LEAGUE OF WOMEN VOTERS®
OF UTAH

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# 2016 STUDY
# SEXUAL VIOLENCE IN UTAH

This informational study covers the prevalence of sexual violence in Utah, the relationship of sexual violence to physical and mental health, the experience of a mental health professional and the story of a sexual violence victim, sexual violence in correctional facilities, confinement and various housing types. It also considers community attitudes toward sexual violence and sex offender sentencing, treatment and prevention.

The **League of Women Voters of Utah,** a nonpartisan political organization, encourages informed and active participation in government, works to increase understanding of major political issues, and influences public policy through education and advocacy. Membership is open to anyone at least 16 years of age. To learn more about the League, join, or make a donation contact us at lwvutah.org

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## INTRODUCTION

A statistic, that one in three Utah women will experience some form of sexual violence during their lives (UDH, 2013), highlighted the proposal of this study to the League of Women Voters of Utah during their annual convention in 2015. It was widely felt that more information about the subject was needed, and the convention voted to adopt this study for their 2015 - 2016 program year.

Acts of sexual violence are among the most significant social problems that cost our society morally, emotionally, psychologically and fiscally. The challenge facing Utah and many, if not all, other states is to prevent sexual violence, to treat victims of sexual violence, to increase and/or change the legal consequences of sexually violent crimes, to allot additional funds to treat sex offenders and to raise community awareness.

All these steps are necessary to comprehensively impact the prevalence of sexual violence. This approach requires a large investment by our community, policymakers, spiritual groups, religious institutions and social service agencies. (Bryant, 2015)

This informational study will cover the prevalence of sexual violence in Utah, the relationship of sexual violence to physical and mental health, the experience of a mental health professional and the story of a sexual violence victim, sexual violence in correctional facilities, confinement and various housing types. It will also consider community attitudes toward sexual violence and sex offender sentencing, treatment and prevention.

## THE PREVALENCE OF SEXUAL VIOLENCE

The prevalence of sexual violence is daunting. Reduction of this violence will equal fiscal savings and lead to fewer mental health issues that are correlated with sexual trauma. Sexual violence is an epidemic locally, nationally and globally. (Bryant, 2015)

Results of a national telephone survey conducted in 2001-2003 give an historic perspective of national rates of sexual victimization. This survey indicates that one in 58 US adults (2.7 million women and 978,000 men) experienced unwanted sexual activity in the 12 months preceding the survey, and that one in 15 US adults (11.7 million women and 2.1 million men) have been forced to have sex during their lifetimes. Over 60% of females and over 69% of males were 17 years old or younger at the time the first forced sex occurred. Findings suggest that victimization rates have remained consistent since the 1990s (Basile, Chan, Black, & Saltzman, 2007).

These findings suggest that a continued effort toward primary prevention of sexual violence, particularly rape of children and adolescents, is needed (Basile et al., 2007).

Utah's rates of sexual violence are of particular concern. Some sexual violence studies indicate the rates of sexual violence in Utah are significantly higher than the national average.

"Utah's rape rate was approximately 10 percent higher than the rape rate nationally. For all other types of violent crimes -- murder, robbery, and aggravated assault -- Utah's rate typically falls two to three times below the national average (Mitchel & Peterson, 2007)."

The following Utah statistics are drawn from the Utah Department of Health "Violence and Injury Protection Program" (2013).

- One in three Utah women will experience some form of sexual violence during their lives. In 2006, one in eight women (12.4%) and one in 50 men (2%) reported they had experienced rape or attempted rape in their lifetime.

- Utah's rate of rape has been higher than the U.S. rate since 2000. In 2008 Utah's reported rate was 63.7 per 100,000 females compared to the U.S. rate of 57.4 per 100,000 females.

- The majority of rapes (88.2%) are not reported to law enforcement.

- Carbon, Uintah, Salt Lake, Tooele, Grand and Weber counties had higher reported rates of rape than the state rate from 2002 - 2008.

- 78% of females who had been sexually assaulted reported that their first sexual assault occurred before their 18th birthday. In 2009, 8.2% of female high school students and 5.8% of male high school students in Utah reported they were physically forced to have sexual intercourse when they did not want to.

- Sexual assaults rarely are committed by strangers. Only 13.3% of victims report being victimized by a stranger. Most often assault is committed by a family member (30.9%), intimate partner such as a spouse or boyfriend or girlfriend (20.8%), friend (14.3%), neighbor (9.9%), babysitter (2.2%) or coworker (1.8%). Between 80 and 93% of the victims knew their attackers.

- Rape victims report a higher prevalence of major depression and dissatisfaction with life compared to non-victims (Utah DOH, 2013).

- $650,000 was spent on medical costs to treat the victims of sexual violence in 2008, yet only 12.7% of sexual assault victims visit a doctor or medical center for an exam after the incident. Had just 3 times that number visited a doctor or medical center for an exam after the incident, the cost would have been nearly $2,000,000. Reasons for not seeking medical attention include they were not injured, they were too young to ask for help, they were afraid someone would find out what happened or they were not thinking clearly (Utah DOH, 2013).

## PHYSICAL HEALTH AND SEXUAL VIOLENCE

Physical health concerns are related to sexual violence. Some of the most common concerns are chronic pelvic pain as a result of violent sexual attacks, premenstrual syndrome, gastrointestinal disorders, chronic headaches, back pain and facial pain.

More significantly, "between 4% and 30% of sexual assault victims contract sexually transmitted diseases, including HIV." This represents a larger concern as the prevention of sexually transmitted diseases (also known as sexually transmitted infections) are a major public health issue.

Finally, some studies have estimated that 32,000 pregnancies occur in the U.S. each year as a result of rape. While this number is deeply concerning, multiple issues arise related to this estimate. (Bryant, 2015)

Did mothers feel social pressure to keep an unwanted child that they did not willingly conceive? What long-term parental issues are present as a result of raising unwanted children? What resources were the mothers provided if they chose to give birth? These questions remain unanswered.

## MENTAL HEALTH AND SEXUAL VIOLENCE

There appears to be a disproportionate number of individuals who meet criteria for a mental health disorder, and who have been the victim of sexual abuse. Significant social costs associated with substance abuse and mental health include, but are not limited to, the cost of incarceration, substance abuse treatment, lost wages and productivity, and criminal justice system costs.

A study of child rape victims evaluates the correlation between sexual victimization and mental health issues. "Child rape victims are more likely than non-victims to have met DSM-III diagnostic criteria for a major depressive episode, agoraphobia, obsessive-compulsive disorder, social phobia, and sexual disorders. Molestation victims were overrepresented on major depressive episode, obsessive-compulsive disorder, and sexual disorders (Veronen, Kilpatrick, Lipovsky, Villeponteaux, & Saunders, 2013)."

Other confounding factors in victims' lives may cause them to be more likely to be at risk for sexual violence. This may point to additional risks that occur for those who have been victimized by sexual violence. A study conducted by the Utah Commission on Criminal and Juvenile Justice (CCJJ) explored the connection between physical violence victimization and sexual violence victimization. This study also found that 54% of women experience some sexual violence during their lifetime.

These victims of sexual violence were nearly twice as likely to have experienced other, nonsexual, forms of violence during their life than their counterparts who had never experienced sexual violence.

Other findings from this study indicate that victims of sexual assault report being the witness to violent assault and/or murder nearly twice the rate of those who have not been the victim of sexual violence. They report being stalked nearly 3 times as often as their counterparts. The CCJJ study suggests sexual assault experiences are part of a larger complex of traumatic events (Utah Commission on Criminal and Juvenile Justice, 2008).

Those who are victims of sexual violence appear to be surrounded by, and/or witness or victim to, higher rates of violence and other social discord. The cause and connection here is complex and difficult to ascertain. However a number of assumptions can be made from both a social and a psychological perspective.

Individuals experiencing sexual trauma, specifically at a young age, are not only traumatized but have their psychological and emotional development disrupted. Individuals who have been sexually victimized are subject to one of the worst forms of poor modeling, often by role models, parental figures or other influential adult figures. The understanding of acceptable behavior or social norms is impacted and subsequently may lead to engaging in social relationships with components similar to those that were modeled to them when they were younger.

Individuals who are victims of sexual violence may have been born into families where violence is more prevalent. Individuals who perpetrate crimes of sexual violence within their families may also be likely to commit other forms of violence. And as stated prior, familial norms, as it relates to violence, substance abuse, etc. can significantly impact an individual's social trajectory.

"Victims of sexual assault experienced serious impacts on their physical and mental health. Long after a traumatic event such as a sexual assault is over, victims often continue to experience the impact on their lives. Negative effects on physical and mental health are often magnified by behavioral coping mechanisms, such as alcohol and drug use. Some of the most widely studied effects of rape and sexual assault on victims are depression, Post-Traumatic

Stress Disorder (PTSD), alcohol and drug use, and perceptions of overall health status" (Mitchell & Peterson, 2007)."

## ONE PROVIDER'S VIEW

One mental health provider in the Salt Lake City area discussed her 20-year experience providing mental health services to individuals who are victims of sexual violence.

"...sexual trauma has a major impact on how people function in a variety of ways. For example, many of the clients I have seen have developed addictions and eating issues as an attempt to cope with the impact of sexual trauma," stated Lisa Mountain, Ph.D.

"These coping mechanisms serve as a way to not feel emotions related to the trauma, to block out intrusive memories of the trauma, and ironically, to feel more in control in a way that they were not during their sexual trauma. Unfortunately, these coping mechanisms typically end up causing more problems."

Mountain said sexual trauma also dramatically affects the survivor's relationship with others, and that people who have experienced sexual trauma often have a great deal of difficulty trusting others and establishing healthy, long-term relationships. "They often experience a great deal of anxiety and depression related to their trauma that can interfere with relationships, works, and quality of life. Fortunately, through mental health treatment, survivors of sexual trauma can go on to heal and develop healthy relationships and fulfilling lives (Mountain, Personal Interview,10-21-2015)."

## ONE PERSON'S STORY

Ms. Rogers was 16 years old when she met a 28-yr-old man who used teasing, sexual innuendo, flirting, and buying beer (and sometimes hosting parties) as the first stages in sexual abuse. Over time a process of grooming occurred by sexting, teaching her how to masturbate, teasing, and telling her it was a 'strong woman' who could use her body to make money and use men instead of letting them use her."

Eventually he convinced her to trade sex for money, of which he kept 25%, and gave her liquor to calm her nerves. In 2013 she was raped and went to the Rape Recovery Center where she learned that she had been groomed and abused. She suffered from psychotic episodes from Post-Traumatic Stress Disorder that was alleviated slowly by medication. "Some of the pain has melted away through my work in therapy, and some still walks beside me everywhere I go," stated Ms. Rogers. Her story is at Addendum B. (Rogers, personal interview,10-18-2015.)

## COMMUNITY ATTITUDES TOWARDS SEXUAL VIOLENCE

A small study of college students that utilized both the Acceptance of Modern Myths about Sexual Aggression Scale and the Modern Sexism Scale demonstrated that the more individuals identified with traditional gender roles, the more likely they were to accept rape myths. It also showed that social work students were less likely to accept rape myths and traditional gender roles than college students in other degree programs (Bryant, Riquino, Stewart, Mason, Young, 2010).

These issues of attitudes and perception of sexual violence impact victims of sexual violence, their likeliness to report the crime, or even to gain support from family members. In a survey conducted with Utah sexual assault victims, more than half of those surveyed discussed concern with their families finding out about their victimization. Those who were surveyed were significantly concerned with family members or those within their social support system believing the sexual assault was partly the fault of the victim (Mitchell & Peterson, 2007, p18).

## SEXUAL VIOLENCE IN CORRECTIONAL SETTINGS

When addressing problems as well as creating solutions related to sexual violence, one must include the considerable amount of sexual violence that occurs in correctional settings. Sexual assault may not be completely avoidable in the community, and some prison officers interviewed suggest this is also true within a correctional facility. There appears to be a perception of incarceration, through messages communicated in the entertainment industry, that sexual violence simply is an occurrence that is unfortunate - but occurs.

The Prison Rape Elimination Act [PREA] was passed in 2003. This act created the National Prison Rape Elimination Commission that was tasked with developing standards to prevent sexual assaults in correctional settings. All correctional institutions would be required to adopt these standards.

Constitutional Basis of PREA:

PREA was created with a number of constitutional issues in mind. Under the 8th Amendment to the Constitution, individuals have the right to be free from cruel and unusual punishment. This includes their physical safety and medical care when being housed in a correctional setting. The Constitution also provides individuals nondiscriminatory treatment under both the 5th and the 14th Amendments to the Constitution. They also have some limited rights to privacy under the due process clause. (Davis, et al., 2012).

A 1994 US Supreme Court case, Millbrook v United States, addressed the liability of correctional officers. It was determined that correctional employees can be held liable if they are indifferent to violence or if they do not provide

precautions for individuals who are transgender or gender nonconforming (Farber, 2007).

PREA Standards and Information:

PREA standards require staff training, staff with time and resources to oversee PREA standards are met, to allow for grievances for discrimination, and reports of sexual abuse (Davis, Gorenberg, Marksamer, Murphy, & Tobin, 2012).

Screening and Classification:

Correctional facilities must screen all inmates upon intake and assess their risk of abuse (victimization or perpetration) as well as identify their sexual orientation and gender identity, e.g. transgender status, gender nonconformity, or intersex condition. The inmate's likelihood of being a victim is expected to be taken into consideration. Inmates cannot be subject to disciplinary action for failing to provide or refusal to disclose this information (Davis, et al., 2012).

Sexual Abuse While in Confinement:

"More than 200,000 youth and adults are sexually abused in prisons, jails, and juvenile detention facilities each year according to federal estimates. (US Department of Justice, 2011)" A study of California prisons found that transgender women in men's prisons were 13 times as likely to be sexually abused as other inmates (Center for Evidence-Based Corrections, 2009).

Individuals who are sexually abused while incarcerated experience similar issues as their non-incarcerated sexually traumatized counterparts. They have a high likelihood of developing mental health disorders such as Post-Traumatic Stress Disorder, Major Depressive Disorder, and Generalized Anxiety Disorder to name a few. Inadequate mental health treatment and medical care can increase the likelihood of these issues or exacerbate the severity. (Bryant, 2015)

In addition, research released by the Bureau of Justice Statistics (BJS) indicates certain characteristics, including sexual orientation and gender identity, is associated with higher vulnerability to sexual abuse within a correctional setting. The BJS survey of youth in juvenile facilities found that more than one in five non-heterosexual youth reported sexual victimization involving another youth or facility staff.

"Non-heterosexual youth were almost ten times as likely as heterosexual youth to have reported they had been sexually abused by other youth while in custody (12.5 percent v. 1.3 percent). In a similar study with adult inmates in county jails, having a sexual orientation other than heterosexual likewise resulted in significantly higher rates of sexual victimization (CCJJ, 2010, p. 26)."

Transgender Housing:

PREA standards indicate that individuals who are transgender, gender nonconforming, or intersex must be housed in correctional facilities on a case-by-case basis, and the decision cannot be made based on genitalia or gender assignment at birth.

Additionally there is an expectation within these standards that inmates within these groups must be assessed at least two times per year to determine housing appropriateness. These assessments are also used to discover any incidents of abuse that may have occurred while incarcerated. Finally, individuals who are transgender, gender nonconforming, or intersex must be allowed to shower separately from other inmates no matter what housing unit they reside in (Davis et al., 2012).

Protective Custody and/or Isolation:

As a result of some of the PREA standards for housing inmate with logistical and safety issues that exist within correctional facilities, inmates who are transgender, gender nonconforming, or intersex often are housed in protective custody or isolation. PREA standards indicate all housing options must be exhausted prior to placing an individual into protective custody unless it is for disciplinary reasons. It is expected these inmates are offered access to programming, education, and other opportunities that would be available to any other inmate (Davis et al., 2012).

LGBT Specific Housing Units:

Some correctional facilities have housing units specific for gay, bisexual, transgender etc. individuals. However this practice can further stigmatize this population and increase the likelihood of discrimination from correctional staff as well as create barriers to access to programming. PREA standards indicate that individuals cannot be placed in these units unless the placement is voluntary, determined to be necessary for that individual, or the unit was created as a result of a court resolution to protect this population (Davis et al., 2012).

Searches:

Traditional search standards in corrections indicate cross-gender searches should never occur, but these standards do not discuss how these apply to transgender inmates. Some agencies allow the inmate to decide who should conduct the search. PREA indicates this is consistent with best practice and that searches must be conducted in the least intrusive manner. Furthermore, searches cannot occur for the primary purpose of identifying an inmate's genitals. (Davis et al., 2012).

Additional PREA Standards:

As indicated above, a number of constitutional rights indicate a need to alter the treatment and/or method of incarceration of individuals who identify as gay, bisexual, transgender, gender nonconforming, or transsexual. It appears these constitutional rights have not historically been recognized and correctional institutions have both institutional and infrastructure barriers to meeting these rights.

Individuals who have committed crimes are subject to the loss or reduction of many of their constitutional rights. However, there continue to be fundamental rights that can easily be violated -- even more so for this population of inmates. Individuals have the right to be free from cruel and unusual punishment that includes the right to safe housing while being incarcerated. The 5th and 14th amendments grant them the right not to be discriminated against.

Correctional management has the difficult but necessary task of assuring their staff does not discriminate against individuals based on their sexual orientation or gender identity. The corrections community is also responsible to assure a process exists that permits inmates to grieve any discrimination that may have occurred and that employees are held liable for their discrimination or allowance of violence against inmates.

These constitutional rights and their applicability to a corrections setting has become clearer and PREA standards give specific direction to how these rights can be achieved for transgender, gay, bisexual, gender variant, and intersex individuals (Davis et al., 2012).

However, correctional facilities have issues of infrastructure, including but not limited to insufficient showering sections, lack of programming in housing units that can provide safety for individuals, and an ongoing difficulty with employee adherence to these standards, partly as a result of stigmatization.

Adherence to PREA standards protects constitutional rights, prevents the progression of violence in the correctional setting, decreases mental health issues, and prevents lawsuits. Furthermore it represents a larger social issue of humane treatment that includes individuals who are incarcerated.

As with interventions that take place in the community, and the continuation of sexual assault in Utah State Prisons specifically, the full implementation of all PREA guidelines and recommendations are an issue. Full implementation may require updating infrastructure and is vital to the reduction of sexual violence. Mental health issues that occur as a result of sexual violence, coupled with other challenges released prisoners face with reintegration into the community, make success less likely.

Additionally individuals who commit sexual assault within a correctional facility should be held accountable by the law, and subsequently provided treatment, as should any individuals who commit these crimes. Similarly, perpetrators of sexual crimes within a correctional facility who do not receive treatment and are released into the community are less likely to have success with reintegration, are more likely to recidivate, and are specifically at risk to perpetrate sexual violence in the future.

Sex Offender Sentencing:

Many discrepancies in the legal system exist pertaining to the severity of criminal offense penalties based on the actual impact of the crime. Some crimes of sexual violence appear to have consequences that do not match the seriousness of the crime (Haddon & Christenson, 2004).

A number of issues relate to sentencing sex offenders. Some states have minimum mandatory sentences and also require offenders to register with a sex offender registry. Utah is one such state. Thus motivation for plea agreements exists (pleading down to the minimum mandatory sentence.) The stigma socially is also a motivation to plead down to the minimum. Some of the many considerations to plea negotiation include the victim's rights, limited treatment dollars, community costs and risks, and others (Van Vleet & Rundquist, p 2, 2002).

Sex Offender Treatment:

Limited resources and limited treatment availability for sex offenders exist. As a result, those who are incarcerated for sex crimes may not receive treatment until the end of their sentence. This raises questions about the way in which we incarcerate individuals and even the use of the word corrections (Utah Department of Corrections, 2010).

Below is a list of demographic, financial, and logistical issues as it relates to sex offender treatment, and issues regarding the incarceration of sex offenders.

- The last new funding received for prison sex offender treatment programming was in 1996 when there were about 900 incarcerated sex offenders.

- Between 1996 and today, and without additional sex offender treatment funding, growth in the incarcerated sex offender population has forced the sex offender treatment staff to dole out services on a much more limited schedule.

- The Board of Pardons and Parole bases a large part of their sex offender parole release decision on the progress that an offender has made with treatment while incarcerated.

- Lack of adequate treatment funding has stressed treatment staff, delayed treatment progress, and may influence the possibility of an offender receiving an earlier parole release date.

- Approximately 54% of all sex offenders under the jurisdiction of Corrections are in prison.

- About 74% of all first degree felony sex offenders are in prison, compared to 36% of all third degree felony sex offenders.

- From 2009 to 2010 both the probation and parole sex offender populations increased by 3.4% and 4%, and the inmate sex offender population grew by over 4.7%.

- Between mid-October of 2006 and mid-October 2010, the total sex offender population under the custody of Corrections has increased by 4.3%, an additional 159 offenders (Utah Department of Corrections, 2010).

Reporting:

Sexual violence that is not reported assists in the perpetuation of violence since perpetrators face no legal or social consequences for their actions, nor do they engage in sex offender treatment. Moreover, the lack of reporting illustrates the greater concerns of societal perception that were discussed earlier.

A survey conducted in Utah demonstrates the significance of under-reporting sexual violence. Only 12.7% of respondents sought medical attention following an assault. This has health implications not only for the individual but also for our communities as it relates to sexually transmitted diseases. The rates of reporting to the police are 12% (Mitchell & Peterson, 2007, p32).

## SEXUAL VIOLENCE PREVENTION

South Valley Services is a domestic violence shelter that participates in sexual violence prevention and, by the nature of their population they serve, deals with many issues related to sexual violence. Many of their clients have been sexual violence victims. With a grant received from the Utah Department of Health, given by the Center for Disease Control, they are spreading awareness to teens about healthy relationships, teen dating violence, and rape prevention. They do this through presentations and through awareness programs.

Presentations at schools and church groups about healthy and unhealthy relationships also include information about sexual violence. The curriculum was developed from the existing curriculum "Safe Dates."

The presentation includes defining healthy and unhealthy relationships, explaining the power and control wheel and reasons people abuse, distinguishing between healthy, unhealthy and abusive relationships, information about gender stereotypes, communication skills, and the difference between anger and aggression.

South Valley has encountered barriers, including getting into the schools since teachers are already busy with their teaching load. Another barrier is the concern some teachers feel about the material to be presented, even though the curriculum has been approved

South Valley has also been working with churches and other locations where teenagers gather, to see if it would be easier to get into these locations. They haven't had a lot of success, but hope to as they continue to build partnerships.

Tabling and Awareness activities at schools are the second method of reaching teens with the curriculum. February is National Teen Dating Violence Awareness Month. During February South Valley puts on awareness activities during school lunches.

"Last year we had the students sign pledge cards of what they were going to do to Stop Violence. Some of the students at some of the schools chose to take the information that we gave them and host their own awareness activities," said Viridiana Zendejas, administrator at South Valley Services. They have also used Facebook to share information about teen dating violence, health/unhealthy relations and sexual violence. "The allocation of funds for prevention/education is $106,041.19 for our education and outreach department (Zendejas, personal interview, 10-20-2015)."

Although progress in legislation, development of programs and services has significantly improved the environment of sexual violence reduction, sexual violence continues to impact all facets of our society and solutions are not yet fully realized.

## FISCAL CONCERNS

2016 was the first year Utah compiled data on the total financial costs of sexual assault, according to Utah's Sexual Assault and Domestic Violence Resource Prosecutor Donna Kelly. The annual cost is $4.8 Billion. (Salt Lake Tribune, 2016, Feb. 13.)

The correlation between sexual assault and mental health disorders demonstrates the widespread social and fiscal costs associated with sexual violence. Is it reasonable to counter these costs by a comprehensive approach to sexual violence prevention and increased funding for sex offender treatment?

## A LOOK TO THE FUTURE

A significant increase in monies allocated to address sexual violence from a comprehensive approach seems necessary. Additional resources could be allotted to more fully address these aspects of sexual violence victimization, including but not limited to, medical care, psychological services, and issues of daily functioning that seem vital.

Sex offender treatment is a significant component to the reduction of sexual violence. Including treatment services for the duration of incarceration would seem to be imperative to correct these issues within our society. Sex offender treatment outcomes indicate that treatment has a significant impact.

The limited amount of treatment availability both within correctional institutions as well as in community based supervision settings is concerning, and implementing treatment simultaneously with supervision seems highly desirable (BRYANT, 2015).

## SUMMARY

One of every three females in Utah will experience some form of sexual violence during their life. Utah's rate is 10% higher than the national average, and yet only12% of rapes are reported to law enforcement and only 12.7% of sexual violence victims visit a doctor or medical center for an exam after the incident.

Rape victims report a higher prevalence of major depression and dissatisfaction with life compared to non-victims. Between 80 and 93% of sexual assault victims knew their attackers, and 32,000 pregnancies occur each year as a result of rape. One study reported that victims of sexual violence were also more likely to have experienced other forms of violence.

Among the most serious of the physical health effects of sexual assault are sexually transmitted diseases, including HIV. Among the most serious mental health effects are major depression and Post-Traumatic Stress Disorder.

The Prison Rape Elimination Act (PREA) and the Commission it created set the standards for staff training, reports of sexual abuse, procedures for grievances, and staff to oversee PREA compliance regarding sexual abuse in correctional centers.

Transgender women in men's prisons were 13 times more likely to be sexually abused than other inmates. Special consideration must be given to housing gay, bisexual, transgender, gender non-conforming, and intersex inmates, whether adult or adolescent. According to federal estimates more than 200,000 youth and adults are sexually abused in prisons, jails and juvenile detention facilities each year.

Among the challenges facing the corrections institutions are infrastructure, fiscal, and treatment issues. Infrastructure that is not conducive to house inmates in optimal housing units or in units that do not have optimal shower facilities are one issue. Another issue is the lack of treatment while incarcerated and after release, due to inadequate resources both personnel and financial. The $4.8 Billion annual cost of sexual assault in Utah may best be addressed from a fiscal as well as a caring perspective. It would seem that each sex offender receiving appropriate and sufficient treatment, when coupled with comprehensive prevention programs, would reduce the overall number of sexual assaults.

## ADDENDUM A: AN OUTLINE OF PERTINENT UTAH LEGAL DEFINITIONS

Unlawful sexual activity with a minor occurs

1. when a minor is at least 14 years old but younger than 16 years old when the sexual activity occurred;
2. when the sexual activity was not under circumstances amounting to rape;
3. when the person:
    a. has sexual intercourse with the minor;
    b. engages in any sexual act with the minor involving the genitals of one person and the mouth or anus of another person, regardless of the sex of either person;
    c. causes the penetration, however slight, of the genital or anal opening of the minor by any foreign object, substance, instrument, or device - including a part of the human body:
        i. with the intent to cause substantial emotional or bodily pain to any person, or
        ii. with the intent to arouse or gratify the sexual desire of any person, regardless of the sex of any participant.

Sexual abuse of a minor occurs

1. when a minor is at least 14 years old but younger that 16 years old when the sexual activity occurred;
2. when the defendant is seven years older than the minor or holds a position of special trust (i.e. adult teacher, employee, volunteer) and
3. under circumstances not involving:
    a. rape,
    b. object rape,
    c. forcible sodomy,
    d. aggravated sexual assault,
    e. or in an attempt to commit any of those offenses, the person touches
        i. the anus, buttocks, any part of the genitals of the minor or the breast of a female minor
        ii. or otherwise takes indecent liberties with the minor or causes the minor to take indecent liberties with the actor or another person, with the intent to cause substantial emotional or bodily pain to any person or
        iii. with the intent to arouse or gratify the sexual desire of any person regardless of sex of the participant.

Unlawful sexual conduct with a 16- or 17- year old

1. when a minor is a 16- or 17-year old but younger than 18 years of age at the time the sexual content described occurred.
2. a person commits unlawful sexual conduct with a minor if a person who is
    a. seven or more years older but less than 10 years older than the minor at the time of the sexual conduct, and
    b. the person knew or reasonably should have known the age of the minor; or is
    c. 10 or more years older than the minor at the time of the sexual conduct, and engages in sexual conduct as described below, or
    d. holds a relationship of special trust as an adult teacher, employee, or volunteer.

Sexual conduct

1. when a person has sexual intercourse with the minor;
2. engages in any sexual act with the minor involving the genitals of one person and the mouth or anus of another person, regardless of the sex of either participant
    a. causes the penetration, however slight, of the genital or anal opening of the minor by any foreign object, substance, instrument, or device, including a part of the human body, or
    b. touches the anus, buttocks, or any part of the genitals of the minor, or touches the breast of a female minor, or otherwise takes indecent liberties with the minor, or causes a minor to take indecent liberties with the actor or with another person,
    c. with the intent to cause substantial emotional or bodily pain to any person or with the intent to arouse or gratify the sexual desire of any person regardless of the sex of any participant.

Rape

1. A person commits rape when the actor has sexual intercourse with another person without the victim's consent.
2. This section applies whether or not the actor is married to the victim.

Rape of a Child

1. A person commits rape of a child when the person has sexual intercourse with a child who is under the age of 14.

Object Rape

1. A person who, without the victim's consent, causes the penetration, however slight, of the genital or anal opening of another person who is 14 years of age or older,
    a. by any foreign object, substance, instrument, or device, including a part of the human body other than the mouth or genitals,
    b. with intent to cause substantial emotional or bodily pain to the victim or with intent to arouse or gratify the sexual desire of any person.

Object Rape of a Child

1. A person commits object rape of a child when the minor is under 14 years of age.

Sodomy

1. A person commits sodomy when the actor engages in any sexual act with a person who is 14 years of age or older,
2. involving the genitals of one person and mouth or anus of another person, regardless of the sex of either participant.

Sodomy on a Child

1. A person commits sodomy on a child if the actor engages in the above sexual act upon a child under the age of 14 years.

Forcible Sodomy

1. A person commits forcible sodomy when the actor commits sodomy without the other person's consent.

Forcible Sexual Abuse

1. A person commits forcible sexual abuse if the victim is 14 years of age or older and,
2. under circumstances not amounting to rape, object rape, sodomy, or attempted rape or sodomy,
    a. the actor touches the anus, buttocks, or any part of the genitals of another, or touches the breast of a female, or
    b. otherwise takes indecent liberties with another or causes another to take indecent liberties with the actor or another,
    c. with intent to cause substantial emotional or bodily pain to any person, or

d. with the intent to arouse or gratify the sexual desire of any person, without the consent of the other, regardless of the sex of any participant.

Forcible Sexual Abuse of a Child

1. A person commits forcible sexual abuse of a child if the child is under 14 years of age, and
2. under the circumstances of forcible sexual abuse above.

## ADDENDUM B: ONE PERSON'S STORY

*Caution: The following first-person account of sexual abuse, grooming, and sex trafficking is likely to be disturbing. Do not feel obligated to read it.*

*The following is a statement by an individual who is involved in health research at the University of Utah, is currently working towards a graduate degree at the University of Utah, and has begun to share her story of sexual assault in order to provide strength for others and to raise awareness within our community. It is important for individuals of violence to have a voice, their stories shared, but also to demonstrate the effectiveness of recovery from violence as a result of receiving services (Rogers, 2015).*

"When I was 16 years old I met a man we will call 'Mark'. Mark was the much older boyfriend of my friend's older sister. At this time Mark was approximately 28. I spent a lot of time with this friend and her family, so Mark was around fairly regularly. He would supply alcohol for our parties, sometimes hosting parties in his photography studio. Mark was a big flirt and loved to make sexual jokes to everyone, all the time. He was handsome, funny, and charismatic. Mark's 'shtick' was to be inappropriate and tease us.

"Gradually Mark started to ask me questions about my sexual experiences. Since we were 'best friends' I didn't think anything of it. I told him I was a virgin and had no interest in having sex. He laughed at me and said, "That's because you haven't had it yet.;

"He continued to tease me about being a prude and not wanting to have sex. Over time our conversations became explicit. He told me he wanted to teach me how to masturbate and he wanted to help me feel good. This quickly turned into 'sexting' back and forth. He would send me pictures of his genitals and I would send pictures of mine back to him. He critiqued my body, asking me to shave off all my pubic hair because it would be 'sexier' to the boys I dated.

"Before long he was offering to 'teach me' about oral sex and other forms of intimacy. He explained to me that I was 'boring' if I didn't want to explore with him. He told me that if I took control of my sexuality, I would be able to be in charge of my body. He said that only the strongest women were capable of this, and he reassured me that I was a strong woman. He convinced me to let him penetrate me with a beer bottle on several occasions, calming my nerves with stories about 'girls who love getting fucked with Corona bottles.'

"In our circle of photographer/model friends sexual work was common, and I was often approached with nude modeling and stripping gigs. I always turned these down, as I was not interested in participating in those activities.

"When I brought this up to him, Mark told me that only the toughest and strongest women were strippers and prostitutes, able to make money off of their beauty, using men instead of being used. He praised his many stripper friends, telling me how much money they made in a day, how nice their cars were, and how easy the lifestyle was.

"Soon I was approached by a man who wanted to pay me for sexual acts, and I was disgusted. I told Mark about this encounter, and he told me I should 'go for it.' After a lot of discussion I decided I would go through with it, but asked him to go with me. He asked for 25% of the $600 I was going to earn.

"I was terrified when I met him [Mark] at his place beforehand, so he gave me several shots to help with the anxiety. He drove me to the meeting place, stood outside the car with a gun and waited for the 20 minutes to be up before knocking on the window to let the man know it was time to wrap it up. He took his money, dropped me off at my car, then left. I then drove to work drunk. This relationship continued for approximately four years.

"In 2013 I was raped in my own bed, by a man who had been asked to go home, to not stay the night, and whom I had told I did not want to have sex. After he raped me I asked him to please leave, and he rolled over and said, 'Nah. I'll stay here tonight,' before promptly falling asleep on the special pillowcase my grandma made me for Christmas.

"I waited carefully for him to fall asleep before tiptoeing to the couch to sleep. I woke up the next morning with him on top of me, his fingers pushing their way inside of me. For some reason my 'no' was more meaningful at this time, so he agreed that it was time for me to drive him to the train station. I did so gladly, and he kissed me goodbye. I ignored texts from him even weeks later, asking if I wanted to hang out again.

"This event was the catalyst for my decision to go to therapy at the Rape Recovery Center [RRC] in Salt Lake City, Utah. It was here that I learned about 'grooming' and the patterns of pedophiles and predators. At the RRC I learned what happened to me was not simply a 'weird relationship' and 'bad sex', but abuse and manipulation. I learned more about sexual trafficking, understanding now that on a small level I was a victim of it.

"I rarely slept, I heard voices, and frequently 'saw' attackers coming into my room in the middle of the night. These experiences were so real I would call family members, friends, and even 911. At the RRC I learned what PTSD was, and that I had it to a psychotic degree. I started to take medicine and slowly these symptoms faded away.

"To me, recovery has meant learning to acknowledge that pain. In order to bear it, I've had to make friends with it. Now I learn about the pain, I sit with it, and I've

grown comfortable. Some of the pain has melted away through my work in therapy, and some still walks beside me everywhere I go (Rogers, Personal Interview,10-18-2015)."

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## SEXUAL VIOLENCE DISCUSSION QUESTIONS

1. What are some common myths about rape and sexual assault? How can these myths be counteracted?

2. What coping mechanisms are typical for victims of sexual violence?

3. What system-wide issues impact rates of sexual violence reports and convictions?

4. Utah's rape rate is higher than the national rape rate. For all other types of violent crimes (murder, robbery, and aggravated assault) Utah's rate typically falls one-third to one-half of the national average. What might contribute to Utah's higher rate of rape?