



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

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Executive Summary

When victims reach out for assistance in the aftermath of a sexual assault, the response they receive from both formal support providers (such as law enforcement professionals, health care providers, and victim advocates) and informal support providers (such as family members or friends) can have a profound impact.

Many victims of sexual assault are hesitant to report the crime to law enforcement because they're afraid of being blamed for the assault, or because they don't want other people to know what happened to them. Some are afraid of the criminal justice system, and others are concerned that there isn't enough evidence that the assault took place. When it comes to accessing services like medical care, a victim might be worried about their privacy or others finding out, feeling ashamed or embarrassed, or have anxieties about not being believed or being blamed for the assault.

Improving these responses can help eliminate barriers for victims, leading to more effective care and better outcomes. Several public awareness and action campaigns have been created to achieve these goals, including the Start by Believing campaign developed by End Violence Against Women International. Preliminary evidence suggests the campaign can have positive effects.

Reducing a victim's fear of a negative response means more victims will be willing to report the crime and seek essential services such as medical care, victim advocacy, and counseling. Such support can help facilitate healing, interrupt the cycle of sexual violence, and facilitate the criminal justice system's ability to hold offenders accountable.

Electronic Access

The publication may be downloaded from End Violence Against Women International's [Resource Library](#).

Introduction

The impact of sexual violence can be severe and persistent. Victims often suffer a range of harmful outcomes, including Post Traumatic Stress Disorder (PTSD), depression, drug and alcohol abuse, suicidal behavior, and chronic physical health problems.¹ Yet one of the most tragic aspects of sexual victimization is that it is a primary risk factor for being 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 18.²

The question is therefore how to 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.³ 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 victims of sexual assault around the world.

Sources of Support

Following a sexual assault, victims make a variety of decisions, including whether and how to seek help. Most reach out to **friends and family members** at some point, for emotional support and various forms of assistance.⁴ For adolescents especially, the initial disclosure is typically made to friends or family, not formal service providers.⁵

A smaller percentage of sexual assault victims also access **formal support systems**. Approximately 5-20% report to law enforcement⁶ and between one-third and one-half access medical care, including a medical forensic exam and/or mental health services.⁷

Overcoming Barriers

Unfortunately, a range of obstacles and barriers prevent many sexual assault victims from **reporting the crime to law enforcement**. Wolitzky-Taylor et al.⁸ sought to explore these barriers by asking a sample of female sexual assault victims who did not report

¹ Campbell, Dworkin & Cabral, 2009; Kilpatrick & Acierno, 2003; Koss, Bailey, Yuan, Herrera & Lichter, 2003; Littleton, Grills-Tauchel, Buck, Rosman & Dodd, 2013; Zinzow, Resnick, Amstadter, McCauley, Ruggiero & Kilpatrick, 2010.

² Black et al., 2011; Pittenger, Huit & Hansen, 2016; Tjaden & Thoennes, 2006; Walsh et al, 2012.

³ Banyard, Eckstein & Moynihan, 2010; Lonsway et al., 2009.

⁴ Paul, Zinzow, McCauley, Kilpatrick & Resnick, 2014; Ullman, 2023; Ullman & Lorenz, 2020.

⁵ Paul et al., 2014.

⁶ Langenderfer-Magruder, Walls, Kattari, Whitfield & Ramos, 2016; Paul et al., 2014; Perreault, 2015; Lindquist et al., 2013; Tjaden & Thoennes, 2000; Wolitzky-Taylor, Resnick, Amstadter, McCauley, Ruggiero & Kilpatrick, 2011a.

⁷ Amstadter, McCauley, Ruggiero, Resnick & Kilpatrick, 2008; Hassija & Turchik, 2016; Monroe et al., 2005; Ullman & Lorenz, 2020.

⁸ 2011b.

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%).

Another common reason was not wanting others to know about the sexual assault. Approximately half of the survivors cited this barrier to reporting (57% in Wolitzky-Taylor et al.⁹ and 45% in Zinzow and Thompson¹⁰). Additional reasons included fear of the justice system (43%) and concern that there was not enough proof of the crime (51%).¹¹ Some victims cited the simple fear of not being believed if they reported (6%).¹²

Similar barriers prevent victims from **accessing services**. Walsh et al.¹³ found that the most common barrier for survivors was the perception that the sexual assault was a private matter (73%). Other reasons included: a perception 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 basic fear of not being believed (30%). In fact, the fear of not being believed or of being blamed for their sexual assault are two key factors that prevent many survivors from accessing medical care and victim advocacy.¹⁴ 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.¹⁵

Benefits of Formal Support

If they are able access formal support, sexual assault victims can benefit in a variety of ways. Positive effects can be seen as a result of primary care by a physician,¹⁶ forensic medical care by a specially trained nurse,¹⁷ victim advocacy services,¹⁸ and other services, such as counseling, therapy, and support groups.¹⁹

Victims who receive a positive response from law enforcement also experience positive effects,²⁰ as do those who work with a victim advocate. Among other benefits, victims who work with an advocate experience less distress, they are less likely to blame themselves for the assault, and they are less likely to report feeling guilty or depressed. Victims who work with an advocate are also *less reluctant to seek further help*.²¹

⁹ 2011b.

¹⁰ 2011.

¹¹ Wolitzky-Taylor et al., 2011b.

¹² Zinzow & Thompson, 2011.

¹³ 2010.

¹⁴ Patterson, Greeson & Campbell, 2009.

¹⁵ Before victims report to law enforcement or seek services, they must decide whether their sexual assault is "serious enough" to do something about and then 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, if it involved 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 (Campbell, Wasco, Ahrens, Sefl & Barnes, 2001; Cohn, Zinzow, Resnick & Kilpatrick, 2013; 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).

¹⁶ Felitti & Anda, 2010.

¹⁷ Campbell, Patterson & Bybee, 2011; Campbell, Patterson & Lichty, 2005.

¹⁸ Campbell, 2006; Patterson & Campbell, 2010; Patterson & Tringali, 2015.

¹⁹ Foa, Keane & Friedman, 2000; Parcesepe, Martin, Pollock & Garcia-Moreno, 2015; Russell & Davis, 2007; Wasco et al., 2004.

²⁰ Greeson, Campbell & Fehler-Babral, 2016.

²¹ Campbell, 2006; Patterson & Tringali, 2015.

This is an important pattern that is also seen with other types of formal support: Survivors who access one type of service are more likely to reach out to another. This pattern is also seen in the fact that sexual assault victims who report to law enforcement are also more likely to receive medical attention and/or advocacy services.²²

Benefits of Informal Support

Victims can also benefit from the support of loved ones, such as family members and friends, if that support provider offers positive forms of information, emotional support, and assistance with tangible needs.²³ In one study, for example, “emotional support from a friend was related to significantly better recovery” among sexual assault victims.²⁴ In another, survivors who received positive responses felt more in control of their recovery process, and this was associated with fewer PTSD symptoms.²⁵

What does positive social support look like? Victims describe 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.²⁶ Victims who receive such positive 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.²⁷ 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 have fewer physical and psychological symptoms than those who do not receive such responses or who consider them to be negative.²⁸

Criminal Justice Engagement

Social support is clearly essential for victim recovery, but it is also a key requirement for victims to engage the criminal justice system 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 if they were specifically encouraged to report.²⁹ Another study documented that survivors contacted an average of *two to three support providers* — either informal (friends, family members) or formal (professionals) — before reporting to police.³⁰ 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

²² Wolitzky-Taylor et al., 2011b.

²³ 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.

²⁴ Ullman, 1996, p. 152.

²⁵ Ullman & Peter-Hagene, 2014.

²⁶ Filipas & Ullman, 2001; Kirkner, Lorenz & Ullman, 2021.

²⁷ Campbell, Greeson, Fehler-Cabral & Kennedy, 2015; Patterson & Campbell, 2010; Paul et al., 2014.

²⁸ Campbell, Ahrens, et al., 2001.

²⁹ Paul et al., 2014.

³⁰ Patterson & Campbell, 2010.

Again, this may be especially true for adolescents, who often need the support of professionals as well as loved ones – both to report their sexual assault to law enforcement, and then to remain engaged with the criminal justice process.³¹

Investigation and Prosecution

For a sexual assault case to be successfully prosecuted, two elements must come together. First, law enforcement must conduct a thorough, evidence-based investigation. Second, the victim must be willing and able to participate in the criminal justice process.³² 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.

Campbell, Bybee, Ford & Patterson, 2009, 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 can therefore have a positive effect, not only on the victim's emotional state, but also on the amount of information they are able to provide to police and their feelings of hope about the case.³³

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 can have a very harmful impact *over and above the sexual assault itself*.

³¹ Campbell, Greeson, Bybee, Kennedy & Patterson, 2011; Campbell, Greeson, Fehler-Cabral & Kennedy, 2015.

³² Campbell, Bybee, Ford & Patterson, 2009.

³³ Greeson, Campbell & Fehler-Babral, 2016.

Negative Responses

Sexual assault victims frequently receive negative reactions from **friends and family members**, in fact, they receive more negative responses from loved ones 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.³⁴

What constitutes a negative response? From informal support providers, this can include being doubted, blamed, stigmatized, shamed, or patronized.³⁵ Research indicates that these negative responses 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.³⁶

To illustrate, victims in one study who disclosed their sexual assault and received negative responses had higher levels of hostility, paranoia, and phobic anxiety at a seven-month follow up.³⁷ Other studies have found that negative responses are related to higher levels of posttraumatic stress, delayed recovery, and poorer perceived health, among other adverse outcomes.³⁸ Moreover, these harms accumulate based on the number of negative responses received.³⁹ 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.⁴⁰

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

Yet negative responses are not confined to informal support providers like friends or family. About half of all sexual assault victims rate their experience with the **criminal justice system** as unhelpful or hurtful; estimates range from between 43% and 52%.⁴¹ Again, these victims also experience worse physical and psychological outcomes.⁴²

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.⁴³ One study found that such negative responses from law enforcement (including expressions of skepticism or

³⁴ DePrince et al., 2018.

³⁵ Campbell, Ahrens, et al., 2001.

³⁶ Relyea & Ullman, 2015.

³⁷ Orchowski & Gidycz, 2015.

³⁸ Campbell, Ahrens, et al., 2001; Hakimi, Bryant-Davis, Ullman & Gobin, 2018; Relyea & Ullman, 2015; Ullman, 2023; Ullman & Peter-Hagene, 2016; Ullman & Relyea, 2016.

³⁹ Campbell, Ahrens, et al., 2001.

⁴⁰ Self-blame is particularly destructive for sexual assault victims; it is associated with a range of negative outcomes (for review, see Kennedy & Prock, 2016). 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).

⁴¹ Campbell, Wasco, et al., 2001; Filipas & Ullman, 2001; Monroe et al., 2005; Ullman, 1996.

⁴² Campbell, Wasco, et al., 2001.

⁴³ Campbell, 2005, 2006; Campbell & Raja, 2005; Campbell, Ahrens, et al., 2001.

victim-blaming) had a negative impact on survivors' emotions and led to feelings of hopelessness about their cases.⁴⁴ Two survivors in this study said that blaming reactions from law enforcement 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.”⁴⁵ 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.”⁴⁶ Not surprisingly, victims who receive such negative responses from formal support providers are also less likely to disclose to others in the future.⁴⁷

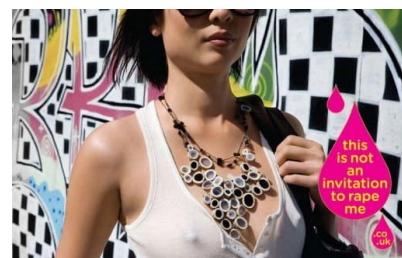
What can be done to change this reality? One study published by the National Institute of Justice asked sexual assault survivors what criminal justice personnel and community-based providers could do to better serve their needs. Of the six themes most frequently mentioned, one was “believing survivors, not blaming them,” and another was to improve the information provided to survivors about their resources and then helping them to access these services. Survivors also highlighted the need for increased understanding so professionals treat them with more care and compassion.⁴⁸

All this points to a need for increased awareness and education — both to prepare professionals and loved ones to respond positively to sexual assault disclosures, and 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 designed to achieve these goals.

Public Awareness Campaigns

In 2010, the White House hosted the first-ever Roundtable on Sexual Violence, and increasing public awareness of the issue was cited as one of the highest-priority objectives.⁴⁹ Yet despite this identified need, few public awareness campaigns have been created to address sexual assault; far more have focused on domestic violence.⁵⁰

One early campaign called Dangerous Promises was designed specifically to challenge sexist images in alcohol advertising and promotions.⁵¹ Another initiative used the tagline: [“This is not an invitation to rape me.”](#) The campaign was originally launched by the Los Angeles Commission on Assaults Against Women (now called [Peace Over Violence](#)), and it was later used by [Rape Crisis Scotland](#) to create posters challenging the notion that women “ask for” or deserve to be raped. Rape



“This is not an invitation to rape me.”

Photo Credit:

rapecrisissscotland.org.uk

⁴⁴ Greeson, Campbell, & Fehler-Babral, 2016.

⁴⁵ Campbell, 2008, p. 706.

⁴⁶ Campbell, 2008, p. 704.

⁴⁷ Ahrens, Campbell, Ternier-Thames, Wasco & Sefl, 2007.

⁴⁸ DePrince et al., 2018.

⁴⁹ The roundtable was co-hosted by the US Department of Justice, Office on Violence Against Women, White House Council on Women and Girls, and White House Advisor on Violence Against Women.

⁵⁰ For example, see the review of international campaigns prepared by Donovan & Vlais, 2005.

⁵¹ Woodruff, 1996.

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. Later, the country saw the [#MeToo](#) movement offer 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 2017 when it went viral on social media. The movement clearly helped bring these issues to the forefront of public conversation.

[NO MORE](#) launched in 2013 as a domestic violence and sexual assault awareness and engagement initiative. As of 2024, it reportedly has more than 1,400 allied organizations and over 40 state, local, and international chapters, engaged in four types of work:

- Large-scale media campaigns
- Education and community engagement initiatives
- Grassroots activism and fundraising
- Outreach and technical assistance



Public service announcements have received more than 4.4 billion impressions.

Evaluation Research

Unfortunately, most of these campaigns have never been formally evaluated. One exception was a campaign developed 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.”⁵² 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, the Home Office found reasonably high levels of recognition and recall for the campaign message among the general public.⁵³ However, Temkin and Krahé⁵⁴ sought to determine whether the campaign influenced the specific 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.”⁵⁵ 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 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 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

⁵² This description was taken from campaign materials cited by Temkin and Krahé (2008). For more information, see the web archives for [BBC News](#) or the [Guardian](#).

⁵³ Home Office, 2006.

⁵⁴ 2008.

⁵⁵ Temkin & Krahé, 2008, p. 109.

message read: “If you don’t get a ‘yes’ before sex, who’ll be your next sleeping partner?” Temkin and Krahé 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 & Krahé, 2008, p. 119

This finding highlights the importance of including both multidisciplinary professionals as well as members of the target audience when creating any public awareness or education 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 one that is misinterpreted in ways that could possibly be identified and adjusted before launching.

This also highlights the critical need for evaluation. Few programs have been evaluated as rigorously as Temkin and Krahé’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 from 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 Through Bystander Intervention

Several campaigns have been designed to prevent sexual assault and improve responses to survivors by encouraging bystander intervention. These programs have included 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.⁵⁶ Research demonstrates that such campaigns can be effective, both in terms of increasing *proactive* and *reactive* responses.⁵⁷

To illustrate, evaluations of the Bringing in the Bystander program have documented significant effects on increasing knowledge and improving attitudes regarding how to

⁵⁶ 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](#).

⁵⁷ Banyard, Moynihan & Plante, 2007; Katz, 2007; Schewe, 2006.

respond positively to sexual and relationship violence, and even increasing the number of instances where someone said they intervened to prevent such violence.⁵⁸

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.⁵⁹ 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.⁶⁰ Yet most of these campaigns have been implemented locally, often on college campuses. Start by Believing was created to reach a broader national, and even international audience, to improve societal responses to survivors.

Start by Believing

[Start by Believing](#) is a public awareness and action campaign designed by End Violence Against Women International (EVAWI) to end the cycle of silence and change the way we respond to sexual assault, domestic violence, stalking, and child sexual abuse. Knowing how to respond is critical because negative reactions can exacerbate trauma and foster an environment where perpetrators face no consequences for their crimes.



Drawing from psychological research literature, this campaign was not designed to target *generalized* attitudes, awareness, or empathy. Rather, it was created to narrowly target a *specific behavior*⁶¹ — responding to a disclosure of sexual assault victimization with an initial orientation of belief and support rather than doubt, blame, or shame. This behavior was identified based on research as an important target for improving victim wellness and increasing additional help-seeking, by decreasing negative responses from informal and formal support providers, and replacing them with positive reactions.

Campaign History

The campaign was first launched in 2011 at EVAWI's annual conference. Since then, thousands of people have made their own personal commitment to 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.

⁵⁸ Banyard, Moynihan & Crossman, 2009; Banyard, Moynihan & Plante, 2007; Moynihan, Banyard, Arnold, Eckstein & Stapleton, 2010; Potter & Stapleton, 2013; Senn & Forrest, 2016; Storer, Casey & Harrenkohl, 2016.

⁵⁹ Coker et al, 2016.

⁶⁰ Potter, 2012.

⁶¹ Eagly & Chaiken, 1993.

Yet Start by Believing is more than just a personal pledge. It also helps equip communities to respond competently and compassionately to survivors and their loved ones by translating the philosophy into policies, protocols, and everyday practices.

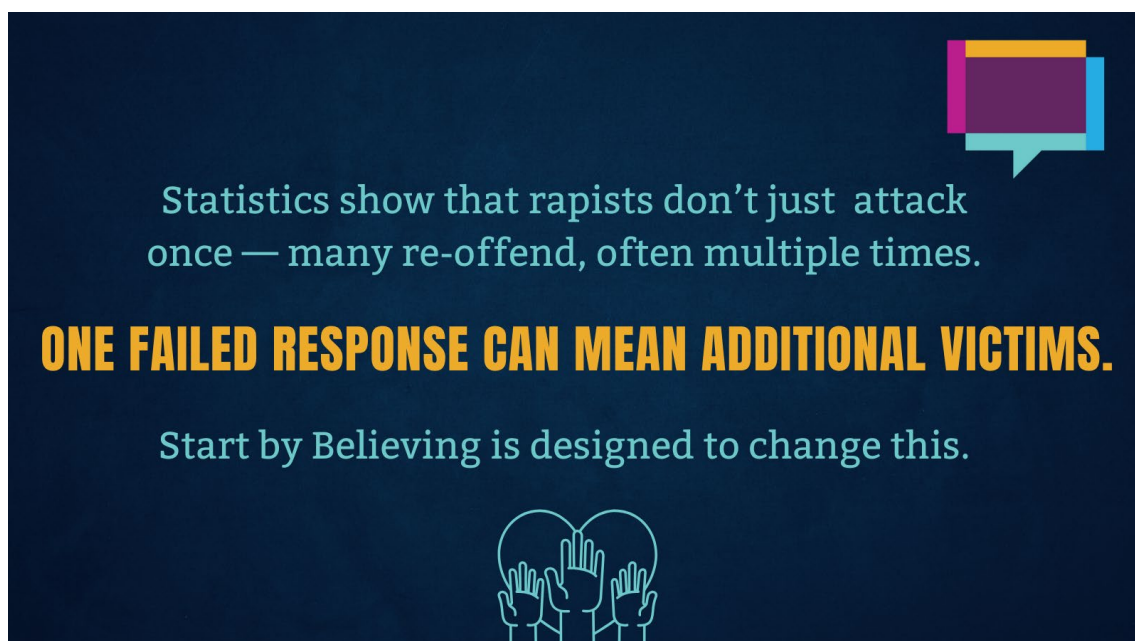
Local, Regional, and Statewide Campaigns

Communities can 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.

EVAWI offers numerous resources to assist agencies and communities in adopting the Start by Believing philosophy, including training bulletins, presentation templates, videos, a campaign toolkit, and action kits for specific professional disciplines. Materials are all available for free on the [Resource Page](#) on the Start by Believing website, including some materials that have been translated into Spanish and Portuguese.

Since the initial launch, hundreds of communities across the US and around the world have found creative ways to engage their residents and visitors, spreading awareness about the Start by Believing message. For example, the message might be featured on billboards, taxis, public transportation, yard signs, or a local business marquee. Campaigns often engage both traditional and social media, with coverage on local TV, radio, newspapers, and multiple social media platforms. EVAWI offers communities free social media toolkits and graphics to help reach virtual audiences. The Campaign Toolkit showcases innovative ideas and examples of successful campaigns.

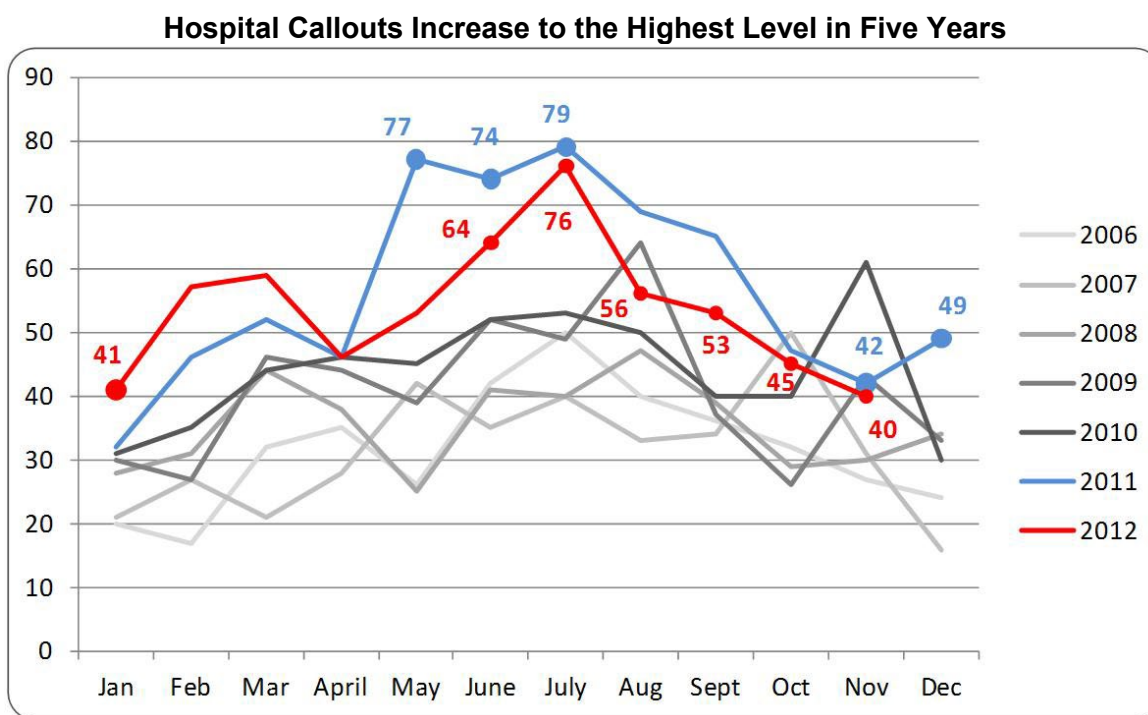
As of June 2024, a total of 13 state legislatures have proclaimed themselves to be a Start by Believing State: Arizona, Florida, Illinois, Louisiana, Missouri, New Mexico, New York, Oklahoma, Utah, Vermont, Washington, West Virginia, and Wyoming. Dozens of cities and counties have made similar proclamations. 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 or abused, I will Start by Believing."



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, Kansas City Police Department (KCPD) leaders worked together with community partners to push the campaign message to the media. KCPD leadership also briefed the command staff and ensured that campaign posters were placed in the roll call rooms at all six patrol divisions as well as within the Special Victims Unit.

Preliminary data collected by the local rape crisis center (Metropolitan Organization to Counter Sexual Assault) documented a dramatic increase following the original appearance of the billboards in the number of hospital callouts to accompany sexual assault victims to a medical forensic exam. 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."⁶² The number of callouts declined after the billboards were removed.⁶³

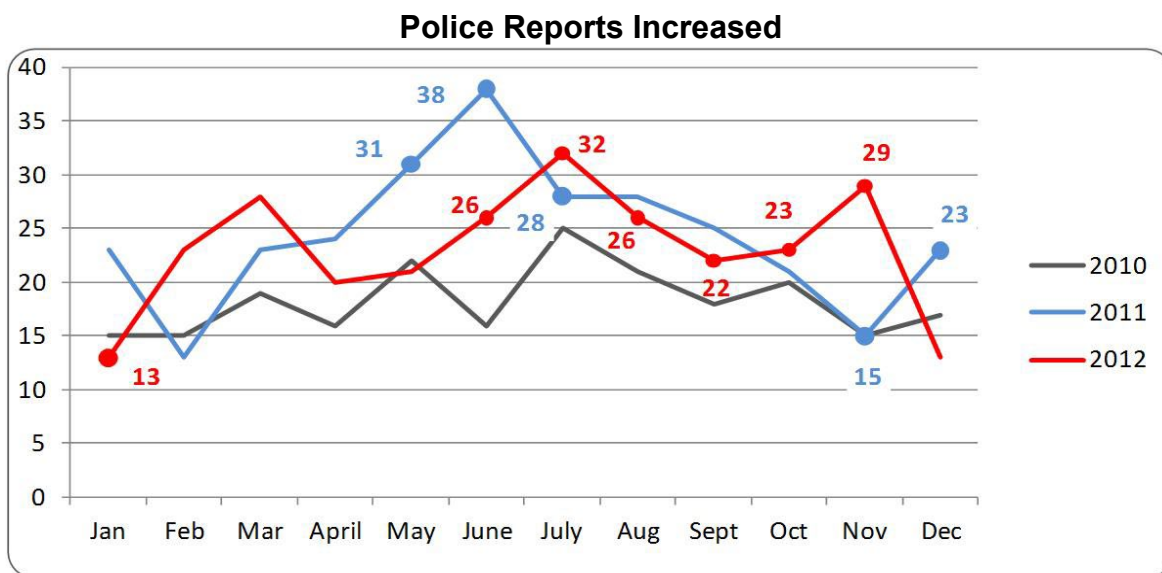


At the same time, the Kansas City Police Department also saw an increase in the number of reports for forcible rape and sodomy while the billboards were up, at a period

⁶² 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).

⁶³ Thanks to Melanie Austin, Program Services Coordinator at MOCSA, for providing this data.

of time during which law enforcement agencies across the country generally saw these reports decline.⁶⁴ 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.⁶⁵ 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 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 that many people feel to discuss the topic of sexual assault.

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

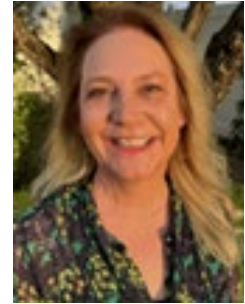
If research confirms what the preliminary data suggest — that the Start by Believing campaign can have a positive impact on sexual assault victims — this has the potential to improve societal responses on a national level and even internationally. The campaign thus joins other efforts to prevent sexual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

⁶⁴ 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.

⁶⁵ 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).

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Sergeant Joanne Archambault (Ret.) was the Founder and Chief Executive Officer for EVAWI from 2003-2023. Prior to founding EVAWI, Sgt. Archambault worked for the San Diego Police Department for almost 23 years, in a wide variety of assignments. During the last 10 years of her service, she supervised the Sex Crimes Unit, which had 13 detectives and was responsible for investigating approximately 1,000 felony sexual assaults each year. Sgt. Archambault has provided training for tens of thousands of practitioners, policymakers and others, and she has been instrumental in creating system – level change through individual contacts, as well as policy initiatives and recommendations for best practice.



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References

- Amstadter A.B., McCauley J.L., Ruggiero K.J., Resnick H.S. & Kilpatrick D.G. (2008). Service utilization and help seeking in a national sample of female rape victims. *Psychiatric Services*, 59, 1450-1457.
- 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.
- 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. (2005). What really happened? A validation study of rape survivors' help-seeking experiences with the legal and medical systems. *Violence & Victims*, 20, 55-68.
- 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. & Raja, S. (2005). The sexual assault and secondary victimization of female veterans: Help-seeking experiences in military and civilian social systems. *Psychology of Women Quarterly*, 29, 97-106.
- 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.
- 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. & Vlais, R. (2005). *VicHealth Review of Communication Components of Social Marketing/Public Education Campaigns Focusing on Violence Against Women*. Melbourne, Australia: Victorian Health Promotion Foundation, 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.
- Filipas, H.H. & Ullman, S.E. (2001). Social reactions to sexual assault victims from various support sources. *Violence and Victims*, 16, 673-692.
- 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, NY: Guilford Press.
- Greenberg, M.S. & Ruback, R.B. (1992). *After the Crime: Victim Decision Making*. New York, NY: 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.
- Hakimi, D., Bryant-Davis, T., Ullman, S.E. & Gobin, R.L. (2018). Relationship between negative social reactions to sexual assault disclosure and mental health outcomes of Black and White female survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10 (3), 270-275.
- Hassija, C.M. & Turchik, J.A. (2016). An examination of disclosure, mental health treatment use, and posttraumatic growth among college women who experienced sexual victimization. *Journal of Loss and Trauma*, 21 (2), 124-136.
- 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, UK: 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*, 19 (5), 512-527.
- 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., 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).
- Kirkner, A., Lorenz, K. & Ullman, S.E. (2021). Recommendations for responding to survivors of sexual assault: A qualitative study of survivors and support providers. *Journal of Interpersonal Violence*, 36 (3-4), 1005-1028.
- 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.
- Langenderfer-Magruder, L., Walls, N.E., Kattari, S.K., Whitfield, D.L. & Ramos, D. (2016). Sexual victimization and subsequent police reporting by gender identity among lesbian, gay, bisexual, transgender, and queer adults. *Violence and Victims*, 31 (2), 320-331.

- 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-Tauchel, 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, NY: LFB Scholarly Publishing.
- Monroe, L.M., Kinney, L.M., Weist, M.D., Dafeamekpor, D.S., Dantzer, J. & Reynolds, M.W. (2005). The experience of sexual assault: Findings from a statewide victim needs assessment. *Journal of Interpersonal Violence, 20* (7), 767-776.
- 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. (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., McCauley, 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.
- Perreault, S. (2015). Criminal victimization in Canada, 2014. *Juristat, 35* (1), 1-43.
- 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.
- 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.newtimesslo.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, NY: 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. & Krahé (2008). *Sexual Assault and the Justice Gap: A Question of Attitude*. Oxford, UK: 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. (2023). *Talking about Sexual Assault: Society's Response to Survivors*. Washington, DC: American Psychological Association.
- 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. & Lorenz, K. (2020). African American sexual assault survivors and mental health help-seeking: A mixed methods study. *Violence Against Women*, 26 (15-16), 1941-1965.
- 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., 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.
- 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), 807-832.

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.