

Reporting Sexual Assault to the Police in Hawaii

A report by the



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



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Executive Summary

Victimization surveys of both the general population and various special populations (e.g., college students, children) have for many years documented a relatively high incidence and prevalence of sexual assault. Many victims, however, do not report sexual assaults to the police. For example, the National Crime Victimization Survey (NCVS) reported that 300,810 women were the victims of rape and attempted rape nationwide in 1994, and only 28% reported the assault to the police (U.S. Department of Justice, 1997). Underreporting of sexual assault to police is important because of its negative impact on the potential apprehension, arrest, and conviction of violent sex offenders. It may also bias comparisons of sexual assault cases with other criminal offenses.

Although previous research indicates that variables relating to the type of sexual assault, the victim's demographic characteristics, and the level of post-assault trauma distinguish reporting from nonreporting victims, there are strikingly conflicting results as to which specific variables within these dimensions are most important. These conflicting results may reflect numerous factors, such as differences in study samples, examination of completed sexual assaults only or both completed and attempted sexual assaults, trauma measurements used, and type of statistical analysis (bivariate and/or multivariate). Relatively little attention has been paid to victim variables other than demographic characteristics and trauma, such as when the victim sought treatment, and certain assault variables, such as whether, and how, the victim resisted the assailant — all of which may impact on police reporting. Trauma symptoms (such as self-blame) which may affect reporting decision-making have generally not been measured with validated assessment instruments. Thus, the complexity of decision-making about reporting sexual assault to the police calls for the systematic measurement of a number of other key variables relating both to the assault and the victim (such as the degree of trauma symptoms, and social-demographic variables), and a multivariate statistical analysis.

The goals of this research are 1) to investigate variables facilitating the reporting of sexual assault to the police (with an improved research design featuring a large sample of victims, systematic measurement of a variety of variables, and multivariate statistical analyses); and 2) to delineate the implications of the findings for treatment centers and criminal justice agencies.

The study, a collaborative effort of the Sex Abuse Treatment Center (SATC) in Honolulu, Hawaii, the Social Science Research Institute of the University of Hawaii at Manoa, and the Hawaii State Department of the Attorney General, has a sample of 709 female victims of non-incestuous assault, who were 14 years or older and treated at the SATC within one year of the assault. Of these, 529 (74.6%) were classified as **Immediate Treatment Seekers** or **ITS** victims (i.e., those who sought treatment within 72 hours of the assault) and 180 (25.4%) as **Delayed Treatment Seekers** or **DTS** victims (i.e., those who

sought treatment after 72 hours of the assault). Sexual offenses are defined, for this report, as per Sections 707-000 and 707-730 through 707-733 of the Hawaii Revised Statutes (Sexual Assault in the First, Second, Third, and Fourth Degree), and include the specific acts of penile-vaginal intercourse, cunnilingus, fellatio, insertion of a foreign object into another person's genital or anal opening, and sexual contact (touching of sexual or intimate parts).

Statistical analyses were conducted on the entire victim sample and ITS and DTS subsamples. Bivariate relationships between a single independent variable and the dependent variable (i.e., reporting sexual assault) were examined by computing two-variable frequency tables (often called crosstabulations or "crosstabs"). The significance of the relationship between the independent variable and reporting status was evaluated by conducting Pearson's chi-square tests. For the relationship to be considered statistically significant and meaningful, and not just found by chance and thus meaningless, the relationship between the independent and dependent variable must have a significance level of less than .05 (i.e., there must be at least a 95% likelihood that the result did not occur by chance). A multivariate analysis (examination of more than one independent variable simultaneously impacting police reporting) was also conducted using logistic regression analysis. This statistical procedure allows determination of which independent variables, net of the other independent variables in the analysis, have the greatest impact on the odds of reporting sexual assault to the police, again using the rule that statistical significance be determined at the .05 level.

For the total sample, 70.7% of the victims reported the sexual assault to the police. The reporting rate of the ITS subsample (78.4%) was significantly higher than the reporting rate of the DTS subsample (47.8%). The percentage of victims referred to the SATC by the police was 53.3% in the total sample, 64.9% in the ITS subsample, and only 18.7% in the DTS subsample. Victims also learned about the SATC from family or friends in 15.6% of the total sample, 11.7% of the ITS subsample, and 27.1% of the DTS subsample. The difference in the percentages of referrals by the police in the ITS and DTS subsamples suggests that the ITS subsample more often contacted the police who informed them about the SATC.

The assaults in this sample typically involved sexual penetration rather than other sexual contact and/or attempted sexual assault. The percentages of assaults involving sexual penetration were 87.8% for the entire victim sample, 93.5% for the ITS subsample, and 70.9% for the DTS subsample.

The average time between the sexual assault and seeking treatment at the SATC for the entire sample was 9.7 days, with a range of less than a day to 244 days. The ITS victims by definition sought treatment at the SATC within 72 hours of the assault. The average time for an ITS victim to seek help was 6.2 hours after the sexual assault. The

average time for a DTS victim to seek assistance from the SATC was 37.3 days post-assault, with a range of 4 to 244 days.

The bivariate analysis, which shows the relationship between a single independent variable and reporting to the police, found that in the total sample, the victim's ethnicity and educational status, but not her age, marital status, or employment status, distinguished reporting from nonreporting victims. Certain characteristics of the assault itself were also important, namely relationship to the assailant, location of the assault, use of a weapon, physical force, and threats to harm or kill the victim. Victims who used active resistance strategies (trying to escape, yelling or screaming, and trying to trick or deceive the assailant) were significantly more likely to report the sexual assault to the police.

The results of the multivariate analysis indicate that seven variables relating to the victim and the sexual assault are positively correlated with reporting to the police among the total sample of women receiving treatment at the SATC. These are:

- The assailant threatened to harm or kill the victim
- The victim attempted to flee and escape her attacker
- The victim yelled or screamed for help
- The victim tried to trick or fool the assailant
- The victim sustained no physical injury in addition to the sexual assault
- The victim was a member of a non-Asian ethnic group
- The victim attributed no or low self-blame to herself for the assault

A number of other variables relating to the sexual assault situation showed no significant correlation with reporting to the police. These are:

- The assailant's relationship to the victim
- The number of assailants
- The assailant used a weapon
- The assailant used physical force
- The assailant deceived the victim

- The location of the assault was in a public place, such as a street, park, parking garage
- The victim attempted to deter the attack by physically resisting the assailant
- The victim tried to plead with the assailant or to talk him out of it

These results indicate that variables relating to the victim herself (ethnic background, certain resistance strategies, and self-blame) are, with one exception (threats by the assailant), more predictive of police reporting than are variables relating to the assailant's criminal conduct.

The results also indicate that there are significant differences in reporting to police among the SATC clients classified as to when they sought treatment. The 78.4% reporting rate in the ITS group is significantly higher than the 47.8% reporting rate in the DTS group, indicating the importance of investigating the variables associated with reporting and nonreporting within the ITS and DTS groups, even though the ITS is the larger of the two subgroups (comprising 74.6% of the entire sample).

The much higher proportion of ITS than DTS victims who learned about the SATC from the police (64.9% versus 18.7%) suggests that the ITS victims are more likely to have contacted the police, who in turn call the SATC. Prompt collection of legal evidence (e.g., semen samples, documentation of bruises and other physical injuries) is critical before it dissipates with time (e.g., the woman takes a shower, minor injuries heal). Prompt reporting to the police can also facilitate the investigation of the case and apprehension of the assailant. The results of the logistic regression analysis show that the reporting of sexual assault to the police is higher among ITS victims when:

- The assailant used a weapon
- The assailant threatened to harm or kill the victim
- The victim attempted to flee and escape her attacker
- The victim yelled or screamed for help
- The victim was a member of a non-Asian ethnic group
- The victim attributed no or low self-blame to herself for the assault

The majority of the independent variables associated with reporting sexual assault to the police in the ITS subgroup, as with the total sample, pertain to the victim herself, such as her actions during the assault, ethnicity, and self-blame for the assault. However, unlike

the entire sample, ITS victims who were threatened with a weapon, such as a gun or knife, were more likely to report the assault to the police than were victims of assaults where no weapon was used, and sustaining physical injury was unrelated to reporting.

The DTS victims are a smaller group seen at the SATC (comprising 25.4% of the sample). In the DTS group, the time span from assault to seeking treatment ranged considerably, from 4 to 244 days. Some DTS victims contact the SATC within a relatively short time post-assault, which may facilitate police investigation of the case. Thus, it is important to profile DTS victims and investigate variables affecting their reporting to the police. Increased understanding of why DTS victims do or do not report may give an indication as to why they delayed seeking treatment and had considerably lower reporting rates.

The results of the logistic regression analyses on the DTS subgroup revealed important similarities and dissimilarities in their profiles compared to both the entire sample and the ITS group of sexual assault victims. The variables positively correlated with reporting of sexual assault to the police in the DTS group are:

- The assailant was a stranger
- The assailant threatened to harm or kill the victim
- The victim tried to trick or fool the assailant
- The victim did not plead with the assailant or to try to talk him out of it
- The victim attributed no or low self-blame to herself for the sexual assault

As with the ITS victims, reporting is significantly increased for the DTS victims when the victim is threatened by the assailant and decreased when she attributes a high level of blame to herself for the assault. Unlike the ITS victims, reporting to the police by the DTS victims is not affected by the victim's ethnicity or whether the assailant used a weapon, whereas her relationship to the assailant is a significant factor. The DTS victims are more reluctant to report the assault to the police when assaulted by a person they knew. This finding is consistent with the interpretation that DTS victims may be less likely to define the sexual assault as a crime in a known-assailant situation, or feel less confident that the police and others will believe them, and are therefore less likely to report to the police and more apt to delay seeking treatment.

Williams (1984) hypothesized that victims of "classic" rapes (i.e., those where an unknown assailant(s) violently attacks and injures the victim) would have a higher probability of reporting the assault to the police because the victims would be more likely to perceive themselves as victims, more confident that others would also, and blame

themselves less than would victims of other types of sexual assaults. The results and profiles described herein consistently point to the importance of self-blame and threats made by the assailant to harm or kill the victim. Victims who were threatened or felt little or no self-blame for the assault are consistently more apt to report the assault to the police, whether the analysis focuses on the entire victim sample or on the ITS and DTS subsamples separately. There are also important differences between the ITS and DTS subgroups. The violence of the assault affects both groups, but ITS victims are more likely to report to the police when weapons are involved in the attack, and DTS victims are more likely to report when the attacker is a stranger. Thus, it is important for victims and those in the community to know that assailants, and not victims, are to blame for perpetuating sexual assaults, and that a sexual assault by a known assailant, or where no weapon is used, are undoubtedly still sexual assaults.

Many individuals have a stereotypical view of sexual assault as involving a stranger assailant. Victims in Hawaii are indeed sexually assaulted by strangers (30.4%), but the data clearly indicate that many more (69.6%) are assaulted by known assailants. Current educational efforts conducted by the Sex Abuse Treatment Center focus on sexual assault in general and the high risk for young women and those in situations where potential assailants are known to them. These efforts should be supported and augmented. The victims were diverse in age, but 44.3% were 20-29 years old and 30.3% were 14-19 years old. Given this age distribution, community education efforts should include educational programs at intermediate (middle) and high schools and universities, as well as for the general public.

Women of Asian ancestry were significantly less apt to report a sexual assault in the entire victim sample and in the ITS sample, and were overrepresented in the DTS sample. Among Asian victims who were state residents (126), only slightly more than half (57.1%) reported their assault to the police, indicating that it is important to encourage local residents of Asian ancestry to report the assault in spite of "loss of face" or shame that public disclosure may bring. Among Asian tourists (12) there was only one victim that did not make a police report. Information made available at hotels about the reporting of all types of crime might be a useful strategy to assist women who are victims of sex offenders while visiting Hawaii.

Public education and outreach efforts should also provide information about the law. For example, the results of logistic regression analyses indicate that women in all groups reported more when the assailant threatened them and when they resisted the assailant. When Hawaii's sexual assault law was changed, resistance standards were eliminated. For example, sexual assault as a first degree felony can be charged if the assailant used "strong compulsion," e.g., a dangerous instrument, threats that place the victim or another person in fear of bodily injury, and physical force. This "criminal circumstances model" emphasizes what the assailant did during the crime, rather than the extent to which the victim resisted. The research results, however, show that resistance by the victim was

significantly related to reporting the sexual assault to the police, even when controlling for the use of a weapon, physical force, and threats to physically harm the victim. These findings indicate that victims may be unaware or uncertain of the legal definition of sexual assault, and similarly demonstrate the need for additional public education.

Another issue concerns the general understanding of “sexual assault” as a legal term. Although the results are somewhat indirect, the high proportion of assaults involving sexual penetration in the ITS clients of the SATC (93.5%), coupled with the higher referrals by the police, may indicate that victims are less likely to report to the police when sexual penetration did not occur. The percentage of victims where assaults involved sexual penetration was lower (70.9%) among the DTS victims, consistent with the interpretation that victims are less apt to perceive themselves as victims of a sex crime and report to the police, and may even delay seeking treatment, when sexual penetration did not occur. Thus, it is important for women to report to the police and receive treatment services regardless of the type of sexual assault, and essential that this message goes out to the community.

Another possible strategy to increase reporting rates is to help victims who were too frightened or overwhelmed by the assault to actively resist the assailant, so as to interpret their response as a choice made consciously or unconsciously to survive the ordeal. It is accepted practice to congratulate a victim for doing whatever she had to do to preserve her life. Crisis workers may further help the victim to reframe her lack of overt, direct resistance as an active decision to survive at all costs, even though she may not have been aware that she was making such a choice. By emphasizing the wisdom of her “decision,” crisis workers may empower a victim to take additional “active” choices, such as reporting the assailant.

The finding that physically injured victims in the ITS and DTS groups were no more likely to report, and especially that injured victims in the entire sample were significantly less likely to report, appears somewhat counter-intuitive. After all, a victim arriving at the emergency room with visible wounds or bruises would seem to verify the victim's credibility and make it easier for the police to document the case. The review of existing literature indicates that an approximately equal number of studies found that physical injury was, or was not, an important predictor for reporting a sexual assault.

There are several possible interpretations for the Hawaii finding. One is that physical injury was measured by simply asking the victim if she was injured or not. Thus, it cannot be precluded that more seriously injured victims are more likely than less seriously or uninjured victims to report an assault to the police. Another interpretation is that attitudes may have changed about sexual assault so that victims do not have to be physically injured to be willing to report an assault to the police. A less sanguine interpretation is the possibility that some victims may fear a future encounter with their assailant, possibly resulting in new injuries in retaliation for disclosing to the police.

Victims may need reassurance from crisis workers that a benefit of reporting is to put the alleged offender under police investigation so a case can proceed through the criminal justice system, with the offender convicted, sentenced, and hopefully treated.

The reporting rates of women treated at the SATC were 70.7% for the entire group, 78.4% for the ITS group, and only 47.8% for the DTS group. These findings show that many victims seeking treatment at the SATC report to the police, but a sizable number of victims do not. The number of women who are sexually assaulted in Hawaii and do not contact the police or the SATC is unknown. If Hawaii parallels the nation, the results of victimization studies cited earlier indicate that many women do not report to the police. A grant proposal for a demonstration project with an evaluation component, in collaboration with the relevant agencies, is suggested as a way to augment, support and inform current educational outreach efforts. The project would develop materials for community workshops on sexual assault and provide hands-on training for what to do if assaulted, based on these and related findings. The leaders for workshops for the general public could consist of a team of SATC educational specialists and community police officers for each site or neighborhood. This approach should increase information available to individuals about sexual assault (e.g., its impact, services available, and the criminal justice system) and improve the public's perception that organizations responding to sexual assault are trustworthy, thereby increasing the likelihood of immediate treatment seeking and police reporting. Workshops could also be targeted at specific populations (e.g., women in relationships, local Asian women) who are currently less likely to contact the police.

Introduction

The goal of this research is to investigate variables facilitating and hindering the reporting of sexual assault to the police, and to assess implications for treatment centers and criminal justice agencies. The research objectives are to:

- Develop a statistical profile of reporting versus nonreporting sexual assault victims
- Explore factors that affect decisions to report or not report an assault to the police
- Facilitate the design of effective interventions by sexual assault treatment centers and community education projects to encourage reporting
- Present and discuss reporting implications for community policing and other criminal justice initiatives

More specific aims include to:

- Specify variables distinguishing reporting and nonreporting victims in a large sample of adult and adolescent women who received services at a sexual assault treatment center
- Specify variables influencing police reporting decisions of victims who are relatively immediate treatment seekers (within 72 hours of assault) and more delayed treatment seekers (who seek only counseling services from 72 hours to one year post-assault)
- Examine police reporting in a multi-ethnic locale
- Examine variables using a multivariate statistical analysis relating both to the sexual assault and the victim, such as demographic variables, trauma symptoms, and elapsed time to treatment, which may influence reporting to the police
- Disseminate research findings to sex abuse treatment centers, criminal justice agencies, and researchers

The Underreporting of Sexual Assault to the Police

Victimization surveys of both the general population and various special populations (e.g., college students, children) have for many years documented a relatively high incidence and prevalence of sexual assault. Many victims, however, do not report

sexual assaults to the police. For example, the National Crime Victimization Survey (NCVS) reported that 300,810 women were the victims of rape and attempted rape nationwide in 1994, and only 28% reported the assault to the police (U.S. Department of Justice, 1997).

Despite its magnitude as a social problem, rape and other forms of sexual assault continue to be among the most underreported of all violent crimes. The NCVS found that only 28% of all rapes were reported to police in 1994 and reporting of completed rapes (36%) was higher than attempted rapes (20%) (U.S. Department of Justice, 1997). In a nationwide study of college and university students, Koss (1988) found that 27% of the female students experienced coercive sexual experiences meeting a legal definition of rape or attempted rape and only 8% reported the assault to the police. It is a valid empirical generalization that the odds of a sexual assault being reported to the police are low.

Underreporting of sexual assault to police is important primarily because of its negative impact on the potential for apprehension, conviction, sentencing, and, hopefully, treatment of violent sex offenders. Moreover, as Lizotte (1985, p. 170) has pointed out, underreporting of rape may bias comparisons of rape cases with other offenses in the criminal justice system: "In essence, similarities or differences found between offenses would be the artificial result of differences in reporting the offenses."

Literature Review: Reporting Sexual Assault to the Police

Relatively little theoretical or empirical research has focused on factors influencing reporting of sexual assault to the police.¹ Williams (1984) asserts that to report a sexual assault to police, a woman must identify herself as a victim of a crime and be confident that other people will also. Therefore, she predicted that victims of stereotypical or "classic" rapes (e.g., violent sexual attacks committed by strangers and resulting in physical injury) are more likely to report.

To test this hypothesis, Williams collected data from the records of 246 female victims of completed rape contacting a community victim-advocate organization. As predicted, victims were more likely to report sexual assaults by strangers or acquaintances than by friends or relatives. Reporting was higher when the victim's home was broken into or she was attacked in (or abducted from) her car or a public place than when she met the assailant in a social situation. Variables relating to the violence of the assault (i.e., high use or threat of force, physical injury, and seeking medical treatment) were also associated with police reporting. Other assault variables (i.e., number of assailants, their

¹ This literature review focuses on theoretical and empirical research studies conducted on female sexual assault victims in the United States in order to facilitate the most relevant and objective comparisons of reporting and non-reporting victims. See also Steketee & Austin (1989) for a review of the literature. Because of variation between various state laws and victimization studies in their definitions of rape and sexual assault, the terms used by the studies cited in this report were retained as much as possible when describing them.

age and race, location of the assault), demographic characteristics of the victim (i.e., age, race, employment, and living situation), and quality of the victim's support system were not significant.

Although the Williams study indicates that “classic” rapes are more likely to be reported, its utility is tempered by the focus on completed rapes only. In addition, considerable missing data forced deletion of 63% of the cases from the analysis. Furthermore, although Williams suggests that classic rapes increase reporting by reducing self-blame, self-blame was not measured in the research.

Feldman-Summers and Norris (1984) also found that certain rapes (i.e., those involving injuries requiring medical attention and/or assailants unknown to the victim) were more likely to be reported. In contrast to findings by Williams, however, Gidycz and Koss (1990) reported that undergraduate students were significantly more likely to report multiple-assailant than single-assailant rapes.

Orcutt and Faison (1988) conducted a time series analysis of the National Crime Survey (NCS, the precursor to the NCVS) data on reporting of rape to the police from 1973 to 1985. The reporting rate over the entire time period was higher for stranger rapes (56.5%) than nonstranger rapes (45.0%). Although the reporting rates increased over time in both groups, the increase was larger in nonstranger-rape situations. The relationship between weapon use and reporting rates depended on the victim's relationship to the assailant, with a strong positive relationship between using a weapon and reporting in stranger-rape situations, and a modest but not statistically significant negative relationship in nonstranger-rape situations. These results suggest the importance of possible interactions between assault variables, but were based on data criticized for vague screening questions about rape (see Koss and Harvey, 1991; Russell, 1984).

Lizotte (1985) examined reporting of completed and attempted rape victims, using data from the NCS Cities Attitude Subsample (1978). Reporting of rape was positively related to physical injury, attack in the home, and value of property stolen, while negatively related to familiarity with the assailant and his having a “right to be present.” Reporting was lower among unmarried women, more highly educated women, and white women assaulted by black men. Age of victim, use of a weapon, and completed sexual assault did not significantly impact on reporting. Bachman (1993), using a later sample from the NCVS for years 1987 to 1990, concluded that reporting rape was higher when the assailant used force, the assault was completed, the victim was injured, and the victim was lower in socioeconomic status. The victim's relationship to assailant, age, marital status, and place of occurrence were not significant variables for reporting to the police. The Lizotte and Bachman studies, with relatively large samples of rape victims (N = 605 and 235, respectively) and multivariate statistical analyses, provide additional support that assault variables influence reporting. Again, however, the scope of these studies was limited to assault characteristics and demographic variables. Also, as with the NCS, the

NCVS before it was redesigned in 1992 used only very indirect questions about sexual assault, thus tempering its validity.

Bachman (1998) revisited the issue of reporting rape to the police using data for the years 1992 through 1994 based on the redesigned NCVS.² The logistic regression used in this analysis found that only two variables, being injured and being an African-American woman, significantly increased the probability of reporting to the police. Other variables relating to the victim (i.e., age and marital status) and the assault (i.e., relationship to assailant, location of the assault, physical injury, and weapon) were not significant predictors. An advantage of this research study is the improved NCVS research design; potential limitations include the somewhat limited list of independent variables about the assault and the victim.

Mahoney (1999), using a sample of 201 cases from the redesigned NCVS, examined the question of whether marital rapes were less likely than other rapes to be reported to the police. Although the reporting rates were lower among marital than acquaintance and stranger rapes, the difference was not statistically significant. Limitations of the study are that the victim's level of trauma was not investigated, the small sample size limited multivariate analysis of the data, and full disclosure of marital rape to an interviewer may have been especially problematic.³

In contrast to the preceding studies, Peretti and Cozzens (1983) compared the emotional responses of reporting and nonreporting victims of completed rape who received counseling from rape crisis and religious organizations. Reporting and nonreporting victims, matched on demographic variables, were given a structured interview about their emotional responses to the assault. Reporting victims were higher on anxiety, anger, humiliation, shame, and familiarity with the assailant. Nonreporting victims were higher on disruption of personal lifestyle, denial, rationalization, search for meaning of the assault, victim precipitation, and social isolation. Rather surprisingly, no differences were found in fear, guilt, embarrassment, degradation, or stigma. These findings indicate the importance of the victim's emotional responses in the aftermath of sexual assault; however, the validity of the trauma measure and time elapsed between assault and assessment were not analyzed.

Dukes and Mattley (1977) examined the role of both sexual assault variables and post-assault emotional reactions by interviewing 45 victims of completed rape recruited through media, schools, and women's organizations. In the bivariate analysis, reporting

² The NCVS was redesigned and introduced in 1992 with new and more specific screening questions for rape and sexual assault.

³ A multivariate statistical analysis allows examination of the relationship between two or more independent variables and a dependent variable, the latter in this case reporting sexual assault to the police. A bivariate statistical analysis only examines the statistical relationship between two variables, one of which in this case is reporting to police.

decisions were influenced by attitudes toward the police, level of fear immediately post-assault, and strength of concerns the victims had about reporting (e.g., fear that family members would find out about the assault or that evidence was lacking). None of the variables relating to the sexual assault (i.e., number of assailants, social distance between the victim and offender(s), number of threats, and degree of physical injury) were statistically significant. Also, post-assault emotional reactions, such as anger, shame, humiliation, and disgust, which might be expected to distinguish reporting and nonreporting victims, did not do so.

Their analysis indicated that strength of fear immediately after the assailant departed was the most influential variable. There was an interaction between attitudes toward police and fear, with victims who were highly fearful and held positive attitudes towards police the most likely to report. The Dukes and Mattley research advances understanding of reporting sexual assault by providing a more comprehensive treatment of a complex phenomenon and a multivariate statistical analysis. However, the sample was small and included only victims of completed assaults, victims were asked to recall emotional responses and attitudes towards police at considerable time periods post-assault, and information on the validity of the trauma measure was not presented.

Cluss, Boughton, Frank, Stewart and West (1983) examined the influence of sexual assault variables, depression, self-esteem, social adjustment, and social support on victim willingness to pursue prosecution against the assailant. The sample of 77 female rape victims was referred by two sexual assault treatment centers. The initial assessment was made two weeks after referral and again at six and twelve months. A "threat index" was constructed from sexual assault variables, such as threats to harm or kill the victim, multiple assailants, and weapons. The level of threat was significantly associated with higher rates of willingness to pursue prosecution. Victims wishing to prosecute had somewhat higher self-esteem, but this difference was only statistically significant at the twelve-month assessment. Depression, social adjustment, and social support did not distinguish the two groups. This study examined variables relating to the victim with improved measurement (e.g., depression was assessed with the widely accepted Beck Depression Inventory), but its utility is diminished by the relatively small sample, a predominately white, single sample, and lack of multivariate analysis.

Golding, Siegel, Sorenson, Burnam and Stein (1989) analyzed a sample of 447 male and female sexual assault victims from a larger sample from two Los Angeles mental health catchment areas. Twelve independent variables related to the victim (e.g., demographic characteristics and emotional consequences of the assault) and the assault (e.g., stranger, force, resistance) were measured. Six variables were associated with reporting to the police (a female victim, the victim experiencing post-assault emotional consequences, and assaults involving a stranger, physical threat, fighting with the assailant, or intercourse) in the bivariate analysis, but physical threat and fighting back were not significant in the multivariate analysis. The Golding et al. study has a strong research design with its randomly selected sample of community residents and variety of

independent variables. Measurement limitations of the research include its rather crude coding of emotional trauma as the presence or absence of a list of symptoms (e.g., fearfulness, sadness, anger, and guilt) and recoding the responses on this list as “no emotional trauma” when the victim answered no to all items and “yes” to emotional trauma when at least one symptom was reported.

Ruch and Coyne (1990) conducted a preliminary analysis of data collected on sexual assault victims admitted to the emergency room within 72 hours of the assault. Assaults by dates, friends, and new acquaintances were significantly less likely to be reported than assaults by strangers. Reporting victims were more likely to have assaults involving weapons and threats of physical force. Physical injury, actual use of force, and the victim's demographic characteristics were not significant factors. Victims reporting to police rated themselves significantly more distressed on symptoms of fear for personal safety and anger at the assailant. Victims unwilling to report to the police rated themselves significantly more distressed on symptoms of self-blame and shame about telling others (especially the police or in court) about the assault. The length of time between the sexual assault and seeking treatment was significantly related to nonreporting. The percentage of victims reporting to police was 82%, 63%, and 25% for intakes occurring within 24 hours, between 25 and 48 hours, and between 49 and 72 hours, respectively.

Strengths of this research include the systematic assessment of trauma with a validated trauma measure, a sample of victims of attempted as well as completed sexual assault, assessment of trauma and other variables at a critical time for report decision-making and legal-evidence collection, and a multivariate statistical analysis. However, no analysis was done on reporting among women who are more delayed treatment seekers (more than three days post-assault). It is quite possible that victims coming to a treatment center within only a few hours and days of a sexual assault are meaningfully different from other victims seeking treatment later, as indicated by the finding that 75% of the victims seeking treatment within 72 hours of the assault reported to the police, as compared to only 49% of the more delayed treatment seekers.

Although the research literature indicates that variables relating to the sexual assault and the victim's demographic characteristics and trauma distinguish reporting from nonreporting victims, there are strikingly conflicting results as to precisely which variables most influence a woman's decision to report a sexual assault to the police. These conflicting results may reflect numerous factors, such as differences in samples, examination of only completed sexual assault or both completed and attempted sexual assault, instruments used to measure trauma, the time period, and type of statistical analysis (bivariate and/or multivariate). Relatively little attention has been paid to victim variables other than her demographic characteristics, such as when she sought treatment post-assault, and certain assault variables, such as whether the victim resisted the assailant and type of resistance, which may impact on reporting. Trauma symptoms which may affect reporting decision-making (such as fear and self-blame) have generally not been measured with validated assessment instruments. Thus, the complexity of decision-

making about reporting a sexual assault to the police calls for the systematic measurement of a number of independent variables relating both to the assault and the victim, such as the degree of trauma symptoms and social-demographic variables, and a multivariate statistical analysis.

This research is aimed at developing a more detailed description of reporting and nonreporting sexual assault victims and an increased understanding of police reporting decisions in clients admitted to a sexual assault treatment center. In particular, the research will examine whether reporting and nonreporting victims differ in their emotional trauma, social demographic history, and assault characteristics (e.g., stereotypical versus non-stereotypical assaults). In addition, victims who are relatively immediate versus later treatment seekers will be compared and contrasted to develop profiles of these victim types with respect to reporting sexual assault to the police. The research design permits systematic collection of an array of data about the assault and the victim from the clients seen at a sexual assault treatment center, systematic assessment of trauma with a validated trauma measure, interviews with victims within only hours or days of the assault to a year later, and a sufficiently large sample of victims to permit multivariate statistical analysis.

Anticipated Contribution to Criminal Justice Policy and Practice

The benefits of gaining valid and reliable information on variables affecting reporting and nonreporting sexual assaults to the police include:

- Informing those who design and provide treatment services to sexual assault victims and facilitate reporting to the police. The facilitation of police reporting should in turn reduce recidivism through treatment of sex offenders (Hawaii has a very successful sex offender treatment program for incarcerated sex offenders) and increase the potential for prevention of sexual assault by the increased deterrent effect of legal sanctions.
- Developing profiles of victims who seek treatment relatively soon after the assault (within 72 hours) may facilitate efforts to encourage victim reporting and thus benefit the successful processing and disposition of sexual assault cases in the criminal justice system. The advantages of reporting within 72 hours of an assault include a referral to the SATC for a medical-legal examination and crisis intervention counseling. The medical-legal examination provides for the collection and preservation of critical evidence used in the prosecution of sex crimes. In addition, a professional (physician) is available to testify to the medical-legal findings presented in judicial proceedings.
- Providing an improved basis for public education and community outreach services by developing a profile of nonreporting victims.
- Facilitating community policing efforts by providing information about victims' concerns regarding reporting.

Methodology

Test Site

Data for this report were collected from victims when they sought treatment from the Sex Abuse Treatment Center (SATC), Honolulu, Hawaii, during the time frame 1987-1992.⁴ The SATC affords an excellent research site for collecting data on the reporting of sexual assault to the police because it is the sole treatment center providing comprehensive services to sexual assault victims on the Island of Oahu, where the city of Honolulu, the state capital and most densely populated urban area, is located. The services of the SATC include:

- 24-hour crisis intervention including counseling, information, and referral.
- Specialized medical examination including legal-evidence collection within 72 hours of assault.
- Pediatric medical evaluation for non-emergency situations.
- Legal system advocacy.
- Counseling services.
- Community outreach and education.

Sexual assault victims are referred to the SATC by the police, the agency's 24-hour hotline, and other social service agencies. Victims can also come directly to the Center. The SATC offers confidential treatment to victims, whether or not they report the assault to the police, enabling the comparison of reporting and nonreporting victims.

The City & County of Honolulu (encompassing the entire island of Oahu) has a number of advantages for studying police reporting among sexual assault victims:

- It is heterogeneous with respect to ethnicity (33% of the population are Caucasian, 25% Japanese, 13% Filipino, 10% Hawaiian or mixed Hawaiian, 7% Chinese, with smaller proportions of other ethnic groups). Migration from the mainland U.S., Canada, Asia, and the Pacific region has been and continues to be substantial. Some individuals come to Hawaii to resettle, while others, such as military personnel, tourists, and students, are more transitory.

⁴ The data for this report were collected as part of a previous research study, which was a collaborative effort of the University of Hawaii at Manoa and the Sex Abuse Treatment Center, Honolulu, Hawaii, and was supported by Grant MH40329 from the National Institute of Mental Health and institutional support from the University of Hawaii at Manoa.

- It has rural as well as urban and suburban areas.
- There is a treatment center, the SATC, offering comprehensive medical-legal, crisis intervention, and counseling services to victims of sexual assault, reducing the possible self-selection among facilities.
- There is a single centralized police jurisdiction, eliminating the complexity posed to researchers of different jurisdictional areas. The City & County of Honolulu Police Department has for many years conducted community policing activities.
- The State of Hawaii statute on sexual assault had been reformed prior to the study, reducing the potential effects of legal reform on reporting behavior during the multiple-year research project.

The Sample

Data were collected on 741 female victims of non-incestuous sexual assault who were 14 years of age or older and came to the SATC within one year of the assault. Of the cases meeting the sample criteria, 15 (2%) without data on police reporting status, 15 (2%) with ambiguous or missing data on elapsed time since assault, and 2 (0.3%) with excessive missing data on various other variables were eliminated from the data set, leaving a final sample of 709 victims. Of these, 529 (74.6%) were classified as **Immediate Treatment Seekers** or **ITS** victims (i.e., sought treatment within 72 hours of the assault) and 180 (25.4%) as **Delayed Treatment Seekers** or **DTS** victims (i.e., sought treatment after 72 hours of the assault). Because of its substantive interest, detailed description of the entire sample and comparison of the ITS and DTS subsamples appear in the results section.

Measurement

Reporting Status The victim was asked if she had reported the assault to the police and, if not, if she intended to, was undecided, or had decided not to report. This variable was dichotomized as “yes” if a report had been made, or “no” if otherwise. Reporting status is the primary dependent variable employed in this study.

Sexual Assault Variables Sexual offenses are defined, for this report, as per Sections 707-000 and 707-730 through 707-733 of the Hawaii Revised Statutes (Sexual Assault in the First, Second, Third, and Fourth Degree), and include the specific acts of penile-vaginal intercourse, cunnilingus, fellatio, insertion of a foreign object into another person's genital or anal opening, and sexual contact (touching of sexual or intimate parts). To examine the impact of “classic” rapes on reporting (Williams, 1984), assault variables include relationship of the assailant to the victim (e.g., stranger, casual acquaintance, date), location of assault (e.g., victim's home, assailant's home, outdoors), and violence of the assault (e.g., physical force, threats, weapon, injury). The victim's resistance strategies

were measured by asking the victim questions about what she did during the assault (e.g., Attempted to get away? Resisted physically? Yelled or screamed for help?).

Trauma Self-reported trauma was measured with the Sexual Assault Symptom Scale (SASS), a 32-item instrument measuring psychological distress associated with specific trauma symptoms on a five-point Likert scale from 0 (*Not at all*) to 4 (*Extremely*) (see Ruch, Gartrell, Amedeo, & Coyne, 1991 for a description of the validity and reliability of the SASS). Because Williams (1984) attributes the higher reporting rates for “classic” rapes to lower self-blame experienced by the victim, the Self-Blame subscale of the SASS was selected for detailed analysis. The subscale has four items, *Feeling guilty*, *Feeling you shouldn't have gotten into the situation in the first place*, *Feeling you didn't handle the situation as well as you might have*, and *Blaming yourself for things*.

Victim Characteristics and Behaviors Demographic variables included age, marital status, employment status, educational level, and ethnicity. The length of time between the sexual assault and seeking treatment was measured by hours and recoded as days where relevant.

Procedure

All clients signed consent forms for release of the data for research purposes and were informed that the information was protected by a Confidentiality Certificate. The ITS subsample was interviewed with a structured self-report instrument by an SATC staff social worker when intake occurred during office hours, or by a member of the crisis intervention team on call during evenings, weekends, and holidays. The DTS subsample was interviewed by an SATC social worker at the initial counseling session.

Statistical Analysis and Statistical Significance

Statistical analyses were conducted on the entire sample and the ITS and DTS subsamples. Percentages and averages were used when the aim was to describe a variable, for example the percent of married victims and the average age of the victims. The relationship between a single variable and reporting status was examined by computing two-variable frequency tables (often called crosstabulations or “cross tabs”). The significance of the relationship between one variable and reporting to police was evaluated by conducting chi-square tests. For the relationship to be considered statistically significant and meaningful, and not just found by chance and thus meaningless, the relationship between the variable and reporting to police must have a significance level of at least .05 (i.e., there must be at least a 95% likelihood that the result did not occur by chance).

Multivariate analyses (examination of more than one independent variable simultaneously impacting police reporting) were also conducted using logistic regression analysis. This statistical procedure allows determination of which independent variables, net of the other independent variables in the analysis, have the greatest impact on the

odds of reporting sexual assault to the police, again using the rule that statistical significance be determined at the .05 level.

Limitations of the Research

A potential limitation to this research is the age of the data (they were collected during 1987-1992). If there had been a significant change in the law since then, the factors which affect (or do not affect) a victim's decision to report a sexual assault might be different. Examples might include elimination of the "spousal exception" (which excluded sexual attacks by a victim's husband from being a crime), lessening or elimination of victim resistance standards, and the adoption of "rape shield" laws which restrict the admissibility of evidence about the victim's past sexual history and moral character. It should be noted, however, that the last major reform to the Hawaii State Sexual Assault statutes, which could impact on reporting decisions, occurred in 1986.⁵

Bivariate and multivariate statistical tests require a distribution of cases in the different categories of a variable. Some variables were eliminated from the analyses because of their uneven distributions, e.g., the high percentage of completed sexual assaults (87.8%) left too few uncompleted assaults to conduct a stringent statistical analysis.

Results

Description of the Sexual Assault Victims

This section describes the social demographic characteristics, treatment-seeking patterns, and reporting behaviors of the sexual assault victims as a total sample and within the Immediate Treatment Seeker (ITS) and the Delayed Treatment Seeker (DTS) subsamples.

The largest age category for the total sample (see Table 1) was 20-29 years (44.3%), followed by 14-19 years (30.3%), 30-39 years (17.2%), and 40 years or more (8.2%). These percentages parallel the age category figures for the ITS and DTS subsamples. The majority of the total sample, 62.1%, was in the never married category; 15.7% were divorced, and 14.1% were married. The remaining 8.2% were either

⁵ Changes to Hawaii's sexual assault statutes prior to and in 1986 included the adoption of rape shield laws, extension of the scope of sexual acts (e.g., assault by insertion of a foreign object into another person's genital or anal opening), and elimination of marital exception, victim resistance standards, and "prompt" reporting requirements.

separated or widowed. The percentages are similar in the ITS and DTS subsamples for marital status.

The largest ethnic group in the total victim sample was Caucasian (40.6%), followed by Hawaiian and part-Hawaiian (20.7%). Victims categorized as Other Ethnicity, Asian, or Filipina were 18.9%, 13.8%, and 6.0% of the sample, respectively. When the sample is viewed in terms of the subsamples, however, the DTS group contains a larger percentage of Asian victims.⁶

About half of the victims (48.9%) in the total victim sample worked full-time at the time of the assault and another 14.8% worked part-time. Nearly one-third of the victims (30.6%) were unemployed. Also, 23.6% of the victims in the total sample were full-time students. Within the ITS subsample, 44.3% of the victims were employed full-time at the time of the assault and 15.6% were employed part-time. About one-third of the ITS subsample (34.7%) were unemployed. About one-fifth (21.6%) of the victims in the ITS subsample were full-time students at the time of the assault. There is a difference between the ITS victims and the DTS victims in terms of employment. Almost two-thirds (63.3%) of the DTS victims were employed full-time at the time of the assault, another 12.5% were employed part-time, and only 18.0% were unemployed. A slightly larger number (29.4%) of the DTS victims also reported being full-time students.

⁶ It should be stressed that these percentages do not necessarily represent the ethnic breakdown of all victims of sexual assault; rather, they represent a breakdown of female victims who sought treatment at a sexual abuse treatment center.

**Table 1:
Demographic characteristics of all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers (Percent)**

Demographic	All Victims N = 709	ITS n = 529	DTS n = 180
Age (years)			
14-19	30.3	30.2	30.6
20-29	44.3	44.8	42.8
30-39	17.2	17.0	17.8
40 and over	8.2	7.9	8.9
Marital status			
Never married	62.1	61.5	63.8
Married	14.1	14.0	14.1
Divorced	15.7	16.4	13.6
Separated or widowed	8.2	8.1	8.5
Ethnicity			
Caucasian	40.6	42	36.5
Hawaiian or part-Hawaiian	20.7	21.3	19.1
Asian	13.8	12.4	18.0
Filipina	6.0	5.1	8.4
Other	18.9	19.2	18.0
Employment status			
Full-time	48.9	44.3	63.3
Part-time	14.8	15.6	12.5
Unemployed	30.6	34.7	18.0
Homemaker	5.6	5.4	6.3
Educational status			
Full-time student	23.6	21.6	29.4
Part-time student	2.4	2.1	3.3
Nonstudent	74	76.4	67.2

The average time between the sexual assault and seeking treatment at the SATC for the entire sample was 9.7 days, with a range of less than one day to 244 days. The ITS victims by definition sought treatment at the SATC within 72 hours of the assault. The average time for an ITS victim to seek help within this time frame was 6.2 hours after the sexual assault. The average time for a DTS victim to seek assistance from the SATC was 37.3 days after the assault, with a range of 4 to 244 days.

Among the total sample, 70.7% of the victims reported the sexual assaults to the police. The ITS subsample reported to the police at a rate of 78.4% and the DTS subsample reported to the police at a lower rate of 47.8%. When asked how they knew about the SATC, the most frequent sources were the police, family and friends, and a variety of other sources, such as the media and hospitals. The percent of victims referred to the SATC by the police was 53.3% in the entire sample, 64.9% in the ITS subsample, and only 18.7% in the DTS subsample. Victims learned about the SATC from family or friends in 15.6% of the entire sample, 11.7% of the ITS subsample, and 27.1% of the DTS subsample. The difference in the percentages of referrals by the police suggests that the ITS victims more often contacted the police, who informed them about the SATC.

Characteristics of the Sexual Assaults

The sexual assault victims were most typically assaulted by someone they knew. Overall, 69.6% of the victims in the total sample reported that they were assaulted by a known assailant, whereas only 30.4% reported perpetration by a stranger (see Table 2). The percentage of the sample assaulted by an acquaintance was 31.1%, and an additional 7.3% reported being assaulted by a friend. Another 15.2% were assaulted by men who were their dates, boyfriends, or husbands, or partners (current or past), and 16.0% of the victims reported being assaulted by individuals classified as "Other." The "Other" category includes a diverse range of miscellaneous categories such as clients, neighbors, co-workers, and friends of the family, each with relatively small percentages. The DTS victims were somewhat more likely than the ITS victims to be attacked by someone they knew (74.4% versus 68.0%).

Table 2:
Relationship between victim and assailant for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers (Percent)

Relationship	All Victims	ITS	DTS
Stranger	30.4	32.0	25.6
Acquaintance	31.1	34.5	21.1
Friend	7.3	6.4	10.0
Date or boyfriend	4.8	3.6	8.3
Past boyfriend	5.5	5.7	5.5
Husband or partner (current or ex)	4.9	5.9	2.2
Other	16.0	11.9	27.8

A large majority of the total sample and ITS and DTS subsamples was sexually assaulted by one assailant rather than multiple assailants (84.1% of the entire sample, 82.8% of the ITS subsample, and 87.8% of the DTS subsample). For the total sample (see Table 3), the assaults most frequently occurred in victim's home or hotel (26.0%) or in the assailant's home or hotel (20.6%). This could indicate that either the victim knew the assailant or that the assailant forced his way or broke into her home or hotel room. Other frequent attack locations included the outdoors (15.0%), the assailant's vehicle (14.3%), and other public places (10.3%). The numbers remain relatively similar when the victim sample is viewed in terms of the ITS and DTS subsamples.

Table 3:
Location of assault for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers (Percent)

Attack strategies	All Victims	ITS	DTS
Victim's home or hotel	26.0	24.2	31.1
Assailant's home or hotel	20.6	20.8	20.0
Assailant's vehicle	14.3	15.3	11.1
Other's home	6.6	6.8	6.1
Other private place	7.2	6.1	10.6
Outdoors	15.0	15.7	12.8
Other public places	10.3	11.0	8.3

Table 4 shows the attack strategies used by the assailant in the sexual assault. The most prevalent attack strategy in the total sample was physical force, with 87.7% of the victim sample reporting the use of physical force by their assailant. Deception was also widely employed (63.3%), while physical injury (53.3%), threats to harm or kill the victim and/or significant others (50.6%), and other attack strategies, such as intimidating actions/appearances (40.4%), were frequently used.

Here notable disparity exists between the ITS and DTS victims. Compared to DTS victims, ITS victims were more often threatened (55.2% versus 36.1%, respectively), assaulted with a weapon (20.3% versus 12.4%), or suffered physical injury in addition to the sexual assault (56.6% versus 43.0%).

Table 4:
Assailant attack strategies for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers (Percent)

Attack Strategies	All Victims	ITS	DTS
Threats	50.6	55.2	36.1
Physical force	87.7	89.8	81.3
Weapon	18.4	20.3	12.4
Deception	63.3	64.1	60.7
Drugs	11.1	11.2	10.7
Physical injury	53.3	56.6	43.0
Other	40.4	42.0	35.4

The type of assault typically involved sexual penetration rather than another kind of sexual assault (sexual contact and/or attempted sexual assault). The percentages of assault involving sexual penetration were 87.8% for the entire victim sample, 93.5% for the ITS subsample, and 70.9% for the DTS subsample.

As shown in Table 5, approximately three-fourths of the victims in the total sample physically resisted their assailant, and about two-thirds pleaded or otherwise tried talking the assailant out of the assault, or attempted to flee their assailant. Other strategies included yelling or screaming for help, attempting to trick the assailant, or using other resistance strategies. Unlike the disparity between the ITS and DTS victims in terms of assault strategies utilized by the assailant, these subsample victims appear similar in terms of employed resistance strategies.

Table 5:
Victim resistance strategies for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers (Percent)

Resistance Strategy	All Victims	ITS	DTS
Tried to get away	64.6	65.7	61.1
Resisted physically	74.6	75.3	72.4
Yelled or screamed for help	37.3	39.5	30.3
Pleaded or tried to talk him out of it	66.1	66.3	65.6
Tried to trick assailant	22.4	23.6	18.8
Other	7.3	7.0	8.2

Bivariate Analysis of the Relationship Between Victim and Assault Characteristics and Reporting Sexual Assault to the Police

This section of the report focuses on the bivariate relationships between selected independent variables and reporting sexual assault to the police. For example, it can be determined whether the use of weapons is related to higher or lower rates of police reporting. The various analyses will be reported for each group separately (the total sample and the ITS and DTS subsamples) to identify which variables are most important across all types of sexual assault victims, and which variables are only important to certain victim groups.

The bivariate statistical analysis used here allows a determination of whether or not there is a statistically significant difference between a selected variable and police reporting. A statistically significant result for this report means that, with a very high probability (at least 95% of the time), the observed values did not occur by chance. The relationship between the two variables is assessed through a procedure which first produces contingency tables, often referred to as crosstabulations (or “crosstabs”), followed by a statistical test called Pearson’s chi-square. The chi-square statistic, if determined to be significant, demonstrates that the relationship between different values of the independent variable (e.g., use of a weapon, or no use) and the dependent variable (i.e., reporting to the police) could have occurred by chance less than 5 times in 100 samples. The chi-square statistic, noted as χ^2 in the tables, is used to determine whether or not the differences between the categories of the independent variables and their influence on the dependent variable are significantly different from one another. Generally, the larger the χ^2 value, the greater the likelihood of finding statistical significance. Thus, in Table 6 the χ^2 value of 60.95 is large enough to indicate that the difference in reporting rates of the ITS and DTS victims (78.4% versus 47.8%) is statistically significant. The

significance level, expressed in this case as $p < .001$, means that this result would be obtained by chance less than 1 time in 1,000 samples.

Differences in Reporting Behavior

There is a marked difference between the reporting behavior of the ITS and the DTS subsamples: As noted earlier, 78.4% of the ITS victims (those who sought treatment at SATC within 72 hours of their assault) made a report to the police. On the other hand, 47.8% of the DTS subsample (who sought treatment after 72 hours post-assault) made a police report. This difference (see Table 6) is statistically significant ($p < .001$).

With such an obvious difference between the two victim groups in reporting sexual assault to the police, it is important to determine how and if these groups differ in terms of demographic and assault characteristics. Any significant differences will help identify some of the causes behind lower reporting rates for the DTS group when compared to the ITS group.

**Table 6:
Rates of reporting assault to the police for Immediate Treatment Seekers and Delayed Treatment Seekers (Percent)**

Reported to Police	ITS	DTS
Yes	78.4	47.8
No	21.6	52.2

Note: Statistically significant differences within victim samples based on contingency table chi-square distributions:
 $\chi^2 = 60.95, df = 1, *** p < .001$.

Demographic Characteristics of the Sexual Assault Victims and Reporting to the Police

Table 7 shows the reporting rates among the major ethnic groups of women in Hawaii. There are significant differences between ethnicity and percentage of reporting to the police in the total sample. Asian victims were significantly less likely to report the assault to the police than were Hawaiians or part-Hawaiians, Filipinas, Caucasians, and “Others.” Unlike in the total sample, however, the differences in reporting behavior by ethnicity were not statistically significant in the ITS and DTS subsamples.

Table 7:
Rates of reporting assault to police for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers, by victim ethnicity (Percent)

Ethnicity	All Victims	ITS	DTS
Caucasian	71.3	77.8	49.2
Asian	55.7	66.2	34.4
Hawaiian or part-Hawaiian	74.7	83.0	47.1
Filipina	71.4	77.8	60.0
Other	75.9	82.2	56.3
χ^2 value	13.5**	8.1	4.2

Note: Statistically significant differences within victim samples based on contingency table chi-square distributions:
 $df = 4$, ** $p < .01$.

Turning to victim educational status (Table 8), the category in the total sample with the highest reporting rate is non-student (74.5%), while the lowest rate of reporting is among part-time students (29.4%); the relationship between these and the other educational status categories and police reporting is statistically significant. Significant differences within the ITS and DTS subsamples were also found, indicating that there is an across-the-board association between victim educational status and police reporting.

Table 8:
Rates of reporting assault to police for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers, by victim educational status (Percent)

Educational Status	All victims	ITS	DTS
Full-time student	62.9	72.8	41.5
Part-time student	29.4	45.5	0.0
Non-student	74.5	80.9	52.9
χ^2 value	22.5***	10.7**	7.6*

Note: Statistically significant differences within victim samples based on contingency table chi-square distributions:
 $df = 2$, * $p < .05$, ** $p < .01$, *** $p < .001$

Three other demographic variables, age, marital status, and employment status, were analyzed. No statistically significant differences with regard to reporting behavior were found for these variables (see Tables A1, A2, and A3 in the Appendix).

Characteristics of the Sexual Assault and Reporting to the Police

Within all three victim groups there are statistically significant differences between the relationship of the assailant to the victim and police reporting behavior (see Table 9). Within the total sample, victims who were assaulted by a husband or partner (current or past) or by a stranger were significantly more likely to report the assaults to the police than were victims who were assaulted by a date or boyfriend. While the exact breakdowns are somewhat different for the ITS and DTS subsamples, the association between the victim's relationship to the assailant and police reporting rates is statistically significant for all three groups.

Table 9:
Rates of reporting assault to police for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers, by assailant-victim relationship (Percent)

Relationship	All Victims	ITS	DTS
Stranger	78.6	81.1	69.6
Acquaintance	69.1	74.2	44.7
Friend	57.7	67.6	38.9
Date or current boyfriend	29.4	52.6	0.0
Past boyfriend	69.2	80.0	33.3
Husband or partner (current or past)	94.3	96.8	75.0
Other	69.9	87.3	48.0
χ^2 value	48.4***	21.6***	25.1***

Note: Statistically significant differences within victim samples based on contingency table chi-square distributions: $df = 6$, *** $p < .001$

Table 10 examines the relationship between assault location and police reporting. Victims in the total sample who were assaulted either in their home/hotel, in the assailant's vehicle, or in public places other than outdoors had the highest police reporting rates. The lowest reporting rates were recorded for victims who were assaulted in the assailant's home, someone else's home, or some other private place. These differences are statistically significant, indicating a relationship between the location of sexual assaults and reporting to the police. Victims in the ITS subsample were more likely to report assaults committed in their home, the assailant's vehicle, or some other private or public space. The relationship between assault location and police reporting was not significant in the DTS subsample.

Table 10:
Rates of reporting assault to police for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers, by assault location (Percent)

Assault Location	All Victims	ITS	DTS
Victim's home or hotel	77.2	85.9	57.1
Assailant's home or hotel	63.0	73.6	30.6
Other's home or hotel	57.4	63.9	36.4
Assailant's vehicle	77.2	81.5	60.0
Other private place	64.7	84.8	31.6
Outdoors	67.9	71.1	56.5
Other public place	76.7	82.8	53.3
χ^2 value	16.5*	14.7*	10.9

Note: Statistically significant differences within victim samples based on contingency table chi-square distributions:
 $df = 6$, * $p < .05$

Table 11 is a composite table showing the bivariate relationship between police reporting rates and variables relating to attack and resistance strategies. When the total victim sample is analyzed, several assailant attack variables demonstrate statistically significant associations with victim reporting. When the assailant threatened to harm or kill the victim, used physical force, or had a weapon, the victims were significantly more likely to report the assault to the police. Whether or not the assailant injured the victim or used deception was not significantly related to reporting to the police. If a strategy other than those already listed was used in the assault, victims were significantly more likely to report the assault.

Victim resistance strategies are also meaningfully related to the decision to report a sexual assault to the police. In the entire sample, victims who tried to flee their assailants were significantly more likely to report than those who did not, as were women who yelled or screamed and/or tried to trick their assailants. Physically resisting the assailant or trying to talk with him to prevent the sexual assault was not significantly associated with police reporting.

Many of the factors that were positively associated with reporting in the total sample also hold true in the ITS subsample. Again, the use of threats, weapons, and "other" actions were significantly related to higher police reporting rates, as were victim strategies such as trying to get away, yelling/screaming, and trying to trick the assailant.

The victims in the DTS subsample generally had the same reporting pattern. DTS assaults where threats or weapons were used, or where the victims yelled/screamed or tried to trick the assailant were significantly more likely to be reported to the police than were assaults where the reverse conditions were present.

The number of assailants (single versus multiple) is not significantly related to police reporting in any of the victim groups (see Table A4 in the Appendix).

Table 11:
Rates of reporting assault to police for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers, by attack and resistance strategies (Percent)

Attack and Resistance Strategies	All Victims	ITS	DTS
<i>Attack Strategies</i>			
Threats			
Yes	84.5	87.4	70.2
No	58.7	68.6	36.6
χ^2 value	54.2***	26.6***	16.4***
Physical force			
Yes	72.9	79.8	49.6
No	59.0	69.2	41.9
χ^2 value	6.9**	3.1	0.6
Weapon			
Yes	87.2	90.4	71.4
No	67.8	75.7	45.9
χ^2 value	18.8***	10.6***	4.8*
Deception			
Yes	69.6	77.5	44.1
No	72.6	79.1	54.5
χ^2 value	0.7	0.2	1.7
Drugs			
Yes	65.8	69.0	55.6
No	71.9	79.5	48.7
χ^2 value	1.2	3.4	0.3
Physical injury			
Yes	73.5	80.2	46.5
No	67.6	75.1	50.0
χ^2 value	2.8	1.9	0.2
Other			
Yes	77.7	84.2	53.6
No	67.3	74.7	46.1
χ^2 value	8.5**	6.5*	0.8

Attack and Resistance Strategies	All Victims	ITS	DTS
<u>Resistance Strategies</u>			
Tried to get away			
Yes	76.0	82.7	53.1
No	63.0	69.8	44.3
χ^2 value	12.1***	10.9***	1.2
Resisted physically			
Yes	73.6	80.3	51.3
No	65.7	73.2	44.2
χ^2 value	3.8	2.8	0.6
Yelled or screamed for help			
Yes	85	89.6	66.0
No	63.5	71.2	42.6
χ^2 value	34.1***	23.5***	7.2**
Pleaded or tried to talk him out of			
Yes	70.5	78.9	43.6
No	73.3	78.0	58.5
χ^2 value	0.5	0.5	3.1
Tried to trick assailant			
Yes	84.5	86.7	75.9
No	67.8	76.2	43.2
χ^2 value	15.1***	5.7*	10.0**
Other			
Yes	70.2	76.5	53.8
No	71.1	78.5	48.3
χ^2 value	0.1	0.1	0.1

Note: Shaded areas show statistically significant differences within victim samples based on contingency table chi-square distributions: All $df = 1$, * $p < .05$, ** $p < .01$, *** $p < .001$.

Multivariate Analysis

This research has thus far considered bivariate relationships between individual variables and reporting sexual assault to the police. However, to determine the extent to which several variables collectively affect police reporting rates it is necessary to employ a multivariate analysis. The type of multivariate analysis used in this study is termed logistic regression. Logistic regression allows an analysis of the contribution and interplay of several independent variables that simultaneously impact a dependent variable, when the dependent variable has only two values (in this case, either reporting or not reporting a sexual assault to the police). This type of analysis allows a determination of which independent variables, net of all others, have the greatest influence on reporting sexual assaults to the police.

Because the reporting rates are markedly different in the total victim sample and the ITS and DTS subsamples, separate logistic regression analyses were performed on each victim group. The results are described below.

The Relationship Between Victim and Assault Variables and Reporting to the Police

The primary basis for selection of independent variables was based on theoretical grounds and the findings of previous research. For example, variables about the sexual assault, such as the relationship to the assailant, use of weapons, and physical injury, were selected because of Williams' (1984) theory that victims of "classic" rapes are more likely to report their assaults to the police. Additional variables were selected because of theoretical considerations (e.g., ethnicity, resistance, and self-blame), and some were eliminated because of their uneven distribution (e.g., only 12.2% of the women were victims of assaults without sexual penetration, yielding an insufficient number of cases with which to conduct a stringent statistical analysis).

Table 12 shows the results of three statistical models. *Model 1* (in the first column) is comprised of the independent variables relating to assailant attack strategies victim resistance strategies, and other assault variables. In *Model 2* (second column), victim ethnicity is added, and in *Model 3* (third column), victim self-blame is added.

The *coefficient* (β) gives an estimation of the relative impact of the variable net of all other variables in the model. The larger the absolute value of β , the greater is the explanatory power of that variable in predicting an outcome in terms of the dependent variable. The *odds ratio* represents the odds that a variable, for example threat, will either increase or decrease the occurrence of the dependent variable relative to that variable not occurring. For example, a victim who is threatened is 2.75 times more likely to report to the police than is a victim who is not threatened.

Consistent with the results of the bivariate analysis, Model 1 demonstrates that the actions of both the assailant and the victim during a sexual assault are strong predictors of whether victims will, or will not, report the assault to the police. However, the results of the multivariate analysis present a better picture of the effect of the independent variables on the dependent variable, reporting to police, because all of the variables are analyzed simultaneously. The results in Table 12 (Model 1) show that an assailant's threats to harm or kill the victim have the greatest predictive power on the subsequent reporting behavior of the victim. As indicated by the odds ratio, victims who were threatened by the assailant were 2.75 times more likely to report their assault to the police than were victims of assaults where such threats were not used ($p < .001$).

Second in relative importance is whether or not the victim yelled or screamed for help during the assault. Women who yelled or screamed were 2.33 times more likely to report the assault than were women who did not yell or scream ($p < .001$). Two other items are also significant predictors of who will or will not report the sexual assault to the police. The first of these is whether or not the victim attempted to trick or fool the assailant; victims that did so were 2.16 times more likely to report the assault than were those who did not ($p < .01$). Victims were also more likely (1.78 times) to report a sexual assault to the police if they had attempted to flee or escape their assailants ($p < .05$).

In order to increase the explanatory (or predictive) power of the first model, two additional models were run on the total sample, adding victim ethnicity in Model 2, and both victim ethnicity and self-blame in Model 3. The addition of these variables did increase the explanatory power of the models. When the ethnicity of the victim is accounted for, the same variables that were significant in Model 1 remain so in the second. However, the second model does also show that women of Asian descent were significantly less likely to report sexual assault to the police ($p < .001$).

The addition of self-blame in Model 3 shows that victims who reported a high level of self-blame were significantly less likely to report the assault to the police ($p < .001$). With the additional variables in this model, physical injury also achieves statistical significance and shows a negative correlation with reporting. That is, when victim ethnicity and self-blame are included in the analysis, victims who reported receiving physical injuries were significantly less likely to report the assault than were victims who did not sustain injuries ($p < .05$).

Table 12:
Predictors of reporting sexual assault to the police, all victims

Variables	MODEL 1		MODEL 2		MODEL 3	
	β	Odds Ratio	β	Odds Ratio	β	Odds Ratio
Attack Strategies						
Threats	1.01***	2.75	1.01***	2.75	.92***	2.52
Physical force	0.06	1.06	0.10	1.11	0.16	1.18
Weapon	0.59	1.81	0.63	1.88	0.55	1.73
Deception	-0.06	0.94	-0.12	0.89	-0.08	0.93
Physical injury	-0.36	0.70	-0.38	0.69	-.49*	0.61
Resistance Strategies						
Tried to flee/escape	.57*	1.78	.59*	1.80	.53*	1.71
Physical resistance	-0.11	0.9	-0.15	0.86	-0.01	0.99
Yelled/screamed	.85***	2.33	.86***	2.36	.80**	2.22
Pleaded/discussion	-0.47	0.63	-0.41	0.66	-0.29	0.75
Tried to fool him	.77**	2.16	.74**	2.10	.76**	2.13
Other Assault and Victim Characteristics						
Public assault	-0.10	0.90	-0.12	0.89	-0.06	0.94
Stranger assault	0.36	1.43	0.35	1.42	0.28	1.32
Two or more assailants	-0.12	0.89	-0.19	0.83	-0.04	0.96
Asian victim	n/a	n/a	-.82***	0.44	-.85***	0.43
High level of self-blame	n/a	n/a	n/a	n/a	-.48***	0.62

* $p < .05$ ** $p < .01$ *** $p < .001$.

The same analysis performed on the total victim sample was performed on the ITS and DTS subsamples. The ITS victim subsample, who sought treatment within 72 hours of the sexual assault, demonstrates characteristics generally similar to the total sample (see Table 13). The two main differences are in the use of a weapon and whether or not the victim attempted to trick or fool the assailant. Within the ITS subsample (but not in the total sample), victims who reported the use of a weapon by the assailant were 2.30 times more likely to report the assault to the police than were victims who did not report weapon use (p

< .05). Also unlike the total sample, whether or not the victim attempted to trick or fool the assailant is not a significant predictor of reporting the assault to the police.

Table 13:
Predictors of reporting sexual assault to the police, Immediate Treatment Seekers

Variables	MODEL 1		MODEL 2		MODEL 3	
	β	Odds Ratio	β	Odds Ratio	β	Odds Ratio
<i>Attack Strategies</i>						
Threats	.84**	2.32	.83**	2.29	.76**	2.13
Physical force	-0.07	0.93	-0.09	0.92	0.01	1.01
Weapon	.83*	2.30	.92*	2.50	.82*	2.28
Deception	-0.14	0.87	-0.18	0.83	-0.13	0.88
Physical injury	-0.4	0.67	-0.43	0.65	-0.54	0.58
<i>Victim Resistance</i>						
Tried to flee/escape	.73*	2.08	.72*	2.05	.69*	2
Physical resistance	-0.27	0.76	-0.33	0.72	-0.24	0.78
Yelled/screamed	.88**	2.42	.95**	2.58	.88**	2.4
Pleaded/discussion	-0.21	0.81	-0.12	0.89	0.02	1.02
Tried to fool him	0.39	1.48	0.36	1.43	0.42	1.52
<i>Other Assault and Victim Characteristics</i>						
Public assault	-0.21	0.81	-0.25	0.78	-0.17	0.84
Stranger assault	0.03	1.03	-0.01	0.99	-0.06	0.94
Two or more assailants	-0.20	0.82	-0.34	0.71	-0.21	0.81
Asian victim	n/a	n/a	-.89**	0.41	-.92**	0.40
High level of self-blame	n/a	n/a	n/a	n/a	-.42**	0.66

* $p < .05$ ** $p < .01$ *** $p < .001$.

Most of the differences in the DTS subsample from the ITS subsample are in terms of victim resistance (Table 14, Model 3). For example, yelling/screaming and attempting

to flee do not significantly impact reporting behavior in the DTS subsample. Also, use of a weapon by the assailant and the ethnicity of the victim are not significant factors for this group.

DTS victims who tried to trick their assailants were in excess of six times more likely to report their assaults to the police ($p < .01$), but those that attempted to plead or talk with the assailant were 1.35 times less likely to report ($p < .05$). The DTS group also stands out in that those who were assaulted by strangers were almost four times more likely to report the assault than were DTS victims who were assaulted by someone that they knew ($p < .05$).

Table 14:
Predictors of reporting sexual assault to the police, Delayed Treatment Seekers

Variables	MODEL 1		MODEL 2		MODEL 3	
	β	Odds Ratio	β	Odds Ratio	β	Odds Ratio
<i>Attack Strategies</i>						
Threats	1.55**	4.72	1.55**	4.72	1.59**	4.91
Physical force	-0.13	0.88	-0.03	0.97	0.04	1.04
Weapon	0.32	1.37	0.33	1.39	0.15	1.16
Deception	0.19	1.21	0.1	1.11	0.13	1.14
Physical injury	-0.81	0.44	-0.77	0.46	-0.83	0.44
<i>Victim Resistance</i>						
Tried to flee/escape	-0.19	0.83	-0.16	0.85	-0.35	0.70
Physical resistance	0.56	1.76	0.55	1.73	0.71	2.04
Yelled/screamed	.97*	2.65	0.94	2.57	0.91	2.50
Pleaded/discussion	-1.45**	0.23	-1.40**	0.25	-1.35*	0.26
Tried to fool him	1.94***	6.97	1.90**	6.69	1.81**	6.11
<i>Other Assault and Victim Characteristics</i>						
Public assault	-0.12	0.88	-0.15	0.86	-0.13	0.88
Stranger assault	1.35*	3.87	1.32*	3.76	1.36*	3.90
Two or more assailants	-0.20	0.82	-0.1	0.90	0.18	1.20
Asian victim	n/a	n/a	-0.46	0.63	-0.57	0.56
High level of self-blame	n/a	n/a	n/a	n/a	-.53*	0.59

* $p < .05$ ** $p < .01$ *** $p < .001$.

Table 15 summarizes the results of the logistic regression analyses of variables which significantly increase or decrease the likelihood that a sexual assault will be reported to the police.

Table 15:
Summary of variables associated with increased (+) or decreased (-) rates of reporting sexual assaults to the police

	All Victims	Immediate Treatment Seekers	Delayed Treatment Seekers
<i>Assailant Variables</i>			
assailant threatened to harm or kill the victim	+	+	+
assailant used a weapon		+	
assailant was a stranger			+
<i>Victim Variables</i>			
attempted to escape	+	+	
yelled or screamed for help	+	+	
tried to trick or fool the assailant	+		+
high self-blame for the assault	-	-	-
Asian victim	-	-	
sustained additional (non-sexual) physical injury	-		
pleaded or tried to talk the assailant out of it			-

Implications and Discussion

Seven victim and sexual assault situation characteristics are positively correlated with reporting to the police among the total sample of women receiving treatment at the Sex Abuse Treatment Center (SATC). These results indicate that variables relating to the victim (her ethnic background, certain resistance strategies, and self-blame) are, with one exception (threats by the assailant), more predictive of police reporting than are variables relating to the assailant's criminal conduct.

The results also indicate that there are significant differences in reporting to police among the SATC clients classified according to when they sought treatment. The Immediate Treatment Seekers (ITS) sought treatment within 72 hours of the assault and the Delayed Treatment Seekers (DTS) contacted the SATC after 72 hours post-assault. The 78.4% reporting rate in the ITS group is significantly higher than the 47.8% reporting rate in the DTS group. Thus, it is important to investigate variables associated with reporting and nonreporting of sexual assault within the ITS and DTS victim groups, even though the ITS is the larger of the two subgroups (comprising 74.6% of the entire sample).

Immediate Treatment Seekers

The higher proportion of ITS victims (64.9%) than DTS victims (18.7%) who learned about the SATC from the police suggests that the ITS victims are, not surprisingly, more likely to have contacted the police in the first place. Prompt collection of legal evidence (e.g., semen samples, documentation of bruises and other physical injuries) which can strengthen the case for the prosecuting attorney is critical before the evidence dissipates with time (e.g., the woman takes a shower, minor injuries heal).

The majority of the independent variables associated with reporting sexual assault to the police in the ITS subgroup, as with the total sample, pertain to the victim herself, such as her actions during the assault, ethnicity, and self-blame for the assault. However, unlike the entire sample, ITS victims who were threatened with a weapon, such as a gun or knife, are more likely to report the assault to the police than were victims when no weapon was used, and sustaining physical injury is unrelated to reporting.

Delayed Treatment Seekers

The DTS subsample is comprised of a smaller group of victims seen at the SATC (they account for 25.4% of the entire victim sample). In the DTS group, the time span from assault to seeking treatment ranged considerably, from 4 to 244 days. Some DTS victims seek treatment within a relatively short time post-assault, which may facilitate police investigation of the case. Thus, it is important to profile DTS victims and investigate variables affecting their reporting to the police. Increased understanding of why DTS

victims do or do not report may also give an indication as to the reasons behind their delayed treatment seeking.

The results of the logistic regression analyses on the DTS victims revealed important similarities and dissimilarities in their profiles as compared to the ITS victims. As with the ITS subsample, reporting rates are significantly increased for the DTS victims who were threatened by the assailant, and decreased when she attributed a high level of blame to herself for the assault. Unlike the ITS victims, reporting to the police by the DTS victims is not affected by the victim's ethnicity or whether the assailant used a weapon, while her relationship to the assailant is an important factor; the DTS victims were more reluctant to report the assault to the police when they were assaulted by someone they knew. This finding is consistent with the interpretation that DTS victims may be less likely to define a known-assailant sexual assault as a crime, or feel less confident that the police and others will believe them. Thus, they are less apt to report to the police and more apt to delay seeking treatment.

“Classic” Rapes and Reporting to the Police

Williams (1984) hypothesized that victims of “classic” rapes (e.g., unknown assailants who violently attacked and injured the victim) would have a higher probability of reporting the assault to the police because the victim would be more likely to perceive herself as a victim of rape and more confident that others would also. The victim would also exhibit less blame to herself in the “classic” rape situation. The results and profiles described here consistently imply the importance of self-blame and threats made by the assailant to harm or kill the victim. Victims who were threatened or who felt little or no self-blame for the assault were consistently more apt to report the assault to the police, whether the analysis focuses on the entire victim sample or on the ITS and DTS subsamples separately. There are also important differences between the ITS and DTS subgroups. The violence of the assault affects reporting in both groups, but ITS victims were more likely to report to the police when weapons were involved in the attack, and DTS victims were more likely to report when the attacker was a stranger. Thus, it is important for both those in the community and victims to know that assailants, and not victims, are to blame for sexual assaults, and that sexual assaults by known assailants and sexual assaults without weapons are nevertheless sexual assaults.

Community Education

Many individuals have a stereotypical view of sexual assault as involving armed, stranger assailants. Although about one-third of the sexual assault victims (30.4%) are sexually assaulted by strangers, the data indicate that a much higher percentage of victims (69.6%) are assaulted by people that they know. Current educational efforts conducted by the SATC, about sexual assault in general and the high risk to young women and to women in situations where assailants are known to them, should be supported and augmented. The victims were diverse in age, but 44.3% were 20-29 years old and 30.3% were 14-19

years old. Given this age distribution, local community education efforts should include educational programs at intermediate (middle) and high schools and universities, as well as to the general public.

Women of Asian ancestry treated at the SATC were significantly less apt to report a sexual assault in the entire victim sample and in the ITS sample. They were also overrepresented in the DTS sample. To investigate this issue further, the Asian victim group was analyzed by two separate categories: Asian women who are tourists and those who are state residents. Among the resident Asian women (126), only slightly more than half (57.1%) reported the assault to the police, indicating that it is possibly important to encourage local residents of Asian ancestry to report an assault in spite of “loss of face” or shame that public disclosure may bring. Among Asian tourists (12) there was only one victim that did not make a police report. This finding may indicate that Asian tourists have a high reporting rate, but it is also likely that the Asian tourists included in the study are for the most part those who reported to the police prior to a referral to the SATC. Information made available at hotels about the reporting of all types of crime might be a useful strategy to assist people who are sexually assaulted while visiting Hawaii.

Public education and outreach efforts should also provide legal information. The logistic regression analyses found that victims in all groups were more likely to report when the assailant threatened them and when they resisted the assailant. When Hawaii’s sexual assault law was changed, resistance standards were eliminated. For example, sexual assault as a first degree felony can be charged if the assailant used “strong compulsion,” e.g., a dangerous instrument, threats that placed the victim or another person in fear of bodily injury, or physical force. This change to a “criminal circumstances model” emphasizes what the assailant, rather than the victim, did during the crime. However, the results showed that resistance was positively related to reporting, even when controlling for the use of a weapon, physical force, and threats to harm the victim. This may indicate that some victims who do not offer resistance are unaware of the law, and/or believe that their lack of resistance in some way mitigates or even negates their victimization.

Another issue concerns the concept of sexual assault (or rape, as in the previous law). Although the results are somewhat indirect, the high proportion of assaults involving sexual penetration in the ITS victims (93.5%), coupled with the SATC referrals by the police, may indicate that victims are less likely to report to the police when penetration did not occur. The percentage of victims where penetration was involved was lower (70.9%) in the DTS victims, thus consistent with the interpretation that victims are less apt to perceive themselves as victims of a sex crime and report to the police, and may even delay seeking treatment, when penetration did not occur. Thus, it is important for women to report to the police and receive treatment services regardless of the type of sexual assault, and essential that this message goes out to the community.

Practice

Another possible strategy to increase reporting rates is to help victims who were too frightened or overwhelmed by the assault to actively resist the assailant, so as to interpret their response as a choice made consciously or unconsciously to survive the ordeal. It is accepted practice to congratulate a victim for doing whatever she had to do to preserve her life or avoid additional injury. Crisis workers may further help the victim to reframe her lack of overt resistance as an active decision to survive at all costs, even though she may not have been consciously aware that she was making such a choice. By emphasizing the wisdom of this “decision,” crisis workers may empower a victim to make additional active decisions, such as reporting the crime to the police.

The finding that physically injured victims in the ITS and DTS groups are no more likely to report, and especially that injured victims in the entire sample are significantly less likely to report, appears somewhat counter-intuitive. After all, a victim presenting to the emergency room with visible wounds or bruises would seem to verify the victim's credibility and make it easier for the police to document the case. The review of previous literature indicates that about the same proportion of studies found that physical injury was or was not an important variable for reporting a sexual assault.

There are several possible interpretations for the Hawaii finding. One is that physical injury was measured by simply asking the victim if she had been injured; the nature and extent of these injuries were not determined. Thus, it cannot be precluded that more seriously injured victims are more likely than less seriously injured victims to report a sexual assault to the police. Another interpretation is that attitudes may have changed about sexual assault so that women do not have to be physically injured to be willing to report an assault to the police. A less sanguine interpretation is the possibility that some victims may fear a future encounter with their assailant, in all likelihood resulting in new injury in retaliation for reporting the first assault. Victims may need reassurance from crisis workers that a benefit of reporting is to put the alleged offender under police investigation so that the case might proceed through the criminal justice system, with the offender convicted, sentenced, and hopefully treated. If this occurs, then the victim is safer from further harm.

Community Policing, the Sex Abuse Treatment Center, and Other Victim Advocacies

The reporting rates of women treated at the SATC were 70.7% for the entire group, 78.4% for the ITS group, and only 47.8% for the DTS group. These findings show that many victims seeking treatment at the SATC report to the police, but a sizable number of victims do not. The number of women who are sexually assaulted in Hawaii and do not contact the police or the SATC is unknown. If Hawaii parallels the nation, the results of victimization studies cited earlier indicate that many women do not report to the police.

A grant proposal for a demonstration project with an evaluation component, in collaboration with other relevant agencies, is suggested as a way to augment, support and inform current educational outreach efforts. The project would develop materials for community workshops on sexual assault and, based on these and related findings, provide hands-on training as to what people should do if an assault is attempted against them. The workshop leaders could consist of a team of SATC educational specialists and community police officers for each site or neighborhood. This approach would increase information available to individuals about sexual assault (e.g., its impact, services available, and the criminal justice system) and improve the public perception that organizations responding to sexual assault are trustworthy, thus potentially increasing the likelihood of victims seeking immediate treatment and reporting to the police. Workshops could also be targeted at specific populations (e.g., women in relationships, local Asian women) who are currently less likely to contact the police.

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Appendix

Table A1:
Rates of reporting assault to police for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers, by age of victim (Percent)

Age (years)	All Victims	ITS	DTS
14-19	65.6	73.1	43.6
20-29	73.2	81.4	48.1
30-39	72.1	77.8	56.3
40 and over	72.4	83.3	43.8
χ^2 value	3.9	4.5	1.4

Note: Statistically significant differences within victim subsamples based on contingency table chi-square distributions: $df = 3$. No statistically significant differences.

Table A2:
Rates of reporting assault to police for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers, by victim marital status (Percent)

Marital Status	All Victims	ITS	DTS
Never married	67.5	75.6	45.1
Married	75.0	80.3	60.0
Divorced	74.8	81.9	50.0
Separated or widowed	73.2	82.9	46.7
χ^2 value	3.9	2.6	1.9

Note: Statistically significant differences within victim subsamples based on contingency table chi-square distributions: $df = 3$. No statistically significant differences.

Table A3:
Rates of reporting assault to police for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers, by employment status (Percent)

Employment Status	All Victims	ITS	DTS
Full-time	70.8	78.2	54.3
Part-time	64.6	71.4	37.5
Unemployed, non-student	79.8	85.0	47.8
Homemaker	70.0	77.3	50.0
χ^2 value	7.3	5.4	1.6

Note: Statistically significant differences within victim subsamples based on contingency table chi-square distributions: $df = 3$. No statistically significant differences.

Table A4:
Rates of reporting assault to police for all victims, Immediate Treatment Seekers, and Delayed Treatment Seekers, by number of assailants (Percent)

Number of	All Victims	ITS	DTS
One	70.6	78.8	48.1
Two or more	70.8	76.9	45.5
χ^2 value	0	0.2	0.1

Note: Statistically significant differences within victim subsamples based on contingency table chi-square distributions: $df = 1$. No statistically significant differences.

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