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Prevalence and Characteristics of Sexual Violence in the Netherlands, the Risk of Revictimization and Pregnancy: Results From a National Population Survey

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Prevalence figures on sexual violence among a representative sample of both men and women were not yet available for the Netherlands. The aim of this study, therefore, was to investigate the prevalence of sexual violence in the Netherlands and to add these figures to the international body of knowledge. Experiences of sexual violence during lifetime, before the age of 16 and in the year before the start of the study were measured. In addition, types of sexual violence were examined, as were the characteristics of the perpetrators. Lastly, revictimization and pregnancy as a result of rape experiences among the victims were investigated. Data were generated from a population survey on sexual health. The sample consisted of more than 6,000 men and women between the age of 15 and 70 years old. Prevalence rates as high as 21% for men and 56% for women were found. Fifty percent of the female victims and 30% of the male victims of child sexual abuse had experienced adult victimization. Of the female rape victims, 7% became pregnant as a consequence of rape. In the Netherlands, as elsewhere, the prevention of sexual violence should be prioritized.

Keywords: gender-based violence; men; women; representative sample

Sexual violence is a severe problem all over the world. In the last few decades, it has become clear that many women and children have experienced sexual violence, and there is growing evidence that men also can become victims. Women and men who were victimized often report physical, psychological, and sexual health problems (de Visser, Rissel, Richters, & Smith, 2007; Sundaram, Laursen, & Helweg-Larsen, 2008). In the Netherlands, the prevalence and characteristics of sexual violence among the general population, women and men, had not yet been investigated. The overall aim of this study is to add these figures to the international body of knowledge. The data also give insight into the number of victims who were revictimized. In addition,

the article presents results relating to pregnancy as a consequence of rape—a topic that has seldom been studied.

In this study, sexual violence is defined as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances using coercion by any person regardless of their relation to the victim in any setting, including, but not limited to, home and work. This is in line with the definition of the World Health Organization (WHO) as stated in the *World Report on Violence and Health* (Krug, Dahlberg, Mercy, Zwi, & Lozano-Ascencio, 2002). Although forced acts of trafficking are also included in the WHO's definition, these acts are beyond the scope of this study. Sexual violence that is directed at victims aged younger than 16 years is referred to as *child sexual abuse* (CSA). *Rape* is defined as a coerced sexual act that includes vaginal or anal penetration (with a penis, other body parts, or objects). *Attempted rape* is defined as the attempt to do so.

LIFETIME PREVALENCE OF SEXUAL VIOLENCE

Lifetime prevalence of rape (or attempted rape) among adult women in the western world has been found to range from 15% to 23% (Roze & Koss, 2001). Spitzberg (1999) distinguished rape from attempted rape in a review of 120 studies and found that approximately 13% of all women have ever been raped and that 18% of women have ever experienced an attempted rape.¹ In Australia, the rate for wider defined lifetime prevalence of sexual coercion was found to be 21% among women (de Visser, Smith, Rissel, Richters, & Grulich, 2003). Among adult women in the western world, Roze and Koss (2001) found prevalence rates for sexual abuse near one third.

In the United States, the lifetime prevalence of completed rape for men was found to be 2% (Tjaden & Thoennes, 2000). Spitzberg (1999) reviewed 120 studies and concluded that 3% of men have ever been raped, and 6% of men have ever experienced an attempted rape. In Australia, the lifetime prevalence of sexual coercion among men was found to be 5% (de Visser et al., 2003). Regarding adult sexual assault among men, Peterson, Voller, Polusny, and Murdoch (2011) concluded in their overview that prevalence ranges from 0.2% to 73%, depending on sample, method, and definition of sexual assault. Male sexual assault was more prevalent among gay and bisexual men, veterans, inmates, and men seeking physical and mental health services.

ADOLESCENT AND (YOUNG) ADULT PREVALENCE OF SEXUAL VIOLENCE

Cross-national research shows that sexual violence against adolescent and (young) adult women exists in varying degrees in different countries. The International Violence Against Women Survey (IVAWS), which was carried out in 11 countries, revealed that the percentage of women who have experienced at least one incident of sexual violence by any man since the age of 16 ranged from 6% in the Philippines to 41% in Costa Rica (Johnson, Ollus, & Nevala, 2008). For the WHO Multi-Country Study on Women's Health and Domestic Violence Against Women, surveys were conducted in 10 countries. Within these countries, data were collected in the capital or a large city (referred to as "city") and/or in a province or region, mostly with urban and rural populations (referred to as "province"). The results of these surveys also showed that reported prevalence figures varied strongly

per country. The lifetime prevalence of sexual violence by an intimate partner varied between 6% (in Japan city and Serbia and Montenegro city) and 59% (Ethiopia province). Between 1% (Bangladesh province and Ethiopia province) and 10%–12% (Peru, Samoa, and United Republic of Tanzania city) of participants reported sexual violence by a non-partner since the age of 15 (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2005).

PREVALENCE OF CHILD SEXUAL ABUSE

The literature review of Krug et al. (2002) of international studies conducted since 1980 revealed a mean prevalence rate of child sexual victimization of 20% among women and 5%–10% among men. In addition, their review of population-based surveys carried out between 1993 and 1999 showed that the percentage of adolescent girls who reported forced sexual initiation varied from 7% in Dunedin, New Zealand to an average of 48% in nine countries in the Caribbean. The figures for boys in these studies were 0.2% in Dunedin and 32% in the Caribbean. In a review carried out as the basis for WHO's World Health Report of the same year (WHO, 2002), prevalence estimates for various types of CSA were available from 39 countries. After controlling for differences between studies, the prevalence of noncontact, contact, and intercourse types of CSA in females was about 6%, 11%, and 4%, respectively. In males, it was about 2% for all categories. Noncontact sexual abuse includes behaviors such as unwanted and inappropriate sexual solicitation and indecent exposure. Contact sexual abuse includes sexualized kissing, fondling, hugging, or touching. Intercourse includes any penetrative act such as oral, anal, or vaginal intercourse or attempted intercourse (WHO, 2002). Putnam (2003) reviewed English language empirical studies on CSA experienced before the age of 18. All reviewed studies were published after 1989. Putnam found victimization rates of 12%–35% for women and 4%–9% for men. Lalor and McElvaney (2010) described studies from different western and nonwestern countries including United Kingdom, France, China, United States, New Zealand, Ethiopia, Swaziland, and Bedouin Arabs in South Israel. Prevalence rates were lowest in France (2.1% of women and 0.7% of men experienced a forced sexual relationship before the age of 18) and highest in Swaziland (33.3% of respondents reported some form of sexual violence before the age of 18) and United States (32.3% of females and 14.2% of males had at least one episode of CSA before the age of 18). The authors add that these findings should not be seen as comparisons in prevalence across countries due to differences in study design, definitions, and sampling.

All in all, research on CSA consistently reveals that prevalence rates are higher among women than among men. In addition, relatively broad definitions (such as child sexual victimization) generally result in higher prevalence rates than more restricted ones do (such as forced intercourse).

PREVALENCE OF SEXUAL VIOLENCE IN THE NETHERLANDS

For the Netherlands, some figures on the prevalence of sexual violence are available. A few decades ago, Draijer (1990) conducted a groundbreaking study, which revealed that one third of Dutch women had experienced some sort of sexual violence before the age of 16

and that 16% of Dutch women had experienced sexual abuse by a family member before their 16th birthday. A survey on domestic violence revealed that 30% of Dutch women and 13% of Dutch men had experienced sexual violence by an intimate partner (van Dijk, Flight, Oppenhuis, & Duesmann, 1997). The most recent results from a periodical crime survey among Dutch men and women, who were 15 years of age or older, showed that 2% of Dutch women and less than 1% of Dutch men had experienced one or more sexual offences in the past year (Merens, van den Brakel, Hartgers, & Hermans, 2011). Dutch research among approximately 5,000 adolescents between 12 and 25 years of age revealed that 18% of girls and 4% of boys had experienced unwanted sexual contact (de Graaf, Meijer, Poelman, & Vanwesenbeeck, 2005). Finally, a study in more than 4,000 Dutch men and women between 18 and 70 years of age showed that 39% of women and 7% of men had experienced sexual violence (van Berlo & Höing, 2006).

Although these studies provide some insight into the prevalence of sexual violence in the Netherlands, they also have limitations. The study by Draijer (1990) only considered sexual violence that had occurred before the age of 16 and did not include men. The study by van Dijk et al. (1997) only included sexual violence by intimate partners. Sexual violence by other perpetrators was not examined. Respondents to crime surveys, as in the study by Merens et al. (2011), are probably more inclined to report serious or less ambiguous incidents, which could lead to underreporting of sexual violence that is perpetrated by, for example, an intimate partner (Hamby & Koss, 2003). De Graaf et al. (2005) did not include adults older than the age of 25. The studies by van Berlo and Höing (2006) and by de Graaf et al. (2005) both assessed sexual violence with one general question that did not specify different types. This may have resulted in underreporting of sexual violence experiences (Hamby & Koss, 2003). Specific questions may trigger memory or recognition more easily, which may result in a more valid report of experiences. This implies that a survey among a representative sample of Dutch men and women, both adolescents and adults, is needed. Such a survey should differentiate between a wide range of specific sexual coercive behaviors and several types of perpetrators.

REVICTIMIZATION

There are several studies that indicate that CSA is a risk factor for sexual violence later in life. Empirical evidence suggests that victims of CSA are between 3 and 11 times more likely to experience adult sexual victimization (see Messmann-Moore & Long, 2000; Lalor & McElvaney, 2010, for an overview). Messman-Moore and Long (2000) found that more than half of the women in a college sample who had experienced CSA reported some form of unwanted sexual contact in adulthood, with 26% reporting unwanted sexual intercourse. There is also evidence that revictimization leads to increased levels of trauma symptoms such as depression, posttraumatic stress disorder (PTSD),² anxiety disorders, dissociation, and alcohol use (see Fortier et al., 2009, for an overview). This literature provides several explanations for revictimization and high-risk sexual behavior. Psychological sequelae to CSA such as depressive symptoms, poor self-esteem, learned helplessness,³ and PTSD may lead to a sense of hopelessness and indifference—an inability to be assertive and prevent unwanted sexual advances and avoidance or inability to comprehend emotionally laden information concerning sexuality and having competing needs for affection and acceptance (Steel & Herlitz, 2005, as

cited in Lalor & McElvaney, 2010). Prevalence figures regarding revictimization in the Netherlands were not available thus far.

PREGNANCY

Pregnancy as a consequence of rape is a double taboo. Not only does a victim experience feelings of pain, guilt, shame, and anger because of the sexual assault, but she is also confronting the tangible consequence of what happened—a baby-to-be in her belly. Besides handling a traumatic event, she has to make several serious decisions in the short term, concerning keeping the baby, abortion, or placing the child for adoption. However, figures of pregnancy as a result of rape are scarce. Holmes, Resnick, Kilpatrick, and Best (1996) found that 0.6% of women between 12 and 45 years old in the United States became pregnant as a consequence of rape, which is 6% of the rape victims. Gottschall and Gottschall (2003) found a per-incident rape-pregnancy rate of 6.4% in a sample of rape victims who experienced exactly one incident of penile-vaginal rape and were between 12 and 45 years old at the time of the incident.

THE PRESENT STUDY

The aim of this study was (a) to investigate the prevalence of sexual violence in the Netherlands among a representative sample of men and women, both in general terms and regarding specific types of sexual behavior; (b) to investigate the characteristics of sexual violence and different types of perpetrators; (c) to determine the prevalence of revictimization; and (d) to establish the number of pregnancies as a result of rape.

METHOD

Procedure

Every 3 years since 2006, a representative sample of Dutch men and women have completed a questionnaire on sexual health, which also includes questions concerning sexual violence. To date, two surveys have been conducted in 2006 and 2009. Overall results have been published previously (Bakker et al., 2009; Bakker & Vanwesenbeeck, 2006; Vanwesenbeeck, Bakker, & Gesell, 2010). Figures on the prevalence of sexual violence based on the first periodical were published in Dutch by van Berlo and Höing (2006). In 2006, sexual violence was assessed with one general question that did not specify different types. This may have resulted in underreporting of sexual violence experiences. In the second survey, different types of sexual violence were distinguished. Therefore, in this study, data from the second survey were used to investigate sexual violence.

Participants were recruited between December 2008 and March 2009. All participants were members of the online research panel Euroclix. Potential members of this panel are approached through e-mail campaigns, banners, editorials, and word-of-mouth advertising. As a result, Euroclix has 200,000–250,000 members. Members of the panel receive e-mail invitations to fill out surveys on all kinds of topics on a regular basis. If members decide to fill in a questionnaire, they receive an incentive: a so called “clix” with which participants receive a discount on

products that can be purchased online. The invitation for this study contained a link to an online questionnaire, which took about 20 minutes to complete. Anonymity was guaranteed.

For this study's survey, Euroclix invited a random sample of people. Statistics Netherlands (CBS) provided population figures that showed how age, biological sex, educational level, and level of urbanization are distributed among the Dutch population. During data collection, it was assessed whether the sample and the Dutch population were equally distributed and whether the sample was representative of age, biological sex, educational level, and level of urbanization. When certain groups were found to be underrepresented, sampling was extended among these groups. When a group was sufficiently represented in the sample, new representatives of this particular group received a notification that there was no need to fill out the questionnaire. Before data analysis, we applied weighing techniques to realize the final requirements of sample representativeness. As a result, the study sample is representative of the Dutch population as a whole in terms of important demographic characteristics such as age, educational level, level of urbanization, and biological sex of the respondents.

In addition to representativeness regarding several demographic aspects, representativeness of the sample regarding the subject of the survey—sexual health—is also critical. To avoid biased responses, the subject of the study was described using the broad term “relationships and sexuality,” and we provided examples of items, which emphasized both positive and negative aspects of sexuality. In addition, it was emphasized that everybody was invited to fill out the questionnaire, regardless of marital status and potential positive or negative experiences. To find out whether the subject of the study had been a reason for nonparticipation, nonresponders were asked why they did not want to participate. This short questionnaire was filled out by 1,236 members of whom 37% indicated they did not participate because of the subject being studied (“topic too personal” or “topic provokes disturbing feelings”); the other 63% said their reason for nonparticipation was lack of time or unwillingness to complete the questionnaire at that very moment.

As to the matter of the possibly unethical distress felt by victims when filling out the online questionnaire, there is some evidence (e.g., Langhinrichsen-Rohling, Arata, O'Brien, Bowers, & Klibert, 2006) that sensitive event experiences were not strongly related to adolescents' levels of distress when they filled out a questionnaire about drug use, suicidal behavior, and physical and sexual abuse.

Participants

Of all members who were invited, either randomly or specifically targeted, 25% started to fill out the questionnaire. There is no information available on whether the other 75% invited members saw or opened their e-mail with the invitation. Of the “starters,” 16% did not complete the questionnaire because they were given notice that their demographic group was already sufficiently represented. In addition, 17% of starters decided themselves not to complete the survey. Lastly, we removed 0.5% of the sample because these data did not appear reliable. Data were considered unreliable when the respondents reported three or more inconsistencies, for example, when they reported being 17 years of age when they filled out the questionnaire and 19 years of age when they first experienced sexual violence. The sample consisted of 3,145 men and 3,283 women. The mean age in years was 41.7 ($SD = 15$). Twenty-seven percent was single, 50% was married, 11% lived together without being married, and 12% had a relationship while living apart. Thirteen percent of the sample belonged to a non-Western ethnic minority, such as Turkish or Moroccan. One fifth of the participants lived in highly urbanized areas (more

than 1,500 addresses per square kilometer), half of them in moderately urbanized areas (1,000–1,500 addresses per square kilometer), and 29% in rural areas (fewer than 1,000 addresses per square kilometer). Of the participants who were younger than 26 years old and who received education, 27% received a relatively low level of education (e.g., primary school or vocational education), and 73% received a relatively high level of education (e.g., high school, college, or university). Of the participants who were older than 26 years of age or had finished school, 27% had a low level of education (e.g., no education, primary school, or preparatory vocational education), 44% had a medium level of education (high school or a vocational education), and 29% had a high level of education (a bachelor or master's degree).

Measurements

The questionnaire contained questions about demographic data and sexual health. For information on demographic data, items of the Dutch Population Survey on Health by the Dutch Public Health Service (GGD) were used. The items related to sexual health were based on national and international research and were developed partially in collaboration with other Dutch organizations working on sexual health.

The term “sexual violence” was introduced to the respondents as follows:

Violence and aggression happens everywhere and can (also) be sexual. It can happen at home or on the street; the perpetrator can be a stranger or somebody known to you. It includes being approached sexually in a way that is offensive, being touched against your will, being forced to do sexual things, or being forced to have sexual things done to yourself. Have you ever experienced sexual violence?

This item is an adaption of a question on domestic violence that was developed by Goderie and Ter Woerds (2003) and is referred to in this article as “the general question about sexual violence.” Subsequently, all participants were asked specifically and in detail if they had experienced particular forms of sexual violence, ranging from hurtful remarks to (attempted) rape. Rape was defined in the questionnaire as vaginal or anal penetration without consent (see Table 1 for the exact wording of the items). Next, participants who reported experience of sexual violence, in relation to either the general or specific questions, were asked how much time had passed since the last experience and how old they were on the last occasion. Participants who were older than 16 years of age at the time of the last incident were asked whether they also had experiences of sexual violence before the age of 16. In addition, the survey included questions about the perpetrator and about possible pregnancies after experiencing rape. When respondents had finalized the questionnaire, a reference to an organization for professional psychosocial support was provided so that respondents could seek help or advice.

Prevalence

To identify men and women who had experienced sexual violence, two figures were calculated. First, we calculated how many men and women responded positively to the general question about sexual violence, and secondly, how many men and women responded positively to at least one of the specific questions about sexual violence. In all statistics, men and women who only reported hurtful remarks were excluded. To identify men and women who had experienced CSA, two figures were added. The first was the number of men and women who were younger than 16 years of age at their last experience. The second was the number

of participants who were older than 16 years of age at their last experience and reported that they had also experienced sexual violence before the age of 16. Lastly, the percentage of men and women who had experienced sexual violence in the past year was calculated.

RESULTS

Prevalence rates of sexual violence and sexual abuse are presented in Table 1.

It was found that 34% of women and 6% of men reported ever having experienced sexual violence in their lives (i.e., answered “yes” to the general question). When prevalence was measured with the specific questions regarding sexual violence, it appeared that 56% of women and 21% of men had experienced at least one type of sexual violence. Specific questions may trigger memory or recognition more easily than general questions, which may explain the discrepancy between the figures. Almost 2% of women and almost 1% of men had experienced sexual violence in the past year. Based on the general question, 20% of women and 4% of men had been sexually abused before the age of 16. When measured with specific questions, these figures were 31% among women and 9% among men.

Table 1 also shows the prevalence of specific types of sexual violence. It was found that 12% of women and 3% of men had been raped; rape was defined as penetration of the vagina or anus without consent. Ten percent of women and 3% of men had been forced to allow or perform oral sex. Seventeen percent of women and 4% of men either had been raped or had to allow or perform oral sex. Seventeen percent of women and 3% of men had experienced attempted rape. Because hurtful remarks were not considered, “I was touched or grabbed in a hurtful manner” and “Someone showed me his or her breasts, buttocks, vagina or penis without my consent” were the two most frequently reported types of sexual violence for both men and women. The figures in Table 1 show that all types of sexual violence and sexual abuse (with the exception of taking or showing photos or videos of a sexual nature without consent) occurred more frequently among women than among men.

Table 2 shows the characteristics of the perpetrators.

Most of female victims of sexual violence and of CSA reported that the perpetrator was a man or a boy or a group of men or boys (99% and 98%, respectively). Male victims were more often victimized by men than by women; among the male lifetime victims, the perpetrator was a man or boy in 56% of the cases and before the age of 16 specifically, this was 67%. However, the percentage of male victims who reported that the perpetrator was a woman or girl was also substantial; almost 40% of men reported the offender was a woman or a girl; of participants younger than 16 years, this percentage was 24%. Of the women who experienced sexual violence in their lifetime, 3% were victimized by a group of perpetrators. Before the age of 16, this figure was 5%. Among men, these figures were higher (8% and 15%, respectively).

Table 2 also shows that most men and women were victimized by somebody they were acquainted with. Approximately 7 out of every 10 victims reported that they knew the perpetrator. This is true for victims of sexual violence as well as for victims of CSA. Female victims reported relatively often that the perpetrator was a neighbor or a (ex) partner. Neighbors were also mentioned as the perpetrator by male victims. Female victims of CSA indicated relatively often that they had been abused by a neighbor or a family member (other than the father, mother, or brother). Male victims of CSA quite often mentioned neighbors and costudents as the perpetrator.

TABLE 1. Prevalence of Sexual Violence and Sexual Abuse (Percentage of Experienced at Least Once)

	Lifetime Prevalence		Child Sexual Abuse		Last Year Incidence		
	Men	Women	Men	Women	Men	Women	
	<i>n</i> = 3,221	<i>n</i> = 3,207	<i>n</i> = 3,221	<i>n</i> = 3,207	<i>n</i> = 3,221	<i>n</i> = 3,207	
Report of sexual violence ^a	5.8	33.5	▲	20.0	▲	1.7	▲
Someone made hurtful remarks.	43.7	60.6	▲	8.5	▲	26.3	▲
I was touched or grabbed in a hurtful manner.	12.6	43.8	▲	6.4	▲	23.4	▲
I was forced to undress.	4.3	14.4	▲	2.9	▲	7.9	▲
Someone took photos or videos of a sexual nature without my consent and/or showed these to others without my consent.	2.5	4.1	△	1.2	1.7		
Someone showed me his or her breasts, bottom, vagina or penis without my consent. This could have happened in real life or online.	10.7	28.9	▲	4.9	▲	16.3	▲
I was touched under my clothes without my consent.	7.0	26.3	▲	4.0	▲	16.5	▲

I was forced to touch someone under his or her clothes.	4.7	11.6	▲	3.2	7.5	▲
I was forced to masturbate (to perform solo sex).	3.6	5.3	△	2.6	3.6	△
I was forced to perform or to allow manual sex (hand job or fingering).	4.4	11.5	▲	3.0	7.1	△
I was forced to perform or to allow oral sex.	3.1	9.5	▲	2.1	4.8	△
Someone attempted to rape me (sexual penetration of the vagina or anus without my consent).	3.1	17.0	▲	1.9	8.7	▲
I was raped.	2.6	11.7	▲	1.7	5.7	▲
I was forced to perform or to allow oral sex or I was raped. ^b	3.8	16.5	▲	2.5	8.1	
I was forced to perform other sexual acts, not mentioned above.	1.8	5.4	▲	1.1	2.7	△
At least one of the above. ^a	20.5	55.9	▲	9.2	31.4	▲

Note. ▲ = significantly higher than men, $p < .05$; △ = significantly higher than men, $p < .05$, marginal difference: Cramer's $V < 0.10$.

^a Participants who only were confronted with hurtful remarks were excluded.

^b This was not an item in the questionnaire; we calculated these figures.

TABLE 2. Characteristics of the Perpetrators as Reported by the Respondents who Experienced Lifetime Sexual Violence or Child Sexual Abuse (Percentage)

	Lifetime Sexual Violence			Child Sexual Abuse Before the Age of 16		
	Men	Women		Men	Women	
	<i>n</i> = 628	<i>n</i> = 1,781		<i>n</i> = 107	<i>n</i> = 533	
Sex of the perpetrator						
Man	46.3	80.9	▲	49.0	73.5	
Woman	29.2	0.7	▼	15.5	0.8	
Boy	7.1	14.7	▲	11.4	20.6	
Girl	9.6	0.4	▼	8.9	0.1	
Group of men or boys	4.2	2.9		6.4	4.3	
Group of women or girls	1.5	0.1	▼	3.9	0.1	
A mixed group	2.1	0.3	▼	4.8	0.5	
Relation to the perpetrator (respondents could give more than one answer)						
Unknown person	31.4	27.0	△	28.5	26.8	
Neighbor	12.2	10.6		19.9	16.2	
Someone from the sports club or other leisure club	4.6	2.8	▽	3.9	3.3	
Partner	5.5	9.1	△	2.0	2.3	
Ex-partner	5.6	14.1	▲	3.0	3.5	
Father	1.2	3.6	△	2.1	8.7	△
Mother	0.6	0.2		0.0	0.7	
Brother	2.3	2.8		3.2	6.9	
Other family member	5.5	6.3		4.4	12.1	△
A friend	8.0	5.2	▽	0.9	6.3	△
An acquaintance	8.4	9.8		7.1	8.6	
A costudent	6.9	2.2	▼	13.3	2.9	▼
A colleague	5.7	4.1		9.8	1.2	
Somebody else	10.6	8.5		9.8	10.0	

Note. ▲ = significantly higher than men, $p < .05$; △ = significantly lower than men, $p < .05$; ▼ = significantly higher than men, $p < .05$, marginal difference: Cramer's V < 0.10; ▽ = significantly lower than men, $p < .05$, marginal difference: Cramer's V < 0.10.

Among men who had been sexually abused, 30% experienced sexual violence again after the age of 16; for women, this was 50%. The association between CSA and sexual violence after the age of 16 was significant for both men ($\chi^2[1] = 109.20, p < .001$) and women ($\chi^2[1] = 73.93, p < .001$). This implies that both men and women have a substantial risk of revictimization.

Of the women who were raped, 7% reported that they got pregnant as a result of the rape. This is 1% of all women in the sample ($n = 31$). Half of these women had an abortion ($n = 16$), seven miscarried, and nine carried the pregnancy to term, of whom three placed the child for adoption.

DISCUSSION

Prevalence

In this study, the prevalence of sexual violence and CSA among Dutch men and women was investigated. When asked about sexual violence using one general question, the prevalence reported was 34% for women and 6% for men. When asked using a series of questions regarding specific behavior, 56% of women and 21% of men reported having experienced at least one type of sexual violence. Twenty percent of women and 4% of men were sexually abused before the age of 16. However, when asked by way of the series of specific questions, 31% of women and 9% of men reported sexual abuse. This is consistent with a meta-analysis by Bolen and Scannapieco (1999), who found that longer questionnaires about sexual abuse usually result in higher prevalence rates than shorter questionnaires.

The results of this study were obtained through a national survey on sexual health, which has been carried out twice up to now (in 2006 and 2009). In this study, data from the second survey were used. Differences between the two surveys were age range (in the first study, respondents were between 19 and 69 and in the second, between 15 and 70) and the way questions on sexual violence were asked (in the first survey prevalence rates were not assessed using a series of questions regarding specific behavior, as was the case in the second survey). Both studies, however, included the general question. In this respect, the results of this study were consistent with the results of the first survey (van Berlo & Höing, 2006; Vanwesenbeeck et al., 2010). In 2006, 7% of men and 39% of women that were surveyed reported some sort of sexual violence at least once in their lives, and 4% of men and 19% of women had been sexually abused before the age of 16; these figures were not significantly different from the figures found in this study.

Apart from prevalence rates among women, this study gives insight into sexual assault experiences of men, and thus adds to the growing body of knowledge of male victims. Sexual violence is not as prevalent among men as among women but deserves more attention than it has received thus far. Male victims are less inclined to talk about victimization. Feelings of shame and humiliation in the case of a female offender because of being forced by a woman and in the case of a male offender because of the homosexual component prevent them from seeking counseling. In addition, male victims remain unnoticed longer because they end up in the judicial system rather than in the health care system, and counselors are sooner inclined to surmise sexual violence among women than among men. However, male victims can have serious problems as well (Burns Loeb et al., 2002; Peterson et al., 2011). Judicial counselors and health

professionals should be trained to recognize sexual violence among men and to bring this issue up when men seek help.

The results of this study also show that most perpetrators were known to the victim. Furthermore, perpetrators were mostly men, especially when the victim was female. For male victims, male perpetrators also outnumbered the female perpetrators. However, a substantial number of male victims reported that the perpetrator was female. Women's sexual aggression has not been studied as widely as male sexual aggression. Krahe, Waizenhöfer, and Möller (2003) give an overview of research on female offenders, providing prevalence rates between 2% and 43% based on women's self-reports. Coercive strategies of women include verbal aggression, intoxication, threat, and use of force. Interventions that target the prevention of the use of these coercive strategies usually focus on boys and men. The results of this study suggest that such preventive interventions should also focus on girls and women.

Revictimization

For both men and women who experienced sexual violence, the risk of revictimization appeared to be high. Fifty percent of women and 30% of men who were victims of CSA experienced adult victimization. This is consistent with international literature (e.g., Messmann-Moore & Long, 2000). In the Netherlands, prevalence figures for revictimization had not yet been available. In addition, figures regarding revictimization of male victims of CSA are also scarce in international literature.

Clinicians should be aware of the risk of revictimization; prevention of revictimization should be part of the treatment of victims of CSA. Recently, Fortier et al. (2009) provided evidence for the hypothesis that increased CSA severity was associated with the use of avoidant coping, which includes behavioral and emotional disengagement such as spending more time alone and criticizing one's self for what happened. Avoidant coping predicted greater levels of trauma symptomatology, which was predictive for severity of sexual coercion in adulthood, especially verbally coercive sexual revictimization. Avoidant coping is considered an ineffective strategy to deal with trauma experiences, resulting in numbness, denial, and detachment, which may lead to inappropriate reactions to signals of threat or risk. Therefore, it seems that part of the treatment program, apart from reducing trauma symptoms, should be focused on coping strategies, especially avoidance.

Pregnancy

Pregnancy as a result of rape was reported by 7% of the female rape victims. In the total sample of women participating in this study, the figure is 1%. Holmes et al. (1996) found percentages of 6% and 0.6%, respectively. Considering differences in research method, the results of Holmes et al. (1996) and of this study are relatively comparable. A third of the pregnancies in this study were carried to term. A Dutch study revealed that victims who get pregnant often do not talk about the pregnancy and that counselors do not bring up the issue, either because they have insufficient knowledge to recognize the problem or because they do not know what they are getting into (Van Son-Schoones, Ensink, & Akkermans, 2003). This is even more distressing because decisions often have to be made at an early stage, as in the case of abortion. Specific counseling is needed, at least in the Netherlands, and counselors should be trained to talk about suspicions and to address the issue properly.

STRENGTHS, LIMITATIONS, AND FUTURE RESEARCH DIRECTIONS

We found different prevalence rates based on general versus specific questions. This is consistent with previous research (Hamby & Koss, 2003) and suggests that one or a few general questions are not sufficient to establish the full range of sexual violence experiences. Because the use of specific questioning minimizes underreporting and reduces confusion over terminology (Hamby & Koss, 2003), this will become the standard in our periodical data collection on sexual health.

Twelve percent of women and 3% of men in the sample had been raped. Rape was defined in the questionnaire as vaginal or anal penetration without consent. Although we defined rape in the questionnaire, respondents may have misinterpreted the term. Previous research has revealed that rape appears to be preserved for labeling assault perpetrated by a stranger (Hamby & Koss, 2003). In addition, we did not consider oral sex without consent as rape. According to the legal definition in the Netherlands, rape is an act that consists or partly consists of sexual penetration of the body by means of (threat of) violence or another fact. This implies that our definition of rape was too narrow. In future studies the term “rape” should be illustrated in specific behavioral terms.

We used the terms “without my consent” and “forced” to indicate sexual experiences that were violent or abusive in nature. However, forced or nonconsensual sex may include verbal manipulation (such as threats to end the relationships), blackmail (e.g., threats to spread rumors if one does not engage in sexual acts), and physical force. The broad terms without my consent or forced do not provide information on the type of coercion that was used. In our next periodical data collection on sexual health, assessing varying degrees of coercion should be considered.

Even though much effort was put into making the sample as representative as possible, some limitations have to be considered. First of all, the method of sampling through an Internet panel might have resulted in a sample that is more active on the Internet than the general population, which could have biased the results (Scherpenzeel & Bethlehem, 2011). Also, our response rate was low. The fact that 37% of nonresponders say they found the survey too personal or emotionally disturbing gives some reason to suggest that the sample may be somewhat biased in the direction of, for example, liberal attitudes or nonvictimization. In addition, in evaluating the low response rate, it should be considered that we used a specific method of sampling. Usually, older and low-educated men and women as well as men and women from ethnic minorities are less willing to participate in survey research (Bethlehem, 2006). Therefore, we selectively recruited men and women from these groups until the targeted numbers were realized. If we had not used this method of sampling, the response rate may have been higher, but the quality of the sample would have been worse due to underrepresentation of these population subgroups.

CONCLUSION

In the Netherlands, sex education is a common practice in secondary education, and the Dutch have a name for being tolerant and open about sexuality. Therefore, rates for teenage pregnancies, abortions, and HIV infections are among the lowest in the world (Rutgers Nisso Groep, 2009). However, this study clearly shows that prevalence rates of sexual

violence are not lower for Dutch men and women, adolescents and adults alike. This suggests that sex education should also entail more focus on respect in interpersonal relationships, communication skills, and empowerment, not only in secondary education but also in primary school as well.

NOTES

1. Attempted rape means that rape was attempted but not “successfully” completed.
2. Diagnostic symptoms for PTSD include reexperiencing the original trauma(s), avoidance of stimuli associated with the trauma, and increased arousal.
3. People who display learned helplessness perceive to have no or limited control over the outcome of a situation.

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