



End Violence Against Women International
(EVAWI)

Improving Responses to Sexual Assault Disclosures: Both Informal and Formal Support Providers

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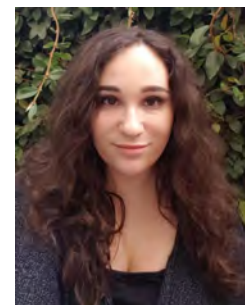
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Introduction

The impact of sexual violence can be severe and long-lasting. Victims often suffer a range of damaging outcomes including Post Traumatic Stress Disorder (PTSD), depression, drug and alcohol abuse, suicidal behavior, and chronic physical health problems (Campbell, Dworkin, & Cabral, 2009; Kilpatrick & Acierno, 2003; Koss, Bailey, Yuan, Herrera, & Lichter, 2003; Littleton, Grills-Taquechel, Buck, Rosman, & Dodd, 2013; Zinzow et al., 2010). Yet one of the most tragic aspects of sexual victimization is that it is a primary risk factor for being sexually victimized again in the future. Research estimates that women who have been sexually assaulted before their 18th birthday are twice as likely as others to be sexually assaulted after age 18 (Black et al., 2011; Pittenger, Huit, & Hansen, 2016; Tjaden & Thoennes, 2006; Walsh et al, 2012).

The question is therefore how we can prevent this cascade of devastating impacts. From a public health perspective, the most direct answer is to launch interventions at the level of primary prevention, and this work is indeed ongoing (for review, see Banyard, Eckstein, & Moynihan, 2010; Lonsway et al., 2009). Yet, other efforts are also underway to improve the support victims receive from formal sources (responding professionals) and informal sources (friends, family members, faith communities).

In this Training Bulletin, we review the research literature on sexual assault disclosures and the responses survivors receive from both informal and formal support providers. We also examine public awareness campaigns designed to prevent sexual assault and improve responses to survivors. This includes outlining the rationale for our Start by Believing campaign and describing preliminary evidence for its positive impact. The ultimate goal is to improve responses to sexual assault victims around the world.

Sources of Support

Following a sexual assault, victims make a variety of decisions, including whether and how to seek help. Most (58-94%) seek help informally from friends and family members (Filipas & Ullman, 2001; Lindquist et al., 2013; Orchowski & Gidycz, 2012; Starzynski, Ullman, Filipas, & Townsend, 2005; Walsh, Banyard, Moynihan, Ward, & Cohn, 2010; for review, see Ménard, 2005). For adolescents especially, their first disclosure of sexual assault victimization is typically made to a friend or family member, not a formal service provider, and the response they receive greatly impacts whether they disclose to anyone else or report the crime to law enforcement (Hanson et al., 2003).

A smaller but still substantial percentage of sexual assault victims also access formal support systems. For example, about 5-20% report the crime to law enforcement (Fisher, Cullen, & Turner, 2000; Frazier, Candell, Arikian, & Tofteland, 1994; Kilpatrick, Edmunds, & Seymour, 1992; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007; Lindquist et al., 2013; Tjaden & Thoennes, 2000; Wolitzky-Taylor et al., 2011a).



Less than half seek medical care or obtain a medical forensic exam (27-40%), and estimates range from 16% to 60% for the percentage of sexual assault victims who access mental health services (for a review, see Campbell, 2008). Again, adolescents may be less likely to access formal support than adults. Estimates range from 8-13% for the percentage of sexual assaults of adolescents that are ultimately reported to law enforcement (Casey & Nurius, 2006; Kilpatrick, Saunders, & Smith, 2003).

Overcoming Barriers

Many barriers prevent sexual assault victims from reporting or reaching out for help. Wolitzky-Taylor et al. (2011b) sought to explore the reasons for nonreporting by asking a sample of female rape victims who did not report the crime to explain why they didn't. The most common reason these survivors gave for not reporting was fear of reprisal (68%), but a similar proportion said they didn't report because they feared they would be blamed for their sexual assault (63%; but it was 23% in Zinzow & Thompson, 2011).

Another common reason for nonreporting is not wanting others to know about the sexual assault. Approximately half of the survivors cited this barrier in two studies: 57% in Wolitzky-Taylor et al. (2011b) and 45% in Zinzow & Thompson (2011). Additional reasons were fear of the justice system (43%) and concern that there was not enough proof of the crime (51%; Wolitzky-Taylor et al., 2011b). Yet some victims cited the simple fear of not being believed if they reported (6%; Zinzow & Thompson, 2011).

In terms of service utilization, Walsh et al. (2010) found that the most common barrier for survivors was the perception that the sexual assault was a private matter (73%). Other reasons cited were that the incident wasn't serious enough (48%), feelings of shame or embarrassment (50%), concern about others finding out (39%), fear of being blamed (23%), and once again, the simple fear of not being believed (30%). In fact, the fear of not being believed or being blamed for their sexual assault are two key factors that prevent many survivors from accessing medical care and victim advocacy (Patterson, Greeson, & Campbell, 2009). Many survivors decide it simply isn't worth the risk to reach out for help from these services, for fear of receiving a negative response.¹

¹ Before victims report to law enforcement or seek services, they must decide whether their sexual assault is "serious enough" to do something about and choose a specific course of action (Greenberg & Ruback, 1992). These decisions are profoundly influenced by societal beliefs and stereotypes about sexual assault. This explains why victims are more likely to acknowledge and label a sexual assault, and also to report it to law enforcement or access community services, if their sexual assault resembles the cultural stereotype of "real rape," for example, if it was committed by a stranger, using a weapon or physical force, if they were physically injured or sought medical treatment, and if they did not use alcohol or drugs at the time of the assault (Bachman, 1998; Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Clay-Warner & Burt, 2005; Cohn, Zinzow, Resnick, & Kilpatrick, 2013; Felson & Paré, 2005; Finkelson & Oswald, 1995; Fisher, Daigle, Cullen, & Turner, 2003; Hammond & Calhoun 2007; Kaukinen, 2002; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007; Ménard, 2005; Paul, Zinzow, McCauley, Kilpatrick, & Resnick, 2014; Starzynski, Ullman, Filipas, & Townsend, 2005; Walsh et al., 2016; Wolitzky-Taylor et al., 2011a).

Benefits of Formal Support

If they are able access formal support, victims can benefit in a variety of ways. Positive effects can be seen as a result of: primary care by a physician (Felitti & Anda, 2010); forensic medical care by a specially trained nurse (Campbell, Patterson, & Bybee, 2011; Campbell, Patterson, & Lichty, 2005); victim advocacy services (Campbell, 2006; Patterson & Campbell, 2010; Patterson & Tringali, 2015; Wasco, Campbell, Barnes, & Ahrens, 1999); and other services like counseling, therapy, and support groups (Foa, Hearst-Ikeda, & Perry, 1995; Foa, Keane, & Friedman, 2000; Parcesepe, Martin, Pollock, & Garcia-Moreno, 2015; Russell & Davis, 2007; Wasco et al., 2004).

Victims who receive a positive response from law enforcement (described as believing, nonjudgmental, or validating) also experience positive effects (Greeson, Campbell, & Fehler-Babral, 2016), as do those who work with a victim advocate. Specifically, victims who work with an advocate experience less distress and are less likely to experience negative outcomes such as self-blame or feeling bad about themselves, guilty, or depressed. Significantly, they are also *less reluctant to seek further help* (Campbell, 2006; Patterson & Tringali, 2015; Wasco, Campbell, Barnes, & Ahrens, 1999).

This is a critically important pattern that is also seen with other types of formal support: By accessing the services of one service provider, survivors are more likely to reach out to another. As one example, reporting to law enforcement also increases the likelihood of receiving medical attention and advocacy services (Wolitzky-Taylor et al., 2011b).

Benefits of Informal Support

Victims can also benefit from the support of loved ones, such as family members and friends, if they offer positive forms of information, emotional support, and assistance with tangible needs (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Campbell, Greeson, Fehler-Cabral, & Kennedy, 2015; Filipas & Ullman, 2001; Lorenz et al., 2018; Orchowski, Untied, & Gidycz, 2013; Relyea & Ullman, 2015; Ullman, 1996). In one study, for example, “emotional support from a friend was related to significantly better recovery” among sexual assault victims (Ullman, 1996, p. 152). In another, survivors who received positive responses felt more in control of their recovery process, and this was associated with fewer PTSD symptoms (Ullman & Peter-Hagene, 2014).

What does positive social support look like? Victims describe positive responses as being listened to, being provided with emotional support and autonomy, not being blamed, being encouraged to talk about the sexual assault, and having a support provider who is not distracted with other things (Filipas & Ullman, 2001; Kirkner, Lorenz, & Ullman, 2017). Victims who receive such responses from friends and family members exhibit better psychological adjustment than those who do not. They are also more likely to reach out again, both to law enforcement and to other service providers (Campbell, Greeson, Fehler-Cabral, & Kennedy, 2015; Filipas & Ullman, 2001; Patterson & Campbell, 2010; Ruch, Davidson-Coronado, Coyne, & Perrone, 2000).



In fact, the two specific behaviors that seem to have the most positive effect are *having someone to talk to* and *being believed*. Victims who are believed and encouraged to talk about their experience – and who view these responses positively – have fewer physical and psychological symptoms than those who do not receive such responses, or who consider them to be negative (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001).

Criminal Justice Engagement

Social support is critical for assisting in victim recovery, but it is also a key requirement for victims to engage the criminal justice system in order to hold offenders accountable. To illustrate, one study found that sexual assault victims were more likely to report the crime if they consulted with others and/or if they were specifically encouraged to report it by others (Paul, Zinzow, McCaugly, Kilpatrick, & Resnick, 2014). Another study documented that survivors contacted an average of 2-3 *support providers* – either informal (friends, family members) or formal (professionals) before reporting to police (Patterson & Campbell, 2010). The researchers described how this process unfolded:

Their support people believed them, offered emotional support, validated their experience as rape, and encouraged them to report. In some cases, the support systems offered the survivors hope that they could seek justice through prosecution (Patterson & Campbell, 2010, p. 197).

This may be especially true for adolescent victims, who often need the support of professionals as well as loved ones, to report their sexual assault to law enforcement and remain engaged with the criminal justice process (Campbell, Greeson, Bybee, Kennedy, & Patterson, 2011; Campbell, Greeson, Fehler-Cabral, & Kennedy, 2015).

Investigation and Prosecution

For a sexual assault case to be successfully prosecuted, two elements must come together. First, there has to be a thorough, evidence-based investigation by law enforcement. Second, the victim must be willing and able to participate in the criminal justice process (Campbell, Bybee, Ford, & Patterson, 2009). Both these factors are more likely when victims receive positive responses to their sexual assault disclosure:

Our interviews with both survivors and police revealed that victims can give more detailed statements to law enforcement, remember more information, and can otherwise engage more fully with the investigation when they are not so traumatized and have adequate support (p. 121).

Particularly helpful is the feeling of being believed. One victim described how investigators communicated this belief without saying so explicitly:

The detectives, they believed me; they never said, I believe you. But just their work ethic and how they handled themselves and how they talked to me and treated me is you can tell ... they just made me feel so good and that I was doing

the right thing, and I mean to me there was no doubt that they ever thought for a minute that I was lying, never for a minute (Patterson, 2011, p. 1360).

This type of constructive interaction with law enforcement has a positive effect, not only on the victim's emotional state, but also on the amount of information they provide and their feelings of hope about the case (Greeson, Campbell, & Fehler-Babral, 2016).

To summarize, victims can benefit in a variety of ways if they disclose their sexual assault to informal and/or formal support providers, **and** if these individuals respond in positive ways. Unfortunately, both these steps are fraught with risk, because negative responses have a damaging impact – over and above the sexual assault itself.

Negative Responses

About half of all sexual assault victims rate their experience with the criminal justice system as unhelpful or hurtful; estimates range from 43-52% (for a review, see Campbell, 2008). Sadly, these victims have worse physical and psychological outcomes as a result (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001).

In one study, victims who disclosed their sexual assault and received negative responses had higher levels of hostility, paranoia, and phobic anxiety at a 7-month follow up (Orchowski & Gidycz, 2015). Other studies have found that negative responses are related to higher levels of posttraumatic stress, delayed recovery, and poorer perceived health, among other negative outcomes (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Filipas & Ullman, 2001; Relyea & Ullman, 2015; Ullman, 1999; Ullman & Filipas, 2001; Ullman, Foyne, & Tang, 2010; Ullman & Peter-Hagene, 2016; Ullman & Relyea, 2016). Moreover, these harms compound based on the number of negative responses they receive. This means it is worse for victims to tell someone about their sexual assault and receive a negative response than to never tell anyone at all.²

“Victims may be better off receiving no support at all than receiving reactions they consider to be hurtful.”

Campbell, Ahrens, Sefl, Wasco, & Barnes (2001, p. 300)

What constitutes a negative response? From informal support providers, this can include being doubted, blamed, stigmatized, shamed, or patronized (Campbell, Ahrens,

² Self-blame is particularly destructive for sexual assault victims; it is associated with a range of negative outcomes (for review, see Kennedy & Prock, 2016; Ullman, 1999). For example, survivors who reported that others turned against them (blaming, stigmatizing, or infantilizing) exhibited more harmful thinking and behavior, such as social withdrawal or self-blame (Relyea & Ullman, 2015). In fact, the level of emotional distress victims experience is determined in large part by their degree of self-blame (Greeson, Campbell, & Fehler-Cabral, 2016; Koss & Figueredo, 2004; Koss, Figueredo, & Prince, 2002). Perhaps not surprisingly, victims are also less likely to report their sexual assault to law enforcement if they blame themselves for the attack (Ruch, Davidson-Coronado, Coyne, & Perrone, 2000).

Sefl, Wasco, & Barnes, 2001). Research indicates that negative responses from friends and family can be separated into two types: overtly hostile reactions described as “turning against,” and “unsupported acknowledgments,” where loved ones acknowledge the sexual assault but fail to provide a supportive response. Both types of negative responses are associated with harmful effects on survivors (Relyea & Ullman, 2015).

From law enforcement, negative responses can include discouraging survivors from reporting, or questioning them about their prior sexual history, what they were wearing, or whether they “responded sexually” to the assault (for review, see Campbell, 2008). For example, one study found that negative responses from law enforcement (including expressions of skepticism or victim-blaming) had a negative impact on survivors’ emotions and led to feelings of hopelessness about their cases (Greeson, Campbell, & Fehler-Babral, 2016). Two survivors in this study said that blaming reactions from law enforcement were what made them begin to blame themselves for their rape.

From health care providers, negative responses can include treatment that is experienced by victims as “cold, impersonal, and detached” (Campbell, 2008). At the prosecution stage, negative responses can include failing to provide the survivor with adequate information or preparation. Victims also describe being forced to “go through a punishing process of reliving the assaults and defending their characters” (Koss & Achilles, 2008; cited in Campbell, 2008, p. 704). Not surprisingly, victims who receive such negative responses from formal support providers are also less likely to disclose to others in the future (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007).

All this points to a need for public education – both to prepare professionals and loved ones to respond positively to sexual assault disclosures, and also to provide survivors with the support they need to report the crime and reach out for help. We now turn our attention to a variety of programs that have been designed to achieve these goals.

Public Awareness Campaigns

In 2010, the White House hosted the first-ever *Roundtable on Sexual Violence*, and increased public awareness was cited as one of the highest priority objectives.³ Yet despite this identified need, very few public awareness campaigns have been created.

One early campaign called *Dangerous Promises* was designed specifically to challenge sexist images in alcohol advertising and promotions (Woodruff, 1996). Another initiative went by the tagline: *This is not an invitation to rape me*. This campaign was originally launched by the Los Angeles Commission on Assaults Against Women

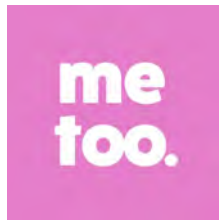


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rapecrisissscotland.org.uk

³ The roundtable was co-hosted by the US Department of Justice, Office on Violence Against Women, the White House Council on Women and Girls, and the White House Advisor on Violence Against Women.

(now called Peace Over Violence),⁴ and it has since been used by Rape Crisis Scotland and others to create posters challenging the notion that women “ask for” or deserve to be raped.⁵ Campaign posters display an array of women, often wearing sexually provocative clothing or engaged in sexualized behaviors, with the tagline, “This is not an invitation to rape me.” Rape Crisis Scotland even created a [humorous video clip](#) to portray the campaign message.

In 2014, the *It's On Us* campaign was launched based on recommendations from the White House Task Force to Prevent Sexual Assault. More recently, the country saw the #MeToo and Time's Up movements explode as a way for women to speak up about sexual harassment and assault. #MeToo was founded in 2006 by Tamara Burke, specifically for girls and women of color, and it gained momentum in October 2017 when it went viral on social media. Time's Up was founded by women in the entertainment industry, to challenge rampant widespread sexual harassment. It began on January 1, 2018 with a published letter of solidarity to survivors. Both movements have helped to bring these critical issues to the forefront of international conversation.⁶



Evaluation Research

Most of these public awareness campaigns have not been evaluated to document any potential impact. One exception is a campaign that was created and rigorously evaluated by the British Home Office. It was implemented in England and Wales, with the goal of reducing the incidence of rape “by ensuring that men know they need to gain consent before they have sex.”⁷ The campaign included radio broadcasts, magazine advertisements, stickers on condom machines, and posters in the men’s bathroom of pubs and clubs. In a study of its impact on the general public, the Home Office found reasonably high levels of recognition and recall for the campaign message (Home Office, 2006; cited in Temkin & Krahe, 2008). However, Temkin and Krahe (2008) sought to determine whether it influenced the beliefs and attitudes targeted.

The researchers selected two posters from the campaign and displayed them for a month in eight cities in England and Wales: the initiative reportedly garnered “extensive press coverage” (p. 109). The researchers then asked more than 2,000 members of the general public to respond to a measure of rape myth acceptance and make a variety of

⁴ For more information on Peace Over Violence, visit their [website](#).

⁵ For more information, see their [website](#).

⁶ For more information, please see the following websites: [It's On Us](#) [#MeToo](#) and [Time's Up](#).

⁷ This description was taken from campaign materials cited by Temkin and Krahe (2008). For more information, see the web archives for [BBC News](#) or the [Guardian](#) ()



judgments in a hypothetical rape scenario. Some were asked to do so while one of the campaign posters was in view and/or when they were first presented with a paragraph of written material explaining the legal definition of rape and the importance of consent.

When they analyzed their data, the researchers found *none* of the effects they hypothesized on rape attitudes or judgments, either as a result of the campaign poster and/or the written material. They did, however, find one effect in the opposite direction as hypothesized. It was seen among participants who viewed a poster depicting an intimidating man in the upper bunk of a prison bed, with an empty lower bunk. The message read: “If you don’t get a ‘yes’ before sex, who’ll be your next sleeping partner?” Temkin and Krahe found that participants viewing this poster actually provided *more lenient* ratings of defendant culpability in the hypothetical rape scenario:

Participants may have asked themselves whether they would want the defendant in the scenario to end up as shown on the poster and may have turned down their liability ratings in order to protect him from a fate. The caption on the poster ... might even be read as suggesting that the man might himself be subjected to sexual aggression once in prison, thus shifting the focus from consent to punishment and revenge. In fact, 5 percent of those interviewed in the Home Office’s own evaluation of the campaign thought the poster message was that if you rape you will get raped in prison (Temkin & Krahe, 2008, p. 119).

This finding highlights the importance of including multidisciplinary perspectives, as well as members of the target audience, in the creation of any public awareness campaign. It is all too easy to craft a campaign message that makes sense to the organizers, but fails to communicate effectively with the general public, or is misinterpreted in ways that could possibly be identified before launching. In this case, for example, it is possible that criminal justice practitioners might have identified this particular issue as a concern.

It also highlights the critical need for evaluation. Few programs have been evaluated as rigorously as Temkin and Krahe’s, and this is true for a variety of reasons. First, it can be very difficult to identify the desired outcomes of a public awareness campaign, not to mention accurately measuring those outcomes or isolating the effect of the campaign versus countless other complex factors. There are also numerous logistical challenges, political concerns, and financial constraints that limit researchers’ ability to evaluate campaigns. It is therefore particularly noteworthy that there is such a strong evaluation base for programs specifically designed to increase bystander intervention.

Rape Prevention / Bystander Intervention

Several campaigns have been designed to prevent sexual assault and improve responses through bystander intervention. These include: Men of Strength Clubs, Red Flag, Green Dot, and White Ribbon Campaigns, as well as Coaching Boys Into Men,



Mentors in Violence Prevention, and Bringing in the Bystander.⁸ Research demonstrates that these campaigns can be effective, both in terms of increasing *proactive* and *reactive* responses (Banyard, Moynihan, & Plante, 2007; Katz, 2007; Schewe, 2006).

To illustrate, one evaluation of the Bringing in the Bystander program documented positive changes among participants on a range of outcomes, including: sexual assault knowledge, rape myth acceptance, efficacy related to be an active bystander, and actual bystander behaviors. All changes persisted at the 2-month follow-up and many were still seen at a 4- and even 12-month follow-up (Banyard, Moynihan, & Plante, 2007). Other evaluations of the program have similarly demonstrated positive effects on knowledge and attitudes regarding how to respond positively to sexual and relationship violence, and even increased the number of instances where someone said they intervened to prevent such violence (Banyard, Moynihan, & Crossman, 2009; Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2010; Potter & Stapleton, 2013; Senn & Forrest, 2016; Storer, Casey, & Harrenkoh, 2016).

Other bystander intervention programs have similar positive effects. For example, the Green Dot program has led to reduced rates of sexual victimization and psychological dating violence perpetration on several college campuses (Coker et al, 2016). Know Your Power has also been linked with an increased willingness among students to intervene when witnessing sexual and relationship violence and an enhanced understanding of the role they must play to reduce such violence (Potter, 2012).

Communication Strategies

One reason the bystander intervention approach has been so effective is because it incorporates knowledge gained from decades of psychological research on persuasive communications. For example, research documents that persuasive communications are most likely to influence behaviors if they are *narrowly focused* with a *clear match* between the message and the target behavior (for review, see Eagly & Chaiken, 1993; Rhodes, 1997). Vague or generalized messages are not as likely to be effective. The bystander approach might also be effective because people are asked to think about how they might personally prevent wrongdoing by someone else. This is less likely to invoke defensiveness than asking people about their own potential wrongdoing.

To be effective, persuasive communications must also: break through the “clutter” of competing messages, grab the attention of the target audience, and provide information in clear terms that can be readily understood and easily recalled in a situation where they can potentially be applied. Furthermore, recipients will only change their attitudes and behaviors if they are motivated to do so. This means that any attempt at persuasion must either inspire the motivation for change or tap into an existing motivation. Finally, messages must be viewed as credible and personally relevant to successfully impact

⁸ For more information, please see: [Men of Strength Clubs](#), [Red Flag Campaign](#), [White Ribbon Campaign](#), [Coaching Boys Into Men](#), [Mentors in Violence Prevention](#), and [Bringing in the Bystander](#).



attitudes and behaviors (Eagly & Chaiken, 1993; Rhodes, 1997). All these factors have helped the bystander intervention approach to be successful. They were also taken into account when EVAWI created our own public awareness campaign, Start by Believing.

Start by Believing

The Start by Believing campaign was designed to improve the responses of both professionals and the public to sexual assault victims. This is described on the [website](#):

Most victims of sexual assault never report the crime to law enforcement, often because of the responses they receive from friends and family members. Our Start by Believing campaign is designed to change this. By preparing both professionals and loved ones to respond appropriately to sexual assault disclosures, we help to improve outcomes for victims – one response at a time.

Knowing how to respond is critical, because a negative response can worsen the trauma and foster an environment where perpetrators face no consequences for their crimes. What's worse, this means a victory for the perpetrator, who remains free to rape again. And statistics show that rapists don't just attack once – many re-offend, often multiple times. It's a frightening equation: One failed response can mean additional victims. Start by Believing stops this cycle of silence by improving our personal and professional responses.

New research confirms what many practitioners have long recognized: That sexual assault victims typically receive more negative reactions from friends and family members than they do from law enforcement or community-based service providers. They also receive less helpful information and tangible aid from these support people than professionals (DePrince et al., 2018). This research, published by the National Institute of Justice, involved asking sexual assault survivors what criminal justice personnel and community-based providers could do to better serve their needs. Of the six themes most commonly mentioned, one was “believing survivors, not blaming them,” and another was to improve the information provided to survivors about their resources and helping them to access these

“The study findings point to a need for further investment in community-coordinated support of assault survivors, and enhanced education to equip both formal and informal supports to react compassionately to survivors”

National Institute of Justice, 2018

services. Survivors also highlighted the need for increased understanding, so professionals treat them with more care and compassion.

The Start by Believing campaign was designed to meet these goals. The campaign was first launched in April 2011, at EVAWI's annual conference held in Chicago, Illinois. Drawing from the psychological literature reviewed above, the campaign was not designed to target *generalized* attitudes, awareness, or empathy. Rather, it was created to *narrowly target* a single behavior – responding to a disclosure of sexual assault victimization with an initial orientation of belief and support, rather than doubt, blame, or shame. The campaign was also designed to incorporate other aspects of successful communications: breaking through the “clutter,” grabbing and holding people’s attention, providing information in clear and relevant terms, and either creating or hooking into people’s existing motivation to improve responses.

Perhaps most important, the campaign was designed to target behavior that can potentially have a profound and lasting impact on victim well-being. This was based on the research reviewed here, on sexual assault disclosures, barriers to reporting and help-seeking among survivors, and the effects of positive versus negative responses. In other words, the campaign was carefully designed to make the right “ask,” and to do so in terms that are most likely to produce the right “answer.”



Community Initiatives

To encourage communities to host their own campaigns, EVAWI developed a number of print materials (such as brochures, posters, postcards, and bookmarks), as well as promotional items (like mugs, scarves, t-shirts, candles, bracelets). We also created a new [website](#) to provide information, supply campaign materials, and offer opportunities for individuals to make their own personal commitment. The campaign was specifically designed to be cost-effective; for the modest cost of print materials and other advertising (e.g., roadside billboards), communities have a chance to reduce the devastating impact of sexual assault victimization and the negative responses of professionals and loved ones.

Since the initial launch, hundreds of communities have launched a campaign. But there are likely many other campaigns we do not know about. In addition, we have sent out more than thousands of print materials to communities in nearly every US state and Washington, DC, as well as countries such as Canada, Italy, Spain, Brazil, Mexico, and Zimbabwe. Some materials have already been translated into Spanish and Portuguese, and we hope to offer additional languages in the future. In addition, thousands of people have made their own personal commitment to Start by Believing when someone tells them they were sexually assaulted. These pledges provide a sense of the campaign’s impact:

My name is Melissa. I am a prosecutor, a mother, and a believer. I am invested personally and professionally in helping victims be heard and in bringing offenders to justice. When someone tells me they were raped or sexually assaulted, I Start by Believing.

My name is Neo. I am a member of the United States Air Force, a victim advocate and a friend. I will always be there to support victims of sexual violence. When someone tells me they were raped or sexually assaulted, I Start by Believing.

My name is Ryan. I am a Criminal Investigator of sex crimes - as a Husband, Father, and male role model, I strive to become better for the people involved. When someone tells me they were raped or sexually assaulted, I Start by Believing.

My name is Pat. I am a survivor whose mother first revealed her own sexual abuse as a five-year-old – but only when she was 95. For 90 years of her life, she thought no one would believe her. Silence locks in shame. I will #StartbyBelieving.

Local, Regional, and Statewide Campaigns

Communities launch Start by Believing campaigns in all kinds of ways. In one community, the initiative may be led by the police department or the prosecutor's office. In another, it may be the advocacy organization or forensic examiner program. The campaign might cover a small town, a big city, a multi-county region, or the entire state. In Western Tennessee, for example, 19 counties held a pledge challenge that resulted in more than 2,000 personal pledges and proclamations from all 19 counties.

The Start by Believing message might be emblazoned on police cars, like in Lake Havasu City, Arizona. Or in



Schenectady, New York, where they hosted a successful pledge drive and then displayed over 250 personal



pledges on patrol cars. The message might even be painted on the wall of a “soft” interview room, as in Canyon County, Idaho.



The campaign might be featured on billboards, taxi cabs, or bus shelters, as it was in Denver, Colorado. It may even be publicized at a major sporting event, like the Sparklers Softball Tournament in Westminster, Colorado, where the Start by Believing message was promoted by

ESPN broadcasters throughout the 10-day tournament, providing an opportunity for the 10,000 players and fans who attended each day to see posters displayed in dugouts, bathrooms, and other high traffic areas.



Campaign materials might be translated into other languages or adapted to meet the needs of specific populations. For example, the National Clearinghouse on Abuse in Later Life (NCALL) adapted Start by Believing materials to challenge the myths and misconceptions about sexual assault of elder victims. Many of the materials can be similarly adapted for a range of populations, including male victims, victims with disabilities, victims in correctional settings, LGBTQ victims, victims of human trafficking, adolescents, immigrants, and others.

Campaigns often engage the media, with coverage on local TV, radio, newspapers and multiple social media platforms. Others provide campaign materials in hospitals, advocacy and social service agencies, as well as local businesses. To date, eight state legislatures have also proclaimed themselves to be a Start by Believing State: Arizona, Oklahoma, Utah, New Mexico, Illinois, Louisiana, Missouri, and Wyoming. With efforts to pursue a federal proclamation, we are well on our way to becoming a Start by Believing Nation.



The specific strategies are as unique as the communities themselves. Yet the message is always the same: “When someone tells me they were sexually assaulted; I will Start by Believing.”

Access to Medical Forensic Exams



Beyond improving responses to sexual assault disclosures, a Start by Believing campaign can also inform survivors and their support people about available resources. A particularly critical gap remains with notifying the public about the availability of sexual assault medical forensic exams. In the 2013 reauthorization of the Violence Against Women Act (VAWA), a new provision stated that governmental entities will only be eligible for STOP grant funding if they “coordinate with regional health care providers to notify victims of sexual assault of the availability of rape exams at no cost to the victims.”⁹ States, territories and tribes were given until March 2016 to comply with this new provision, but there is little evidence that this is happening in most communities.

Given that the whole point of this VAWA provision is to increase access for victims – both to medical forensic exams, as well as the entire criminal justice system – creating a legally compliant process is only half the battle. The other half is ensuring the public is aware of their options, to increase the chance that they will report or seek help when they or someone they love is sexually assaulted.

⁹The text of the VAWA 2013 reauthorization is available from the [US Government Publishing Office](https://www.gpo.gov/)

Some communities are connecting their public notification efforts with a Start by Believing campaign. This nexus is helpful, because it raises awareness about sexual assault at the same time it seeks to improve the responses of support people and encourage both reporting and help-seeking among survivors. To further advance these efforts, communities can promote Seek then Speak, a digital aid that is accessible on any desktop computer, mobile phone, or landline. The program helps sexual assault survivors and their support people to gather information and explore their options, such as obtaining a medical forensic exam, connecting with victim advocacy, and reporting to law enforcement. In fact, visitors to the Start by Believing website are first presented with a split screen: They can choose to learn more about either Start by Believing or Seek Then Speak from the home page.



Together, the programs provide a two-step answer to the question of what to do when someone discloses that they were sexually assaulted. What should you do? First, Start by Believing. Then, Seek Then Speak, to learn more about the range of options for survivors and explore next steps, including reporting directly to law enforcement.

Need for Evaluation

At this point, no rigorous evaluation of Start by Believing has been conducted. A formal evaluation of the campaign – along with Seek Then Speak – could help determine whether they increase the likelihood that: (a) someone who is sexually assaulted will disclose to informal and/or formal support providers, (b) this disclosure will yield a positive response, and (c) this positive response will, in turn, lead to an increase in the victim's likelihood of reporting to law enforcement or accessing community services.

For example, a random sample of the community population could be surveyed to evaluate their level of understanding and recall of the campaign message. Outcome measures could also include agency statistics on the number of victims who seek medical treatment (including a medical forensic exam) or access advocacy services. It could even include the percentage of victims who report their sexual assault to law enforcement and remain engaged in the criminal justice process. Ultimately, the campaign could have an impact on case determinations by law enforcement, charges filed by prosecutors, and judicial outcomes such as guilty pleas, verdicts, or sentences.

For communities launching or participating in a Start by Believing campaign, we strongly encourage incorporating evaluation measures to assess any potential impact. Hopefully, the ideas presented here provide a starting place for such an effort. For additional information and materials, please visit the [website](#)



Preliminary Evidence for Impact

Although no rigorous evaluation has yet been conducted with Start by Believing, preliminary evidence suggests it may have a positive impact on victims' reporting and help-seeking behaviors. In 2011-2012, Lamar Advertising donated space on 17 billboards to display a Start by Believing message across the entire Kansas City metropolitan area. The message later expanded to other locations across the state, including the popular tourist destination of Branson, Missouri. In addition to the billboards, Captain Mark Folsom and Detective Catherine Johnson of the Kansas City Police Department (KCPD) worked together with other community partners to push the campaign message to the media. In addition, Captain Folsom briefed the KCPD command staff and ensured that campaign posters were placed in the roll call rooms at all six patrol divisions as well as locations within the Special Victims Unit.

Preliminary data collected by the Metropolitan Organization to Counter Sexual Assault (or MOCSA, the local rape crisis center) documented a dramatic increase in the number of hospital callouts to accompany sexual assault victims to a medical forensic exam, following the original appearance of the billboards. In fact, the number increased to the highest level in five years, and Kansas City professionals responded by convening an Emergency Summit in July 2011 to address the "unprecedented increase in the demand for services."¹⁰ The number of callouts declined after the billboards were removed.¹¹

"We weren't ready for this, we didn't see it coming."

Kansas City professional interviewed for the Emergency Summit

At the same time, the Kansas City Police Department also saw an increase in the number of reports for forcible rape and sodomy while the billboards were up, in a period of time during which law enforcement agencies across the country generally saw these reports decline.¹² That figure also declined after the billboards were removed.

Since that time, two other communities have seen an increase in rape reporting after launching a Start by Believing campaign: Arizona State University and San Luis Obispo, California.¹³ In San Luis Obispo, a non-scientific email survey of community residents and professionals found that almost two-thirds had seen the campaign message or logo, most commonly on social media channels. Most respondents seemed to understand the message and the purpose of the campaign, recognized why it was being

¹⁰ Sexual Assault Emergency Summit hosted by MOCSA (November 17, 2011). By Dr. Ronda Jensen and Arden Day, University of Missouri Kansas City Institute for Human Development. Also personal communication with Melanie Austin, Program Services Coordinator for MOCSA (December 2012).

¹¹ Thanks to Melanie Austin, Program Services Coordinator at MOCSA, for providing this data.

¹² Thanks to Captain Mark Folsom and Captain David Lindaman of the Kansas City Police Department for providing this data. For national statistics, please see [data](#) from the same period of time published by the FBI through the Uniform Crime Reports (UCR) Program.

¹³ For more information on the increase in sexual assault reporting rates at Arizona State University and in San Luis Obispo, California, please see Stuart (2015) and Rigley (2014).



promoted, and supported the effort. Significantly, almost two-thirds had discussed the campaign with someone else. This was seen as a key achievement, given the reluctance many people feel to discuss the topic of sexual assault.

If research confirms what the preliminary data suggest – that the Start by Believing campaign can have a positive impact on sexual assault victims – this has the potential to improve societal responses on a national, and indeed international level. The campaign thus joins other efforts to prevent sexual assault, improve responses to survivors, and encourage both reporting and other forms of help-seeking.

“I was highly shocked when I first saw the billboard, but I know that it is something that should be discussed with everyone in the community.”

Survey respondent in San Luis Obispo, California

Conclusion

There is so much work to do, it can feel overwhelming at times. But we don't have to work alone or in the dark. The research literature provides a roadmap for when and how to intervene, for maximal positive impact. By documenting what survivors need, and what barriers and challenges they face on their journey to recovery, we can create a plan for change. Most of all, we must listen to survivors and support people who are leading the way to a brighter future.

“My daughter was sexually assaulted at her high school while the attacker's friends recorded the act. I never knew victims were made out to be liars and not believed until this happened to my family. Since my daughter's attack I have advocated for her every day since and will continue to advocate for her and all survivors until the day I take my last breath. I pledge to believe all survivors.”

- Amy

References

- Ahrens, C.E., Campbell, R., Ternier-Thames, N.K., Wasco, S.M., & Sefl, T. (2007). Deciding whom to tell: Expectations and outcomes of rape survivors' first disclosure. *Psychology of Women Quarterly, 31*, 38-49.
- Bachman, R. (1998). The factors related to rape reporting behavior and arrest: New evidence from the National Crime Victimization Survey. *Criminal Justice and Behavior, 25*, 8-29.
- Banyard, V.L., Eckstein, R., & Moynihan, M.M. (2010). Sexual violence prevention: The role of stages of change. *Journal of Interpersonal Violence, 25* (1), 111-135.
- Banyard, V.L., Moynihan, M.M., & Crossman, M.T. (2009). Reducing sexual violence on campus: The role of student leaders as empowered bystanders. *Journal of College Student Development, 50*, 446-457.
- Banyard, V.L., Moynihan, M.M., & Plante, E.G. (2007). Sexual violence prevention through bystander education: An experimental evaluation. *Journal of Community Psychology, 35*, 463-481.
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Campbell, R. (2006). Rape survivors' experiences with the legal and medical systems: Do rape victim advocates make a difference? *Violence Against Women, 12*, 30-45.
- Campbell, R. (2008). The psychological impact of rape victims' experiences with the legal, medical and mental health systems. *American Psychologist, 63* (8), 702-717.
- Campbell, R., Ahrens, C.E., Sefl, T., Wasco, S.M., & Barnes, H.E. (2001). Social reactions to rape victims: Healing and hurtful effects on psychological and physical health outcomes. *Violence and Victims, 16*, 287-302.
- Campbell, R., Bybee, D., Ford, J.K., & Patterson, D. (2009). *Systems Change Analysis of SANE Programs: Identifying the Mediating Mechanisms of Criminal Justice System Impact*. Washington, DC, National Institute of Justice (NCJ 226498).
- Campbell, R., Dworkin, E., & Cabral, G. (2009). An ecological model of the impact of sexual assault on women's mental health. *Trauma, Violence, & Abuse, 10* (3), 225-246.



- Campbell, R., Greeson, M., Bybee, D.I., Kennedy, A., & Patterson, D. (2011). *Adolescent Sexual Assault Victims' Experiences with SANE-SARTs and the Criminal Justice System*. Washington, DC, National Institute of Justice (NCJ 23446).
- Campbell, R., Greeson, M., Fehler-Cabral, G., & Kennedy, A. (2015). Pathways to help: Adolescent sexual assault victims' disclosure and help-seeking experiences. *Violence Against Women, 21* (7), 824-847.
- Campbell, R., Patterson, D., & Bybee, D. (2011). Using mixed methods to evaluate a community intervention for sexual assault survivors: A methodological tale. *Violence Against Women, 17* (3), 376-388.
- Campbell, R., Patterson, D., & Lichty, L.F. (2005). The effectiveness of Sexual Assault Nurse Examiner (SANE) programs: A review of psychological, medical, legal, and community outcomes. *Trauma, Violence, & Abuse, 6* (4), 313-329.
- Campbell, R., Wasco, S.M, Ahrens, C.E., Sefl, T., & Barnes, H.E. (2001). Preventing the 'second rape:' Rape survivors' experiences with community service providers. *Journal of Interpersonal Violence, 16*, 1239-1259.
- Casey, E.A., & Nurius, P.S. (2006). Trends in the prevalence and characteristics of sexual assault: A cohort analysis. *Violence and Victims, 21* (5), 629-644.
- Clay-Warner, J. & Burt, C.H. (2005). Rape reporting after reforms: Have times really changed? *Violence Against Women, 11* (2), 150-176.
- Cohn, A.M., Zinzow, H.M., Resnick, H.S., & Kilpatrick, D.G. (2013). Correlates of reasons for not reporting rape to police: Results from a national telephone household probability sample of women with forcible or drug-or-alcohol facilitated/incapacitated rape. *Journal of Interpersonal Violence, 28* (3), 455-473.
- Coker, A.L., Bush, H.M., Fisher, B.S., Swan, S.C., Williams, C.M., Clear, E.R., & DeGue, S. (2016). Multi-college bystander intervention evaluation for violence prevention. *American Journal of Preventative Medicine, 50* (3), 295-302.
- DePrince, A.P., Dmitrieva, J., Gagnon, K.L., Labus, J., Srinivas, T. & Wright, N. (2018). *Study Finds Agencies Can React More Supportively Than Family and Friends to Victims' Disclosures of Sexual Assault*. Washington, DC: National Institute of Justice, US Department of Justice (NCJ 251459).
- Donovan, R.J. & Vlasis, R. (2005). *VicHealth Review of Communication Components of Social Marketing/Public Education Campaigns Focusing on Violence Against Women*. Victorian Health Promotion Foundation, Melbourne, 89-105.
- Eagly, A.H. & Chaiken, S. (1993). *The Psychology of Attitudes*. Fort Worth, TX: Harcourt Brace Jovanovich.



- Felitti, V.J. & Anda, R.F. (2010). The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders and sexual behavior: Implications for healthcare. In R.A. Lanius, E. Vermetten, & C. Pain (Eds.), *The Hidden Epidemic: The Impact of Early Life Trauma on Health and Disease* (pp. 77-87). Cambridge: Cambridge University Press.
- Felson, R.B. & Paré, P.P. (2005). The reporting of domestic violence and sexual assault by nonstrangers to the police. *Journal of Marriage and Family*, 67, 597-610.
- Filipas, H.H. & Ullman, S.E. (2001). Social reactions to sexual assault victims from various support sources. *Violence and Victims*, 16, 673-692.
- Finkelson, L. & Oswalt, R. (1995). College date rape: Incidence and reporting. *Psychological Reports*, 77, 526.
- Fisher, B.S., Cullen, F.T., & Turner, M.G. (2000). *The Sexual Victimization of College Women*. Washington, DC: National Institute of Justice, Department of Justice, Office of Justice Programs (NCJ 182369).
- Fisher, B.S., Daigle, L.E., Cullen, F.T., & Turner, M.G. (2003). Reporting sexual victimization to the police and others: Results from a national-level study of college women. *Criminal Justice and Behavior*, 30, 6-38.
- Foa, E.B., Hearst-Ikeda, D., & Perry, K.J. (1995). Evaluation of a brief cognitive-behavioural program for the prevention of chronic PTSD in recent assault victims. *Journal of Consulting and Clinical Psychology*, 63, 948-955.
- Foa, E.B., Keane, T.M., & Friedman, M.J. (Eds.). (2000). *Effective Treatments for PTSD: Practice Guidelines from the International Society for Traumatic Stress Studies*. New York: Guilford Press.
- Frazier, P., Candell, S., Arikian, N., & Tofteland, A. (1994). Rape survivors and the legal system. In M. Costanzo and S. Oskamp (Eds.), *Violence and the Law* (Chapter 6, pp. 135-158). Newbury Park, CA: Sage.
- Greenberg, M.S. & Ruback, R.B. (1992). *After the Crime: Victim Decision Making*. New York: Plenum.
- Greeson, M.R., Campbell, R., & Fehler-Cabral, G. (2016). "Nobody deserves this": Adolescent sexual assault victims' perceptions of disbelief and victim blame from police. *Journal of Community Psychology*, 44 (1), 90-110.
- Hammond, C.B. & Calhoun, K.S. (2007). Labeling of abuse experiences and rates of victimization. *Psychology of Women Quarterly*, 31, 371-380.



Hanson, R.F., Kievit, L.W., Saunders, B.E., Smith, D.W., Kilpatrick, D.G., Resnick, H.S., & Ruggiero, K.J. (2003). Correlates of adolescent reports of sexual assault: Findings from the National Survey of Adolescents. *Child Maltreatment, 8* (4), 261-272.

Home Office (2006). Consent awareness campaign. Unpublished manuscript cited in J. Temkin & B. Krahé (Eds., 2008). *Sexual Assault and the Justice Gap: A Question of Attitude*. Oxford: Hart Publishing.

Katz, J. (2007). *Mentors in Violence Prevention: History and Overview*. Retrieved November 30, 2007 from <http://www.jacksonkatz.com/aboutmvp.html>.

Kaukinen, C. (2002). The help-seeking decisions of violent crime victims: An examination of the direct and conditional effects of gender and victim-offender relationship. *Journal of Interpersonal Violence, 17*, 432-456.

Kennedy, A.C. & Prock, K.A. (2016). "I still feel like I am not normal": A review of the role of stigma and stigmatization among female survivors of child sexual abuse, sexual assault, and intimate partner violence. *Trauma, Violence, & Abuse, 1-16*.

Kilpatrick, D.G. & Acierno, R. (2003). Mental health needs of crime victims: Epidemiology and outcomes. *Journal of Traumatic Stress, 16*, 119–132.

Kilpatrick, D.G., Edmunds, C.N., & Seymour, A.E. (1992). *Rape in America: A report to the Nation*. Arlington, VA: National Crime Victims Center.

Kilpatrick, D.G., Resnick, H.S., Ruggiero, K.J., Conoscenti, M.A., & McCauley, J. (2007). *Drug-Facilitated, Incapacitated, and Forcible Rape: A National Study*. Washington, DC: National Institute of Justice (NCJ 213181).

Kilpatrick, D.G., Saunders, B.E., & Smith, D.W. (2003). Youth victimization: Prevalence and implications (Findings from the National Survey of Adolescents). Washington, DC: National Institute of Justice, US Department of Justice.

Kirkner, A., Lorenz, K., & Ullman, S.E. (2017). Recommendations for responding to survivors of sexual assault: A qualitative study of survivors and support providers. *Journal of Interpersonal Violence*, doi:10.1177/0886260517739285

Klein, E., Campbell, J., Soler, E., & Chez, M. (1997). Ending domestic violence. Thousand Oaks, CA: Sage. Cited in D.A. Wolfe & P.G. Jaffe (2003, January). *Prevention of Domestic Violence and Sexual Assault*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence.

Koss, M.P. & Achilles, M. (2008). *Restorative Justice Responses to Sexual Assault*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence / Pennsylvania Coalition Against Domestic Violence.

Koss, M.P., Bailey, J.A., Yuan, N.P., Herrera, V.M., & Lichter, E.L. (2003). Depression and PTSD in survivors of male violence: Research and training initiatives to facilitate recovery. *Psychology of Women Quarterly, 27*, 130–142.

Koss, M.P. & Figueredo, A.J. (2004). Change in cognitive mediators of rape's impact on psychosocial health across 2 years of recovery. *Journal of Consulting and Clinical Psychology, 72*, 1063-1072.

Koss, M.P., Figueredo, A.J., & Prince, R.J. (2002). A cognitive mediational model of rape recovery: Preliminary specification and testing in cross-sectional data. *Journal of Consulting and Clinical Psychology, 70*, 926–941.

Lindquist, C.H., Barrick, K., Krebs, C., Crosby, C.M., Lockard, A.J., & Sanders-Phillips, K. (2013). The context and consequences of sexual assault among undergraduate women at historically black colleges and universities (HBCUs). *Journal of Interpersonal Violence, 28* (12), 2437-2461.

Littleton, H.L., Grills-Taquechel, A.E., Buck, K.S., Rosman, L., & Dodd, J.C. (2013). Health risk behavior and sexual assault among ethnically diverse women. *Psychology of Women Quarterly, 37* (1), 7-21.

Lonsway, K.A., Banyard, V.L., Berkowitz, A.D., Gidycz, C.A., Katz, J.T., Koss, M.P., Schewe, P.A., & Ullman, S.E. (2009). *Rape Prevention and Risk Reduction: Review of the Research Literature for Practitioners*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence / Pennsylvania Coalition Against Domestic Violence.

Lorenz, K., Ullman, S.E., Kirkner, A., Mandala, R., Vasquez, A.L., & Sigurvinsdottir, R. (2018). Social reactions to sexual assault disclosure: A qualitative study of informal support dyads. *Violence Against Women, 24* (12), 1497-1520.

Ménard, K.S. (2005). *Reporting Sexual Assault: A Social Ecology Perspective*. New York: LFB Scholarly Publishing, L.L.C.

Moynihan, M.M., Banyard, V.L., Arnold, J.S., Eckstein, R.P., & Stapleton, J.G. (2010). Engaging intercollegiate athletes in preventing and intervening in sexual and intimate partner violence. *Journal of American College Health, 59*, 197-204.

Orchowski, L.M. & Gidycz, C.A. (2012). To whom do college women confide following sexual assault? A prospective study of predictors of sexual assault disclosures and social reactions. *Violence Against Women, 18* (3), 264-288.

Orchowski, L.M. & Gidycz, C.A. (2015). Psychological consequences associated with positive and negative responses to disclosure of sexual assault among college women: A prospective study. *Violence Against Women, 21* (7), 803-823.



Orchowski, L.M., Untied, A.S., & Gidycz, C.A. (2013). Social reactions to disclosure of sexual victimization and adjustment among survivors of sexual assault. *Journal of Interpersonal Violence, 28* (10), 2005-2023.

Parcesepe, A.M., Martin, S.L., Pollock, M.D., & Garcia-Moreno, C. (2015). The effectiveness of mental health intervention for adult female survivors of sexual assault: A systematic review. *Aggression and Violent Behavior, 25*, 15-25.

Patterson, D. (2011). The impact of detectives' manner of questioning on rape victims' disclosure. *Violence Against Women, 17*, 1349-1373

Patterson, D. & Campbell, R. (2010). Why rape survivors participate in the criminal justice system. *Journal of Community Psychology, 38*, 191-205.

Patterson, D., Greeson, M., & Campbell, C. (2009). Understanding rape survivors' decisions not to seek help from formal social systems. *Health & Social Work, 34* (2), 127-136.

Patterson, D. & Tringali, B. (2015). Understanding how advocates can affect sexual assault victim engagement in the criminal justice process. *Journal of Interpersonal Violence, 30* (12), 1987-1997.

Paul, L.A., Zinzow, H.M., McCaugly, J.L., Kilpatrick, D.G., & Resnick, H.S. (2014). Does encouragement by others increase rape reporting? Findings from a national sample of women. *Psychology of Women Quarterly, 38* (2), 222-232.

Pittenger, S.L., Huit, T.Z., & Hansen, D.J. (2016). Applying ecological systems theory to sexual revictimization of youth: A review with implications for research and practice. *Aggression and Violent Behavior, 26*, 35-45.

Potter, S.J. (2012). Using a multimedia social marketing campaign to increase active bystanders on the college campus. *Journal of American College Health, 60* (4), 284-295.

Potter, S.J. & Stapleton, J.G. (2013). Study evaluates impact of bystander social marketing campaign four weeks after campaign is completed. *Sexual Assault Report, 16* (5), 65-66, 73-77.

Relyea, M. & Ullman, S. (2015). Unsupported or turned against: Understanding how two types of negative social reactions to sexual assault relate to post-assault outcomes. *Psychology of Women Quarterly, 39* (1), 37-52.

Rhodes, N.D. (1997). Consumer behavior. In S.W. Sadava & D.R. McCreary (Eds.). *Applied Social Psychology* (Chapter 10, pp. 185-208). Upper Saddle River, NJ: Prentice-Hall.

Rigley, C. (2014, February 12). Speaking out: The number of reported sexual assaults in SLO increased dramatically in 2013. *New Times San Luis Obispo*. Retrieved from <https://www.newtimeslo.com/>

Ruch, L.O., Davidson-Coronado, J., Coyne, B.J., & Perrone, P.A. (2000). *Reporting Sexual Assault to the Police in Hawaii*. Washington, DC: National Institute of Justice (NCJ 188264).

Russell, P.L. & Davis, C. (2007). Twenty-five years of empirical research on treatment following sexual assault. *Best Practices in Mental Health*, 3, 21–37.

Schewe, P.A. (2006). Promising Practices in Sexual Assault Prevention. In L. Doll, S. Bonzo, J. Mercy & D. Sleet (Eds.), *Handbook on Injury and Violence Prevention Interventions*. New York: Kluwer Academic / Plenum Publishers.

Senn, C.Y. & Forrest, A. (2016). “And then one night when I went to class...”: The impact of sexual assault bystander intervention workshops incorporated in academic courses. *Psychology of Violence*, 6 (4), 607-618.

Starzynski, L.L., Ullman, S.E., Filipas, H.H., & Townsend, S.M. (2005). Correlates of women’s sexual assault disclosure to informal and formal support sources. *Violence and Victims*, 20, 415-431.

Storer, H.L., Casey, E., & Harrenkoh, T. (2016). Efficacy of bystander programs to prevent dating abuse among youth and young adults: A review of the literature. *Trauma, Violence & Abuse*, 17 (3), 256-269.

Stuart, E. (2015, October 14). ASU sexual assault reports rise, signaling improved awareness. *Phoenix New Times*. Retrieved from <https://www.phoenixnewtimes.com/>

Temkin, J. & Krahe (2008). *Sexual Assault and the Justice Gap: A Question of Attitude*. Oxford: Hart Publishing.

Tjaden, P. & Thoennes, N. (2000). *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. Washington, DC: National Institute of Justice, Office of Justice Programs, US Department of Justice and the Centers for Disease Control and Prevention (NCJ 183781).

Tjaden, P. & Thoennes, N. (2006). *Extent, Nature, and Consequences of Rape Victimization: Findings from the National Violence Against Women Survey*. Washington, DC: National Institute of Justice, Office of Justice Programs, US Department of Justice and the Centers for Disease Control and Prevention (NCJ 210346).

Ullman, S.E. (1996). Do social reactions to sexual assault victims vary by support provider? *Violence and Victims*, 11, 143-157.

- Ullman, S.E. (1999). Social support and recovery from sexual assault: A review. *Aggression and Violent Behavior, 4*, 343-358.
- Ullman, S.E. & Filipas, H.H. (2001). Predictors of PTSD symptom severity and social reactions in sexual assault victims. *Journal of Traumatic Stress, 14*, 369-389.
- Ullman, S.E., Foynes, M.M., & Tang, S.S. (2010). Benefits and barriers to disclosing sexual trauma: A contextual approach. *Journal of Trauma & Dissociation, 11*, 127-133.
- Ullman, S.E. & Peter-Hagene, L. (2014). Social reactions to sexual assault disclosure, coping, perceived control, and PTSD symptoms in sexual assault victims. *Journal of Community Psychology, 42* (4), 495-508.
- Ullman, S.E. & Peter-Hagene, L. (2016). Longitudinal relationships of social reactions, PTSD, and revictimization in sexual assault survivors. *Journal of Interpersonal Violence, 31* (6), 1074-1094.
- Ullman, S.E. & Relyea, M. (2016). Social support, coping, and posttraumatic stress symptoms in female sexual assault survivors: A longitudinal analysis. *Journal of Traumatic Stress, 29*, 500-506.
- Walsh, W.A., Banyard, V.L., Moynihan, M.M., Ward, S., & Cohn, E.S. (2010). Disclosure and service use on a college campus after an unwanted sexual experience. *Journal of Trauma & Dissociation, 11* (2), 134-151.
- Walsh, K., Danielson, C.K., McCauley, J.L., Saunders, B.E., Kilpatrick, D.G., & Resnick, H.S. (2012). National prevalence of PTSD among sexually revictimized adolescent, college, and adult household-residing women. *Archives of General Psychiatry, 69* (9), 935-942.
- Walsh, K., Zinzow, H.M., Badour, C.L., Ruggiero, K.J., Kilpatrick, D.G., & Resnick, H.S. (2016). Understanding disparities in service seeking following forcible versus drug-or alcohol-facilitated/incapacitated rape. *Journal of Interpersonal Violence, 31* (14), 2475-2491.
- Wasco, S.M., Campbell, R., Barnes, H., & Ahrens, C.E. (1999). *Rape Crisis Centers: Shaping Survivors' Experiences with Community Systems Following Sexual Assault*. Paper presented at the Biennial Conference of the Society for Community Research and Action, New Haven, CT.
- Wasco, S.M., Campbell, R., Howard, A., Mason, G., Schewe, P., Staggs, S., & Riger, S. (2004). A statewide evaluation of services provided to rape survivors. *Journal of Interpersonal Violence, 19*, 252-263.
- Wolfe, D.A. & Jaffe, P.G. (2003). *Prevention of Domestic Violence and Sexual Assault*. Harrisburg, PA: VAWnet, a project of the National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence.

Wolitzky-Taylor, K.B., Resnick, H.S., Amstadter, A.B., McCauley, J.L., Ruggiero, K.J., & Kilpatrick, D.G. (2011a). Reporting rape in a national sample of college women. *Journal of American College Health, 59* (7), 582-587.

Wolitzky-Taylor, K.B., Resnick, H.S., McCauley, J.L., Amstadter, A.B., Kilpatrick, D.G., & Ruggiero, K.J. (2011b). Is reporting of rape on the rise? A comparison of women with reported versus unreported rape experiences in the National Women's Study replication. *Journal of Interpersonal Violence, 26* (4), 2011.

Woodruff, K. (1996). Alcohol advertising and violence against women: A media advocacy case study. *Health Education Quarterly, 23* (3), 330-345.

Zinzow, H.M., Resnick, H.S., Amstadter, A.B., McCauley, J.L., Ruggiero, K.J., & Kilpatrick, D.G. (2010). Drug-or alcohol-facilitated, incapacitated, and forcible rape in relationship to mental health among a national sample of women. *Journal of Interpersonal Violence, 25*, 2217-2236.

Zinzow, H.M. & Thompson, M. (2011). Barriers to reporting sexual victimization: prevalence and correlates among undergraduate women. *Journal of Aggression, Maltreatment & Trauma, 20*, 711-725.

