ‘google’ a topic area to read the latest research and write a short feedback form to evaluate your service. Sadly this type of research is probably quite common – but it’s not research. In the same way that you probably wouldn’t ‘have a go’ at doing your organisation’s accounts without any training it’s not a good idea to ‘have a go’ at doing research if you don’t know what you are doing. As a quick example – have a read of the method I have used to do the literature review for this report (section 18). I would rate the methodology I have used in this report as ‘okay’ – but even to do an ‘okay’ review with no budget took nearly 100 hours and involved a lot of protocol.

**Collaborate** Whilst you may not have research skills within your organisation you probably do have other assets – access to participants, clinical experience, a practical understanding of the sector. These are all things that many researchers or academics lack. You will probably find that academics are more than happy to work with you to carry out some research in exchange for good access to participants. However, make sure this really is a ‘collaboration’. Researchers can have an unhelpful habit of using organisations as a way of accessing participants when they need them but not making enough effort to ensure that the organisation also benefits from the research. Ideally you want to be involved in the planning of the study – not just used as a source of data collection. Rather than waiting for an academic to approach you when they need participants I would recommend that you build relationships with academics now with a view to planning and carrying out research together in the future.

**Research with a purpose** When money and time are in short supply there is no point doing research for the sake of research. The best value research will be tied in with the aims and aspirations of your organisation. When you are starting to think about doing some research the first place I
suggest you look is your business plan. Do a piece of work that helps your organisation grow in the direction you want it to – whether that is becoming a leader in a particular field or being able to clearly demonstrate the impact of your work so you can attract more funders.

**Ask the right question** Any of my clients who read this will probably laugh – partly in recognition of a familiar phrase from me but also in surprise that ‘ask the right question’ was not at the top of my list and in a much bigger font than everything else. In my opinion most research projects fail at the very start because they ask the ‘wrong’ question. This is such a shame when research can be so expensive and time consuming. A great deal of thought and work needs to go into the start of any research project to make sure that the right research question is being asked. Sadly this piece of work is often ignored because people are happy to assume they know what the right question is. To give a simple example, organisations who use brief feedback forms to ‘evaluate’ their service are often asking the question ‘Was the client satisfied with our service?’ Just as student satisfaction with the teaching they have received may have very little to do with the quality of the education they have received client satisfaction with a support service may have little to do with the impact that the service has had on their quality of life. In the case of evaluating a support service the right research question will be based on a clear understanding of what the service is trying to do and why the service provider thinks it will be effective – this often has little to do with a client’s reported satisfaction.

**Get advice from people like me** Those of us who spend our time reading about, thinking about, and researching rape and sexual assault generally aren’t in it for the money. You’ll find lots of people like me out there who want to do what they can to help improve the work that is carried out in our sector. If you need more advice or information contact the researchers mentioned in this report, have a look at the (many) blog posts on my website, or get in contact with me. For those of you who work in central London I operate a one-coffee policy whereby anyone is welcome to an hour of my time if they are willing to buy me a coffee (a muffin will buy you an extra 15 minutes).
I have assumed that anyone who has an interest in the methodology I have used has a fairly good understanding of research methodology. Consequently this section is not as ‘user friendly’ as the rest of the paper. If you have any questions about the method I have used please get in contact with me.

### 18.1 Method of searching

**What type of search did I do?** My process of searching for this review has been systematic. In that sense if someone else was to repeat the methodology below they should come up with very similar results as the ones presented in this report. This method of searching reduces the level of bias in a review as the researcher is required to be transparent about where they searched, how they decided to include studies into their review, and how they assessed the quality of the research.

**Databases:** For this review I have searched two databases: Psychinfo and the National Criminal Justice Reference Service (NCJRS). These databases were chosen both because they are the most relevant databases to use for the topic area and because they are databases that organisations could get easy access to as they are either available freely online (in the case of NCJRS) or you can access them by paying a low-cost daily fee (Psychinfo).

**Search terms:** The search terms used for searching were: "sexual assault" or "sexual violation" or "rape" in the title or abstract of an article. These search terms initially produced 452 results.

**Exclusion criteria:** Articles were excluded if the exclusively focused on the following: perpetrators, forensic medical examination that was not about the client experience, childhood sexual abuse, rape in war situations, Post-traumatic Stress Disorder without any reference to sexual trauma, restorative justice, attitudes to abortion, or domestic violence. Articles were also excluded if they were from non-western areas (i.e. articles came from Europe, North America, and Australasia only), if they were not published in English, if they were a dissertation, conference paper, editorial, comment, or correction. Using these exclusion criteria the number of articles was reduced to 282.

### 18.2 Method of assessing empirical robustness

In order to give each article a score out of 5 for empirical robustness I used the following criteria:

<table>
<thead>
<tr>
<th>Score</th>
<th>Randomised control trial or closely matched comparison group</th>
<th>Comparison group experimental design (not closely matched)</th>
<th>Experiment comparing pre and post scores</th>
<th>Survey or correlational study</th>
<th>Systematic review or meta-analysis</th>
<th>Qualitative study</th>
<th>Narrative literature review, essay, opinion piece</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Sample size above 200</td>
<td>Sample size above 500</td>
<td>Sample size above 750</td>
<td>Sample size above 1000</td>
<td>All were scored 5*</td>
<td></td>
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<tr>
<td>4</td>
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<td>Sample size 200-499</td>
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<td>Sample size 500-999</td>
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<tr>
<td>1</td>
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<td></td>
<td></td>
<td></td>
<td>All were scored 1*</td>
<td></td>
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</tr>
</tbody>
</table>
19. Bibliography

19.1 The impact of rape


Littleton, H. L., Grills-Taquechel, A., Axsom, D., Bye, K., & Buck, K. S. (2011). Prior sexual trauma and adjustment following the Virginia tech campus shootings: Examination of the mediating role of schemas and social support. *Psychological Trauma: Theory, Research,
19.2 Therapeutic work with survivors


19.3 Staff and carers who support survivors


19.4 Males survivors of rape and sexual assault


19.5 Rape and ethnicity

Ahrens, C. E., Isas, L., & Viveros, M. (2011). Enhancing Latinas’ participation in research on sexual assault: Cultural considerations in the design and implementation of research in the Latino community. Violence Against Women, 17(2), 177-188.


19.6 Rape and disability

19.7 Rape and sexual orientation


19.8 Rape within the military


19.9 Rape within prison


19.10 The disclosure of rape


Journal of Interpersonal Violence, 26(4), 807-832.


19.11 Rape myths


incarcerated women’s narratives of disclosure and reporting of rape. Psychology of Women Quarterly, 35(4), 596-610.


19.12 Rape prevention programmes


19.13 Policy papers


19.14 Miscellaneous

Annan, S. L. (2011). “It’s not just a job. This is where we live. This is our backyard”: The experiences of expert legal and advocate providers with sexually assaulted women in rural areas. Journal of the American Psychiatric Nurses Association, 17(2), 139-147.


