



Sexual Assault Among Utah Women: A 2022 Update

Sexual assault is a significant social, criminal justice, and healthcare issue in Utah. According to the Federal Bureau of Investigation’s (FBI) Uniform Crime Reporting (UCR) database, rape is the only violent crime in Utah with higher rates (55.5 per 100,000 people) than the national average (42.6 per 100,000 people).¹ The high number of rapes reported in the data is especially concerning as only 11.8% of individuals who have experienced rape or sexual assault in Utah reported the crime to law enforcement.² In 2007, the Utah Commission on Criminal and Juvenile Justice conducted an anonymous survey and discerned that one in three Utah women experienced sexual assault in their lifetimes, and one in six Utah women experienced rape (sexual assault with vaginal or anal penetration).³ Utah is ranked 9th out of the 50 US states for number of rapes per capita.⁴ Rape results in significant individual and societal costs. Individuals traumatized by rape frequently suffer negative short- and long-term physical, psychological, and emotional effects.⁵ In fact, the financial burden of rape is estimated to cost \$1,700 per Utah resident per year.⁶

The purpose of this snapshot is to provide updated research findings on sexual assault in Utah, specifically for Utah women. This is an update of a 2016 Utah Women & Leadership Project (UWLP) research snapshot titled “Sexual Assault Among Utah Women,”⁷ which provided an overview of Utah’s sexual assault facts and statistics, a review of campus sexual assault in Utah, and a discussion of the financial and well-being costs of sexual assault in the state. The purpose of this updated snapshot is to share research findings on the demographics of sexual assault victims/survivors across Utah,⁸ sexual assault kit submission rates,⁹ and sexual assault case prosecution rates in two highly populated counties.¹⁰

Demographic Information

Utah researchers have collected data on adolescent/adult sexual assault cases from sexual assault medical forensic examination (SAMFE) forms from eight Utah counties (i.e., Salt Lake, Utah, Weber, Morgan, Davis, Box Elder, Washington, and Iron) since 2010 through a research collaboration with four forensic nursing teams and Utah Department of Public Safety Bureau of Forensic Services.¹¹ The information on victim demographics helps identify victim vulnerabilities. The researchers prefer to consider

these variables as vulnerabilities rather than as risk factors to emphasize that individuals are not to be blamed for being sexually assaulted. Rather, they are victimized due to their personal or situational vulnerabilities.

Regarding personal vulnerabilities, young women are more vulnerable for sexual assault, although women of all ages were represented in the study population (see Table 1). Approximately 4.7% of victims are men and 0.4% are transgender.¹² Research notes that men and transgender individuals may be even less likely to report sexual assault and receive SAMFES.¹³ Sexual assault victims’ race categories were even higher in two categories compared to Utah Census data:¹⁴ Black (3.6% vs 1.5% Utah) and Native American (2.9% vs 1.6% Utah), indicating that Black and Native American individuals have higher vulnerability for sexual assault in Utah.

Table 1. Victim Demographic Information on Personal Vulnerabilities, 2010–2020¹⁵

Victim Characteristics (N=7,455)			
Age			
Range: 14–95 years, Mean=27.6, Median=24, Mode=18 Percentiles: 25% (19), 50% (24), 75% (34)			
Gender	N=7455	Utah Census¹⁶	
Women	94.7%	49.6%	
Men	4.7%		
Transgender	0.4%		
Race			
White	76.3%	77.2%	
Hispanic	12.1%	14.8%	
Black	3.6%	1.5%	
Native American	2.9%	1.6%	
Asian/Pacific Islander	2.3%	3.8%	
Other	2.3%		
No Permanent Address*	22.4%		
Mental Illness Self-Disclosure	47.2%		
Physical/Mental Impairment	9.6%		

*Permanent address information was gathered only from 2018–2020.

Almost one-quarter of victims reported that they did not have a permanent address, indicating homelessness or lower socioeconomic status (SES). Individuals living on the street, in shelters, or “couch surfing” have much higher sexual assault vulnerabilities due to lack of protection afforded

by a permanent home. At 47.2%, mental illness, ranging from mild to severe, stands out as a high vulnerability for sexual assault compared to a 20.0% national rate of mental illness.¹⁷ Sexual assailants may prey on those who have mental illness as easier targets for abuse. Victims with physical or mental impairments (e.g., developmental delays and cognitive/sensory/mobility impairments) are especially vulnerable for sexual assault and comprise 9.6% of the study population.¹⁸

Victims may also experience situational vulnerabilities that increase their risk for sexual assault victimization (see Table 2). First, location is considered a situational vulnerability. Most sexual assaults occur in houses or apartments (62.6%), followed by other locations (e.g., motels, bars, restaurants, businesses), cars/automobiles, and the outdoors.¹⁹ An “unknown location” was also reported by some individuals who reported full loss of consciousness during the assault. Second, 16.2% of victims reported that they suspected they were drugged prior to the sexual assault, which is referred to as “suspected drug-facilitated sexual assaults.”²⁰ Third, victims (56.8%) who consumed alcohol or drugs may experience increased situational vulnerabilities due to reduced awareness or impaired judgment from varying levels of intoxication. Finally, sleeping individuals (12.6%) are vulnerable to sexual assault purely based on the vulnerable nature of being asleep. The relationship between sleeping victims and assailants ranged from strangers to acquaintances to current and ex-partners.²¹

Table 2. Victim Demographic Information on Situational Vulnerabilities, 2010–2020²²

Victim Information (N=7,455)	
Location of Sexual Assault	
House or Apartment	62.6%
Other (e.g., Motel)	14.9%
Car	9.3%
Outside	9.1%
Unknown	4.1%
Suspected Drug-facilitated Sexual Assault	16.2%
Victim – Alcohol Use	40.7%
Victim – Drug Use	16.1%
Asleep and Awakened to Assault	12.6%

Additional Descriptive Data

SAMFE forms also include information on the relationship between victims and assailants, as well as the assailants’ and victims’ actions, to address potential future safety concerns and to guide the examinations and evidence collection processes (see Table 3).²³ In fact, 76.6% of sexual assault victims knew their assailant, with the most common relationship categorized as “acquaintance,” such as friend or date. More than eighteen percent of victims (18.5%) reported being raped by a “stranger,” defined by the researchers as someone whom the victim did not know their name

and had less than approximately two hours of interaction. The percentage of rapes by current spouse/partner (6.9%) were slightly above rapes by ex-partners (5.7%), predominantly ex-boyfriends. The relationship of “other” was defined as someone in a position of power or authority over the victim, such as boss, manager, teacher, or family member. In 4.8% of the cases, the victim did not know who the assailant was due to a complete loss of consciousness, which was often associated with suspected drug-facilitated sexual assaults.

Table 3. Victim Interaction with Assailant Information, 2010–2020²⁴

Victim Interaction with Assailant (N=7,455)	
Victim-Assailant Relationship	
Acquaintance	58.0%
Stranger	18.5%
Spouse/Partner	6.9%
Ex-partner	5.7%
Other	6.1%
Unknown	4.8%
Multiple Assailants (e.g., “gang rape”)	10.0%
Assailants’ Actions Against Victims	
Grabbed or Held	61.0%
Verbally Threatened or Coerced	37.0%
Hit	16.0%
Strangled	15.4%
Weapon Use	9.9%
Used Restraints	5.1%
Burned	1.5%
Victims’ Actions Against Assailants	
Other	18.3%
Hit	11.8%
Kicked	9.6%
Scratched	9.5%
Bit	4.8%

The most common assailants’ action was grabbing or holding victims (61.0%), usually on extremities, and the second was verbally threatening or coercing victims (37.0%). Other violent actions by assailants include hitting (16.0%), strangling (15.4%), using a weapon (9.9%), using restraints or tying up victims (5.1%), and burning victims (1.5%). Since initial data collection in 2010, strangulation rates associated with sexual assault have increased from 10.0% to 15.0%, which is concerning due to heightened lethality associated with strangulation.²⁵ A small percentage of victims physically reacted against assailants. Victims’ statements indicated that many do not physically fight back due to high levels of fear during the sexual assault. The most common victims’ action was “other,” which was usually pushing or attempting to shove assailants off victims’ bodies (18.3%). Additional victims’ actions against assailants included hitting (11.8%), kicking (9.6%), scratching (9.5%), and biting (4.8%). Ten percent of victims reported being raped by two or more assailants.²⁶

During SAMFEs, victims are asked about loss of consciousness or awareness during the sexual assault, as this finding provides medical data as well as information about level of alcohol or drug intoxication (see Table 4). Almost half of victims (49.0%) reported loss of consciousness or awareness during sexual assaults due to a range of causes: strangulation, suspected drug-facilitated assaults, head injuries, alcohol and/or drug intoxication, and psychological trauma from the assault.²⁷ Victims who reported loss of consciousness or awareness generally have memory loss or impairment that can be damaging to their credibility.²⁸

Table 4. Psychological and Physical Impact on Victims Documented in Examination²⁹

Impact on Victims (N=7,455)	
Loss of Consciousness or Awareness	48.6%
Non-Anogenital Injuries	71.0%
Mean of Injuries	6.1
Most Common Location: Extremities	60.5%
Most Common Type: Bruises	52.7%
Most Common Type: Abrasions	39.4%
Anogenital Injuries	47.7%
Mean of Injuries	1.5
Most Common Type: Lacerations	23.4%
Most Common Type: Abrasions	23.1%

SAMFE forms contain detailed information about victims' injuries. To clarify: The research team deemed a finding as an injury if it was noted as an injury on the SAMFE forms and was visible; therefore, designations of "tenderness" were not counted as injuries. Seventy-one percent of victims had documented, visible non-anogenital injuries with the most common location as the extremities and the most common types as bruises and abrasions. Injuries on extremities corresponds with the most common assailants' actions of grabbing or holding victims, usually on extremities. Regarding anogenital injuries, nearly half of victims had documented injuries with the most common types as lacerations, splitting of tissue by blunt force trauma, and abrasions, removal of the top layers of tissue. Redness was not counted as an injury for anogenital injuries as redness can be a normal finding in anogenital tissue.

Due to the work of this research team, Utah has the largest collection of data from SAMFE forms and sexual assault kit DNA analysis findings in the US. Interrater reliability has been extremely high (Cohen's Kappa of .9555), indicating strong research methodology. The hope of the research team is that these data will inform and drive evidence-based practices and policies. To ensure a safer and healthier state and reduce our high occurrence of sexual violence, Utah policymakers, state and community leaders, advocates, and all Utah residents should be aware of the extent and impact of sexual assault on citizens and our society.

Sexual Assault Kit Submission Rates

Report authors and their associates have also published research on sexual assault kit submission rates by law enforcement to the state crime laboratory in seven Utah counties from 2010 to 2013 (N=1,874).³⁰ All sexual assault kits included in the study were from adolescent (>14 years) or adult victims who wanted to pursue case investigation and prosecution at the time of the SAMFEs. They found that only 38.0% of collected sexual assault kits were submitted to the state crime laboratory for analysis. The main determinant of sexual assault kit submission was the county location of the sexual assault, indicating subjectivity in the decision to submit kits for analyses. Statistical analysis found other variables that predicted sexual assault kit submission: male victim (46.0% more likely to be submitted), suspected drug-facilitated sexual assault (25.0% more likely to be submitted), victim drug use (22.0% less likely to be submitted), victim bathed or showered post-assault and prior to SAMFE (17.0% less likely to be submitted), victims with physical or mental impairments (17.0% less likely to be submitted), and victims knew the assailant (16.0% less likely to be submitted).

Following publication of these findings in 2016 and the resulting media attention, law enforcement began submitting increased amounts of sexual assault kits in storage and current sexual assault kits. In 2017, Representative Angela Romero sponsored and passed legislation, *House Bill 200: Sexual Assault Kit Processing*, to mandate the submission and testing of all sexual assault kits.³¹ Sexual assault kit submission rates have now increased to over 95.0%.³²

The team of researchers led by Dr. Julie Valentine and Utah Bureau of Forensic Services (UBFS) Crime Lab Director, Jay Henry, wrote federal grants for the National Institute of Justice Sexual Assault Kit Initiative (SAKI) program and The District Attorney of New York (DANY) grant program to help fund DNA analyses of thousands of previously unsubmitted sexual assault kits, investigate and prosecute resulting sexual assault cases, and develop systemic improvements. The first SAKI and DANY funding was awarded to Utah Commission on Criminal and Juvenile Justice and Utah Department of Public Safety in January 2017. With federal and state funding support and legislation changes, Utah tested 11,193 backlogged sexual assault kits, resulting in 5,025 forensic DNA profiles being entered in the national database.³³ A sexual assault kit tracking system was developed by UBFS and the Utah Office on Domestic and Sexual Violence to ensure continued submission of sexual assault kits with a victim portal to allow victims the option of monitoring the status of their sexual assault kits.

Prosecution Rates

In 2013, the National Institute of Justice released a Toolkit and statistical program developed to evaluate prosecution rates of adult sexual assault cases in which victims received

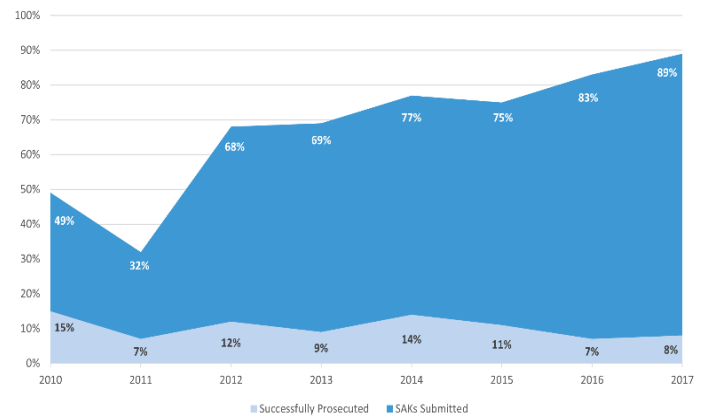
care from sexual assault nurse examiners with sexual assault kit evidence collection.³⁴ In 2013, the Utah team implemented this Toolkit in Salt Lake County for adult sexual assault cases from 2003 to 2011 and found that 6.0% of cases were prosecuted (trial with conviction, trial with acquittal, or plea bargain).³⁵ Findings from the implementation received substantial community and media attention.³⁶ A local television station launched its own investigation on prosecution outcomes in adult sexual assault cases and found the same conclusions as those in the Toolkit implementation: only one-third of cases were referred by law enforcement to prosecutors for prosecution, and, of those, only 5.5% of cases were prosecuted.³⁷

In 2019, the Utah team implemented the Toolkit again in Salt Lake County focused on adult sexual assault cases from 2012 to 2017. In 2020, the team applied the Toolkit for the first time in Utah County for adult sexual assault cases from 2010 to 2018.³⁸ They found that prosecution rates had improved in Salt Lake County from 6.0% to 8.0%, with an additional 2.0% of cases not adjudicated; therefore, the final prosecution rate could be up to 10.0%. It is believed that the prosecution rate improvements were due to increased prosecution by the Salt Lake District Attorneys' Office as law enforcement referral of adult sexual assault cases remained at approximately 33.0% of cases.³⁹ In 66.0% of adult sexual assault cases, law enforcement did not refer or screen the cases with prosecutors, so the cases stopped in case progression within law enforcement agencies. Utah County had a reduced screening rate, with law enforcement agencies formally screening 27.0% of cases and informally screening 14.0% of cases with the Utah County Attorney's Office. Yet, the overall prosecution rate

for Utah County adult sexual assault cases was slightly higher at 11.0%.⁴⁰

Improvements in sexual assault kit submissions has been substantial, yet prosecution of sexual assault crimes remains low (see Figure 1). Clearly, to reduce sexual violence in Utah, additional funds and support are now needed within the criminal justice system to improve sexual assault investigation and prosecution rates.

Figure 1. Sexual Assault Kits (SAKs) Submitted and Successfully Prosecuted Cases 2010–2017⁴¹



Conclusion

With the high rates of sexual assault in Utah, continued research on adult and child sexual assault cases is critically important. Research can inform both practice and policy to improve care for sexual assault survivors and reduce sexual violence throughout Utah. Through research and commitment to evidence-based policy development, Utah can reduce sexual violence, leading to a safer and healthier state.

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¹² Valentine, J. L., & Miles, L. (2022).

¹³ Larsen, M., & Hilden, M. (2016, October). Male victims of sexual assault; 10 years' experience from a Danish Assault Center. *Journal of Forensic and Legal Medicine, 43*, 8–1. <https://doi.org/10.1016/j.jflm.2016.06.007>; Hereth, J. (2021). "Where is the safe haven?"

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