



Adolescent health brief

Incapacitated and Forcible Rape of College Women: Prevalence Across the First Year


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 See Related Editorial p. 584

A B S T R A C T

Purpose: The purpose of this study was to document the point and cumulative prevalence of incapacitated rape (IR) and forcible rape (FR) among first-year college women.

Methods: Female students (N = 483) completed a health questionnaire (1) on arrival on campus; (2) at the end of the fall semester; (3) at the end of the spring semester; and (4) at the end of the summer following their first year of college.

Results: Before entering college, 18% reported IR (attempted and/or completed), and 15% reported FR (attempted and/or completed). During the first year of college, 15% reported IR (attempted or completed) and 9% reported FR (attempted or completed). By the start of the second year (lifetime prevalence), 26% and 22% had experienced IR and FR (attempted or completed), respectively.

Conclusions: Both incapacitated and forcible sexual assaults and rape have reached epidemic levels among college women. Interventions to address sexual violence on campus are urgently needed.

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**IMPLICATIONS AND
 CONTRIBUTION**

Sexual violence on campus has reached epidemic levels: during their first year in college, one in seven women will have experienced incapacitated assault or rape and nearly one in 10 will have experienced forcible assault or rape. Interventions to reduce sexual violence on campus are urgently needed.

Sexual assault (i.e., any nonconsensual sexual contact) and rape (i.e., nonconsensual intercourse) of female college students are increasingly recognized as prevalent. Annual incidence of rape among college women has been estimated at 5%, five times higher than the rate observed among noncollege women [1]. Estimates that distinguish between forcible (i.e., involving physical force) or

incapacitated (i.e., when alcohol or other drugs are used) tactics suggest that incapacitated rape (IR) is more prevalent than forcible rape (FR) [1–4].

Confidence in prevalence estimates is limited owing to several methodological limitations; that is, many studies (1) conflate nonconsensual touching with attempted and completed (A/C) rape [3–5]; (2) use small, nonrepresentative samples; (3) sample students regardless of year in college, although the risk of IR and FR are higher in the first year [2]; and (4) do not examine events over time although IR may be more common in the first semester [6]. To date, no studies have measured IR and FR separately and prospectively reported incidence across two semesters and the following summer.

The present study addressed these limitations. We provide point and cumulative prevalence estimates for A/C IR, and A/C FR

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Table 1
Point prevalence and cumulative prevalence of forcible and incapacitated rape

Behavior (% yes)	Precollege	Fall semester	Spring semester	Summer	Academic year	Study year	Lifetime
Forcible rape							
Attempted	13.3	4.3	3.3	2.8	6.0	7.3	18.6
Completed	6.0	3.4	3.6	3.3	5.2	6.6	11.0
Attempted or completed	15.4	5.2	4.3	4.0	7.3	9.0	21.7
Incapacitated rape							
Attempted	16.2	7.7	4.8	4.4	10.1	12.6	22.6
Completed	9.0	4.5	4.0	4.7	7.1	9.6	15.7
Attempted or completed	17.5	8.4	6.4	6.5	12.1	15.4	25.7
Either A/C forcible or incapacitated rape	28.0	11.4	8.5	7.9	15.3	18.6	37.1
Both A/C forcible or incapacitated rape	4.8	2.0	2.2	2.4	4.1	5.6	9.5

Precollege represents any events from the age of 14 years until starting college, first semester represents since starting college through December 31, second semester represents January 1 through April 30, summer represents May 1 through August 31, academic year represents since starting college through April 30, study year represents since starting college through August 31, and lifetime represents from the age of 14 years through August 31 after freshman year. A/C = attempted or completed combined.

in a sample of first-year women, and test the hypothesis that precollege history of A/C IR or FR predicts revictimization with similar tactics.

Methods

The sample consisted of 483 first-year women, aged 18–21 years, constituting 26% of the females in the incoming class at a large private university in the northeastern United States. The sample was representative of first-year female students with respect to age (94% were 18-years-old) and race/ethnicity (66% white, 11% Asian, 10% black, and 13% multiple races; 9% Hispanic). A detailed sample description is reported elsewhere [7].

Participants were recruited through a mailing sent to all matriculating first-year women, campus flyers, word of mouth, and a research participant pool and provided informed consent. Compensation was \$20 for baseline and \$10 for subsequent monthly surveys. Data reported herein come from surveys taken at baseline and at the end of the fall, spring, and summer. All procedures were approved by an institutional review board.

Sexual victimization was assessed at baseline and every 4 months using a 20-item version of the Sexual Experiences Survey revised by Testa et al. [8] to include the tactic of incapacitation. The Sexual Experiences Survey was nested within a longer health

survey; it crosses four perpetrator tactics (i.e., overwhelm you with arguments or continual pressure for sex, use physical force, threaten to harm you or someone close to you, perform sexual acts while you were incapacitated by drugs or alcohol) with five types of contact (i.e., fondle, kiss, or touch sexually; oral sex; try to have sexual intercourse, but it did not happen; succeed in making you have sexual intercourse; anal sex or penetration with a finger or objects). Participants reported how many times each had happened (1) before college; (2) fall semester; (3) spring semester; and (4) summer. We report rates of both A/C FR or IR; completed FR or IR was defined as vaginal, oral, or anal penetration achieved using threats of violence or use of physical force (FR), or using the tactic of victim incapacitation (IR).

Results

Among participants who provided baseline data, retention rates were 90% (fall), 85% (spring), and 87% (summer). Table 1 summarizes the prevalence of A/C IR and FR over time. Before college, 15.4% had A/C FR and 17.5% had experienced A/C IR. Over the study year, 9.0% reported A/C FR and 15.4% reported A/C IR. By the end of the study, lifetime prevalence of A/C FR and IR was 21.7% and 25.7%, respectively; 37% of participants had experienced attempted or completed FR, IR, or both since the age of 14

Table 2
Associations between forcible and incapacitated rape during the study year as a function of precollege history of incapacitated or forcible rape

	Study year incidence								
	Incapacitated rape				Forcible rape				
Precollege incapacitated rape									
No (n = 386)		10%				6%			
Yes (n = 78)		41%				23%			
$\chi^2(1)$		46.54***				22.40***			
Precollege forcible rape									
No (n = 412)		15%				8%			
Yes (n = 49)		18%				15%			
$\chi^2(1)$.68				4.61*			
Multivariate logistic regression; predictors	OR	SE	z	95% CI	OR	SE	z	95% CI	
Precollege incapacitated rape	6.37	1.86	6.35***	3.60–11.29	4.34	1.52	4.20***	2.19–8.62	
Precollege forcible rape	.94	.35	-.17	.46–1.93	1.75	.69	1.41	.80–3.81	
Likelihood ratio $\chi^2(2)$	39.41***				20.28***				

All values represent combined attempted and completed events. Study year represents any events in the 12 months between starting college through August 31 after freshman year.

CI = confidence interval; OR = odds ratio; SE = standard error.

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

years. Taken together, 11.4% and 8.5% of female first-year students reported an attempted or completed rape in the fall and spring semesters, respectively.

Table 2 shows the association between precollege history of incapacitated and forcible rape and revictimization. History of precollege IR increased rates of both IR and FR during college. History of precollege FR increased rates of FR during college. New cases constituted 56% of the IR and 73% of the FR during the study year. To test our hypothesis, logistic models regressed FR during study year on both precollege FR and precollege IR and regressed IR during study year on both precollege FR and precollege IR. Only precollege IR predicted IR (odds ratio = 6.37; $p < .001$) and FR (odds ratio = 4.34; $p < .001$) during the first year after starting college.

Discussion

This study provides both cumulative and point prevalence of A/C IR and A/C FR on one campus during the first year of college. In addition, this study provides temporal resolution unavailable in most previous reports.

Before entering college, 28% of women had experienced attempted or completed rape. During their first year, one of six female students had experienced A/C IR or A/C FR. The lifetime prevalence of attempted or completed rape increased to 37% by the start of sophomore year. These data make clear that prevention programs for both men and women [9] in both high school and college are necessary. Programs may need to address trauma-related concerns for previously victimized women.

Consistent with previous research, IR was more common than FR. Although others have found that IR accounted for 69%–72% of rapes reported in college samples [4–6], 83% of reported rapes in our sample were incapacitated. Future research should explore whether first-year students are more vulnerable to A/C IR than older students.

These data provide more evidence that a precollege history of sexual assault, particularly A/C IR, predicts revictimization [10], in that it increases the odds of both IR and FR in the first year. Thus, continued engagement in risky drinking behavior should be an important target for prevention [8]. Note that because women without any history of sexual assault are in the majority, they account for more assaults. Thus, prevention of both revictimization and new cases is essential.

Several strengths of the study enhance confidence in these findings: a longitudinal design with four assessments, a large sample of first-year women unselected for assault history, use of reliable measures to separately assess A/C IR and FR, and strong retention rates. Our data document risk during a distinct developmental period for young women. Limitations include reliance on self-report and sampling from a single campus.

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