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Sexual Assault Victimization Across the Life Span

Rates, Consequences, and Interventions for Different Populations

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Sexual violence represents a large public health problem across the globe. Sexual violence is defined as

any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or [acts] otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. (WHO, 2002)

In one year alone in the United States, there were 209,880 victims aged 12 and older of rape, attempted rape, or sexual assault according to the National Crime Victimization Survey

(NCVS; Catalano, 2005). Through a quasi-experimental design, however, Fisher, Cullen, and Turner (2000) found that the NCVS methodology leads to an undercount of sexual assaults. The National Violence Against Women Survey (NVAWS; Tjaden & Thoennes, 2000) found that 15% of U.S. women over the age of 17 reported having been raped.

Younger women are particularly vulnerable. A survey conducted with a randomly selected national sample of college women (Fisher et al., 2000) found a victimization rate of 28 rapes per 1,000 female students in just over six months. Because some women were victimized more than once in this period, the incidence was higher than the

prevalence. Twenty-three percent were raped more than once. The study estimated that over the course of a college career (which now lasts an average of five years), between one fifth and one fourth of college women may experience completed or attempted rape. Internationally, up to one third of adolescent girls report that their first sexual experience was forced (WHO, 2002).

Childhood is also a time of high risk for sexual assault, especially for boys. The NVAWS found that 22% of female victims of sexual assault and 48% of male victims were under the age of 12 when they were first raped (Tjaden & Thoennes, 2006). (Note that the survey conducted from 1994 to 1996 is referred to as the National Violence Against Women Survey, but the sample included random samples of 8,000 women and 8,000 men.)

Contrary to the image of the rapist lurking in the shadows to surprise and victimize a solitary stranger, two thirds of the rapes of victims over the age of 12 were committed by someone known to the victim. A friend or acquaintance of the victim committed nearly half the rapes (Catalano, 2005). Men are more likely to be raped by strangers (29%) than women (17%; Tjaden & Thoennes, 2006). Attackers of college women are even more likely to be known to the victim: The National College Women Sexual Victimization Survey (Fisher et al., 2000) found that 90% of the offenders were known to their victims.

Rapes of women by male intimate partners are a global problem. In a 10-country study of violence against women, the World Health Organization (WHO) found that rates of sexual violence perpetrated by male partners ranged from a low of 6% in Japan to a high of 59% in Ethiopia (WHO, 2005). The WHO study provides one of the first cross-country examinations of patterns of partner violence. In most of the countries in the study, 30% to 56% of women who had experienced any violence by an intimate partner reported

both physical and sexual violence (WHO, 2005). This pattern did not hold true for all sites, however: Across Thailand and in provincial Bangladesh and Ethiopia, a large proportion of women experienced sexual violence only.

This chapter will review research findings on sexual victimization of children, adolescents, and adults. It will cover the emerging topics of commercial sexual exploitation of children, sex trafficking, rape by intimate partners, and prison rape. It will conclude with recommendations for future research and new directions in practice.

SEXUAL VIOLENCE FROM INFANCY TO ADULTHOOD

Sexual Abuse of Children

Although the maximum age varies across definitions, child sexual abuse is generally defined as unwanted sexual activity with a child from birth to 14 years old, or sexual activity with a person 5 years or more older than the child. In 2000, the rate of substantiated sexual abuse for children under the age of 3 was 15.7 victims per thousand. Unlike other forms of child abuse, child sexual abuse is more often perpetrated against girls than boys. In a retrospective study, Finkelhor, Hotaling, Lewis, and Smith (1990) estimated that 27% of American women and 16% of men had been sexually abused as children; the median age of the children at the time of the abuse was between 9 and 10 years old. Girls are more at risk of sexual victimization than boys at any age, but the age of highest risk for boys is in childhood, whereas for girls it is more evenly distributed into young adulthood, although peaking in adolescence. In the NVAWS, among male respondents who had ever experienced rape or attempted rape, 71% were younger than 18 when they were first sexually assaulted, and 48% were younger than 12 years old.

Like adults, juveniles (birth to 17 years of age) are most often sexually assaulted by someone they know: acquaintances—such as family friends, neighbors, and baby-sitters—commit 59% of rapes of children. Juveniles, however, are more likely than adults to be assaulted by relatives: Family members commit 34% of child rapes (Snyder, 2000). Perpetrators are overwhelmingly male, whether the victim is a boy (86% male perpetrators) or a girl (94% male perpetrators). Children with disabilities (both physical and cognitive) are believed to be more vulnerable to sexual abuse.

Child sexual assault cases represent over one third of sexual assaults reported to law enforcement: According to the FBI's National Incident Based Reporting System, from 21 states from 1991 to 2000, 34% of sexual assault victims are younger than 12 years old, and 14% are younger than 6 years old. Still, sexual assaults of child victims can be difficult to substantiate. Children often do not disclose sexual abuse because they believe the situation is normal, blame themselves, are afraid of the consequences, and/or feel they will not be believed. These barriers to reporting are often reinforced by the perpetrator. Physical signs of sexual abuse may not be apparent, although when there is investigation, detection has improved.

Emotional and Physical Impact

Observable signs of sexual abuse in children include agitation, frightening dreams, and age inappropriate sexual behavior. Symptoms include depression to the point of suicidality, even in children as young as four years old; withdrawal; and traumatic stress (Boney-McCoy & Finkelhor, 1995). Boys who have been sexually violated are more likely than girls to act out with aggressive and cruel behavior. (Seventy-six percent of incarcerated male serial rapists claim to have been sexually abused as children.)

The psychological effects of childhood sexual abuse may be manifested in adolescence and early adulthood in the form of delinquency, multiple sexual partners, and suicide attempts. These effects persist into adulthood, including a higher rate of substance abuse, particularly alcohol abuse, and eating disorders; multiple consensual sexual partners with attendant risks of sexually transmitted diseases (STDs); depression; dissociation; problems forming relationships; and educational underachievement and underemployment. There is also a high risk for revictimization (see Daigle, Fisher, & Guthrie, in this volume). Survivors of childhood sexual abuse not only exhibit lasting psychopathology but also continue to seek psychological treatment.

Not only is child sexual abuse, especially incest, hidden within the family, but for many decades it was also hidden from awareness of professionals and the criminal justice system by Freudian theory, which attributed memories of incest to Oedipal longings. Several books altered that awareness, including Geoffrey Masson's questioning of the development of Freud's own views of the reality of these memories (1984), and research by Judith Herman (*Father-Daughter Incest*, 1981) and Diana Russell (*The Secret Trauma: Incest in the Lives of Girls and Women*, 1986). The trauma from incest and child sexual abuse was persuasively and influentially described in Judith Herman's *Trauma and Recovery* (1992b), which quickly became a classic for therapists. There is still much controversy surrounding the question of "recovered memories" of childhood sexual abuse, however.

Continuing research on child sexual abuse and trauma has been led by John Briere (cf. Briere & Runtz, 1990) and David Finkelhor, and Angela Browne has focused on lasting effects into adulthood, particularly among poor, homeless, and incarcerated women. Finkelhor and Browne developed the "traumogenic" model of childhood sexual abuse

(1985). According to this model, there are four dynamics that result from sexual abuse of young children: (1) traumatic sexualization (which may take two pathways: avoidance of sex and heightened interest in sex); (2) betrayal, because the perpetrator is usually a trusted adult; (3) powerlessness; and (4) stigmatization, which leads the child to feel different, damaged, and inherently bad. More severe abuse, as defined by sexual contact involving penetration (i.e., rape), greater use of force and threats, and injury, has been found to be associated with more symptoms. Other factors that increase the probability of traumatic stress symptoms and psychopathology include longer duration of the abuse or repeated assaults and a closer relationship with the perpetrator. Adults are more likely to be symptomatic if these characteristics pertained to their childhood abuse. Researchers at the University of Wisconsin, Yale, and in London have been investigating the environmental and genetic factors associated with “resilience”: A minority of adults who experienced severe sexual abuse in childhood do not suffer from depression, drug addiction, and problems with trust. There appear to be both biological and social factors (e.g., the presence of a supportive adult) that are protective (Bazelon, 2006).

Sexual Victimization of Youth

Youth is generally defined as the age range from 10 to 24, with subcategories of adolescence, ranging from 10 to 19 years old, teenage years ranging from 13 to 19, and young adults from 20 to 24 years old (UN, 2006). Although there may be differing conceptualizations of this life stage, there is no dispute that sexual violence disproportionately affects women in these age ranges. The NCVS indicated that adolescent females ages 16–19 are four times more likely than the general population to experience sexual assault, rape, and attempted rape (Rennison, 2002).

Increasingly, studies have shown that many girls’ first sexual encounter is forced. In a multicountry study in the Caribbean, nearly half of sexually active adolescent women reported that their first sexual encounter was forced (Halcón, Beuhring, & Blum, 2000). Likewise, in Lima, Peru, nearly 40% of young women reported forced sexual initiation as compared to only 11% of the young men (Caceres, Vanoss, & Hudes, 2000). Recent research has focused on sexual violence in young people’s dating relationships. One study found that one in five female high school students reported experiencing physical and/or sexual violence from a dating partner (Silverman, Raj, Mucci, & Hathaway, 2001). The National Center for Juvenile Justice estimates that in two thirds of sexual assaults reported to law enforcement agencies in the United States, the victim was under the age of 18 at the time of the crime. These numbers are surprising given that reported violence is often just the tip of the iceberg. Sexual violence is often referred to as a “hidden crime” or “silent epidemic” because rape and sexual assault are so frequently not reported to the police and other authorities (Harner, 2003). Adolescents are particularly likely to hide a rape if they were intoxicated or engaged in other illegal or unapproved behavior. Fisher et al. (2000) noted that, of college women who described experiencing a sexual act that meets the legal definition of rape, fewer than 47% defined the experience as rape.

Sexual Violence Against Homeless Youth

Homeless youth are one of the most vulnerable populations (Ensign & Santelli, 1998). It is estimated that nearly 2 million youth are homeless in the United States (Rew, Taylor-SeeHafer, & Fitzgerald, 2001). Homeless youth include runaways, who have left their homes without permission; “throw-aways,” who have been forced to leave home; and “street-involved” youth, who spend most

of their time on the street with peers and may have a home to which they can return (Rew et al., 2001). In addition to increasing risk of sexual victimization, homelessness is also a result of sexual violence. Abuse in the family is often pivotal in the decision to run away (Molnar, Shade, Kral, Booth, & Watters, 1998; Rew et al., 2001). Sexual minority youth (homosexual, bisexual, and transsexual) are particularly likely to be thrown out of their homes by their parents.

Rates of prior sexual abuse among homeless youth range from 32% to 60% (Noell, Rohde, Seeley, & Ochs, 2001; Rew et al., 2001; Tyler & Cauce, 2002). As with all sexual victimization of children, perpetrators were most likely to be nonfamily adults (58%) or a nonparent relative such as an older sibling or uncle (25%). Biological parents (10%), stepparents, and foster or adoptive parents (7%) were least likely to be the perpetrators of sexual abuse (Tyler, Whitbeck, Hoyt, & Cauce, 2004). Among homeless youth, girls experienced higher rates of sexual abuse than boys before leaving home, and sexual minority youth experienced higher rates of both physical and sexual abuse than heterosexual youth. A very high percentage (92%) of the homeless youth had told someone about experiencing sexual abuse.

After they leave home, sexual victimization of homeless youth remains higher than for their peers. Tyler and colleagues (2004) found that 23% of homeless girls and 11% of homeless boys had experienced sexual victimization at least once since being on the street. In part, this increased risk can be attributable to the higher rate of sexual assault of the previously victimized: Experiences of sexual abuse and combined physical and sexual abuse prior to becoming homeless were precursors to on-street rape (Ryan, Kilmer, Cauce, Watanabe, & Hoyt, 2000). In addition, there are risks in homelessness and the associated lifestyle. Several studies have found that approximately 25% of homeless youth engage in survival

sex, that is, trading sex for food, shelter, or money, increasing their vulnerability to sexual assault (Greene, Ennett, & Ringwalt, 1999; Kipke, Simon, Montgomery, Unger, & Iversen, 1997; Kral, Molnar, Booth, & Waters, 1997). Females were most often victimized by male acquaintances (41%), then by male strangers (34%), and by male friends (23%). In contrast, homeless male youth reported being sexually victimized most often by strangers (56%), then by acquaintances (32%). Similar to females, 71% of the young men reported experiencing sexual victimization at the hands of other males (Tyler et al., 2004). Compared to other homeless youth, those who have been sexually abused report higher rates of suicide attempts, abuse of alcohol and drugs, and negative coping strategies (Cohen, Spirito, & Brown, 1996; Molnar et al., 1998; Rew et al., 2001; Rotheram-Borus, Mahler, Koopman, & Langabeer, 1996).

Sexual Victimization in Adulthood

The WHO Report on Violence and Health compiled several studies of the prevalence of sexual assault of adults across countries. The estimates range from less than 2% of the entire population in La Paz, Bolivia, and Beijing, China, to 5% or more in Tirana, Albania, and Rio de Janeiro, Brazil (WHO, 2002). In the United States, more than 300,000 women (0.3%) and more than 90,000 men (0.1%) reported being raped in the previous year. One in 6 women (17%) and 1 in 33 men (3%) reported experiencing an attempted or completed rape at some point during their lifetime: American Indian and Alaskan native women were more likely than other racial/ethnic groups to be raped. This finding is consistent with other research showing this group to experience more violent victimizations other than rape (Tjaden & Thoennes, 2000).

Nearly a third of the women and half as many men were injured during their most

recent rape, but most of the injuries were minor—such as scratches, bruises, and welts. A third of the women and a fourth of the men sought mental health counseling in regard to the rape. About 1 in 5 of the women and 1 in 10 of the men raped in adulthood reported the rape to authorities. Counting all rapes these victims experienced since the age of 18, only 8% of the cases were prosecuted, 3% resulted in a conviction, and 2% of the perpetrators were incarcerated (Tjaden & Thoennes, 2000). As with sexual violence committed against children and adolescents, perpetrators of sexual assault of adults are usually known to the victim. Risk factors for rape in adulthood include prior victimization, alcohol abuse, and multiple sexual partners, including consensual sexual partners.

REVICTIMIZATION

“Revictimization” was originally used to refer to victim blaming, questioning of credibility, and other harsh treatment many survivors face from the criminal justice agents and health care providers when they attempt to report a rape. This treatment has been termed “the second rape” or secondary victimization. Of late, “revictimization” has come to refer more commonly to new incidents against someone who has already experienced sexual assault—usually being reassaulted by a different perpetrator or perpetrators. This use has grown because many studies have found that a survivor of sexual violence is more likely to be sexually revictimized than someone who has not been previously abused.

Secondary Victimization: Negative Interactions With Service Providers

Survivors of sexual violence often turn to a variety of services after an assault. They may seek medical care or counseling services, report the assault to the police, and/or work with prosecutors in a legal case. Often survivors

are treated poorly by the very systems set up to help them. Secondary victimization has been defined as the victim-blaming attitudes, behaviors, and practices engaged in by community service providers that result in additional trauma for rape survivors (Campbell & Raja, 1999). Examples include asking victims how they were dressed, questioning them about their sexual histories, asking if they were sexually turned on by the assault, or encouraging them not to prosecute (Campbell & Raja, 1999). Such treatment increases rape survivors’ feelings of guilt, depression, and distrust and their reluctance to seek further help (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001).

A recent study by Rebecca Campbell (2005) compared victims’ accounts of what happened during service delivery with those of doctors, nurses, and police officers. Police officers and doctors significantly underestimated the impact they were having on survivors. Victims reported more subsequent distress about their contacts with the medical and criminal justice systems than service providers thought they were experiencing.

Repeat Sexual Assault

Women who are raped are usually raped more than once: Among adults who report being raped in the previous year, women experienced 2.9 rapes, and men experienced 1.2 rapes. A study of women with disabilities found that 80% were sexually victimized more than once (Sobsey & Doe, 1991). Sexual abuse early in life has been particularly implicated in vulnerability to repeat sexual victimization, and there is a growing literature on this relationship, the risk factors and psychological correlates, and interventions. Perhaps the first study to uncover the correlation between childhood sexual abuse and rape in adulthood was a study of incest survivors conducted by Diana Russell (1986). In a retrospective study of 152 women who

had experienced interfamilial sexual abuse (incest) before the age of 14, Russell found that 63% also experienced rape or attempted rape after the age of 14. More information on revictimization can be found in the chapter by Daigle, Fisher, and Guthrie (in this volume).

EMERGING TOPICS

Commercial Sexual Exploitation of Children

The commercial sexual exploitation of children (CSEC) involves sexual abuse primarily or entirely for financial benefit. The economic exchanges involved in the sexual exploitation may be either monetary or non-monetary (e.g., for shelter, drugs, or trade for other sexual exploitation of children) but, in every case, provides the greatest benefits to the exploiter and a violation of the rights of the children involved (Hughes & Roche, 1999). Forms of CSEC include trafficking of children for sexual purposes, prostituting of children, sex tourism, the mail order bride trade, and pornography (Estes & Weiner, 2001; Hughes & Roche, 1999). Much sexual exploitation of children is domestic, but the Internet and globalization have expanded and exacerbated the problem.

According to the international nongovernmental organization (NGO) End Child Prostitution, Child Pornography and Trafficking of Children for Sexual Purposes (ECPAT), the U.S. Department of Justice estimates the number of children exploited through prostitution, pornography, and sex trafficking in the United States to be between 100,000 and 3 million. Some victims of prostitution are as young as 9 years old, and many are only 11 or 12, but the average age at which they are first commercially sexually exploited is 14. At least 25 to 30% of all those involved in commercial sexual exploitation are juveniles (ECPAT, 2006).

The theme of the UN-sponsored Second World Congress of Commercial Sexual Exploitation of Children was that CSEC is a global problem affecting rich and developed countries as well as poor and undeveloped countries (MOFA, 2001). The environmental factors contributing to CSEC include poverty, inequality, illiteracy, armed conflict, uncontrolled HIV/AIDS, and cultural values that do not regard child marriage or sex with children as a violation of human rights. Yet these factors are not fully explanatory: although child prostitution is most prevalent in countries with extreme poverty, hunger, and armed conflict, there are many poor countries where CSEC is not a major problem, and there are many developed countries where it is a significant problem. Additional contributing factors that may explain such discrepancies are discrimination against racial/ethnic groups and women and girls, criminality, and demand for children for sex (MOFA, 2001).

Child Pornography

Supreme Court chief justice Potter Stewart famously said in 1964 that it is difficult to define pornography, but "I know it when I see it." Child pornography is less subjective and ambiguous, defined simply as the "sexually explicit reproduction of a child's image." The United Nations Convention on the Rights of the Child, which has been ratified by a majority of member states, identifies child pornography as a violation of children's rights and requires nations to prevent the exploitative use of children in pornographic materials (USES, 1996).

ECPAT (2006) estimates that around 5 million images of child sexual abuse are in circulation on the Internet, featuring some 400,000 children. A recent case illustrates how the Internet has facilitated the globalization of CSEC. In 1998, an international law enforcement operation was targeted against a

pedophile ring of 180 members that called itself “w0nderland.” To become a member, one had to contribute new images of child pornography. Powerful gatekeeping and encryption devices protected the club. When police carried out their investigations, they found 750,000 pornographic images and 1,800 digitalized videos. A total of 1,236 exploited children were featured in these pictures and videos. Internationally, there were 107 arrests. The investigation found that the originator of “wonderland” was an American man living in New York.

“The Internet Porn Girl” and Masha’s Law. Mike Zaglifa, a suburban Chicago police sergeant working undercover, began trading images with a pornographer that provided horrific images of child sexual abuse. Zaglifa gave his correspondent’s IP address to the FBI, which traced the IP address to Matthew Mancuso, a wealthy, retired 46-year-old engineer living in a Pittsburgh suburb. Local police went to arrest Mancuso for purveying child pornography in 2003. They were surprised to find a little girl living with him: Masha was nearly 11 but the size of a 5-year-old because she had been malnourished by Mancuso to prevent her from growing and maturing. She immediately disclosed a history of abuse to the police. She was freed, adopted, and Mancuso was prosecuted. Meanwhile, the videos of Mancuso raping Masha were still on the Internet, and the Toronto police were concerned about the fate of the child. They conducted an international search to identify the child in the pornographic images and find her. Digitally removing her image, they released photographs to try to find out where the abuse was taking place: the location was identified as a Disney resort. By the time they finally tracked down the identity of the child in 2004, they learned that Masha had already been removed from her home with Mancuso and safely adopted by a woman.

Now 13, Masha testified before Congress in support of a bill sponsored by John Kerry

and told her story. Masha was adopted from a Russian orphanage when she was 5 by Mancuso, a divorced father of two. The adoption agencies failed to investigate the cause of the alienation of his daughters: He had molested them until they reached puberty. When Mancuso took his new daughter home, he made her sleep in his bed and began molesting her; eventually he began to rape her and photograph her. The more than 200 pornographic images he distributed on the Internet were a hot commodity. Referring not only to the pornography but also to the fact that Mancuso found the adoption agencies and her picture on the Internet, Masha testified, “The Internet is everywhere in my story. You need to do something right away,” and, because the pictures of her rapes are still being downloaded years after her abuser is in prison, “the abuse is still going on.” She said she is more upset about the continued consumption of those images than about the physical abuse. The Kerry-Isakson bill triples the civil damages that child Internet porn victims can recover from \$50,000 to at least \$150,000 (the penalty for downloading songs off the internet) and allows victims to sue after they have turned 18 if pornographic images of them as children are still being distributed (Kerry, Isakson Push for Tougher Penalties, 2005; *Masha’s Story*, 2006; Wikipedia, 2006).

Children can be harmed by pornography either through being forcibly exposed to it or by being filmed or photographed. Reviewing 1,202 prosecuted child sexual exploitation cases in the United States, Estes and Weiner (2001) found that 62% of the cases involved child pornography. These cases were split between those in which children were the subjects (370 cases) and those in which children were involuntarily exposed to child pornography (372 cases). The vast majority of these pornography cases were concentrated in three states: California (41%), Texas (31%), and New York (20%). As a

side note, less than 5% of the children in pornographic images have been identified.

Child Prostitution

Child prostitution differs from child sexual abuse in that it involves commercial exploitation, although the coercive use of power and control is similar. Defining a child as a person younger than 18, an estimated 1 million children worldwide are forced into prostitution each year, and the total number of prostituted children could be as high as 10 million (Willis & Levy, 2002). A study conducted jointly by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and the National Center for Missing and Exploited Children found that physical, sexual, and psychological abuse are common in the families of female juvenile prostitutes (National Center for Missing and Exploited Children, 2002). For females, running away and childhood sexual victimization were two common pathways into prostitution (McClanahan, McClanahan, Abram, & Teplin, 1999).

Involvement in prostitution represents a range of negative health outcomes, including risk of sexual assault. Youth engaged in prostitution practice safer sex less frequently and have higher levels of drug use, including intravenous drugs, putting them at increased risk of contracting HIV and a wide range of STDs (Willis & Levy, 2002). In a study of 176 prostituted children in six countries by the Economic and Social Commission for Asia and the Pacific (ESCAP, 2000), HIV infection rates ranged from 5% in Vietnam to 17% in Thailand.

Prostituted children have very high levels of drug use, with three-fourths reporting that they abuse drugs or alcohol (Klain, 1999). A British study (Cusick, Martin, & Tiggey, 2003) found that chronic drug users—who were using crack cocaine, heroin, and non-prescription methadone—were least able to leave prostitution because they needed to

support their drug habit. They were most likely to be supporting a pimp's or boyfriend's drug habit and not operating independently. Dependence on a pimp further constrained their options in regard to leaving prostitution, choice of customers, and their ability to retain earnings. All of the prostitutes who were drug dependent in the sample of 125 had begun engaging in commercial sex before the age of 18. Another study found that prostitutes are more likely to be raped and otherwise violently assaulted by customers if they are using crack or heroin (Kurtz, Surratt, Inciardi, & Kiley, 2004).

Sex Tourism

The United Nations (1996) defines child-sex tourism as “tourism organized with the primary purpose of facilitating . . . a commercial sexual relationship with a child.” It is difficult to measure the exact number of victimized children. One estimate is that there are 1 million children in prostitution in Asia, the primary destination for child sex tourists (Klain, 1999). (However, the U.S. State Department estimates that 1 million children are sexually exploited annually around the globe.) In a sample collected by ECPAT of foreign tourists visiting Southeast Asia to have sex with children, tourists from the United States represented the largest group of customers (1996).

Sex Trafficking

Trafficking can involve crossing international or domestic borders—or, according to a U.S. State Department fact sheet (2005)—it may not even involve transporting a person from one locale to another. Trafficking of human beings into forced labor and prostitution is also called “modern day slavery.” In other words, even if the person was not coerced or duped into crossing borders, they will be considered “trafficked” if the conditions under which they live resemble captivity

or slavery. Under U.S. law, “severe forms of trafficking” include the recruitment, harboring, transportation, provision, or obtaining of a person for forced labor, resulting in debt bondage or slavery; a commercial sex act through the use of force, fraud, or coercion; or any commercial sex act if the person is under 18 years of age. The international NGO Coalition Against Trafficking in Women and Girls (CAT-W) instead draws on the 1949 UN resolution definition that considers all selling and buying of sex—all prostitution and other commerce in persons for sex—to constitute trafficking. Another term in use is “sexual slavery,” defined as being forced to engage in prostitution when the victim is unable to escape the situation, whether through the use or threat of force, actual captivity, or threats against the family, or fraud and deception. Sex trafficking involves not only prostitution but also working in so-called gentleman’s clubs, sex dancing, and forced participation in pornography.

NGOs working with trafficking victims find that about 50% have been trafficked into prostitution (DeWeese, 2004). The U.S. Department of Justice (DOJ) estimate of the proportion of sex trafficking is higher: According to the DOJ, of the 14,500–17,500 people trafficked into the United States each year, up to 70% are forced or coerced into commercial sex, including 23% girls and 10% boys under 18.

One successfully prosecuted case involved the Carreto family, which operated a prostitution ring recruiting poor and uneducated women from one town in Mexico. The traffickers smuggled them into the United States with false promises of marriage and work. Once in the United States, the women were moved around the country and forced into prostitution and servitude with a combination of threats, violence, and sexual abuse to keep them from fleeing or reaching out to authorities. The Carreto family kept their earnings.

Women are trafficked into prostitution in the United States not only from Mexico but also from Eastern Europe and Asia. In fact, the U.S. DOJ estimates that the largest number of trafficking victims into the United States come from East Asia and the Pacific (up to 7,000 annually). Sex trafficking is a global problem. For example, the director of a coalition of 25 Nigerian NGOs working on trafficking estimated that there are 50,000 Nigerian girls trafficked into prostitution in Italy, mostly from a single region of Nigeria where the parents do not consider the system to be trafficking (Musa, 2006). The U.S. DOJ estimates that trafficking provides up to \$10 billion in profits for organized crime.

A problem in combating sex trafficking is the assumption that prostitution is usually freely chosen and offers a level of remuneration otherwise unavailable to those without skills, education, or legal status to work. The State Department counters this argument by citing a study by Farley that 89% of women in prostitution want to escape and other research documenting the frequent violence and abuse that prostitutes experience from customers and pimps (Farley, 2003). Traffickers may also use sexual assault to control women forced into labor: Women trafficked into domestic servitude are often raped as well.

Intimate Partner Violence and Marital Rape

Since the 1980s, there has been a surge in research on domestic violence, or violence inflicted by current or former intimate partners. More recently, the frequent reports of sexual abuse as a component of intimate partner violence have been receiving attention, although there remains much research to be done in this area. The related topic of marital rape has received attention since at least 1978, when Laura X founded the National Clearinghouse on Marital and Date Rape. In part, the interest in marital rape

came from the legal community because of legal exemptions for husbands in rape statutes. In 1978, rape of a spouse was a crime in only four states; as of 1993, marital rape was a crime in all 50 states. In 30 states, however, there are exemptions if force is not used, even if the wife is incapacitated and unable to consent.

The topics of marital rape and rape as a component of intimate partner violence (IPV) are in some respects distinct, and some researchers have resisted collapsing the two topics, because then marital rape becomes subsumed under domestic violence and neglected, and because some men rape their partners but do not otherwise physically abuse them. At the same time, the accumulation of national data on IPV, as well as data on IPV in specific populations, and the increased sophistication of measurement of sexual assault within those studies, offers a rich source of information that has been inadequately utilized until recently.

For adult women, the highest risk of rape comes from an intimate partner. In reports from London, Guadalajara, Lima, and Zimbabwe, 23 to 25% of women reported having experienced rape or attempted rape by a partner in their lifetime (WHO, 2002). A Canadian study found that 30% of women who were raped in adulthood were assaulted by their intimate partners (Randall & Haskell, 1995). Mahoney, Williams, and West (2001) estimate that 7 million American women have been raped by intimate partners. In the United States, for 46% of women who have experienced rape or attempted rape, the perpetrator was a spouse or ex-spouse, a current or former cohabiting partner, a boyfriend or girlfriend, or—broadening the category beyond intimate partners—a date, with over half of these rapes committed by a current or former spouse or cohabiting partner (Tjaden & Thoennes, 2000). For men who have experienced rape or attempted rape, only 11% of the perpetrators fell into these categories.

Most of these intimate partner assaults of women occurred during the relationship (69%); 25% occurred both during the relationship and after the relationship ended (Tjaden & Thoennes, 2000).

Research indicates that batterers who also rape their partners are likely to be more violent and dangerous (Browne, 1987) and that rape as a component of IPV is more likely to include anal and oral intercourse than rape by acquaintances or strangers. Rape in an intimate relationship is also likely to be a repeated assault, up to 20 times or more. Financial dependence and dependence on the rapist for legal residency in the United States can make it difficult for victims of rape in marriage to escape the abuse (Russell, 1990). The NVAWS found that women were equally likely to report the rape if it was committed by an intimate partner as if it was committed by someone else. Interestingly, the police were actually more likely to refer the case for prosecution if the alleged offender was an intimate partner. However, the defendant was less likely to be prosecuted and convicted of rape if he was a former intimate partner (Tjaden & Thoennes, 2000).

Rape in Prisons

In 1973, Stephen Donaldson, a Quaker peace activist, was arrested for trespassing after a pray-in at the White House. In the course of Donaldson's two nights behind bars, he was gang-raped approximately 60 times by other inmates (Man & Cronan, 2002). Upon his release, Donaldson was one of the first survivors of prisoner rape to publicize his own abuse (Man & Cronan, 2002) and became president of Stop Prisoner Rape, a nonprofit organization that seeks to end sexual violence against men, women, and youth in all forms of detention (SPR, 2006). Donaldson died in 1996 of complications relating to AIDS, which he contracted through the rapes he experienced in prison (Man & Cronan, 2002).

It is common knowledge that men may be raped in prison—the popular media make frequent reference to the likelihood that young men without protection will be raped. Aside from the perspective of a few researchers and activists, however, this problem seemed not to be regarded as a crisis that required action on a national level until Human Rights Watch released a report in 2001. This study was the most comprehensive to date, including all 50 departments of corrections in the United States (Maruschak 2001). Only 23 departments reported collecting sexual assault statistics. Most of the correctional facilities denied that sexual violence was a problem. No statewide statistics were collected (Dumond 2003). Congress subsequently passed the Prison Rape Elimination Act in 2003, which mandates gathering national statistics about the problem, the development of guidelines for states about how to address it, creation of a review panel to hold annual hearings, and grants to states to combat the problem (SPR, 2003). The DOJ has issued grants to fund collection of data.

Men represent the vast majority of criminals sentenced to prison, and it has been assumed that sexual assault was primarily an issue among male prisoners. However, women in prison are also sexually assaulted. A study of incarcerated women in three midwestern prisons found rates of sexual coercion between 6% and 27% in the facilities (Struckman-Johnson & Struckman-Johnson, 2002). One fifth of the incidents were classifiable as rape. Half of the perpetrators were other female inmates, and half involved one or more staff. Sexual assault rates are similar for men in prison, ranging from 14% who reported sexual victimization in a study of a medium security prison (Wooden & Parker, 1982), to 21% who reported sexual pressure or assault in a study of 1,778 inmates in seven midwestern prisons (Struckman-Johnson & Struckman-Johnson, 2000).

Sexual assaults in prison differ from those outside prison in frequency and severity of assaults. Incarcerated victims are more often physically attacked during an assault than sexual assault victims outside of prison (Struckman-Johnson & Struckman-Johnson, 2000, 2002). Prisoners who have been sexually assaulted report an average of nine sexual assaults during their incarceration. Repeated abuse in prison results in feelings of helplessness and terror, trauma symptoms (Dumond, 2000, 1992; Herman, 1992a), and increased risk of suicide (Struckman-Johnson & Struckman-Johnson, 2002) and of contracting HIV (Maruschak, 2001). It is difficult for inmates to report sexual assaults because of repercussions, such as retaliation and further abuse (Dumond, 2000).

Prior Abuse

Extremely high rates of childhood physical and sexual abuse and sexual abuse in adulthood among incarcerated women suggest a causal relationship between abuse and criminality. There may be related factors such as leaving home at an early age, prostitution, substance abuse, and associating with delinquent youth and violent men that are significantly more frequent among child sexual abuse survivors. Browne, Miller, and Maguin (1999) examined abuse in the lives of female inmates in a maximum security setting in New York and found that 59% reported being sexually victimized in their childhood or adolescence. Similarly, in a recent study utilizing a random sample of 100 men incarcerated in a county jail, 59% reported some form of sexual abuse before the age of 15 (Johnson et al., 2005). In another study of 211 randomly selected male inmates, 40% met standard criteria for childhood sexual abuse, but almost 60% of those who met the criteria did not consider themselves to have been sexually abused (Fondacaro, Holt, & Powell, 1999).

RESEARCH, POLICY, AND PRACTICE DIRECTIONS

Following a public health model, which attempts first to understand the scope of the problem, we have a good idea of when, how, and by whom sexual violence is committed against girls and women and, to a lesser extent, against boys and men. We are also gaining solid information about the scope of sexual revictimization. More research needs to focus on hard-to-reach populations such as child prostitutes; children involved in pornography and sex tourism; homeless, runaway, and throwaway youth; and adults and children forced into sex trafficking.

The second goal of the public health model is to determine the risk and protective factors associated with different forms of sexual violence. We have good understanding of the risk factors associated with acquaintance rape, sexual assault of homeless youth, and revictimization of sexual abuse survivors. We are beginning to understand the possible risk factors associated with prison rape and prostitution. However, more research is needed on the risk factors for childhood sexual abuse, commercial sexual exploitation of children, and sex trafficking. The research on protective factors and resilience need more attention from mainstream researchers and service providers. In the areas of sex trafficking and commercial sexual exploitation of children, the great problem is to understand and therefore address the demand factors.

The third cornerstone of the public health model is developing and testing prevention and avoidance strategies. This aspect is by far the weakest component of our knowledge of sexual victimization. Interventions have been developed to help young women avoid sexual assault, especially college students, and these interventions appear to be somewhat effective, but they have not been effective with the most vulnerable—survivors of childhood and adolescent sexual assault, with a single

exception (Marx Calhoun, Wilson, & Meyerson, 2001). Prevention work with offenders and potential offenders has not found great success, either. A major problem in this regard, given that most sexual assaults are committed by acquaintances and go unreported, is that the great majority of offenders have not been identified and therefore cannot be targeted. Similarly, we have not learned how to reduce the demand for child pornography, child prostitution, and sex tourism, except by enhancing the criminal justice response.

In contrast, there are programs and policies in place to reduce child sexual victimization and to offer early intervention, however. The early interventions for child sexual abuse are critical because of the increased lifelong risk of revictimization among child sexual abuse survivors and the increased rate of perpetration of sexual assault and pedophilia among male child sexual abuse survivors (Lisak, Hopper, & Song, 1996). As Lisak et al. note, most men who have experienced childhood sexual abuse do not become perpetrators, but most perpetrators (70% in their sample of 126 survivors) were sexually abused. Emotional constriction and rigid gender roles were the primary predictors of which survivors would become offenders. There are also programs and policies in place to facilitate and support reporting of sexual assaults of adults and initiatives to address sex trafficking and facilitate prosecution of traffickers. Some of these more developed initiatives are described in the following segment.

Rape Crisis Programs

Rape crisis programs are the longest-standing community based interventions for sexual assault. They are included here because, despite their longevity, they have only recently been evaluated: There was an assumption that they were unquestionably good and helpful. Rape crisis programs have

evolved and become institutionalized, from their roots in the 1970s when volunteer activists received training on the crisis response and were on call to come to the side of a rape victim wherever she was. As there were few women police officers when this movement was born, the police sometimes contacted the advocates to come talk to and comfort a rape victim. Now there are more than 1,200 rape crisis programs in the United States (Campbell, 2006). Volunteers still usually staff them and provide on-call crisis intervention, medical, and legal advocacy, but now there is usually an institutional sponsor, such as a battered women's agency or hospital-based crime victims counseling program. The advocates are called to hospitals when a patient reporting a sexual assault presents herself or himself to an emergency department.

In advocating on behalf of the survivors for service delivery and to prevent secondary victimization, advocates can easily run into conflict with service providers and especially with law enforcement. Detectives called to hospitals to investigate alleged sexual assaults sometimes view advocates as an impediment to investigation. A recent evaluation by Rebecca Campbell that interviewed victims and reviewed records, however, found that survivors who had the assistance of an advocate were more likely to have police reports taken and were less likely to be treated negatively by police officers (Campbell, 2006). Survivors accompanied by an advocate during their emergency department care received more medical services, including emergency contraception and sexually transmitted disease prophylaxis, and reported significantly fewer negative interpersonal interactions with medical personnel than survivors who did not have an advocate (Campbell, 2006). Furthermore, survivors reported less distress from their emergency department visit when they had an advocate present (Campbell, 2006).

Sexual Assault Forensic Examiner Programs

Sexual Assault Forensic Examiner, or SAFE, programs are a more recent innovation than rape crisis programs, but emanate from the same philosophy and have also become established throughout the United States and other countries. Victim advocates began to develop local, state, and national reforms to address victim-blaming attitudes and substandard care experienced by women and men when seeking medical attention for a sexual assault. SAFE programs—also called Sexual Assault Nurse Examiner (SANE) programs—provide specially trained forensic nurses and doctors who can provide 24-hour first response medical care and crisis intervention to sexual assault survivors in the hospital setting (Campbell, Patterson, & Lichty, 2005).

SAFEs are trained in forensic evidence collection to facilitate prosecution if survivors choose to report the crime, in legal issues that will facilitate use of medical records and expert testimony in prosecution, and in physical, biological, and psychological consequences of sexual assault. Only recently has the effectiveness of specially trained medical providers been evaluated. Preliminary evidence shows that SAFE programs are possibly effective in all five of these domains (Campbell et al., 2005); however, more rigorous studies are needed.

Child Advocacy Centers

When a child is sexually abused and there is interest in prosecuting the case, multiple agencies become involved, and each needs to conduct an interview and/or an exam with the child. The police are generally the first to become involved, followed by detectives from special victims units and prosecutors; child protective services must be brought in; then there are doctors who conduct a forensic exam, possibly using equipment specially

designed for gynecological exams of infants and children; and psychologists, who may use dolls and drawings to find out what happened to the child.

A study conducted by Safe Horizon (Victim Services, 1994) found that sexually abused children had interviews about the abuse with eight different people on average and often had multiple interviews with each person. These interviews were conducted at many locations, including police precincts, hospitals, courts, and agency offices. Medical exams typically took place in emergency units and were often conducted by physicians with no special training in sexual exams of children. Child protective service agents tended to treat the parent who brought the child in as neglectful and, if the offender lived in the home, to place the child in foster care rather than having the police remove the offender, compounding the trauma. There was no immediate access to psychological treatment for the child.

To avoid multiple interviews with multiple strangers and to support the child and other family members, there has been a national movement to create child advocacy centers. A primary goal of the child advocacy center (CAC) is to reduce the number of interviews by videotaping sessions that can then be viewed by other professionals. A second objective is to colocate prosecutors, police, doctors, and counselors. Colocation allows different exams and interviews to be conducted at one location, requiring fewer appointments and less waiting, as well as better case coordination and information sharing. The third element is to provide a case manager who stays with the child throughout the process, providing a constant presence for the child and a resource for a nonoffending parent. CACs provide supportive counseling and support groups for the child victim as well as siblings and the nonoffending parent. The case manager can help the child become familiar with the courtroom

to ease children's fears and confusion about testifying.

CACs can be expensive and difficult to set up, requiring a dedicated child-friendly space; trained staff from multiple agencies (police, prosecution, child protection, medical, and psychiatric) who can dedicate specific hours to the CAC weekly; and core staff who can provide counseling, advocacy, and case management. A national evaluation of CACs to determine whether they actually produce the intended benefits has been conducted by the University of New Hampshire's Center for Research on Children and Crime; unfortunately, results of this evaluation have not yet been made public at the time of this publication.

Combating Commercial Sexual Exploitation of Children

There are new federal initiatives in New York City and Atlanta sponsored by OJJDP, particularly focusing on prostitution of runaway and throwaway children. There are distinct barriers to working effectively with this older juvenile population. The first problem is that they are often treated as offenders rather than victims and are arrested for prostitution or loitering. If they are returned home, they often run away again or their homes are unsafe, and there are few facilities designed specifically for their needs. If they are treated as victims rather than offenders and are placed in group homes, foster care, or other nonsecure residences, they may also run away again. They may be loyal to their pimps who are often boyfriends.

New York City, a destination for runaway and throwaway children from surrounding states, illustrates the obstacles and the programs. In the city, 150 children under 17 were arrested for prostitution in 2004 (Lowe, 2005). The center of trafficking and child prostitution is the borough of Queens, which is the focus of the CSEC initiative. From 2000 to 2004, 70 children under 17 were

arrested for prostitution in Queens, and 35 pimps were prosecuted for prostituting children under 17. The initiative includes a residential facility for girls, psychological counseling, and medical treatment. The goal of the intervention is not only to save the children but also to free them from dominance of and dependence on their pimps so that they will cooperate with prosecution.

On the international level, 32 countries have adopted laws that allow them to prosecute sex tourism committed by citizens outside their own territory (ECPAT, 2006). In the United States, Congress passed the PROTECT Act (Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today) in 2003, specifically to combat sex tourism and commercial sexual exploitation of children, as well as to strengthen federal statutes against child abuse, kidnapping, and torture. The PROTECT Act allows the United States to prosecute domestically Americans who travel outside the country for sex tourism and increases the penalties for sex tourism to 30 years in prison. It also supports programs in the State Department and the Department of Homeland Security to increase public awareness and facilitate prosecution.

Antitrafficking Legal Initiatives and Services

The U.S. DOJ, including the Office for Victims of Crime, and the Department of Health and Human Services fund programs to provide social services to victims of trafficking, with a major goal of ensuring that the victims are available and able to assist with prosecution of traffickers. Beginning in 2000, Congress enacted the Trafficking Victims Protection Act (TVPA), which creates stiff penalties for trafficking, allocates funding for the prosecution of trafficking cases and for protecting victims, and requires the State Department to issue an annual trafficking

report. It also grants special legal status to trafficking victims from other countries through the T-visa, which allows trafficking victims to stay in the United States for three years and then apply for legal permanent status. In 2002, the president created a cabinet-level Interagency Task Force on trafficking headed by the State Department's Office to Monitor and Combat Trafficking in Persons.

Antitrafficking organizations have sprung up in the United States and in many other countries. Existing immigration, antislavery, and victim assistance programs have tailored their services for trafficking victims, most serving victims of all forms of trafficking, but some specializing in particular forms of exploitation, including sex trafficking. Like other trafficking victims, those who have escaped from sex trafficking usually need psychological treatment for trauma, housing, and a source of income. They also need support in testifying against their traffickers and legal assistance in applying for a T-visa. There are regional, national, and international coalitions of service providers. In the United States, these include the California-based organization Coalition to Abolish Slavery and Trafficking, the national Freedom Network, and the midwestern Heartland Alliance. CAT-W is an international coalition of organizations focusing solely on sex trafficking, with representation in Africa, the Philippines, and Asia. In Asia, member organizations have projects to rehabilitate girls and women forced into prostitution, providing them with education, training, and employment.

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