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Sexual Assault among College Students with Disabilities: The Hidden Victims

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Abstract

The current study examined sexual victimization among college students with disabilities. Previous research has examined the prevalence of sexual assault on college campuses and the risk factors for experiencing such violence. The current study used an online survey administered to students with disabilities ($n = 187$) at a large southern university. All students reported one or multiple disabilities: Physical disabilities (44%), ADHD/ADD (51%), Learning disabilities (26%), and Emotional disabilities (48%). Most students reported more than one disability (56%). Overall, 71% of the sample experienced one or more types of sexual assault and/or rape in their lifetime, and 51% reported sexual victimization since attending the university. There were no significant differences in experiencing sexual assault and/or rape between students with one vs. more than one disability. Contextual characteristics of the victim experiences modeled previous research on campus sexual assault: most identified that the perpetrators were men that the victim knew or had a close relationship with including friends or romantic partners. Victimization occurred in the victims' home and most students reported having consumed alcohol directly before or during the assault. Considering the extremely high rates of sexual victimization among this sample, future research and prevention are clearly warranted. Findings may help inform future prevention efforts to help decrease sexual violence among students with disabilities on college campuses.

Keywords: Sexual assault, rape, students with disabilities, perpetrator

Sexual Assault among College Students with Disabilities: The Hidden Victims

The purpose of this study was to examine sexual victimization among students with disabilities on a college campus. Throughout the past few years, there have been numerous studies that have examined the prevalence of sexual assault on college campuses and the risk factors for experiencing such violence. These studies have helped toward raising awareness of this matter as well as building prevention programs. However, there is little research that has examined the prevalence and context surrounding sexual assault among students with disabilities. Unfortunately, this is a population that is often overlooked by research as well as the public. This is important to study because students with intellectual disability are sexually assaulted at rates more than seven times higher than the rate for persons with no disabilities, according to a recent study by Meadours and Davis (2018). Along with that, 31% of female undergraduates with disabilities are survivors of sexual violence compared with 18% of those without disabilities, according to a recent report from the Association of American Universities (Cantor et al., 2015). Although sexual assault rates on college campuses are high (20-25%), there seem to be *hidden* victims who experience this violence at an even higher rate (National Council on Disability, 2018). Undergraduates already face disadvantages as potential victims, however women undergraduates with developmental disabilities are disproportionately affected when it comes to sexual victimization (Brown, Pena, & Rankin, 2017). Unfortunately, there are underlying risk factors, lack of knowledge, and gender discrimination that may be related to higher risk of nonconsensual sex. The lack of research on the issue of sexual assault among students with disabilities is concerning and warrants investigation to further understand the context surrounding sexual assault, barriers to disclosing, and to develop better prevention strategies and improve services for students with disabilities on college campuses.

Sexual Assault and Vulnerability

There has been a heightened effort to research the overwhelming prevalence of sexual assault on college campuses. On average, 1 in 5 female undergraduates experience nonconsensual sexual contact during their college years (Cantor et al., 2015). Sexual assault can be defined in a variety of ways: Sexual assault is the nonconsensual sexual contact between victim and perpetrator by completed or attempted attacks that also could involve force and actions such as, but not limited to, fondling, grabbing, and verbal threats (Bureau of Justice Statistics, 2018). Rape is defined as forced sexual intercourse including both psychological coercion as well as physical force. Forced sexual intercourse means penetration by the offender(s), includes attempted rapes, male as well as female victims, and both heterosexual and same-sex rape. Attempted rape includes verbal threats of rape (Bureau of Justice Statistics, 2018). Many studies fail to differentiate the definitions which has led to mass misconceptions. Thus, sexual assault is an umbrella term that encompasses many forms of nonconsensual sexual behaviors afflicted upon the victim.

There is a plethora of risk factors that are associated with the likelihood of experiencing sexual assault. Some of these factors include gender, alcohol consumption and abuse. Identifying as a woman is, in itself, the number one unavoidable risk factor for sexual assault (World Health Organization, 2017). The consumption of alcohol is also a risk factor for sexual assault. Nearly half of all sexual assaults occur when the perpetrator, the victim, or both have been drinking (Testa & Cleveland, 2017). The amount of alcohol consumed plays a role on the increased likelihood of men initiating nonconsensual sexual interaction. It has been found that 74% of perpetrators self-report that they were consuming alcohol leading up to the assault and 53% of

college males that fall under the category of alcohol abuse, have admitted to committing rape or aggressive sexual acts (Tuliao & McChargue, 2014).

Students with Disabilities

One group that is considered a minority on college campuses are students with disabilities, with approximately 10% of students on campuses identifying as having a disability (U.S. Department of Education, 2019). The Americans with Disabilities Act (2018) lists disabilities as: learning disability, attention deficit hyperactivity disorder (ADHD), intellectual disability, orthopedic disability, hearing disability, visual impairment or disability, speech or language impairment/disability, psychiatric disorder, autism spectrum disorder (ASD), health impairments, traumatic brain injury, and post-traumatic stress disorder (PTSD). Most of these disabilities also have subcategories of other specific disabilities.

Students with disabilities are among some of the most understudied individuals on a college campus. Their experiences with nonconsensual sexual contact go unnoticed and unreported, according to a new report from the National Council on Disability (2018). Studying these experiences within this community is crucial to the accountability and well-being of a college campus so that strides can be made to better understand possible risk factors and prevention strategies, specifically dedicated to students with disabilities who may be victims of sexual violence.

The risk factors of sexual assault for students with disabilities are similar to the risk factors faced by students *without* disabilities. However, the rates among students with identified disabilities are drastically higher without much knowledge of why or how. As previously stated, the Association of American Universities has found that 32% of female undergraduates with a disability have reported experiencing unwanted sexual contact with use of physical force using

survey methodology (Cantor et al., 2015). Some, but not all, of the risk factors students with disabilities face is their lack of sexual knowledge and the societal stigma that views these individuals as powerless. For example, autism spectrum disorder (ASD) contributes to a person's difficulty in social interactions and communication skills. These individuals are already at a disadvantage when it comes to social situations as these students experience frequent social isolation which prevents them from receiving any sort of sexual knowledge that could increase their risk for victimization (Brown, Pena, & Rankin, 2017). These students are isolated from everyday naturally occurring learning experiences and miss out on the opportunity to learn about sexual knowledge. They are then left unaware about what nonconsensual sexual contact could look like for them and how it could severely endanger their safety.

In addition, students with disabilities might be seen as inferior or powerless by their peers. Since they may be portrayed as powerless, they might be perceived as less likely to resist sexual violence, or further, to report it (Alriksson-Schmidt, Armour, & Thibadeau 2010). This stigma is disturbing and could be related to why students with disabilities are such common victims of sexual assault. Other risk factors could be environmental limitations such as a lack of handicap accessible outlets. Students with physical disabilities might encounter difficulties escaping their perpetrator strictly due to the environmental barriers that decrease their options of escape. This alone is an important area to study considering students with physical disabilities are not able to flee their immediate surroundings. Unfortunately, these individuals are also at risk for sexual, physical, or emotional abuse depending on the care received throughout their lifetime. For example, an abusive situation could include neglect, such as the withholding of medications, failing to provide proper bathing, and denying the person access to mobility devices such as wheelchairs (Findley, Plummer, & McMahon, 2015). There are a plethora of contributing factors

that increase sexual victimization for students with disabilities, however these are not commonly studied. These risk factors are abundant and must be further examined in order to fully understand the reasons why students with disabilities are experiencing high rates of sexual violence.

The Current Study

The current study examined the prevalence of sexual assault among students with disabilities on one college campus. The goals were to investigate previous nonconsensual sexual experiences, who their perpetrators were, location of the attack, and other contextual variables (i.e., alcohol, disability status at the time of the sexual violence, barriers to disclosing). The research questions were: (1) What are the rates of sexual assault victimization among students with disabilities?; (2) What are the contextual characteristics (i.e., alcohol, perpetrator relation to victim, location of assault, disability status) surrounding victimization among students with disabilities?; and (3) Have those who have been victimized ever disclosed their assault, and to whom, or why not (i.e., barriers to disclosing)?

Method

Procedure/ Participants

Data came from an online Qualtrics survey comprised of college students with disabilities that are registered through a Services for Students with Disabilities (SSD) at a large southern public university. The SSD serves as the central campus resource for the University community in regard to students with disabilities and accommodations to remove barriers to access. SSD staff members work with students individually and assist academic units (i.e., faculty and staff) to determine reasonable accommodations that will enable every student to have equal access to the full range of programs and services on campus. For the study, students who were at least 18

years of age, enrolled in classes at the university, and registered through the SSD were eligible. All students registered through the SSD were sent an email with the link for the survey from the Director of the SSD. Students were informed that participation was voluntary and there was no penalty for discontinuation at any time. At the end of the survey, participants had an opportunity for a random drawing to win one of ten \$30 gift cards as incentive. IRB approval was obtained from the university prior to data collection.

The survey was distributed to 1,238 actively-using SSD students in the Spring 2019 semester, with 187 participants responding to our survey (15% response rate). Most of these students identified as female ($n = 147$, 79%), heterosexual ($n = 150$, 80%), and White/Caucasian ($n = 162$, 87%); refer to Table 1. The average age of these students was 21.75 ($SD = 6.65$), and they were in their first year (23%), second year (25%), third year (23%) or fourth year (16%) at the university. Students were either single (33%) or in a committed relationship (37%).

Measures

Disability information. Participants were asked to check all that apply on a list of disabilities, including learning disability (i.e., dyslexia, dysgraphia, dyscalculia, auditory processing disorder, nonverbal learning disability), attention deficit hyperactivity disorder (i.e., ADHD, ADD), intellectual disability (i.e., down syndrome), orthopedic disability (i.e., any impairment to the body), hearing disability (i.e., deafness, hearing loss), visual impairment or disability (i.e., blindness, partial sight), speech or language impairment disability (i.e., stuttering, impaired articulation, voice or language impairment), psychiatric disorder (i.e., emotional and behavioral disorders, anxiety, schizophrenia, bipolar disorder, depression), Autism (ASD), health impairments (i.e., strength, energy, alertness, lupus, diabetes, migraines, cancer), traumatic brain injury, post-traumatic stress disorder (PTSD), or other. All students reported one or more

disabilities, but due to low numbers in certain categories, we were forced to create four categories: (1) Physical disabilities ($n = 82$, 44%), (2) ADHD/ADD ($n = 96$, 51%), (3) Learning disabilities ($n = 49$, 26%), and (4) Emotional disabilities ($n = 90$, 48%). Most students reported more than one disability ($n = 104$, 56%).

Modified Sexual Experiences Survey-Short Form Victimization (SES-SFV) was used to determine an individual's unwanted sexual experiences from the past twelve months, as well as those that occurred since age fourteen. The scale measures unwanted sexual contact involving non-criminalized sexual coercion and aims to identify previous victimization while avoiding terms such as rape, due to vastly varied definitions from respondents (Koss et al., 2007).

Participants answered questions about their experiences with four distinct non-consensual behaviors: (1) non-penetrative sexual behaviors (fondling, kissing, rubbing up against private areas of body, or removing clothing), (2) oral sex, (3) vaginal penetration, and (4) anal penetration. The measure then repeats for attempted non-consensual behaviors in the categories of (5) oral sex, (6) vaginal penetration, and (7) anal penetration.

Participants were presented in a block format with six options of these behaviors that occurred "without my consent by:" (a) Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to; (b) Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to; (c) Taking advantage of me when I was too drunk or out of it to stop what was happening; (d) Threatening to physically harm me or someone close to me; (e) Using force, for example holding me down with their body weight, pinning my arms, or having a weapon; and (f) Just doing the

behavior without giving me a chance to say “no” (e.g., surprising me with the behavior). Items A-E were developed by Koss et al. (2007) while item F was developed by Canan et al. (2019).

Contextual Factors of Sexual Assault. If participants reported at least one incident of previous sexual victimization, they were prompted to answer questions about contextual factors and perpetrator characteristics of their assault. Participants were asked the perpetrator’s sex, their relationship to the perpetrator, and location of the assault. Information about alcohol consumption and disability status at the time of the assault were also assessed.

Disclosure of Victimization Items. Lastly, participants were asked, “Have you told anyone about this experience?” If participants indicated that they told anyone about their assault, they were then directed to a question that stated, “If you have discussed this experience, were the people you told supportive?” If participants indicated that they had not told anyone about their assault, they were directed to the “If you have not discussed this experience but intend to, do you think people you tell will be supportive?” Both of these questions had option choices ranging on a four-point scale from “all will be supportive” to “none will be supportive.” And participants were also asked if they ever “officially reported” their assault to campus police, counseling and psychology services, health center, student support services, resident advisors, Title IX Coordinator, police, faculty/staff on campus, or other. If they have not officially reported, they were prompted to a list of various reasons (barriers) to why victims do not report.

Plan of analysis

We categorized participants’ experiences of lifetime sexual assault into four categories based on their SES-SFV responses: non-victim, victim of sexual or oral sexual behavior only (‘sexual assault’), victim of attempted vaginal or anal penetrative behavior only (‘attempted

rape'), and victim of vaginal or anal penetrative behavior ('rape'). A 4x4 Chi-Square analysis was conducted with disability and the SES-SFV categorizations.

Results

The first research goal was to assess the rates of sexual assault victimization among students with disabilities. Overall, 71% ($n = 132$) of the sample experienced one or more types of sexual assault and/or rape in their lifetime, and 51% ($n = 95$) reported victimization since attending the university. Most (45%, $n = 84$) experienced sexual assault-only, which included nonconsensual kissing, touching or oral sexual behaviors and 7% ($n = 13$) experienced attempted rape only. Students reported rape alone or rape in addition to other victimizing behaviors (19%, $n = 35$; refer to Table 1).

As provided in Table 2, there were significant differences within the groups of disabilities (i.e., physical, learning, ADHD/ADD, and emotional) for completed rape and sexual assault, but not for attempted rape only. Students with emotional disabilities reported higher rates of completed rape and sexual assault-only compared to other types of students with disabilities. For students who reported more than one disability vs. only one, there were no significant differences in any of the sexual assault experiences, as shown in Table 3.

The second goal for this study was to examine contextual characteristics (i.e., alcohol, perpetrator relation to victim, and location of assault, disability status) surrounding victimization among students with disabilities. Of those who reported any victimization, they were triaged into this section that asked about more contextual questions of the assault. Students reported that their perpetrators were primarily male (87%), strangers (10%), a close relationship (30%, including dating partners, spouse, family), someone from work or school (13%) or the community (6%). The primary locations for their assaults occurred in a home (17%), their home (36%), or at a

party (21%). They were consuming alcohol directly before or during the assault (53%) and 64% reported they did have a disability at the time of the assault.

Lastly, the third goal was to examine disclosure and barriers to disclosing for students with disabilities who have been victimized. Out of the students who reported any victimization, 76% told their friend, 35% told their families, 45% told a romantic partner, and 48% told someone else. They indicated that most (62%) were supportive. As for officially reporting their victimization, 90% reported they told no one officially, such as Title IX coordinators or police officers. A few (7%) reported their assault to counseling and psychological services on their campus. Their reasons for *not* disclosing included that they did not think about telling anyone (15%), were uncomfortable talking about it with anyone (22%), and did not think it was that serious (25%).

Discussion

The goal of this study was to better understand why students with disabilities are at high risk of sexual assault and what efforts are needed to inform prevention on college campuses. Similar studies have found that students with disabilities are disproportionately affected when it comes to sexual victimization (Brown, Pena, & Rankin, 2017). Our study found that 71% of students with disabilities reported experiencing a sexual assault during their lifetime. The results from this sample indicated that college students with disabilities have experienced *extremely* high rates of sexual assault compared with previous college student samples of sexual assault victimization, which includes approximately 20-25% of students (Cantor et al., 2015; National Council on Disability, 2018).

The study also examined various contextual characteristics that may be associated with sexual assault for students with disabilities. These factors included alcohol consumption,

perpetrator relationship to victim, location of assault, and disability status at the time of assault. The reason for this was to link the sexual assault to possible contributing factors. The results included that the perpetrators were mainly men that the victim knew or had a close relationship with, including friends or romantic partners. Most of the attacks happened at the victims' home. Also, the students reported having consumed alcohol directly before or during the assault. This information was not very surprising, considering the vast majority of sexual assaults are attempted/completed by males who are acquaintances to the victim. These contextual findings mirror previous findings on sexual assault context that we see in the literature (Testa & Cleveland, 2017).

The last factor that was examined were issues with disclosure. What we found was typical and consistent with previous research about sexual assault disclosure. Most (90%) have never disclosed their assault officially to someone, such as a Title IX officer or the police. Unfortunately, this is very common across most samples of college student sexual assault. Noted in the literature, only 5% of college students report their sexual assault experiences to the police and/or campus authorities (Beavers & Halabi, 2017). Thus, additional research is needed to examine why students, with or without disabilities, are not reporting in general. This is an extremely important aspect to follow up on and provide assistance to those who do not have the ability to disclose their experiences for various reasons.

Limitations. The current sample came from one southern university in the United States. Therefore, it cannot be generalized to other campuses. In addition, almost all responders to the survey were white, heterosexual women. Thus, this sample was not a very diverse representation of many college students with disabilities. Future studies should examine multiple universities

with a larger sample size with culturally diverse students to examine the rates of sexual assault experienced by students with disabilities.

Implications. There are implications with the current study when considering the students services working directly with students with disabilities, understanding the individual experiences, trauma, resources such as Title IX, and overall education. There may be an issue of whether students are aware and exposed to the resources available to them on campus. Not knowing about the Title IX policy is a campus wide issue that is vital knowledge for all students. The last implication to be considered is the frequency of victims with emotional disabilities. Emotional disabilities includes anxiety, depression, PTSD, and others. We found that 35% of students with emotional disabilities have been sexually assaulted since attending college. This is an important implication of whether the students had preexisting emotional disabilities coming into college or developed them since attending college, perhaps from a result of their sexual assault experience. Additional research is needed to address this link between emotional disabilities, sexual assault, and trauma, such as PTSD.

In conclusion, there is still very little research that addresses sexual assault among students with disabilities. Our findings suggest that students with disabilities are at very high risk of experiencing sexual assault, regardless of disability status. It is important that campuses learn how to address sexual assault victimization especially among students with disabilities.

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Table 1*Study Demographic Information*

Demographic	n	%
Gender		
Women	147	79
Men	40	21
Multiple Disability Type		
Physical	82	44
ADHD/ADD	96	51
Learning	49	26
Emotional	90	48
Race/Ethnicity		
White	162	97
Black or African American	2	1
Latino or Hispanic	7	4
Asian or Asian American	3	2
Native American	3	2
Other	10	5

Table 2*Sexual Assault between College Students with Disabilities*

Victimization Status	Physical		Learning		ADHD/ADD		Emotional		df, n	χ^2	<i>p</i>
	n	%	n	%	n	%	n	%			
Completed rape only or in addition to other assaultive behaviors	7	20	2	5	10	29	16	46	3, 35	11.74	.01
Attempted rape only	1	7	2	15	4	32	6	46	3, 13	4.54	.21
Sexual assault only	19	23	6	7	16	19	43	51	3, 84	35.14	.001

Table 3*Sexual Assault of College Students with Multiple Disabilities vs. Only One*

Victimization Status	Only 1		Multiple Disabilities		df, n	χ^2	p
	n	%	n	%			
Completed rape only or in addition to other assaultive behaviors	15	43	20	57	1, 35	.71	.40
Attempted rape only	3	23	10	77	1, 13	3.77	.052
Sexual assault only	41	49	43	51	1, 84	.05	.83