



Hidden Figures

Stigma, Social Reactions, and Disclosure Experiences as Mediators of Police Reporting Patterns & Future Disclosure among Survivors of Sexual Violence

Using Data from NCVS/BJA: "Female Victims of Sexual Violence" 1994-2010 Report & Scholarly Articles

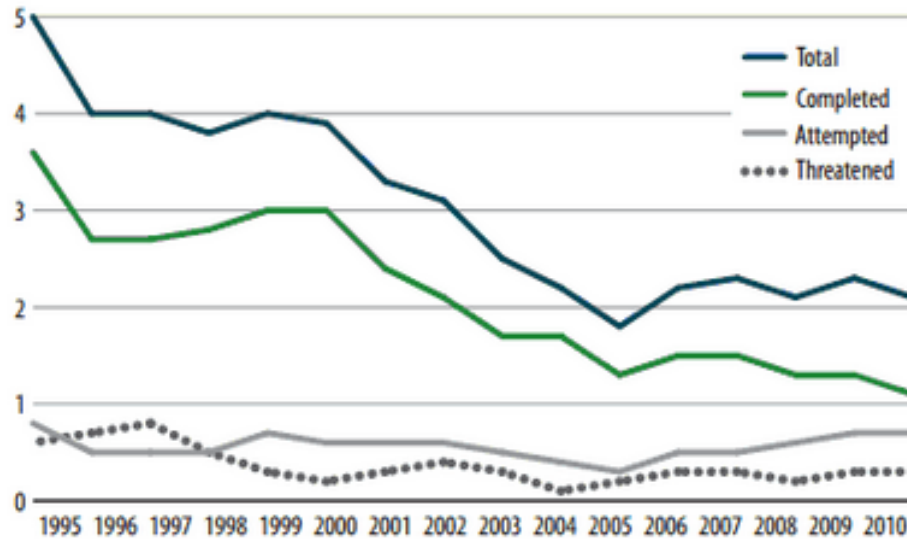
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NCVS/BJS: Sexual Victimization Among Women (1994-2010)

FIGURE 1

Rape and sexual assault victimization rates among females, 1995–2010

Rate per 1,000 females age 12 or older



- Sexual violence includes completed, attempted, or threatened rape & sexual assault
- Between 1995 to 2010, victimization declined 58% from 5.0 to 2.1 victimizations per 1,000 females ages 12 & up

Source: Bureau of Justice Statistics,
National Crime Victimization Survey, 1994-2010

Who? 1994-2010

TABLE 1
Rape and sexual assault victimizations against females, by
victim characteristics, 1994–1998, 1999–2004, and 2005–
2010

Victim characteristic	Rate per 1,000 females age 12 or older		
	1994–1998	1999–2004	2005–2010
Total	4.2	3.1	2.1
Age			
12–17	11.3	7.6	4.1
18–34	7.0	5.3	3.7
35–64	2.3	1.8	1.5
65 or older	0.1!	0.2!	0.2!
Race/Hispanic origin			
White ^a	4.3	3.1	2.2
Black ^a	4.2	4.1	2.8
Hispanic/Latina	4.3	1.8	1.4
American Indian/Alaska Native ^a	6.4!	4.8!	4.5!
Asian/Pacific Islander ^a	2.5	1.2	0.7!
Two or more races ^a	~	6.6!	5.1!
Marital status ^b			
Never married	8.6	6.6	4.1
Married	1.3	0.7	0.6
Widowed	0.8	0.2!	0.8
Divorced or separated	9.0	6.3	4.4
Household income			
Less than \$25,000	6.1	5.6	3.5
\$25,000–\$49,999	3.3	2.7	1.9
\$50,000 or more	2.9	2.0	1.8
Unknown	3.5	2.1	1.8
Location of residence			
Urban	5.1	4.0	2.2
Suburban	3.9	2.7	1.8
Rural	3.9	2.5	3.0

Note: See appendix table 5 for standard errors.

! Interpret with caution; estimate based on 10 or fewer sample cases, or coefficient of variation is greater than 50%.

~Not applicable.

^aExcludes persons of Hispanic or Latino origin.

^bThe NCVS collects information on respondent's marital status at the time of the interview, but it does not obtain marital status at the time of the incident or whether a change in marital status occurred after the incident.

Source: Bureau of Justice Statistics, National Crime Victimization Survey, 1994–2010.

- Females ages 12 - 34
- American Indians & Alaska Native women
- Women in urban areas
- Women who had never been married
- Women with incomes less than 25,000

All these demographics experienced the highest victimization consistently throughout the study period.

Research Problem: Disparity of Reporting & The Reasons

TABLE 8

Rape and sexual assault victimizations against females reported and not reported to police, 1994–1998, 1999–2004, and 2005–2010

Reporting to police	1994–1998	1999–2004	2005–2010
Total	100%	100%	100%
Not reported	71%	59%	64%
Reported	29%	41%	36%
Source of report	100	100	100
Victim	50	57	64
Other household member	26	14	10
An official other than police	4	10	14
Someone else	11	10	10
Police were at crime scene	1!	4!	1!
Other	7	5!	1!

Note: Detail may not sum to total due to rounding. See appendix table 13 for standard errors.

! Interpret with caution; estimate based on 10 or fewer sample cases, or coefficient of variation is greater than 50%.

Source: Bureau of Justice Statistics, National Crime Victimization Survey, 1994–2010.

- More than half (64%) of women who experienced sexual violence did not report to the police.
- 29 percent did not report because of “not one most important reason”
- 23 percent did not report because of a “personal matter” (Planty et al., 2013)

Proposed Research Questions

What are the psychosocial & cultural reasons why non-reporting women do not disclose their sexual victimization to police and other social actors?

- What are the social reactions women receive from various societal members?
- To what extent does stigma influence police reporting and disclosure of sexual violence?
- Does the nature of initial disclosure interactions influence reporting and future disclosure?

Psychosocial Variables & Non Reporting

Jones et al., (2009) conducted a cross sectional survey with female patients of an urban sexual assault clinic to discover psychosocial factors for why women did not report to police.

“I am reluctant to report because...” (N=41)

- Shame or embarrassment: 78 percent
- Feelings of partial responsibility: 66 percent
- It's the assailant's words against theirs: 63 percent
- Police would be insensitive or blame them: 51 percent
- Felt that people would not believe them: 49 percent
- Had a bad experience with police/illegal activity involvement during time of victimization: 42 percent

Impact of Rape Myths and Victim Stereotypes on Police Reporting Patterns

Myths about “real victim” or “real rape” may discourage women from reporting
DuMont et al., (2003)

DuMont et al., (2003) findings

Women who were aggressively injured/attacked during rape were 3x more likely to report victimization than women who had not been.

- **Shows the impact of myths that only physical force validates sex as having been nonconsensual, and in contrast, the absence of such deems it to be consensual.**

Defining Social Reactions: Negative & Positive Reactions

- Sexual assault/rape survivors commonly experience a variety of responses to their assault from society.
- **Positive social reactions**
 - emotional support, tangible aid
- **Negative social reactions**
 - victim blaming, usurping of power, distracting (i.e., not allowing expression of assault, & egocentric (i.e., wanting to fight the perpetrator, anger)

Relyea & Ulman (2015) classify negative reactions in two categories

1. **Turning Against (TA):** no acknowledgement or support
2. **Unsupportive Acknowledgement (UA):** acknowledgement lacking adequate support to aid the survivor

Psychological Impact of these Social Reactions

- Avoidant coping, as a result of negative reactions mediate self blame, helplessness, and lost of trust in others (Ulman & Hagene, 2014)
- TA reactions predisposes women to social withdrawal, self blame & decreased sexual assertiveness (Relyea & Ulman, 2015)
- UA reactions can lead to PTSD & depression in survivors (Relyea & Ulman, 2015)
- Negative reactions to (survivor's) disclosure also lead to individualized coping responses (Ulman & Hagene, 2014)

Each of these outcomes may negatively impact the likelihood that women will report victimization.

Silenced as a Result of Social Reactions

- Ahren (2006) examined how experiences of eight women upon initial disclosure of rape led to nondisclosure/silencing
- **All survivors received insensitive reactions from clergy, medical, & legal workers** (i.e., interrogation, minimization, & doubt of experiences)
- **Seven survivors received “inappropriate” support from friends and family** (i.e., having to comfort them, being told not to report, treated as if they could care for themselves)

Five reasons why the women did not proceed with additional disclosure:

1. **Lack of options:** unaware of services (all survivors)
2. **Negative reactions, distrust, fears** (all survivors)
3. **Ineffectiveness** (6 of 8 survivors)
4. **Self blame** (6 of 8 survivors)
5. **Lack of qualification:** whether it “qualified as rape” (2 survivors)

Filling the Gaps: Suggestions for Future Research

1. How negative responses received during police reporting influence cooperation with investigation and trial processes
2. Police brutality & mass incarceration as determinant of police reporting among black women (especially to non-Hispanic white & male law enforcement)
3. Media & pop cultural representations of police as contributing factors of nondisclosure among various cultural demographics of women

Conclusion: So what?

- Trauma is exacerbated by the lack of understanding, validation, and effective aid that survivors can access.
- Negative responses objectify women and encourage characterological self blame and learned helplessness.
- Stereotypes of who “classifies” as a victim may limit the desire and capacity of legal, mental health, and medical professionals to address each survivor’s unique needs.

Preventative & Proactive Measures

1. Societal members should evaluate and alter widely held beliefs that invalidate and minimize the experiences of survivors.
2. More awareness must be brought to the post-psychosocial experiences of survivors in effort to shift institutional responses, improve recovery, and increase reporting to police.
3. Legal and medical systems should develop more sensitive practices and trainings, coordinated by well-versed professionals in these areas, to increase the quality of aid.

These efforts may increase survivors' voices, rather than continue to silence them through labeling, blame, and inadequate support.

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