

REPORTING SEXUAL VICTIMIZATION AND USE OF SERVICES: AN
EXAMINATION OF COLLEGE STUDENTS' HELP-SEEKING BEHAVIORS

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ABSTRACT

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The sexual victimization of college students has garnered widespread attention from scholars, practitioners, and policymakers. Despite the increased focus on this public health concern, questions remain regarding college rape victims' subsequent help-seeking behaviors. Specifically, the extent of college students' help-seeking behaviors, the type of service utilized most often, and how barriers to seeking help vary across different service providers warrants further inquiry. The present thesis addresses these gaps in the help-seeking and campus climate literature by answering the following research questions: (1) Do college students disclose their rape victimization? If yes, to whom do they disclose? (2) Do college students seek formal help as a result of their rape victimization? (3) What factors are viewed by victims as barriers to seeking help?

Relying on secondary data from a campus climate survey, this thesis will assess 99 college rape victims' decision to disclose, formal help-seeking, and barriers to seeking help through the use of descriptive statistics and case-by-case analysis. Overall, most college rape victims disclosed to an informal source, like peers or family. Few students sought formal help following their rape victimization, and those who did, likely contacted law enforcement. Lastly, the most prominent barrier to seeking help across service providers involved knowledge/perceptions about that specific source. Theoretical, empirical, and policy implications are discussed, followed by limitations and directions for future research.

KEY WORDS: Sexual victimization, Rape victimization, Disclosure, Service utilization, Help-seeking, Barriers, Campus climate.

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CHAPTER I

Introduction

The sexual victimization of college students, particularly women, is a widespread and well-documented public health concern. Research consistently finds that one in four women experience some form of victimization during their college career (Banyard et al., 2007; Fisher et al., 2000; Krebs et al., 2007; Sinozich & Langton, 2014). Although the media tends to portray university grounds as being dangerous environments and college women often express fears of being victimized on campus (Fisher, 1995; Fisher & Sloan, 2003), it is important to distinguish between sexual violence toward college students and sexual violence that occurs on college campuses. In other words, sexual violence that happens on college campuses occurs less frequently than assaults of college women off campus (Kaukinen et al., 2017). Nonetheless, prevalence rates suggest that up to 25% of female and male students experience sexual victimization during their college career (Fisher et al., 2000; Krebs et al., 2010; Krebs et al., 2007; Palmer et al., 2010), with even higher rates for unwanted sexual contact (Fedina et al., 2018).

Despite the pervasiveness of sexual violence toward college students, questions remain regarding the subsequent help-seeking behaviors of rape victims. Specifically, aspects surrounding their decisions to engage in formal help-seeking and utilize services warrant further exploration (see: Ameral et al., 2017; Amstadter et al., 2010; Walsh et al., 2010). Reporting victimization and subsequently seeking related services are two of the most salient decisions victims make. Thus, victims are arguably personal gatekeepers of both the criminal justice and social service systems, as their decisions to engage these institutions can greatly impact their post-assault experiences (Gottfredson & Gottfredson,

1988; Sylaska & Edwards, 2014). For these reasons, it is important to understand the factors that both facilitate and discourage help-seeking behaviors among college rape victims. Indeed, sexual victimization can result in a number of different short-term and long-term consequences, both physical and psychological (Black et al., 2011; Campbell et al., 2006; Frazier, 2003). If rape victims do not formally report or disclose their experiences, they are less likely to receive the help and attention they might need and justice will remain underserved.

Generally speaking, most crime goes unreported, with recent data suggesting that only 48% of all violent victimizations are reported to police (Langton et al., 2012). From 1993 to 2018, the rate of violent victimizations reported to police declined from 33.8 to 9.9—a 71% decrease (Morgan & Oudekerk, 2019). This “dark figure”—or, the amount of crime that goes unreported—demonstrates the need to understand factors that can influence or increase formal help-seeking (Skogan, 1977). Importantly, very few victims of sexual violence report their experience to law enforcement (Wolitzky-Taylor et al., 2011) and reported statistics tend to underrepresent the magnitude of crime and victimization (Tcherni et al., 2016). Since service utilization often follows formal reporting (e.g., victim programs that are housed within criminal justice agencies and official service referrals), rates of service utilization are quite low, and the majority of victims do not receive necessary attention (Munro, 2014). Research with college samples yields similar results and suggests that college women are even less likely to report than women from the general public (Amstadter et al., 2010; Fisher et al., 2000; Sinozich & Langton, 2014). Interestingly, college women are also less likely to report using services to deal with their victimization (Sabina & Ho, 2014), despite the apparent availability of

resources in university settings as well as in surrounding communities. Research has identified several factors that facilitate reporting and service utilization (Amar, 2008; Chen & Ullman, 2010; Fisher et al., 2016; Guerette & Caron, 2007). Likewise, certain factors create barriers and discourage victims from both reporting and using services (Felson & Pare, 2005; Hollander, 2010; Jones et al., 2009; Nasta et al., 2005). Although extant literature has identified the factors that contribute to victims' help-seeking behaviors and which are viewed as barriers, the extent of college students' help-seeking behaviors deserves further exploration. Specifically, research would benefit from examining whether college rape victims engage in multiple help-seeking behaviors by contacting more than one source of support (i.e., informal or formal), which type of service provider is utilized most often, and whether barriers to seeking help are consistent across different types of services (i.e., medical, victim services, or criminal justice).

This study contributes to the existing body of campus climate and help-seeking literature by addressing the above-mentioned areas of research that warrant further inquiry. Specifically, this study aims to (1) provide further insight regarding factors that discourage help-seeking across different methods of seeking help (i.e., informal and formal) and different types of services (i.e., medical, victim services, and criminal justice) and (2) improve the understanding of the extent of college rape victims' help-seeking behaviors, in addition to their experiences. The following sections examine topics related to college students' help-seeking behaviors. First, definitions of terms pertinent to the current study are presented, followed by rates of sexual victimization and formal reporting. Factors known to encourage and/or discourage reporting are also briefly discussed. Second, a broad discussion of service utilization is presented, focusing on

types of services, rates of use, and factors that encourage and/or discourage service utilization. Third, gaps in extant literature are discussed to demonstrate the need for further examination of college rape victims' help-seeking behaviors. Finally, a discussion of the current study's contributions, specifically the ways in which it advances the discussion surrounding the sexual victimization of college students and subsequent help-seeking behaviors, will be presented.

Sexual Violence and Rape Defined

Sexual violence is defined as a sexual act that is committed or attempted by another person without freely given consent of the victim or against someone who is unable to consent or refuse (Basile & Saltzman, 2002; Basile et al., 2014). This is generally used as an umbrella term, as it includes a continuum of behaviors: forced or alcohol/drug facilitated penetration of a victim; non-physically pressured unwanted penetration; intentional sexual touching; or non-contact acts of a sexual nature (Basile & Saltzman, 2002; Basile et al., 2014; Dills et al., 2016). Rape or sexual assault is defined as the completed or attempted penetration of a victim, including forced acts or those that were alcohol/drug facilitated (Basile & Saltzman, 2002; Basile et al., 2014; Tjaden & Thoennes, 2006). Penetration can involve physical insertion, however slight, of the penis into the vulva; contact between the mouth and the penis, vulva, or anus; or physical insertion of a hand, finger, or other object into the anal or genital opening of another person (Basile & Saltzman, 2002; Basile et al., 2014; Tjaden & Thoennes, 2006). The terms rape and sexual assault are used interchangeably in this study.

Prevalence and Reporting

National estimates paint an alarming picture concerning the prevalence of sexual violence. In the United States alone, approximately 26 million women and 3 million men report completed or attempted rape, suggesting a large number of individuals experience sexual victimization in their lifetime (Smith et al., 2018). Furthermore, studies focusing on college-aged women (ages 18-24) find that they are at a higher risk for sexual victimization compared to females in all other age groups (Fisher et al., 2003; Fisher et al., 2010; Sinozich & Langton, 2014). A recent systematic review found that the prevalence of sexual victimization on college campuses varies significantly, but among studies measuring completed rape, findings suggest that between 0.5% to 8.4% of college women experience rape (Fedina et al., 2018). Additionally, research suggests that up to 25% of college women are victims of sexual violence (Fisher et al., 2000; Krebs et al., 2010; Krebs et al., 2007; Littleton & Breitkopf, 2006).

Despite the prevalence of sexual victimization, rape remains one of the most underreported of all violent crimes (Fisher et al., 2003; Orchowski & Gidycz, 2012). Multiple studies cite that only a small percentage of rape victims formally report their experience to the police (Hart & Rennison, 2003; Tjaden & Thoennes, 2006; Sinozich & Langton, 2014). From 2017 to 2018, the percentage of rape and sexual-assault victimizations reported to police declined from 40% to 25% (Morgan & Oudekerk, 2019). Alarming, these estimates continue to suggest that less than half of all victims actually report their experiences. Important to the current study, most college student victims do not report to police or campus authorities (Cantor et al., 2015; Fisher et al., 2003; Rennison & Addington, 2014; Tjaden, 2000) and estimates of college students'

reporting are relatively low, ranging from 1% to 15% (Fisher et al., 2000; Halstead et al., 2017; Kilpatrick et al., 2007; Krebs et al., 2007; Moylan et al., 2018; Rennison, 2002).

Research finds that a victim's decision to report is due to a number of different factors. For example, assault severity, location of the incident, and the victim-offender relationship impact reporting behavior (Amar, 2008; Frazier & Henry, 1996; Gartner & Macmillan, 1995; Pino & Meier, 1999). Some research finds that certain demographic factors, such as age and race, also affect the likelihood of reporting (Bachman, 1998; Chen & Ullman, 2010). Moreover, numerous barriers to reporting have been identified, most of which are either psychological or criminal justice-related. For instance, fear, shame, and a lack of confidence in the criminal justice system are some of the most well-established reasons for not reporting (Cohn et al., 2013; James & Lee, 2015; Jones et al., 2009; Thompson et al., 2007). Generally, assaults involving acquaintances, substance use, and a lack of injury can discourage victims from reporting their experience (Chen & Ullman, 2010; Fisher et al., 2003; Weiss, 2011).

Service Utilization

Most institutions of higher education (IHEs) offer services aimed at assisting victims of sexual violence and harassment, including campus police, health services, and counseling services (Richards, 2019). Some universities offer additional resources, such as 24-hour support hotlines, safe walk and escort services, and sexual violence support groups (Eisenberg et al., 2016). Community services are analogous to those found on college campuses; however, there is also community law enforcement and sexual-assault specific programs such as rape crisis centers and sexual assault nurse examiners (Campbell & Martin, 2001; Littel, 2001). Generally, most community service providers

are part of five social systems, which include legal, medical, mental health, rape crisis centers, and religious communities (Campbell et al., 2001).

Rates of service utilization among college students are rather low, both in the university and community setting (Amstadter et al., 2010; Richardson et al., 2015; Ullman & Brecklin, 2002). Based on the 2018 National Crime Victimization Survey (NCVS), victim-service agency assistance was activated in only 11% of all violent victimizations (Morgan & Oudekerk, 2019). A recent systematic review of sexual victimization and health service utilization on college campuses found much higher rates, ranging from 0% to 42% (Stoner & Cramer, 2019). Studies also find that rape victims often use community services, with percentages varying from about 21% to 33%, and up to 43%, depending on the type of service (Campbell et al., 2001; Tjaden & Thoennes, 2006; Zinzow et al., 2012). Some research finds that students are more likely to utilize medical or mental health services (Chen & Ullman, 2010; Halstead et al., 2018; Ullman & Filipas, 2001), while other studies find that police are contacted most (Fisher et al., 2016; George et al., 1992; Moore & Baker, 2018). In addition, findings from the NCVS further suggest that fewer than 1 in 5 (16%) female student victims of rape received assistance from a victim services agency (Sinozich & Langton, 2014). Overall, the percentage of females who were injured during a rape or sexual assault and received some type of treatment for their injuries increased from 26% in 1994-98 to 35% in 2005 to 2010 (Planty et al., 2013), but continues to demonstrate that more than half of victims do not use campus-based *or* community services.

Many of the same factors that influence a victim's decision to report their victimization can also influence their use of services. Victim, incident, and offender

characteristics are significant predictors of victims' use of services (on campus and in the community), with studies noting that the victim-offender relationship, assault severity, and crime location play a substantial role (Campbell et al., 2001; Fisher et al., 2016; Ullman & Filipas, 2001). Facility and provider characteristics can also encourage or discourage use of services. For example, many students use campus-based services because of the convenient location; in other words, not all students have the means to seek off-campus services (Halstead et al., 2018). Similarly, when victims have previous experiences with knowledgeable and respectful service providers, they are more likely to continue utilizing services for subsequent incidents (Halstead et al., 2018; Wadsworth et al., 2019). The availability of resources as well as the financial means to obtain healthcare are additional dynamics affecting service utilization (Price et al., 2014). Research on barriers to service utilization suggest that affordability, accessibility, and availability are significant factors (Holland & Cortina, 2017; Logan et al., 2005). Additionally, concerns surrounding confidentiality, fear, blame, embarrassment, lack of knowledge, and lack of available services have been commonly recognized (Logan et al., 2005; Munro, 2014; Nasta et al., 2005; Walsh et al., 2010).

Gaps in Literature

Taken together, the existing body of research demonstrates the need for further examination of college rape victims' help-seeking behaviors, including disclosures and service utilization. There appears to be an overlap in terms of the variables that both facilitate and discourage help seeking. For example, relationship to offender can encourage victims to report and utilize services if the perpetrator was a stranger (Amar, 2008; Campbell et al., 2001; Demers et al., 2018; Fisher et al., 2003). Conversely, victims

are less likely to report or seek services if the suspect was a nonstranger (Chen & Ullman, 2010; Felson & Pare, 2005; Fisher et al., 2003; Jones et al., 2009). Incidents that result in an injury can lead to reporting and use of services, but if alcohol or drugs were involved, victims are less likely to seek help (Chen & Ullman, 2010; Weiss, 2011). Some research finds that age and race influence reporting, whereas other studies find mixed results (Bachman, 1998; Chen & Ullman, 2010; Feldman-Summers & Ashworth, 1981; Fisher et al., 2003). Furthermore, there is a need for further insight regarding the relationship between educational level and reporting given that some studies find that higher education levels increase the likelihood of reporting, whereas others find the opposite (Chen & Ullman, 2010; Coker et al., 2000; Pino & Meier, 1999). Research aimed at determining which type of service college rape victims' utilize most often (Halstead et al., 2018; Moore & Baker, 2018) and whether students prefer to use on-campus or off-campus resources has also resulted in mixed findings (Nasta et al., 2005; Sabina & Ho, 2014). Therefore, it is important to identify the extent and context in which certain factors affect college students' help-seeking behaviors.

Little research to date has explored different methods of seeking help (i.e., informal and formal) *and* different types of services (i.e., medical, victim services, and criminal justice) among college rape victims (Campbell et al., 1998, Campbell et al., 2001, and Campbell et al., 2004 simultaneously examines different types of services, but not among college rape victims specifically). Further, whether certain factors increase service utilization, despite a lack of reporting, remains unclear. The current body of scholarship would also benefit from examining whether college rape victims engage in multiple help-seeking behaviors by contacting more than one source of support (i.e.,

informal or formal), which type of service is used most frequently (i.e., medical, victim services, or criminal justice), and whether barriers to seeking help are consistent across different types of services. Indeed, it is necessary to continue analyzing how barriers to help seeking differ across types of services and settings (Holland & Cortina, 2017).

The Current Study

In an effort to advance discussions surrounding the sexual victimization of college students and their subsequent help-seeking behaviors, the current study will focus on the victim's decision to disclose rape, formal help-seeking, and barriers to seeking help. Additionally, the present study will examine the extent to which rape victims seek help by assessing whether they engaged in multiple help-seeking behaviors (i.e., sought help from more than one source of support). Relying on secondary data from a campus climate survey collected in 2017, the present study seeks to answer the following research questions:

1. Do college students disclose their rape victimization? If yes, to whom do they disclose?
2. Do college students seek formal help as a result of their rape victimization?
3. What factors are viewed by victims as barriers to seeking help?

The current thesis expands the dialogue surrounding college students' help-seeking behaviors (e.g., disclosure and service utilization) by examining different methods of seeking help and different types of services to better understand why rape victims may or may not choose to disclose their experience and/or seek formal assistance. The following sections discuss the data and measures used to answer the research questions above.

Data for this study come from a campus climate survey that was administered at a southeastern university (referred to herein as SE4YU) in 2017. The in-person paper-and-pencil survey was adapted from University of Kentucky's instrument (University of Kentucky, 2015) and administered in randomly-selected classes. First, the primary investigators of the project selected a random sample of courses offered during the spring of 2017. To identify the target population of classes, a list of all course offerings for that semester was created. Independent studies, labs, and duplicate sections were deleted from this list. Courses offered at the SE4YU's satellite campus, which is about a 45-minute drive from the main campus, were retained. In total, approximately 10% of classes offered were selected (N=198) and 96 (48.24%) instructors provided the research team access to their class.

Findings from this study will contribute to the body of literature examining the sexual victimization of college students and subsequent help-seeking. Specifically, it will add to the existing scholarship on disclosures, formal help-seeking, and barriers to seeking help among college rape victims. Research to date suggests that the majority of victims do not report their experiences and that victims of rape are less likely to disclose than victims of other violent crimes (Fisher et al., 2003; Tjaden, 2000; Wolitzky-Taylor et al., 2011). Taken together, given that recent research finds that the sexual victimization of college women remains vastly underreported (Moynan et al., 2018), it is important to continue focusing on factors that both enable and discourage help-seeking. Victims are the personal gatekeepers of the criminal justice system; thus, if one does not report or disclose their victimization, it cannot be handled by authorities and the likelihood of receiving necessary after-care diminishes (Gottfredson & Gottfredson, 1988; Krug et al.,

2002). Ultimately, when victimizations are not reported, practitioners, policymakers, and citizens alike can underestimate the magnitude of the problem and further perpetuate ideals that hinder help seeking in the first place.

CHAPTER II

Literature Review

Research suggests that rape and sexual assault remain the most underreported of all violent crimes (Fisher et al., 2003). In other words, the highest percentages of unreported crime are typically among sexual victimizations (Langton et al., 2012). Following the wake of the “Me Too” movement in October 2017, there was an apparent increase in the number of women and men who came forward to report sexual victimization. The percentage of rapes or sexual assaults reported to police rose from 23% to 40% in 2017 (Morgan & Truman, 2018) but declined to 25% in 2018 (Morgan & Oudekerk, 2019). Nevertheless, some research suggests that underreporting is still an issue with these crimes and that there has not been a noteworthy increase in the prevalence of reporting since the 1990s (Wolitzky-Taylor et al., 2011). This is problematic, given the ubiquitous nature of sexual victimization, especially among student populations. For example, research finds that more than 23% of women suffered an unwanted sexual act and 11% reported being raped while in college (Cantor et al., 2015), yet very few used subsequent services or engaged in formal help-seeking behaviors to deal with their victimization (Holland & Cortina, 2017; Sabina & Ho, 2014). Thus, it seems if victims do not report their experience to law enforcement, they are less likely to utilize the necessary services to help with their road to recovery and well-being.

In addition to findings highlighting the widespread occurrence of sexual victimization among the general population, a significant body of literature has documented high rates of sexual victimization specifically among college students, with scholarship suggesting that between 15% - 25% of female college students experience

some form of sexual victimization during their college tenure (Fisher et al., 2000; Krebs et al., 2010; Krebs et al., 2007). Additionally, prevalence rates for rape range from 0.5% to 8.4% among college women and 0.6% to 0.7% among college men (Fedina et al., 2018; Hines et al., 2012; Krebs et al., 2007; McCauley et al., 2009). Despite the pervasiveness of sexual violence on college campuses, most student victims will not report their experiences to formal authorities (e.g., police, campus authorities; Cantor et al., 2015; Fisher et al., 2003; Rennison & Addington, 2014; Tjaden, 2000). Estimates suggest that college students' reporting of rapes to formal agencies (e.g., law enforcement or medical professionals) are relatively low and that victims are more likely to disclose their experiences to an informal source of support (e.g., family, friends, colleagues; Fisher et al., 2000; Kilpatrick et al., 2007; Krebs et al., 2007; Rennison, 2002). For instance, a recent study of campus sexual assault climate surveys found that the mean percentage of victims who made a formal report was about 10% (Moylan et al., 2018). Indeed, most research finds that the sexual victimization of college students remains vastly underreported (Halstead et al., 2017; Moylan et al., 2018). Similarly, college students are less likely to use services to deal with their subsequent victimization, despite the availability of services on campuses and in communities (Holland & Cortina, 2017; Sabina & Ho, 2014).

This chapter reviews the existing body of literature examining the help-seeking behaviors of college student rape victims. Specifically, this chapter discusses prior research on the formal reporting of rape, factors encouraging and/or discouraging reporting, types of services and utilization rates, and factors that encourage and/or discourage service utilization. Types of services are discussed in a context which

compares university (or campus-based/on-campus) and community (or off-campus) services. Similarly, factors that encourage or discourage use of services are presented separately for the university and community setting. In conclusion, I will broadly summarize important findings and discuss directions for future research.

Reporting Sexual Victimization

In their systematic review, Halstead and colleagues (2017) found that 25% to 55% of students do not disclose their sexual violence experiences to anyone. They also found low rates of reporting to police, ranging from 1% - 15% (Halstead et al., 2017). It should be noted that it is difficult to estimate the exact percentage of sexual violence incidents college victims report to law enforcement, as findings vary depending on the methodology used in the study (Rennison & Addington, 2014). Nonetheless, studies have found that rates of reporting to police range between 2% - 22% among college populations (Fisher et al., 2000; Fisher et al., 2003; Krebs et al., 2007; Krebs et al., 2016; Sinozich & Langton, 2014; Sloan et al., 1997).

Multiple studies indicate that student victims of forcible rape are more likely to report their experience to law enforcement than victims of incapacitated rape, presumably because a forcible rape is more likely to result in a visible injury (Cantor et al., 2015; Kilpatrick, et al., 2007; Krebs et al., 2007; Lindquist et al., 2013). For example, The Campus Sexual Assault (CSA) Study found that approximately 13% of forcible sexual assault victims reported the incident to the police or campus security compared to 2% of incapacitated sexual assault victims who reported (Krebs et al., 2007). Some research suggests that college women are more likely to report to campus police or security compared to local police; regardless, reporting to campus police is also low (Fisher et al.,

2003; Moore & Baker, 2018; Sloan et al., 1997). For instance, Moore and Baker's (2018) findings indicate that students are significantly more likely to report sexual assaults to campus police than to university officials. In their study, incidents involving an off-campus assault by a stranger had the highest likelihood of being reported to police and on-campus assaults by a stranger had the highest likelihood of being reported to university officials (Moore & Baker, 2018).

In addition to low levels of reporting to local police and campus law enforcement, the vast majority of sexual violence survivors fail to report their experiences to faculty or university staff members through formal processes (Fisher et al., 2010). Studies suggest low rates of disclosure to college personnel, with some noting that only 5% - 7% of rape incidents are reported to any school official or campus resource, such as the sexual assault center on campus or resident advisors (Halstead et al., 2017; Holland & Cortina, 2017; Krebs et al., 2016; Spencer et al., 2017). A more recent study found an even lower reporting rate; only 2% of female students who experienced some form of sexual victimization reported the incident to the university Title IX Office (Holland, 2019).

Overall, the majority of college rape victims disclose their experiences to informal sources like peers, family members, or a romantic partner, and very few report their sexual victimization to a campus authority or police agency (Fisher et al., 2003; Orchowski & Gidycz, 2012; Paul et al., 2013; Sabina & Ho, 2014). For many survivors, acknowledging their experiences of sexual trauma is the first step toward healing. As a result, survivors often turn to their loved ones and friends for help in the aftermath of an unwanted sexual experience (Kirkner et al., 2017). Describing the incident and sharing their emotions with a trusted friend can assist survivors with their recovery by helping

them work through their feelings (Ahrens et al., 2010). Therefore, disclosing can be more of a coping mechanism, rather than a reporting strategy for some victims. In other words, victims may choose to disclose to an informal source to gain social and emotional support, rather than reporting to a formal source which could lead to unwanted criminal justice involvement or medical attention. It should also be noted that some studies indicate that students tell both formal and informal sources of support about their victimization experience (Demers et al., 2018; Ullman & Filipas, 2001). For example, survivors may seek formal assistance from healthcare professionals after being encouraged by friends or family (Wadsworth et al., 2019). Nevertheless, most research finds that sexual assault is much more commonly disclosed to informal support sources (e.g., peers or family members) rather than formal agencies (e.g., medical services or law enforcement; Demers et al., 2018; Fisher et al., 2003; Holland, 2019; Sabina & Ho, 2014).

Factors Encouraging and/or Discouraging Reporting

Incident-based factors. Research finds that multiple incident-based factors influence a victim's decision to report sexual violence, including assault severity, victim injuries, and relationship to the assailant (Frazier & Haney, 1996). Victimization characteristics that meet the conditions of the “real rape” stereotype, such as seriousness, location, and victim-offender relationship are more likely to be reported to police (Bachman, 1998; Estrich, 1987; Gartner & Macmillan, 1995; Pino & Meier, 1999; Weis & Borges, 1973). Several studies find that incidents resulting in injury, involving a weapon, perpetrated by strangers, and in unfamiliar places are most likely to be reported (Amar, 2008; Bachman, 1998; Fisher et al., 2003; Gartner & Macmillan, 1995).

Furthermore, recent studies find that rape victims are still more likely to report cases of stereotypically “real rapes” involving unknown perpetrators, physical force, weapon, and victim injury (Chen & Ullman, 2010; Demers et al., 2018).

Indeed, research has established an association between reporting sexual assault to police and two facets of the “real rape” or “classic rape” scenario—use of force and the occurrence of injury (Du Mont et al., 2003). Additionally, Amar (2008) examined African American college women’s perceptions of resources and barriers to reporting rape. Surprisingly, this research found that victim consumption of alcohol at the time of the incident was associated with reporting sexual violence. In sum, findings suggest disclosure is more likely when the victimization experience fits societal stereotypes of sexual assault; this is because victims are often met with greater sympathy by the general public in these circumstances (Starzynski et al., 2005).

Demographic factors. Several studies find that demographic factors affect likelihood of reporting victimization (Bachman, 1998; Chen & Ullman, 2010). For instance, some research finds that older women are more likely to report their sexual victimization to the police when compared to younger victims (Chen & Ullman, 2010; Gartner & Macmillan, 1995). It should be noted that some research finds that age is unrelated to reporting (Bachman, 1998; Fisher et al., 2003; Lizotte, 1985). Further, multiple studies have shown a negative association between education level and reporting, in that women without a college education are more likely to report to police (Chen & Ullman, 2010; Lizotte, 1985; Pino & Meier, 1999). Regarding race, research is mixed—one study found that Caucasian women are most likely to report, while others

find that reporting to police is more likely for non-white victims (Bachman, 1998; Chen & Ullman, 2010; Feldman-Summers & Ashworth, 1981).

Though there is less research on male victims of sexual assault, studies indicate that even fewer men and boys disclose their sexual victimization, suggesting that gender may have an effect on reporting decisions (Banyard et al., 2007; Darves-Bornoz et al., 1998; Sable et al., 2006). Unfortunately, less is known about the scope of such violence or the unique consequences faced by male survivors and their subsequent service utilization (Russell, 2007). Generally, most research agrees that victim characteristics influence the decision to report sexual victimization (Spohn & Tellis, 2012); however, studies suggest varying relationships between demographic indicators and reporting decisions. As a whole, there is a need for further exploration to establish the degree to which these factors influence help-seeking behaviors among college rape victims specifically (Chen & Ullman, 2010; Thompson et al., 2007).

Criminal justice-related factors. Findings indicate that certain criminal-legal factors may also influence rape victims' decisions to report. For example, James and Lee (2015) examined anticipated reporting of sexual victimization among college students and found that when controlling for other variables relevant to reporting, such as gender, age, and race, individuals with higher satisfaction with law enforcement were more likely to report future victimizations. Along similar lines, research suggests that wanting justice, having trust in police and university officials, and a desire for services are among the most consistent factors that affect students' likelihood of reporting to both the police and campus officials (Moore & Baker, 2018). Generally, students may be more inclined to

report their victimization to police or campus authorities if their experience is reflective of a “real rape” and they have a sense of trust in formal agencies.

Psychological barriers. Findings on barriers to reporting sexual assault have remained stable over the past three decades (Sable et al., 2006). Consistent barriers to reporting have been identified across the victimization literature with most studies citing psychological and incident-based or contextual barriers (Chen & Ullman, 2010; Demers et al., 2018; Fisher et al., 2003; Weiss, 2010). Further, numerous studies find that some victims keep their experiences secret because they fear perpetrators will retaliate if they report to law enforcement (Bachman, 1998; Fisher et al., 2003; James & Lee, 2015; Wolitzky-Taylor et al., 2011). Contemporary scholarship continues to find similar reasons for not reporting sexual victimization: survivors were ashamed, they believed they would be blamed for the incident or scrutinized by society, they did not want anyone to know, fear of getting themselves or the perpetrator in trouble, and fear of not being believed (James & Lee, 2015; Sable et al., 2006; Spencer et al., 2017; Thompson, et al., 2007; Weiss, 2010; Wolitzky-Taylor et al., 2011). Several additional barriers to reporting have been found across recent studies, including the belief that the assault was not serious (event minimization), experiencing unwanted and/or negative results, a sense of helplessness, and the belief that the incident was not related to the university, likely because the incident occurred off campus (Demers et al., 2018; Halstead et al., 2017; Spencer et al., 2017). Certainly, fear of retaliation or negative public reactions and shame can be seen as strong barriers to reporting rape and can hinder victims’ recovery processes (Amar, 2008; Weiss, 2010).

Incident-based barriers. Research relying on a sample of female sexual assault victims found that the reasons for not reporting were predominantly incident-based or contextual factors, rather than psychological barriers like shame (Jones et al., 2009). Undeniably, the victim-offender relationship appears to affect reporting decisions, with several studies suggesting that sexual assaults involving acquaintances are less likely to be reported (Chen & Ullman, 2010; Felson & Pare, 2005; Fisher et al., 2003; Jones et al., 2009). Moreover, incidents where victims consumed drugs or alcohol are less likely to be reported, presumably because they believe this will weaken their credibility (Fisher et al., 2003; Pitts & Schwartz, 1993; Spencer et al., 2017). Given that individuals who experience “real rape” victimization scenarios have a higher likelihood of reporting, it can be assumed that the absence of such characteristics serve as incident-based or contextual barriers to reporting. For example, the lack of a visible injury or the location of the incident can discourage victims from reporting (Bachman, 1998; Chen & Ullman, 2010; Demers et al., 2018).

Some studies imply that the failure to acknowledge the incident they experienced as a rape is also a reason why victims do not report (Cohn et al., 2013; Weiss, 2011). Additionally, Weiss (2011) identified four distinct reasons used by victims to validate their non-reporting behaviors: denying criminal intent, denying serious injury, denying victim innocence, and rejecting a victim identity, all of which are consistent with the previously mentioned barriers. Lastly, a recent study analyzing reasons for not reporting a victimization to university officials found that one of the most common reasons pertained to the victim’s knowledge (or lack of), such as not knowing who or where to report to (Spencer et al., 2017).

Criminal justice-related barriers. The unwillingness to report sexual victimization has also been attributed to a lack of confidence in a criminal justice system. Some victims believe that law enforcement do not handle these types of cases in a serious manner and do not report their experience because they do not want police involvement (Cohn et al., 2013; Felson & Pare, 2005; Jones et al., 2009). Undoubtedly, fear of negative reactions and unfair treatment from law enforcement can dissuade victims from reporting their experience to police. This is not surprising, given that societal misperceptions of rape and negative responses from legal authorities are relatively common [i.e., disbelief or victim blaming] (Chen & Ullman, 2010). Overall, it is clear that societal attitudes toward rape, fear about blame and retaliation, shame, and expectations about the criminal justice system influence whether or not victims decide to report (Wolitzky-Taylor et al., 2011).

Although legal and policy changes targeting sexual victimization have been implemented over the past several decades, rape continues to be characterized by low reporting rates (Spohn & Tellis, 2012). Most rape victims who choose to report have assault experiences that involve an unknown perpetrator, a weapon, and resulted in an injury (Chen & Ullman, 2010; Demers et al., 2018; Fisher et al., 2003). Having a sense of trust in the criminal justice system also increases the likelihood that a rape victim will report their experience (James & Lee, 2015; Moore & Baker, 2018). While findings are mixed regarding demographic factors, most research agrees that they affect reporting decisions to some extent (Bachman, 1998; Chen & Ullman, 2010). Psychological barriers, like shame, and incident-based barriers such as assaults involving an acquaintance, are most prevalent (Chen & Ullman, 2010; Jones et al., 2009; Thompson,

et al., 2007; Weiss, 2010; Wolitzky-Taylor et al., 2011). Finally, a lack of confidence in the criminal justice system typically discourages reporting as well (Cohn et al., 2013; Felson & Pare, 2005; Jones et al., 2009).

Types of Services and Prevalence of Use

University services. There are a variety of on campus services aimed at assisting victims of sexual violence and harassment. These services include those concerned with holding the offender accountable (e.g., the Title IX Office, campus police, student affairs, judicial processes) and those focused on helping the victim deal with the aftermath of the incident, such as medical services and mental health or counseling services (Fisher et al., 2016). By law, institutions of higher learning are required to provide students with resources if they have experienced sexual victimization. The Campus SaVE Act is considered the most extensive and recent legal effort to protect college students from sexual victimization and dictates that IHEs must provide information and relevant services to students regarding the intervention and prevention of sexual assault (Campus SaVE Act, n.d.; Duncan, 2014). Indeed, campuses can be understood as self-contained communities that provide their own justice, medical, and counseling services for students (Posick et al., 2016). The majority of IHEs provide the following resources to the student population: campus law enforcement, health services, counseling, a dean or director of students, and off-campus referrals (Karjane et al., 2001; Richards, 2019). Some colleges and universities have stand-alone sexual assault crisis centers; however, most campus-based sexual assault resources are placed in related campus offices such as the women's center, the counseling center, the student health center, the Title IX office, or the university police department (Payne, 2008). It should be noted that few universities have

specialized women's resource centers (Hayes-Smith & Hayes-Smith, 2009), so it is likely campus-based sexual violence resources are housed in other university spaces.

Finally, Eisenberg and colleagues (2016) analyzed available sexual violence resources at 28 campuses and identified supplemental campus resources, such as hotlines with 24-hour support, safe walk and escort services, and sexual violence support groups. Importantly, participants at institutions with more sexual violence resources had lower rates of mental health conditions than those attending schools with fewer resources, suggesting that the availability of a continuum of services is essential for victim recovery and well-being (Eisenberg et al., 2016).

University service use. An early study found that 22% of student victims sought assistance from one of the campus-based resources (Nasta et al., 2005), compared to a later study where only 6% of those who experienced unwanted sexual intercourse sought some type of university support service (Walsh et al., 2010). More recent studies continue to find low utilization of campus resources (Hayes-Smith & Levett, 2010; Holland & Cortina, 2017; Sabina & Ho, 2014), and suggest that seeking mental health services is often the last resort for students (Koo et al. 2015). Additionally, Stoner and Cramer's (2019) systematic review of sexual victimization and health service utilization on campus identified significant discrepancies in the literature between hypothetical use of services and actual rates of service use. For example, 62% of non-victims reported that they would utilize the campus rape crisis center if they experienced an unwanted sexual assault, but only 5% of victims from the same sample reported actually using the same rape crisis center after an unwanted sexual assault (Banyard et al., 2007). Similarly, reported hypothetical use of campus health services was 81% while actual reported use by victims

after a sexual assault was only 22% in another study (Nasta et al., 2005). For the most part, although prevalence rates of sexual victimization are high (5–58%), rates of service utilization are lower [0–42%] (Stoner & Cramer, 2019).

Community services. Community services are similar to those typically found on campus, such as medical and counseling centers; however, there is also an availability of community law enforcement and sexual-assault specific programs. For example, rape crisis centers (RCC) began to appear in the 1970's alongside the feminist women's movement and were formed to provide victim services and educate communities (Campbell & Martin, 2001). By the 1990s, numerous sexual assault nurse examiner (SANE) programs had emerged aimed at improving the model for sexual assault medical exams (Littel, 2001). SANEs often work alongside community-based sexual assault advocacy programs (or rape crisis centers) during examinations to ensure survivors receive crisis intervention, help with safety planning, and referrals for other resources when necessary (Littel, 2001).

In general, community service providers are part of five social systems, which include legal, medical, mental health, rape crisis centers, and religious communities (Campbell et al., 2001). Despite the importance of community-based services and their longstanding relationship with the rape awareness movement, research finds that not all campuses consider off-campus resources when responding to student sexual victimization. For example, one study examined how IHEs respond to campus sexual assault and found that less than half of the schools in their sample mentioned off-campus resources that were available to student victims (Karjane et al., 2001). A later study found that slightly more than two thirds (76%) of IHEs identified off-campus resources for

sexual assault (Richards, 2019). Of those who did reference community resources, the ones most frequently noted were police agencies, women's centers, medical and mental health services, and victim advocacy programs (Richards, 2019).

Community service use. Several studies find that approximately one third of victims utilize services following their assault (Hassija & Turchik, 2016; Price et al., 2014). An early examination of service utilization among a community sample found that respondents with a history of sexual assault were more likely to use mental health and medical services compared to seeking assistance from law enforcement, although overall prevalence rates were low (Golding et al., 1988). In their analysis of rape survivors' experiences with community service providers, Campbell and colleagues (2001) found that 43% of victims sought rape-related medical care, 39% obtained mental health services, 21% contacted a rape crisis center, and 18% turned to their religious community for support. According to the National Violence Against Women Survey (NVAWS), approximately 33% of female victims said they received counseling from a mental health professional as a result of their most recent rape (Tjaden & Thoennes, 2006). Moreover, Zinzow and colleagues (2012) used a national household probability sample of women and found similar results—about 21% of victims received post-rape medical attention.

On-campus versus off-campus service utilization. Research aimed at determining whether students use on-campus or off-campus resources has resulted in mixed findings. Some research finds that the vast majority of sexual assault victims contact on-campus counseling resources more when compared to off-campus resources (Fisher et al., 2016). For example, Nasta et al. (2005) found that 22% of sexual assault victims used any on-campus service while only 6% used any off-campus service for sexual assault-related

help. In contrast, Krebs and colleagues (2007) reported that on-campus resources were not contacted as often as the off-campus ones, although this was contingent on the type of assault. Specifically, about 33% of victims of forcible rape contacted an off-campus crisis center or victim services program compared to the 26% who reported to a similar on-campus program. The opposite was found for victims of incapacitated sexual assault—a larger percentage contacted university services compared to those who contacted an off-campus resource (Krebs et al., 2007). Furthermore, a handful of studies find that students may seek formal help from both on- and off-campus resources (Ameral et al., 2017; Richardson et al., 2015).

In sum, some findings suggest that medical and mental health services are utilized most often (Amstadter et al., 2010; Campbell et al., 2001; Chen & Ullman, 2010; George et al., 1992; Golding et al., 1988; Halstead et al., 2018; Nasta et al., 2005; Sabina & Ho, 2014; Ullman, 1996; Ullman & Filipas, 2001) whereas others report that local law enforcement is the most frequently contacted resource (Fisher et al., 2016; George et al., 1992; Moore & Baker, 2018). Taken together, studies reveal low service utilization rates by sexual assault victims in both the university and community setting (Amstadter et al., 2010; George et al., 1992; Richardson et al., 2015; Ullman & Brecklin, 2002) and there seems to be mixed findings in terms of which types of services are used most often and whether students are more likely to utilize university services compared to community services.

Factors Encouraging and/or Discouraging Service Utilization

University services. Literature to date suggests that many of the same factors that influence a victim's decision to report their victimization also explain their use of

services. For example, studies find that victims of stranger rapes who experience more injury as a result of their incident are more likely to seek support from formal service providers (Fisher et al., 2016; Ullman & Filipas, 2001). Relatedly, victims are more likely to use campus resources if the assault occurred on campus, the perpetrator was known, and if they experienced negative consequences such as psychological, physical health, or difficulty concentrating on studies (Fisher et al., 2016). Victims who were more knowledgeable about sexual misconduct, knew where to get help if they experienced sexual assault, knew where to make a report, and were knowledgeable about the process once an incident report is made, had an increased likelihood of contacting a university-based resource (Fisher et al., 2016). Encouragement from friends and family, knowing what happened was wrong, and wanting to prevent the incident from happening to someone else also influenced victims' decisions to seek help (Guerette & Caron, 2007). These findings indicate that victim, incident, and offender characteristics are significant predictors of service utilization and that victims often use services because they are knowledgeable or feel encouraged and empowered to do so.

Halstead, Williams, and Gonzalez-Guarda's (2018) conducted a qualitative analysis of college students' perceptions of campus health centers, specifically as a sexual assault resource. Participants reported numerous benefits to using student health centers, primarily pertaining to facility and provider characteristics (Halstead et al., 2018). In terms of facility characteristics, students indicated that campus health centers are more convenient for students because they are located on university grounds and not all students have access to transportation to seek services off campus. Additionally, having positive previous experiences with student health centers encouraged subsequent

use of the health center, such as instances where the service provider was knowledgeable, respectful, or seemed interested in addressing health concerns (Halstead et al., 2018).

Stoner and Cramer (2019) also found that health service utilization is facilitated by acknowledging sexual violence victimization as a crime, receiving encouragement from friends and family to use health services, and receiving a positive response during the initial disclosure. Generally speaking, the literature suggests that student victims use university services because either they require medical attention because of an injury, they are well-informed and encouraged to do so, or they have had previous positive experiences with campus service providers and expect to receive adequate care.

Community services. Victims use community services for many of the same reasons they use university services, and the same factors encourage or discourage utilization. For instance, research finds that stranger rape victims are more likely to seek medical care, suggesting that victim-offender relationship also influences community service use (Campbell et al., 2001). Importantly, this research found that contact with the mental health system, rape crisis centers, or religious communities was generally perceived by victims as beneficial. This finding may suggest that some victims choose to use community services because they perceive them to be more helpful. Given that previous negative experience with health centers and distrust toward law enforcement are known barriers to reporting and service utilization, this provides further support for the finding that victims may be more likely to contact mental health professionals than doctors or police (Chen & Ullman, 2010; George et al., 1992; Halstead et al., 2018; Ullman, 1996; Ullman & Filipas, 2001). Many student victims seek help in the community because their institution does not have the appropriate services available.

Indeed, the lack of available resources is often mentioned as a barrier to service utilization (Logan et al., 2005; Munro, 2014). Therefore, the availability of resources to the individual as well as the financial means to obtain healthcare are enabling factors to service use (Price et al., 2014). In fact, private insurance has been found to significantly increase the likelihood of mental healthcare utilization in sexual assault samples (Ullman & Brecklin, 2002).

Some victims may pursue off-campus help for other reasons. For example, one study found that LGBTQ victims of sexual violence were more likely to seek off-campus help, compared to their heterosexual counterparts (Richardson et al., 2015). This could be due to fear of judgment or privacy concerns on campus, which prompts them to seek help in the community. Another analysis found that race, a rape-related injury, concerns about sexually transmitted diseases and pregnancy, and reporting the incident to the police were correlates of seeking medical care, suggesting that victims are more likely to engage community services when they are apprehensive about the consequences of their victimization (Zinzow et al., 2012). As discussed in more detail below, victims might also seek community services due to restrictions of on-campus services, such as hours of operation or location (Halstead et al., 2018). A recent study examined healthcare seeking and engagement in a small sample of women with a self-identified history of sexual assault; the study identified several factors that facilitated help seeking, such as empathetic and knowledgeable healthcare providers and female healthcare providers (Wadsworth et al., 2019). For some participants, the first encounter with an empathetic and knowledgeable healthcare provider after their assaults positively influenced future

healthcare seeking and engagement, which is similar to the findings mentioned in studies of university services.

Barriers to help seeking in the university setting. Research indicates that only a small fraction of sexual assault survivors seek comprehensive care—including physical and mental healthcare, forensic evidence collection, victim services, and legal support—after the assault (Munro, 2014). Early studies find that anticipated barriers to resource utilization include concerns surrounding confidentiality or not being believed, fear, blame, embarrassment, and guilt (Nasta et al., 2005; Walsh et al., 2010). Richardson and colleagues (2015) found that most victims believe that their experience was not serious enough to warrant help and LGBTQ victims were significantly more likely to report that they did not seek help because they thought they would be blamed. More contemporary studies find that barriers to health service utilization on campus include feelings of shame, guilt, embarrassment, not wanting friends and family to find out, believing it was a private matter, and thinking the victimization was not serious enough to seek services (Ameral et al., 2017; Fisher et al., 2016; Sabina & Ho, 2014; Stoner & Cramer, 2019).

Holland and Cortina (2017) identified four themes to explain why survivors did not use campus supports: accessibility, acceptability, appropriateness, and alternative coping. In a similar study, the location of the student health center was identified as a barrier to on-campus service utilization, with some participants also expressing concerns about privacy and confidentiality (Halstead et al., 2018). Another barrier was the unfavorable hours and strict appointment schedules, both of which discourage students from using campus health centers. Undeniably, sexual assault can occur at any time and is not limited to traditional business hours. Negative past experiences with student health

centers, such as those involving unknowledgeable or insensitive health providers, can also discourage future service utilization, (Halstead et al., 2018). Several studies mention students' lack of knowledge about available resources as a barrier to on-campus service utilization. For example, research suggests that some participants do not know the location of services, sometimes believe the health center only treats minor medical issues and are uncertain about the extent to which campus health services could assist survivors of sexual assault (Halstead et al., 2018; Spencer et al., 2017).

Barriers to help seeking in the community setting. Research indicates that rape survivors who report their assault to the legal or medical system often do not receive needed services (Campbell et al., 2001; Munro, 2014). Specifically, Campbell and colleagues (2001) found that non-stranger rape victims were less likely to seek medical care, suggesting that the victim-offender relationship may also serve as a barrier to help-seeking in the community. Additionally, women of color were less likely to contact mental health professionals and rape crisis centers for assistance than white women (Campbell et al., 2001). Status can serve as a barrier to reporting and service utilization, as is the case with fear of deportation among undocumented victims (Ingram, 2007). Given that minority women are more likely to face stigma and be economically disadvantaged, their status is undeniably an additional barrier to seeking help. Similar to the themes found in Holland and Cortina's study (2017), the literature on barriers to health service utilization in the community has identified four main dimensions: affordability, availability, accessibility, and acceptability (Booth & McLaughlin, 2000; Logan et al., 2005; Penchansky & Thomas, 1981). Within these dimensions, studies find

additional issues related to cost, confidentiality, limited services, lack of knowledge and resources, shame and blame, and community backlash.

Munro (2014) conducted a review of eighteen empirical studies to identify barriers to receiving care for sexual assault survivors and identified personal and environmental factors. Personal factors included: (1) emotional states, such as shame, humiliation, guilt, and self-blame; (2) fear of external exposure, such as bad treatment by the criminal justice system, fear of retaliation by assailant, and lack of confidentiality; and (3) lack of knowledge, such as not knowing which services were needed, where or how to get services, or how to pay for services. Environmental factors included: (1) structural or organizational barriers, such as a lack of availability or limited services; and (2) societal myths, such as the perpetuation of rape myths and negative police attitudes like blame and insensitivity (Munro, 2014). Moreover, Wadsworth and colleagues (2019) found that barriers to healthcare seeking among women included reminders of sexual assault during the healthcare process, male healthcare providers, and lack of control with disclosure of abuse. Taken together, the research review above suggest that barriers to help seeking and service utilization are largely consistent across university and community settings.

Most victims who choose to utilize services were assaulted by an unknown perpetrator and received an injury or had some type of medical concern. The availability of and means to acquire services, knowledge about services, positive healthcare facility and provider characteristics, and social support also increase the likelihood that victims will utilize services in both the university and community settings. Barriers to using services include concerns surrounding confidentiality, guilt, fear, accessibility to and

availability of services, and lack of knowledge. Overall, certain personal and environmental factors, as well as incident characteristics, can influence service utilization following a sexual assault.

Conclusion

Survivors of sexual assault have a higher incidence of posttraumatic stress disorder (PTSD), bodily injuries, and sexually transmitted infections (STIs), and are more likely to attempt suicide than women without sexually violent experiences (Munro, 2014; Tjaden & Thoennes, 2006; Wolitzky-Taylor et al., 2011). Despite the health risks of sexual victimization, there is a gap between reported rates of sexual assault and subsequent service utilization (Chen & Ullman, 2010; Munro, 2014; Nasta, et al., 2005; Stoner & Cramer, 2019). Therefore, the decision to report is crucial to understanding the magnitude of the issue of sexual violence and ensuring victim recovery. If victims do not report their experience to police or campus authorities, they are less likely to receive necessary care and justice will remain underserved. Social support and certain demographic factors encourage reporting whereas, fear, shame, and lack of confidence in authorities are perceived as barriers (Chen & Ullman, 2010; Cohn et al., 2013; James & Lee, 2015; Orchowski & Gidycz 2012). Incident characteristics and victim-offender relationship are both encourage and discourage reporting (Fisher et al., 2003; Weiss, 2011). Most universities offer a wide array of on-campus services for victims of sexual assault, such as counseling and medical centers (Eisenberg et al., 2016; Richards, 2019). Similar services are typically found in the community, but overall rates of service utilization in both settings are low (Amstadter et al., 2010; Richardson et al., 2015; Ullman & Brecklin, 2002). When victims do utilize services, they tend to do so for many

of the same reasons they choose to report. Further, several barriers to reporting are also mentioned as barriers to service utilization (on- and off-campus).

As demonstrated above, research finds that variables found to encourage help-seeking behaviors can also discourage help-seeking in certain contexts; therefore it is important for future research to continue to explore the extent to which these factors influence help-seeking behaviors generally, and reporting and service utilization specifically. Additionally, further examination is needed to determine whether differences exist between victims who utilize services and those who do not. Future research would also benefit from examining if significant differences exist between those who utilize university services compared to those that engage community services. Lastly, more research which simultaneously examines different methods of seeking help (i.e., informal and formal) and different types of services (i.e., medical, victim services, and criminal justice) is needed to significantly advance our understanding of college rape victims' help-seeking behaviors.

CHAPTER III

Methodology

Current Study

Existing research suggests that numerous factors facilitate or discourage rape victims' help-seeking behaviors, including informal disclosures, formal reporting, and formal service seeking. However, more research is needed to determine the factors that influence both informal and formal help seeking in campus populations and across types of services. Moreover, questions remain regarding the extent to which college students seek help and whether multiple help-seeking behaviors occur. Therefore, the current thesis employs a broad approach and will examine three topics associated with help-seeking—the decision to disclose rape victimization, formal help-seeking (i.e., medical, victim services, and criminal justice) and barriers to seeking help. This thesis seeks to answer the following research questions:

1. Do college students disclose their rape victimization? If yes, to whom do they disclose?
2. Do college students seek formal help as a result of their rape victimization?
3. What factors are viewed by victims as barriers to seeking help?

The current thesis advances discussions surrounding college students' help-seeking behaviors (e.g., disclosure and service utilization) by examining different methods of seeking help (i.e., informal and formal) and different types of services (i.e., medical, victim services, and criminal justice) to better understand why rape victims may or may not choose to disclose their experience and/or seek formal assistance. Based on previous research, it is hypothesized that the majority of rape victims will disclose their

victimization to an informal source, like peers or a family member, and few students will not seek formal help from institutions (i.e., medical, victim services, criminal justice). Lastly, barriers will likely be incident-related or psychological in nature. The following sections discuss the data and measures used to answer the research questions above.

Data

Given that campus climate surveys are more efficient at gauging rates of sexual victimization compared to *Clery* data or official statistics (Wood et al., 2017; Moylan et al., 2018), the current study data come from a campus climate survey that was administered at SE4YU in 2017. Both the original study and the current project were approved by the Institutional Review Board (IRB) of Sam Houston State University (IRB-2020-132). The in-person paper-and-pencil survey was adapted from University of Kentucky's instrument (University of Kentucky, 2015) and administered in randomly-selected classes. To identify the sample for the in-person paper-and-pencil survey, the primary investigators, Drs. Brittany Hayes and Eryn Nicole O'Neal, of the project selected a random sample of courses offered during the spring of 2017.¹ To identify the target population of classes, a list of all course offerings for that semester was created. Independent studies, labs, and duplicate sections were removed from the list. Courses offered at the SE4YU's satellite campus, approximately a 45-minute drive from main campus, were retained. Roughly 10% of classes offered were selected (N=198).

From there, the instructor on record of the 198 selected courses was emailed in mid-December 2016 to request access to their classrooms. The email to the instructor highlighted that the project was being conducted with support of the campus Title IX

¹ The project investigators provided the data directly to the thesis author.

office and provided a brief explanation of the project. The research team suggested they administer the survey on the first day of class—however, if that date was not possible, the research team surveyed the class on a date that was suitable for the instructor. At the discretion of the instructor, students were also offered extra credit for their participation. In cases where the instructor did not respond to the initial research inquiry, the principal investigators sent two additional follow-up emails in January of 2017. In total, 96 (48.24%) instructors provided the research team access to their class. Across classes, 89.65% of students who attended class the day the survey was administered participated in the survey. In other words, once the research team was granted access to the classroom the majority of present students voluntarily took part in the survey.

Dependent Variables

The coding scheme for the help-seeking and incident-related variables of interest are presented in Table 1. Three outcomes inform the current analyses: 1) informal disclosure (yes = 1, no = 0), 2) medical help-seeking (yes = 1, no = 0), and 3) victim services or criminal justice help-seeking (yes = 1, no = 0). These items come from follow-up questions posed to students who reported that they had experienced a rape victimization. Students were asked multiple follow-up questions about their most serious incident where someone had sex with them against their will and without their consent (i.e., rape). It should be noted that the most serious incident refers to what the victim perceived as the most serious. Legally, this specific incident may not have truly been the most serious, but the victim believed it to be. Importantly, follow-up questions were only posed to students who indicated they experienced unwanted sex/rape—students who

indicated other forms of sexual victimization (e.g., sexual harassment) were not asked about disclosure/reporting behaviors and resource utilization.

Specifically, participants who indicated rape victimization were asked whether they told peers, parents, guardians, or family members about the most serious incident. The items were combined to create a variable that captures whether an informal disclosure to peers or family occurred, with yes = 1 and no = 0. This combination was deemed appropriate for several reasons. Both groups (peers and family) are considered sources of informal support and are the ones most commonly disclosed to among rape victims (Cantor et al., 2015; Demers et al., 2018; Fisher et al., 2003; Golding et al., 1988; Orchowski & Gidycz, 2012; Pitts & Schwartz, 1993). In fact, recent research examining rape disclosures combines peers/friends and family (among other sources of informal support) into informal disclosure measures (Demers et al., 2018; Halstead et al., 2017; Orchowski & Gidycz, 2012). Additionally, the peer disclosure item had the highest response compared to all other disclosure options and most participants who reported elsewhere also disclosed to peers. Lastly, the current study uses the term ‘informal disclosure’ which is consistent with recent research (see Demers et al., 2018; Fisher et al., 2003; Halstead et al., 2017; Orchowski & Gidycz, 2012; Paul et al., 2013; Sabina & Ho, 2014). Students were also asked if they told campus police, an off-campus healthcare professional, a campus student health services professional, or a campus Women’s Clinic Health Care Professional about their most serious rape incident. Due to the small response rate for the campus police item (n=3) and the type of resource, this measure was combined with another item (i.e., local law enforcement) discussed in more detail below.

To capture medical help-seeking from health services, the remaining above-mentioned items: off-campus healthcare, campus student health services, and campus women's clinic were combined. Students who indicated rape victimization were asked whether they told an off-campus healthcare professional, campus student health services professional, or campus women's clinic health care professional. These items were combined to create a measure of whether the victim engaged in medical help-seeking, with yes = 1 and no = 0. This combination was deemed appropriate given that all three items are healthcare service options and sources of formal help-seeking. College rape victims frequently disclose to healthcare professionals and formally seek help from healthcare services (Amar, 2008; Amstadter et al., 2010; Krebs et al., 2007; Lindquist et al., 2013; Sabina & Ho, 2014; Stoner & Cramer, 2019; Ullman & Filipas, 2001). Further, existing research on help-seeking behaviors often combines different healthcare options into a new measure of formal help-seeking (Fisher et al., 2016; Nasta et al., 2005; Walsh et al., 2010).

Similarly, students were asked about their off-campus service utilization during the past 12 months. Participants were asked if they contacted local law enforcement, a local rape crisis center, or a local county women's center and how helpful the provided services were. The item mentioned above pertaining to campus police was combined with the local law enforcement measure since both are criminal justice agencies and avenues for criminal justice help-seeking. The local rape crisis center mentioned in this study provides individualized, immediate, free, and confidential services to victims of family violence and sexual assault. The local county women's center also offers crisis intervention, assistance, and advocacy services to victims of domestic violence and

sexual assault. Given their similar goals, missions, and target populations both of these items were combined and labeled as victim services. Both of these new items were combined to create a measure of whether the victim engaged in victim services or criminal justice help-seeking, with yes = 1 and no = 0. Prior research has examined both legal and rape crisis centers in tandem since these service providers fall under the five main social systems (Campbell, 1998; Campbell et al., 2001; Campbell et al., 2004); therefore, the current thesis investigates these items together.

Independent Variables

Given the aim of the current study, this thesis examines the relationship between the help-seeking and incident-related variables of interest according to three areas: 1) incident/post-incident characteristics (e.g., location and injury), 2) offender characteristics (i.e., relationship to victim and gender), and 3) victim characteristics (i.e., age and race).

Incident characteristics. Incident characteristics examined in this study include three variables: location of victimization, whether the victim reported suffering a physical injury as a result of the sexual attack, and whether the victim suffered serious emotional difficulties. To capture location of the most serious incident, respondents were asked where the incident occurred, with response options including on campus in a dorm or student housing, on campus outside, in a campus building, on campus at a fraternity/sorority event or /house, during a university study abroad trip, other on campus location, off campus at a student's residence, off campus outside, off campus at a bar/party, off campus at a fraternity/sorority event or house, off campus on a university trip, and other off campus location. The variable was recoded, so that on-campus

locations were coded 1 and off-campus locations were coded 0. Respondents were also asked if they had physical injuries or emotional difficulties as a result of their most serious rape victimization. Affirmative responses were coded 1 and negative responses were coded 0.

Offender characteristics. Offender characteristics examined in this study include three variables: victim/offender relationship, offender's gender, and connection to the university. To capture the offender's relationship to victim, participants were asked "Who was the person who had sex with you against your will during the most serious incident?" and response options included: spouse, partner, or serious relationship; someone I was dating; someone who was a "friend with benefits" or I was "hooking up" with; friend or acquaintance; stranger; and don't know. The variable was dichotomized so that romantic partner/friend = 1, and stranger/don't know = 0. The last two options (stranger/don't know) were combined because they both imply that the victim is not acquainted with the offender was unknown to the victim. Participants were also asked about the gender of the person who had sex with them against their own will, with male coded 1 and female coded 0. Lastly, participants were asked to indicate how the perpetrator is connected to the university, with response options including: student; resident advisor, research assistant, teaching assistant; faculty (e.g. professor or instructor); coach or trainer; university employee or staff (administrator or office staff); person with no connection to university; and don't know if connected to university. This variable was recoded so that perpetrators with connection to the university = 1, and perpetrators with no connection to university/don't know = 0.

Victim characteristics. Victim characteristics examined in this study include four variables: age, gender, race, and sexual orientation. Given that most victims of sexual violence are typically college aged students, age was recoded so that traditional college age (18-22 years) = 1 and non-traditional college age (23+ years) = 0. Gender was coded so that female = 1 and male = 0, and race was dichotomized so that white = 1 and person of color = 0. To capture sexual orientation, participants were asked about their sexual attraction to other people, with response options ranging from 100% heterosexual/straight to 100% homosexual/lesbian/gay. Responses were recoded so that LGBTQ+ = 1 and heterosexual = 0. In other words, the only item coded 0 was 100% heterosexual.

Table 1

Coding Scheme for Help-seeking and Incident-related Variables of Interest

Dependent Variables	
<i>Informal disclosure</i>	Yes = 1, No = 0
Peers	Yes = 1, No = 0
Parents, guardians, family	Yes = 1, No = 0
<i>Medical help-seeking</i>	Yes = 1, No = 0
Off-campus healthcare	Yes = 1, No = 0
Campus student health services	Yes = 1, No = 0
Campus women's clinic	Yes = 1, No = 0
<i>Victim services or CJ help-seeking</i>	Yes = 1, No = 0
Campus police	Yes = 1, No = 0
Local police	Yes = 1, No = 0
Local rape crisis center	Yes = 1, No = 0
Local county women's center	Yes = 1, No = 0
Independent Variables	
<i>Incident characteristics</i>	
Location	Off-campus = 1, On-campus = 0
Physical injury	Yes = 1, No = 0
Emotional difficulties	Yes = 1, No = 0
<i>Offender characteristics</i>	
Victim/offender relationship	Romantic partner/friend = 1, Stranger/don't know = 0
Gender	Male = 1, Female = 0
Connection to university	Yes = 1, No/don't know = 0
<i>Victim characteristics</i>	
Age	Traditional college age = 1, Non-traditional college age = 0
Gender	Female = 1, Male = 0
Race	White = 1, Nonwhite = 0
Sexual orientation	LGBTQ+ = 1, 100% Heterosexual = 0

The current study also seeks to examine barriers to seeking help (Table 2). For instance, if participants did not disclose to peers or family, they were presented with five reasons and asked to indicate if any influenced why they did not disclose. Each item was coded to reflect whether the participant perceived it as a barrier, with yes = 1 and no = 0. Response options included: not helpful for what I needed, previous negative experience, didn't think they would be competent to handle the situation, thought they would be judgmental/blaming, and didn't want an investigation to result. The first three items were combined into a single reason/barrier since they all relate to the victim's knowledge or perceptions about peers and family and allow for the top three barriers to informal disclosure to emerge.

Similarly, if participants did not tell an off-campus health care professional, campus student health services professional, or campus women's clinic health care professional, they were presented with ten reasons and asked to indicate if any influenced why they did not tell anyone. Each item was coded to reflect whether the participant perceived it as a barrier, with yes = 1 and no = 0. Response options included: not helpful for what I needed, previous negative experience with off campus healthcare professionals, previous negative experience with campus healthcare professionals, didn't know where they are located, didn't think they would be competent to handle the situation, thought they would be judgmental/blaming, needed help other than what medical could provide, didn't know if my report would be confidential, don't trust healthcare professionals, and didn't want an investigation to result. Two of the ten items were removed from the current analysis due to low responses ($n < 5$) and since those respondents mentioned other reasons they are still being accounted for in another

measure (Weisburd & Britt, 2007). Six items (i.e., previous negative experience with off campus healthcare professional, didn't know where they are located, didn't think they would be competent to handle the situation, thought they would be judgmental/blaming, didn't know if their report would be confidential and don't trust healthcare professionals) were combined into a single reason/barrier since they all relate to the victim's knowledge or perceptions about healthcare professionals and allow for the top three barriers to medical help-seeking to emerge.

If participants did not contact campus police, they were presented with thirteen reasons and asked to indicate if any influenced why they did not contact local police. Each item was coded to reflect whether the participant perceived it as a barrier, with yes = 1 and no = 0. Response options included: not helpful for what I needed, previous negative experience with campus police, didn't know where they are located, didn't think they would be competent to handle the situation, thought they would be judgmental/blaming, used different police services that were not on campus, needed help other than what police could provide, didn't know if my report would be confidential, don't trust police, didn't want an investigation to result, didn't think something criminal happened, didn't happen on campus or involve the university, and didn't want to get in trouble for underage drinking or drugs. Ten items (i.e., previous negative experience with campus police, didn't know where they are located, didn't think they would be competent to handle the situation, thought they would be judgmental/blaming, used different services that were not on campus, needed help other than what police could provide, didn't know if their report would be confidential, don't trust police, didn't think something criminal happened, and didn't want to get in trouble for underage drinking or

drugs) were combined into a single reason/barrier due to low responses and since they all relate to the victim's knowledge or perceptions about campus police and allow for the top three barriers to emerge.

If participants did not contact local law enforcement, they were presented with twelve reasons and asked to indicate if any influenced why they did not contact local police. Each item was coded to reflect whether the participant perceived it as a barrier, with yes = 1 and no = 0. Response options included: not helpful for what I needed, previous negative experience with police, didn't know where they are located, didn't think they would be competent to handle the situation, thought they would be judgmental/blaming, used different police services located on campus, needed help other than what police could provide, didn't know if my report would be confidential, don't trust police, didn't want an investigation to result, didn't think something criminal happened, and didn't want to get in trouble for underage drinking or drugs. Three of the twelve reasons were removed from the current analysis due to low responses ($n < 5$) and since those respondents mentioned other reasons they are still being accounted for in another measure (Weisburd & Britt, 2007). Seven items (i.e., not helpful for what victim needed, previous negative experience with police, didn't know where they are located, didn't think they would be competent to handle the situation, thought they would be judgmental/blaming, didn't know if their report would be confidential, and don't trust police) were combined into a single reason/barrier since they all relate to the victim's knowledge or perceptions about law enforcement and allow for the top three barriers to emerge.

Lastly, if participants did not contact the local rape crisis center or the local county women's center, they were presented with eleven reasons and asked to indicate if any influenced why they did not contact victim services. Each item was coded to reflect whether the participant perceived it as a barrier, with yes = 1 and no = 0. Response options for both measures included: not helpful for what I needed, previous negative experience with local rape crisis center/local county women's center, didn't know where they are located, didn't think they would be competent to handle the situation, thought they would be judgmental/blaming, used different services located on campus, needed help other than what the local rape crisis center/county women's center could provide, didn't know if my report would be confidential, don't trust local rape crisis center/county women's center, didn't want an investigation to result, and didn't want to get in trouble for underage drinking or drugs. For the local rape crisis center, seven of the eleven items were removed from the current analysis due to low responses ($n < 5$) and since those respondents mentioned other reasons they are still being accounted for in another measure. Two items (i.e., didn't know where they are located and didn't know if their report would be confidential) were combined into a single reason/barrier since they relate to the victim's knowledge or perceptions about the local rape crisis center and allow for the top three barriers to emerge. For the local county women's center, five of the eleven items were removed from the current analysis due to low responses ($n < 5$) and since those respondents mentioned other reasons they are still being accounted for in another measure (Weisburd & Britt, 2007). Four items (i.e., didn't know where they are located, thought they would be judgmental/blaming, needed help other than what the local county women's center could provide, and didn't know if their report would be confidential)

were combined into a single reason/barrier since they relate to the victim's knowledge or perceptions about the local county women's center and allow for the top three barriers to emerge.

Table 2*Coding Scheme for Barriers to Seeking Help*

<u>Informal disclosure</u>	
Not helpful for what I needed	Yes = 1, No = 0
Previous negative experience	Yes = 1, No = 0
Didn't think they would be competent to handle the situation	Yes = 1, No = 0
Thought they would be judgmental/blaming	Yes = 1, No = 0
Didn't want an investigation to result	Yes = 1, No = 0
<u>Medical help-seeking</u>	
Not helpful for what I needed	Yes = 1, No = 0
Previous negative experience with off campus healthcare professionals	Yes = 1, No = 0
Didn't know where they are located	Yes = 1, No = 0
Didn't think they would be competent to handle the situation	Yes = 1, No = 0
Thought they would be judgmental/blaming	Yes = 1, No = 0
Didn't know if my report would be confidential	Yes = 1, No = 0
Don't trust healthcare professionals	Yes = 1, No = 0
Didn't want an investigation to result	Yes = 1, No = 0
<u>Campus police</u>	
Not helpful for what I needed	Yes = 1, No = 0
Previous negative experience with campus police	Yes = 1, No = 0
Didn't know where they are located	Yes = 1, No = 0
Didn't think they would be competent to handle the situation	Yes = 1, No = 0
Thought they would be judgmental/blaming	Yes = 1, No = 0
Used different police services that were not on campus	Yes = 1, No = 0
Needed help other than what police could provide	Yes = 1, No = 0
Didn't know if my report would be confidential	Yes = 1, No = 0
Don't trust police	Yes = 1, No = 0
Didn't want an investigation to result	Yes = 1, No = 0
Didn't think something criminal happened	Yes = 1, No = 0
Didn't happen on campus or involve the university	Yes = 1, No = 0
Didn't want to get in trouble for underage drinking or drugs	Yes = 1, No = 0
<u>Local police</u>	
Not helpful for what I needed	Yes = 1, No = 0
Previous negative experience with police	Yes = 1, No = 0
Didn't know where they are located	Yes = 1, No = 0
Didn't think they would be competent to handle the situation	Yes = 1, No = 0
Thought they would be judgmental/blaming	Yes = 1, No = 0
Didn't know if my report would be confidential	Yes = 1, No = 0
Don't trust police	Yes = 1, No = 0
Didn't want an investigation to result	Yes = 1, No = 0
Didn't think something criminal happened	Yes = 1, No = 0
<u>Local rape crisis center</u>	
Not helpful for what I needed	Yes = 1, No = 0
Didn't know where they are located	Yes = 1, No = 0
Didn't know if my report would be confidential	Yes = 1, No = 0
Didn't want an investigation to result	Yes = 1, No = 0
<u>Local county women's center</u>	
Not helpful for what I needed	Yes = 1, No = 0
Didn't know where they are located	Yes = 1, No = 0
Thought they would be judgmental/blaming	Yes = 1, No = 0
Needed help other than what the local county women's center could provide	Yes = 1, No = 0
Didn't know if my report would be confidential	Yes = 1, No = 0
Didn't want an investigation to result	Yes = 1, No = 0

Analytic Strategy

For the original in-person paper-and-pencil data collection effort, 2,265 students were surveyed about their experiences in the past 12 months. First, I used the five behaviorally specific rape items to create a new binary measure of rape victimization (yes = 1, no = 0). Roughly 5% of the sample reported rape victimization in the past 12 months. Then, I created a filter which selected all cases that responded affirmatively to the binary measure of rape victimization and exported those cases to a new data set. The new data set consists of the rape victim subsample (n=99) analyzed in the current study. When informal disclosure, formal help-seeking, and the use of off-campus services is accounted for, small cell sizes result, and it is analytically inappropriate to conduct multivariate analyses (Burmeister & Aitken, 2012; Maxwell, 2000; Weisburd & Britt, 2007). Therefore, this study will provide a descriptive and bivariate examination of the above-mentioned research questions.

The plan of analysis will consist of three steps. The first step includes univariate analysis. The frequencies and percentages of students who informally disclosed their rape victimization, engaged in medical help-seeking, and victim services or criminal justice help-seeking are presented. The descriptives of factors viewed by victims as barriers to seeking help will also be presented. The second step consists of examining bivariate associations. Bivariate statistics in the form of chi-square tests will be conducted to examine the relationships between the independent and dependent measures. The third step will be a descriptive overview of cases that have similar or multiple help-seeking behaviors.

CHAPTER IV

Results

This chapter presents the results from the current study on college rape victims' help-seeking behaviors. The analyses were conducted in three steps. First, descriptive statistics were utilized to assess the overall composition of the sample and the measures being used. Second, bivariate associations in the form of chi-square tests were used to examine the relationships between the independent variables of interest and dependent variables. Third, a case-by-case analysis was conducted to provide a more thorough and descriptive overview of cases that have similar or multiple help-seeking behaviors.

Descriptive Statistics

Descriptive statistics were examined to assess the dependent and independent variables. Prior to presenting summary statistics in table format (Table 3), the current thesis will provide an in-depth overview of what these cases look like. Given the small sample size and the importance of this line of inquiry (see Ali, 2011; Krause et al., 2017; White House Task Force, 2014, 2017), it is vital to examine each case thoroughly and provide a detailed descriptive analysis of the help-seeking and incident-related variables of interest. Indeed, description is regularly undervalued as a data analysis tool that can be relatively useful in telling the story beyond numbers and *p*-values and advancing science or policy (Berk, 2008; Fisher & Marshall, 2009). Further, descriptive statistics are the simplest analysis to perform and interpret and can help researchers summarize data or detect sample characteristics that may influence their conclusions (Fisher & Marshall, 2009; Kaliyadan & Kulkarni, 2019; Thompson, 2009). Even among studies involving inferential statistics and multivariate analyses, descriptive statistics are typically still

used, demonstrating that description is crucial to the scientific endeavor (Kaliyadan & Kulkarni, 2019; Thompson, 2009).

Informal disclosure, medical help-seeking, and victim services or CJ help-seeking

Of the total 99 rape victims, the majority (56.5%) indicated that they disclosed to an informal source. Thirty-nine individuals reported that they disclosed to either peers or family. Specifically, 39 individuals disclosed to peers and twelve disclosed to a family member. In terms of medical help-seeking, only nine (14.5%) participants indicated that they told a healthcare professional about their rape victimization. This includes off-campus and campus-based healthcare services. For instance, five individuals sought medical help from an off-campus healthcare professional, two sought help from a campus student health services professional and three sought help from a campus women's clinic health center professional. Similarly, nine (19.6%) individuals indicated that they engaged in either victim services or criminal justice help-seeking. Further, fifteen participants sought help from the criminal justice system by contacting either campus police or local police as opposed to both. Four individuals sought help from victim services by contacting either the local rape crisis center or the county women's center.

Incident, offender, and victim characteristics

Incident characteristics include location, physical injury, and emotional difficulties. Regarding location, the majority (93%) of incidents reportedly occurred off campus. Only five (7%) participants indicated that their most serious rape victimization occurred on campus. On campus locations include a dorm or student housing, on campus outside, a campus building, a fraternity/sorority event or house, a university study abroad trip, or other on campus location. Similarly, most rape victims indicated that they did not

suffer a physical injury. Nine (11.5%) individuals indicated that they suffered a physical injury as a result of their most serious rape victimization. On the other hand, the majority of participants reported emotional difficulties. Specifically, 48 (62.3%) individuals indicated that they suffered from emotional difficulties as a result of their most serious rape victimization.

Offender characteristics include victim/offender relationship, gender, and connection to the university. When asked about the person that had sex with them against their will, the majority (93.3%) of participants indicated that they knew their perpetrator. In particular, 70 individuals reported that the offender was either a romantic partner or friend. A total of 66 offenders were male (88%) whereas nine (12%) were female. Additionally, the majority (58.3%) of respondents indicated that the offender had no connection to the university.

Victim characteristics include age, gender, race, and sexual orientation. The minimum age reported was 18 and the highest was 32 (mean = 20.64, range = 14). Thus, the majority (85.7%) of rape victims were of traditional college-age (18-22 years). Moreover, 74 victims from the current sample are female (79.6%) and 19 are male (20.4%). Regarding race, 60 participants identified as white (65.2%) and 32 as nonwhite (34.8%). Sixty-eight respondents (73.9%) identified as 100% heterosexual and 24 as LGBQ+ (26.1%).

Table 3*Descriptives Table for Rape Victim Subsample (N = 99)*

	n	%
Dependent Variables		
<i>Informal disclosure</i>		
No	30	43.5%
Yes	39	56.5%
<i>Medical help-seeking</i>		
No	53	85.5%
Yes	9	14.5%
<i>Victim services or CJ help-seeking</i>		
No	37	80.4%
Yes	9	19.6%
Independent Variables		
<i>Incident characteristics</i>		
Location		
Off campus	66	93%
On campus	5	7%
Physical injury		
No	69	88.5%
Yes	9	11.5%
Emotional difficulties		
No	29	37.7%
Yes	48	62.3%
<i>Offender characteristics</i>		
Victim/offender relationship		
Stranger/don't know	5	6.7%
Romantic partner/friend	70	93.3%
Gender		
Female	9	12%
Male	66	88%
Connection to university		
No/don't know	42	58.3%
Yes	30	41.7%
<i>Victim characteristics</i>		
Age		
Not traditional college-age	13	14.3%
Traditional college-age	78	85.7%
Gender		
Male	19	20.4%
Female	74	79.6%
Race		
Nonwhite	32	34.8%
White	60	65.2%
Sexual orientation		
100% heterosexual	68	73.9%
LGBQ+	24	26.1%

Barriers to seeking help

The top three reasons (Table 4) victims provided when asked why they did not tell peers or family about their experience are (1) didn't want an investigation to result (n=18), (2) thought they would be judgmental/blaming (n=15), and (3) knowledge/perceptions about them (n=13). Recall, knowledge/perceptions about peers or family consists of the following items: not helpful for what victim needed, previous negative experience, and didn't think they would be competent to handle the situation.

The top three reasons victims mentioned when asked why they did not tell a healthcare professional are (1) didn't want an investigation to result (n=26), (2) not helpful for what victim needed (n=22), and (3) knowledge/perceptions about healthcare professionals (n=19). Knowledge/perceptions about healthcare professionals consists of the following items: previous negative experience with off campus healthcare professional, didn't know where they are located, didn't think they would be competent to handle the situation, thought they would be judgmental/blaming, didn't know if their report would be confidential and don't trust healthcare professionals.

The top three reasons victims mentioned when asked why they did not contact the local rape crisis center are (1) not helpful for what victim needed (n=22), (2) knowledge/perceptions about the rape crisis center (n=12), and (3) didn't want an investigation to result (n=10). Knowledge/perceptions about the local rape crisis center consists of the following two items: didn't know where they are located and didn't know if their report would be confidential.

The top three reasons victims mentioned when asked why they did not contact the local county women's center are (1) not helpful for what victim needed (n=26), (2)

knowledge/perceptions about the women's center (n=9), and (3) didn't want an investigation to result (n=7). Knowledge/perceptions about campus police consists of the following items: didn't know where they are located, thought they would be judgmental/blaming, needed help other than what the local county women's center could provide, and didn't know if their report would be confidential.

The top three reasons victims mentioned when asked why they did not contact campus police are (1) didn't happen on campus or involve the university (n=30), (2) knowledge/perceptions about campus police (n=29), and (3) not helpful for what victim needed (n=16). Knowledge/perceptions about campus police consists of the following items: previous negative experience with campus police, didn't know where they are located, didn't think they would be competent to handle the situation, thought they would be judgmental/blaming, used different services that were not on campus, needed help other than what police could provide, didn't know if their report would be confidential, don't trust police, didn't think something criminal happened, and didn't want to get in trouble for underage drinking or drugs.

The top three reasons victims mentioned when asked why they did not contact local law enforcement are (1) knowledge/perceptions about law enforcement (n=30), (2) didn't want an investigation to result (n=16), and (3) didn't think something criminal happened (n=13). Knowledge/perceptions about law enforcement consists of the following items: not helpful for what victim needed, previous negative experience with police, didn't know where they are located, didn't think they would be competent to handle the situation, thought they would be judgmental/blaming, didn't know if their report would be confidential, and don't trust police.

Table 4*Barriers to Seeking Help*

<i>Informal disclosure</i>	n	%
Didn't want an investigation to result	18	60%
Thought they would be judgmental/blaming	15	51.7%
Knowledge/perceptions about peers/family	13	44.8%
<i>Medical help-seeking</i>	n	%
Didn't want an investigation to result	26	51%
Not helpful for what victim needed	22	43.1%
Knowledge/perceptions about healthcare professionals	19	37.3%
<i>Local rape crisis center</i>	n	%
Not helpful for what victim needed	22	53.7%
Knowledge/perceptions about local RCC	12	29.3%
Didn't want an investigation to result	10	24.4%
<i>Local county women's center</i>	n	%
Not helpful for what victim needed	26	65%
Knowledge/perceptions about local women's center	9	22.5%
Didn't want an investigation to result	7	17.5%
<i>Campus police</i>	n	%
Didn't happen on campus/involve the university	30	50%
Knowledge/perceptions about campus police	29	49.2%
Not helpful for what victim needed	16	26.7%
<i>Local police</i>	n	%
Knowledge/perceptions about local law enforcement	30	66.7%
Didn't want an investigation to result	16	35.6%
Didn't think something criminal happened	13	28.9%

The second step of this study's plan of analysis consists of examining bivariate associations. Chi-square tests of independence were used to examine the relationship between the independent and dependent measures. Only two statistically significant associations emerged (see Appendix). There is a significant association between emotional difficulties and informal disclosure ($X^2(1) = 11.259, p = .001$). However, the strength of the association is considered moderate based on Phi and Cramer's V tests of the strength of association ($\phi = .404$). There is also a significant association (Appendix B) between victim's sexual orientation and victim services or criminal justice help-

seeking ($X^2(1) = 4.570, p < .05$). Similarly, the strength of the association is quite low based on Phi and Cramer's V ($\phi = .319$).

Digging deeper: a case-by-case inquiry of rape victims' help-seeking behaviors

The following section provides a descriptive overview of incidents where victims engaged in multiple help-seeking behaviors in terms of informal disclosure, medical help-seeking, and victim services or criminal justice help-seeking. A case-by-case analysis revealed that nearly half ($n=16$) of the individuals who disclosed to peers also sought additional help from either family, a healthcare professional, victim services, or the criminal justice system. Nine individuals disclosed to both peers and family. Regarding medical help-seeking, everyone who contacted an off-campus healthcare professional ($n=5$) also disclosed to peers—three disclosed to both peers and family. Similarly, of the two respondents who sought campus student health services, one also disclosed to family and the other contacted an off-campus healthcare professional, disclosed to peers, *and* disclosed to family. All three individuals who contacted the campus women's clinic also disclosed to peers and two of those contacted local police as well.

Additional analysis revealed that all of the participants who contacted campus police ($n=3$) also contacted local police. Two of those who contacted campus police also disclosed to both peers and family. Relatedly, two of the three individuals who contacted the local rape crisis center also contacted the local county women's center. Of the participants who contacted the local county women's center ($n=3$), two also disclosed to peers and one disclosed to peers in addition to contacting an off-campus healthcare professional. All of the individuals who contacted the local rape crisis center and those who contacted the local county women's center also contacted the local police. Lastly,

only two participants engaged in all three forms of help-seeking: informal disclosure, medical help-seeking and victim services or criminal justice help-seeking. These two individuals disclosed to peers or family, contacted a healthcare professional, *and* sought victim services or criminal justice involvement.

Results Summary

RQ1: Do college students disclose their rape victimization? If yes, to whom do they disclose? The majority of students (56.5%) from the present sample disclosed to peers or family. About 15% of participants told a healthcare professional about their victimization. Consistent with prior research, it appears that many college students disclose their rape victimization informally. Those who did disclose mainly told peers, followed by family members. Very few told a healthcare professional (n=9) and even fewer told campus police (n=3) about their rape victimization.

RQ2: Do college students seek formal help as a result of their rape victimization? Few college students seek formal help as a result of their rape victimization. Only nine (14.5%) of the total participants sought medical help from a healthcare professional.² College students are more likely to experience acquaintance rape, which is typically less violent in nature (Guerette & Caron, 2007; Koss et al., 1988). Physical injury and bodily harm is relatively uncommon among rape victims (Anderson, 2010; Tjaden & Thoennes, 2006). Therefore, it is possible that only nine victimizations resulted in a visible or physical injury that required subsequent medical attention. Likewise, nine (19.6%) individuals sought help from victim services or the criminal

² Participants were also asked whether they sought medical treatment as a result of their most serious rape victimization. Ten participants reported receiving medical treatment, but only nine indicated that they told a healthcare professional about their rape victimization.

justice system. Specifically, four survivors (5.6%) utilized local victim services (i.e., rape crisis center or women's center) and 15 (26.8%) sought help from the criminal justice system by contacting campus or local police. Although some research suggests that rape victims are more likely to engage in medical help-seeking rather than seek criminal justice involvement, the same number of participants from this study's sample engaged in both types of help-seeking behaviors.

RQ3: What factors are viewed by victims as barriers to seeking help? Taken together, it seems that the most prevalent barrier to seeking help pertains to knowledge/perceptions. The only barrier that appeared under every individual source of help (i.e., peers/family, healthcare professional, rape crisis center, women's center, campus police, and local law enforcement) involves knowledge/perceptions about that specific source. One barrier that only appeared under informal disclosure is that the victim thought friends or family would be judgmental/blaming. Additionally, the same top three barriers (i.e., not helpful, knowledge/perceptions, didn't want an investigation to result) appeared for both medical help-seeking and victim services (i.e., rape crisis center and women's center). Further, participants mentioned that the incident did not happen on campus or involve the university as a barrier to contacting campus police only. Lastly, one factor that only appeared under local police was that the victim did not think something criminal happened.

CHAPTER V

Discussion and Conclusion

Existing research suggests that numerous factors facilitate or discourage rape victims' help-seeking behaviors, including informal disclosures, formal reporting, and formal service seeking. However, more research is needed to determine the factors that influence both informal and formal help seeking in campus populations. Specifically, questions remain regarding the extent to which college students seek help, their perceived barriers to seeking help, and the nature of their help-seeking behaviors. For example, do rape victims engage in multiple help-seeking behaviors by seeking help from more than one source of support? Which type of service do rape victims utilize most often? Do rape victims perceive the same barriers across service providers or do they differ? The current thesis addresses these gaps in the literature by employing a broad approach and examining three related topics that intertwine with help-seeking—the decision to disclose rape victimization, formal help-seeking (i.e., medical, victim services, and criminal justice) and barriers to seeking help. Most research is limited in scope and fails to simultaneously examine different methods of seeking help (i.e., informal and formal) and different types of services (i.e., medical, victim, and criminal justice) among rape victims. Moreover, little research to date has examined the range of college students' help-seeking behaviors (but see Ameral et al., 2017; Demers et al., 2018; Holland & Cortina, 2017; Orchowski & Gidycz, 2012; Richardson et al., 2015; Starzynski et al., 2005; Sylaska & Edwards, 2014; Ullman & Filipas, 2001). Overall, this thesis facilitates our understanding of help-seeking behaviors among college rape victims.

This thesis contributes to the broader body of campus climate research and help-seeking literature by examining college rape victim's help-seeking behaviors across different sources of support and social systems; it addresses three research questions within the context of campus sexual assault and help-seeking. First, do college students disclose their rape victimization? If yes, to whom do they disclose? Second, do college students seek formal help following their rape victimization? Lastly, what factors are viewed by rape victims as barriers to seeking help? The current thesis also contributes to the existing body of knowledge by including at-risk groups such as BIPOC students and LGBTQ+ women and men in my sample. The majority of campus sexual assault research samples predominately white, heterosexual, female students attending 4-year institutions and findings are generally limited to this population (Fedina et al., 2018).

The following section will present several key findings that are worthy of additional discussion and consideration. Theoretical, empirical, and policy implications will also be discussed. Next, this thesis' limitations will be highlighted, followed by recommendations for future research. Lastly, I will broadly summarize the main takeaways of this study, discuss what these findings mean for the status of this line of research, and suggest how to move forward.

Key Findings

In light of the growing body of campus climate and help-seeking research, this section will highlight the current study's key findings and situate them within their respective extant bodies of literature. First, results indicate that most rape victims disclose to an informal source. This is consistent with prior research which finds that rape victims are more likely to disclose to peers or family as opposed to a formal source, like

healthcare providers or law enforcement (Demers et al., 2018; Fisher et al., 2000; Fisher et al., 2003; Kilpatrick et al., 2007; Krebs et al., 2007; Orchowski & Gidycz, 2012; Paul et al., 2013; Rennison, 2002; Sabina & Ho, 2014; Sylaska & Edwards, 2014; Ullman et al., 2008). Additionally, results demonstrate that few college students seek formal help following their rape victimization. This is also consistent with prior research suggesting that college students are even less likely to seek formal help than rape victims from the general population (Amstadter et al., 2010; Fisher et al., 2000; Sabina & Ho, 2014; Sinozich & Langton, 2014). Further, this thesis finds that more rape victims sought help from the criminal justice system as opposed to medical services. Few studies have produced similar findings—one early study found that more rape victims contacted police rather than talking with doctors (George et al., 1992) while more recent analyses found that students were more likely to report sexual assaults to the police than to university officials (Fisher et al., 2016; Moore & Baker, 2018). This finding could be explained by the fact that the SE4YU where this survey was administered has a strong criminal justice program and is well known for its emphasis on criminal justice studies. Therefore, it's possible that more students sought help from the criminal justice system because they were enrolled in the program themselves or knew someone who was, had taken a criminal justice-related course before, or were at least familiar with the strong criminal justice community and felt comfortable contacting law enforcement. Nonetheless, previous research suggests that rape victims are more likely to utilize medical services as opposed to contacting law enforcement (Campbell et al., 2001; Golding et al., 1988; Nasta et al., 2005) while other studies find that victims may be more likely to contact mental health professionals rather than doctors or police (Amstadter et al., 2010; Chen &

Ullman, 2010; George et al., 1992; Halstead et al., 2018; Ullman, 1996; Ullman & Filipas, 2001).

Second, results indicate that emotional difficulties are prevalent among survivors of rape. This is consistent with prior findings that suggest rape victims often suffer from numerous mental health conditions and emotional trauma as a result of their experience (Amstadter et al., 2010; Black et al., 2011; Campbell et al., 2006; Frazier, 2003; Tjaden & Thoennes, 2006; Wolitzky-Taylor et al., 2011). Likewise, the majority of victims knew their perpetrator, who in most cases, was a romantic partner or acquaintance/friend. This is also consistent with prior research which regularly finds that rape victims are more likely to be assaulted by a romantic partner, acquaintance, or someone they know (Chen & Ullman, 2010; Fisher et al., 2003; Guerette & Caron, 2007; Lauman et al., 1994; Rennison, 1999). In addition, the majority of rape victims were female and of traditional college age (18-24) which aligns with previous research as well (Campus Sexual Violence Statistics, RAINN, 2020; Fisher et al., 2003; Fisher et al., 2010; Sinozich & Langton, 2014; Tjaden & Thoennes, 1998; Truman et al., 2013).

Third, results indicate that the most prevalent barrier to seeking help across all sources of support pertains to knowledge/perceptions about that specific source. This includes additional barriers such as not knowing where the source (e.g., local police or rape crisis center) is located, thinking the source would not be able to handle or help with that type of situation, not knowing whether the report would be confidential, and a lack of trust in that source, among others. These themes are consistent with prior research which finds that a significant barrier to seeking help among college students is a lack of knowledge (Halstead et al., 2018; Logan et al., 2005; Mennicke et al., 2020; Munro,

2014; Nasta et al., 2005; Spencer et al., 2017; Walsh et al., 2010). Prior research also finds that lack of trust or confidence is often a barrier to seeking help, particularly from formal sources like law enforcement (Cohn et al., 2013; Felson & Pare, 2005; Jones et al., 2009). Similarly, findings indicate that most rape victims did not seek help because they did not want an investigation to result. This is also consistent with previous research which finds that victims are hesitant about reporting their experience because they do not want criminal justice involvement, usually due to a lack of trust or fear of retaliation (Bachman, 1998; Campus Sexual Violence Statistics, RAINN, 2020; Fisher et al., 2003; James & Lee, 2015; Karjane, 2005; Wolitzky-Taylor et al., 2011).

Finally, this thesis found that most rape victims engage in multiple help-seeking behaviors. For example, nearly half of the individuals who disclosed to an informal source sought additional help from either a healthcare professional, victim services, or the criminal justice system. Almost everyone who sought help from a formal source did so from more than one formal source—very few contacted one source *only*. Although little research to date has examined the extent of college students' help-seeking behaviors (but see Ameral et al., 2017; Demers et al., 2018; Richardson et al., 2015; Starzynski et al., 2005; Ullman & Filipas, 2001), this thesis finds that many rape victims do in fact engage in multiple help-seeking behaviors.

Theoretical Implications

Research on campus sexual assault has greatly advanced our understanding of college student's help-seeking behaviors (Fedina et al., 2018; Fisher et al., 2000; Kilpatrick et al., 2007; Krebs et al., 2011; Krebs et al., 2007; Sabina & Ho, 2014). However, the present thesis further contributes to this body of literature by focusing on

rape victims specifically. Most research examines help-seeking behaviors among college students as a whole (Eisenberg et al., 2009; Gentlewarrior & Fountain, 2009; Hubbard et al., 2018; Hunt & Eisenberg, 2010), whereas this thesis focuses on rape victims only.

Given the prevalence of sexual violence and its detrimental consequences, assessing rape victim's help-seeking behaviors separately is essential to gain a better understanding of their experiences and determine whether their help-seeking differs from the rest of the campus population or general public.

The inclusion of LGBTQ+ individuals is also a theoretical contribution from this thesis. As mentioned above, most research examines help-seeking behaviors among college students as a whole (Eisenberg et al., 2009; Gentlewarrior & Fountain, 2009; Hubbard et al., 2018; Hunt & Eisenberg, 2010) and has failed to include members of the LGBTQ+ community in their sample. Although plenty of research purposely samples LGBTQ+ individuals (see Rothman et al., 2011) and focuses on their unique experiences, it is important to include these individuals in all campus climate research. We know a great deal about what it means to be a female rape victim and the consequences it entails, but there is much more to learn about the violence that many LGBTQ+ folk are familiar with. Therefore, including LGBTQ+ individuals in all lines of research, particularly campus climate and help-seeking research, is necessary to advance our knowledge and will shed light on the experiences of a community of people who have been understudied and ignored far too long.

In addition, the findings from this study demonstrate that college students who experience rape victimization often seek out different sources of support and engage in multiple help-seeking behaviors. Literature examining college student's help-seeking

behaviors is often limited in scope and has produced inconsistent findings in terms of what type of service is utilized most by rape victims. This thesis aimed to contribute to this growing body of literature by employing a broad approach and simultaneously examining two different methods of seeking help (i.e., informal and formal) and three different types of social services (i.e., medical, victim services, and criminal justice). Additionally, three topics associated with help-seeking are included in this thesis—the decision to disclose rape victimization, formal help-seeking, and barriers to seeking help.

Empirical Implications

Several empirical implications are worth discussing. First, although this thesis relies primarily on descriptive statistics, rather than advanced statistical analyses, description is a useful strategy that is essential to research (Fisher & Marshall, 2009). Even if the primary goal of a study involves inferential statistics, descriptive statistics are still used for the purpose of describing what occurred in the sample (Kaliyadan & Kulkarni, 2019; Thompson, 2009). Descriptive statistics can help researchers detect sample characteristics that may influence their conclusions and summarize data in the form of simple quantitative measures (e.g., percentages) or visual summaries (e.g., histograms) demonstrating that simple analyses are crucial to the scientific endeavor (Fisher & Marshall, 2009; Kaliyadan & Kulkarni, 2019; Thompson, 2009). Further, descriptive analyses are likely the simplest statistical analysis to perform and to interpret (Fisher & Marshall, 2009). Thus, the goal of scientific methodology should be focused toward more accurate descriptions of the world and the way it works, not toward more publications of inferences or conclusions (Amrhein et al., 2019). Indeed, description appears to be an undervalued component of research—scholars should be proud about

providing honest, thorough, descriptions and discussions of methods and data because that is a significant contribution in and of itself (Amrhein et al., 2019).

Second, this thesis relies on data that was derived from a campus climate survey administered at a large southeastern university. Following the 2014 *Not Alone* report which found that one in five college women is sexually assaulted, the White House Task Force to Protect Students from Sexual Assault recommended that college campuses conduct climate surveys (White House Task Force, 2014; Wood et al., 2017) and recent scholarship argues that these surveys are more efficient at gauging rates of sexual violence (Moylan et al., 2018; Wood et al., 2017). Moreover, given the small sample size, I was able to easily conduct a case-by-case analysis and provide a comprehensive examination of what these individual cases look like. In doing so, it was revealed that engaging in multiple help-seeking behaviors appears to be the norm rather than the exception among college rape victims. This is a meaningful contribution, given that little research to date has examined the extent of college student's help-seeking behaviors. Furthermore, this thesis includes information about why students did not disclose their rape victimization to an informal source or engage in formal help-seeking to facilitate the understanding of college student's help seeking behaviors.

Policy Implications

While studies with large samples and statistically significant findings are generally perceived as more trustworthy, especially when discussing policy implications, recommendations should be made regardless of sample size because they could still prove beneficial. For example, a very small change in rates of heart attacks in the population could save many lives—therefore, a small relationship and its policy

implications may still be important (Weisburd & Britt, 2007). Even if a specific recommendation only targets and helps a small group, oftentimes it is those special populations that are overlooked and policymakers frequently fail to consider these individuals. Further, some research simply lays out principles and ideas to guide policy instead of making recommendations for specific policies (Wood, 2014). Nonetheless, policy implications are worth mentioning despite sample size but should always be interpreted cautiously. Although findings that result from sound methodology can also be misanalyzed or misconstrued, readers should be especially careful when recommendations are based on studies with small samples (Slobogin, 2019). Lastly, additional research is always needed before implementing widespread policy changes and after, to evaluate the consequences of those changes.

This thesis found that most rape victims choose to share their experience with peers. Given that a vast majority of college students, particularly women, have been the recipients of rape disclosure (Dunn et al., 1999; McMahon & Stepleton, 2018; Paul et al., 2013) and are typically not equipped to handle this situation (Guerette & Caron, 2007; Walsh et al., 2010), campus officials must increase student training to provide them with the skillset needed to navigate the difficult experience of receiving a disclosure (Amar et al., 2014; McMahon et al., 2019). For example, the Campus Peer Advocates Program is a student-run and operated organization with the mission of creating a survivor-supportive campus (Krause et al., 2017). Every semester, Campus Peer Advocates offers nearly 20 training sessions, half of which are marketed to the entire campus and student body population, but all containing the same material. It begins with a short skit that sheds light on victim blaming, how common it is, and how it affects survivors by drawing

parallels between responses to victims of rape and victims of robbery. Next, participants are asked to review definitions of sexual assault, statistics, and myths associated with sexual violence. Afterward, facilitators provide an overview of the university's sexual misconduct policies, accommodations, and adjudication processes for survivors. The next training section introduces five guidelines for responding to a rape disclosure: (1) ensuring immediate safety of the survivor; (2) presenting available resources such as medical, psychological, or legal assistance; (3) continually focusing on empowering the survivor by suggesting resources the survivor could seek; (4) allowing the survivor to make choices independently; and (5) supporting survivors without victim blaming or judgment. Finally, students are provided with an overview of resources available to survivors and engage in role-playing activity to practice using the response guidelines and become more comfortable with handling a disclosure (Krause et al., 2017). There are three important components in comprehensive rape educational programming: rape risk reduction, awareness of the impacts of rape, and victim assistance, such as effective responses to peer disclosure about rape and awareness of available resources (Dunn et al., 1999), all of which are included in the Campus Peer Advocates Program. Therefore, IHEs across the nation should make the concerted effort to implement this type of program. Doing so would greatly benefit the broader campus community by helping create and maintain a survivor-supportive environment.

IHEs could also look to national organizations, such as RAINN, and implement components of their resources. For instance, RAINN offers the 'TALK' pledge which provides easy-to-remember guidelines on what to do when someone discloses their victimization:

- T- thank them for telling you
- A- ask how you can help
- L- listen without judgment
- K- keep supporting

By taking the pledge, individuals vow to support survivors when they disclose by learning how to TALK (Take the ‘TALK’ pledge, RAINN, 2020). Given that this is a free online resource and pledge, this could easily be implemented and utilized by campus Title IX offices. New students can be made aware of this resource during their orientation, while existing students can learn about this during Sexual Assault Awareness Month. Although universities should not limit the distribution of this information to these two points in time, these are simply two opportunities where IHEs could introduce this resource and begin spreading awareness.

In addition, more than half of survivors suffered from emotional difficulties as a result of their most serious rape victimization. Therefore, it is important for college campuses and surrounding communities to provide mental health or counseling services specifically for victims of sexual violence. Because rape victims have a higher incidence of PTSD and are more likely to attempt suicide than the average woman, IHEs should aim to provide safe environments where students can receive the help they might need to recover from their emotional trauma (McMahon et al., 2019; Munro, 2014; Tjaden & Thoennes, 2006; Wolitzky-Taylor et al., 2011). Some research finds that rape victims are more likely to utilize mental health services as opposed to contacting law enforcement, but for most survivors, their psychological needs are not met (Chen & Ullman, 2010; George et al., 1992; Halstead et al., 2018; Ullman, 1996; Ullman & Filipas, 2001). IHEs

need to increase awareness about the hidden or psychological impacts of sexual violence specifically and the importance of mental health and well-being more broadly. Plenty of campuses have already attempted to do so by creating and participating in efforts such as Mental Health Awareness Week. IHEs could use this time to incorporate workshops or events designed to shed light on the psychological trauma that is commonly experienced by rape victims, while also creating a safe place for survivors to share their personal stories, exchange or receive information regarding available resources, and even brainstorm or discuss effective coping strategies. IHEs across the nation also participate in Sexual Assault Awareness Month, but this time is typically spent raising awareness about sexual misconduct and educating individuals on how to prevent it. While this approach is definitely beneficial and necessary, it is important to also offer events specifically for survivors to obtain the emotional and psychological support that they might not be receiving elsewhere.

Furthermore, 20% of rape victims from this sample are male. Men are less likely to disclose their rape victimization and seek formal help compared to women (Banyard et al., 2007; Davies, 2002; Demers et al., 2018; Isely, 1998; Riccardi, 2010; Sable et al., 2006; Walsh et al., 2010), speaking to the importance of providing services specifically for them. However, given that gender stereotypes not only influence providers' perceptions of male rape victims but the actual services that are offered as well (Davies, 2002; Donnelly & Kenyon, 1996), generating awareness of male sexual assault among service providers is the first step towards developing reliable and useful services. Due to sexist beliefs and ideologies surrounding who or what a "real victim" is, men often have a harder time coping with their victimization and subsequent strains—thus, it is important

to provide services that are culturally competent and specifically catered to men (Scarce, 1997). Previous research suggests that over one third of agencies do not provide services to male victims and claim that they are not set up to treat men (Donnelly & Kenyon, 1996). Additionally, there has been a rise in gender-specific campus sexual assault prevention efforts such as the Men's Program (Foubert, 2010) but the same type of program has not been implemented for male survivors to deal with the aftermath of their own victimization. The Men's Program has been effective in changing behavior among male students by reducing rape myth acceptance, increasing empathy for victims, and increasing their willingness to act as agents of change (Langhinrichsen-Rohling et al., 2011). The workshop educates participants about what a rape feels like, how to help a woman recover from a rape experience, how to intervene as a bystander, and offers suggestions as to what to do if a victim comes to them. There is no reason why this program could not be modified to meet the needs of male rape victims. Instead, the program would educate male survivors about the myths associated with male sexual assault, consequences of rape and the importance of formal help-seeking, and provide an overview of where or how to seek assistance either from medical or legal services. Further, by providing a 24/7 online helpline where victims can chat one-on-one with a trained advocate and free and confidential online support groups, such as the resources offered by 1in6.org, male student victims can receive gender-specific assistance without feeling shame or embarrassment which is common among male survivors.

Similarly, about 26% of rape victims from this sample identify as LGBTQ+. Individuals from the LGBTQ+ community are at a higher risk of sexual victimization and tend to be placed under harsher scrutiny when they come forward with their experience

compared to their heterosexual counterparts (Fedina et al., 2018; Hines et al., 2012; Johnson et al., 2016; Martin et al., 2011; Murchison et al., 2017; Rothman et al., 2011). Therefore, it is just as important and necessary to offer LGBQ+ inclusive services. LGBQ+ survivors encounter unique obstacles related to their sexual assault experiences and need culturally competent services that effectively address ways in which stigma and discrimination may affect them (Perez et al., 2014). For instance, reporting a sexual assault perpetrated by someone of the same gender may hurt a survivor, potentially jeopardizing their employment, housing, education, and personal safety (Perez et al., 2014). Therefore, much like with male sexual assault, IHEs must first examine students' and administrators' assumptions and beliefs regarding sexual assault in the LGBQ+ community and generate awareness about the realities of their experiences prior to offering effective services (Perez et al., 2014). Recent efforts have been made to create diverse and inclusive campuses for members of the LGBQ+ community (i.e., Haven, Safe Zone), but the same type of effort has not been put forth into implementing services specifically designed to help LGBQ+ rape survivors recover from their victimization. The Safe Zone Project offers trainings and opportunities for participants to examine their own assumptions and learn about LGBTQ+ identities, gender, and sexuality. Safe Zone also provides free curricula and activities for educators, and individuals who participate in these trainings communicate to others the commitment they are making to creating LGBTQ-inclusive environments. Participating campuses could modify Safe Zone to meet the needs of LGBQ+ survivors by educating them about myths associated with same-sex sexual assault, consequences of rape and the importance of formal help-seeking, and provide an overview of where or how to seek assistance. Furthermore, by providing free

and confidential telephone hotlines and online peer support chats, like those provided by the LGBT National Hotline, survivors can receive the help they need without worrying about being shamed or having to self-identify. Additionally, students, administrators, and service providers must make an effort to use language – both verbally and in written forms– that is gender-neutral and inclusive of all individuals (Bauer & Wayne, 2005; Gentlewarrior & Fountain, 2009; Scarce, 1997). Ultimately, given that men and individuals who identify as LGBTQ+ are less likely to seek formal help following their victimization and that the victim’s gender and sexual orientation are significant factors in the degree of victim-blaming (Levy & Keren-Miriam, 2018; Sable et al., 2006), providing a safe and welcoming environment for these vulnerable groups could make all the difference and helps ensure victim recovery (Banyard et al., 2007; Davies, 2002; Sable et al., 2006).

Lastly, this thesis found that the main barrier to seeking help involves knowledge/perceptions about that specific source of help. Previous research has frequently cited a lack of knowledge as a barrier to seeking help (Halstead et al., 2018; Holland & Cortina, 2017; Logan et al., 2005; Mennicke et al., 2020; Munro, 2014; Nasta et al., 2005; Spencer et al., 2017; Walsh et al., 2010). Relatedly, many students did not seek help because they did not want an investigation to result. Indeed, studies focusing on college students specifically find that most are not knowledgeable about the procedures and outcomes associated with reporting an unwanted sexual experience (Cantor et al., 2015; Hayes-Smith & Levett, 2010; Karjane et al., 2001; McMahon & Stepleton, 2018; Munro, 2014; Spencer et al., 2017; Stoner & Cramer, 2019; Walsh et al., 2010). IHEs are legally required to provide students with information regarding the prevention of sexual

victimization and while most institutions do offer this sort of information and related resources, they are barely fulfilling their legislative requirement (Richards, 2019). Further, the information being provided, the ways it is presented, and the times in which the information is made available varies from campus to campus suggesting that IHEs have had difficulties implementing aspects of this mandate (Burling, 1993; Hayes-Smith & Hayes-Smith, 2009; Lund & Thomas, 2015). Policies and protocols may be discussed during orientation and in student handbooks, but this method of transmitting information may not be successful in education students (Lee et al., 2003). Few students actually read handbooks that contain a significant amount of information and new students may be overwhelmed with the large amount of information they receive during the short orientation period (Lee et al., 2003). Therefore, there is an increasing recognition that a multidose, multipronged approach is needed to address campus sexual violence and that IHEs need to design programs that reach students during the course of their college experience (Banyard, 2014; Burling, 1993; Lee et al., 2003). For instance, studies indicate that a one-shot prevention education program does not sustain positive changes over time, but that continued exposure through booster sessions helps sustain positive effects (Banyard et al., 2007; Coker et al., 2011). In addition, while one study found no differences in effects between programs delivered in-person by a facilitator versus those delivered via video, online, or through a poster campaign (Jouriles et al., 2018), exposure to different types and longer programming (e.g., posters and educational sessions) can provide stronger outcomes (Jouriles et al., 2018; Moynihan et al., 2015). Nevertheless, providing students with knowledge, information, and resources is vital to help-seeking. Awareness of campus resources is associated with service utilization and victims who

acknowledge the sexual assault as a criminal act are significantly more likely to utilize formal services, further demonstrating the need to educate students and increase their knowledge (Amar, 2008; Littleton et al., 2006). If students are not equipped with the knowledge required to file a report or contact campus police, they will be unable to receive the help they might need. It is up to the campus officials and administrators to do their part and ensure that if a student is a victim of sexual violence, they will know exactly where to go or who to contact to receive help, if they wish to do so.

Limitations/Future Research

This thesis is not without limitations. While this thesis employed a broad approach, it relied on a small sample size which did not allow for multivariate analyses. Therefore, future research should aim to utilize a similar broad approach by examining different methods of seeking help (i.e., informal versus formal) and different types of services (i.e., medical, victim services, and criminal justice) but with a larger sample to conduct a more advanced statistical analysis. Descriptive statistics were beneficial for the purpose of the current study, but multivariate statistics enables researchers to examine the relationships between multiple help-seeking variables while also considering the potential influence of other confounding factors (Weisburd & Britt, 2007). For example, future studies could examine whether rape victims are more likely to contact law enforcement or healthcare professionals, while controlling for assault severity, incident location, and victim-offender relationship. Previous research has found that all three of these factors influence whether or not rape victims seek formal help (Amar, 2008; Chen & Ullman, 2010; Demers et al., 2018; Fisher et al., 2003) but has yet to determine how they influence the type of service (i.e., medical or legal) rape victims choose to utilize. Future

studies should also examine whether there are significant differences between the demographic and incident-related characteristics of survivors who seek formal help compared to those who do not. Among rape victims who do seek help, it is crucial to determine if there are differences between those who utilize medical services, compared to victim services or criminal justice involvement.

Additionally, although individuals who identify as LGBTQ+ and male rape victims were included in the sample, the overall number of participants from each group are still rather low. Furthermore, this study combined all LGBTQ+ folk into one category and did not distinguish lesbian respondents from bisexual or gay participants. Sexual violence research generally has frequently failed to differentiate heterosexual or non-transgender respondents from lesbian, gay, bisexual, and transgender ones (Gentlewarrior & Fountain, 2009). Therefore, rather than combining all LGBTQ+ folk into one category, future studies should tease these categories apart and examine their experiences individually. Research on lesbian, gay, and bisexual survivors of sexual violence is limited, but there is even less information available on transgender survivors (Gentlewarrior & Fountain, 2009), further highlighting the importance of examining each category of LGBTQ+ separately. Studies focusing solely on LGBTQ+ or male rape victims are a relatively recent endeavor (see Davies, 2002 and Peterson et al., 2011 for a selective review on male rape victims; see Rothman et al., 2011 for systematic review on sexual assault victimization among LGBTQ+ folk) in comparison to studies on white, female, heterosexual rape victims and there is still much to be learned. Ultimately, future research should attempt to oversample these at-risk or vulnerable groups (e.g., male rape victims and LGBTQ+ survivors) to gain a better understanding of their experiences with sexual

victimization, their unique needs, and how to best serve them (De Heer & Jones, 2017; Fedina et al., 2018; Gentlewarrior & Fountain, 2009).

Lastly, this thesis relied on cross-sectional data from a campus climate survey administered in one specific region—thus, its findings may be limited in generalizability. The current body of literature would benefit from national, large-scale, longitudinal studies, as well as research focusing on college student’s help-seeking behaviors over time. In 2015, the American Association for Universities (AAU) organized a consortium of 27 colleges and universities which collaborated to develop and implement a climate survey on sexual assault and misconduct (Cantor et al., 2015). Additional IHEs should follow suit and seek to participate in this ongoing effort. Joining this consortium or creating a similar group could facilitate researchers’ ability to collaborate with other institutions and conduct nationwide studies. Future research should also seek to determine how geographical location affects college student’s help-seeking behaviors and how seeking help differs across regions. States and jurisdictions vary in terms of the amount of funding made available to them, which could in turn affect the type and amount of resources rape victims will have access to. Further, college rape victims might be more likely to seek help the older they get or the further along they are in their studies, likely due to increased knowledge of services or financial stability. Thus, it is important to examine whether students are more likely to seek formal help in the beginning of their academic career or toward the end of their collegiate tenure, whether student classification affects the type of help-seeking behaviors they engage in, and how time influences their decision to seek help.

Conclusion

The current thesis examined three topics associated with seeking help—the decision to disclose rape victimization, formal help-seeking and barriers to seeking help. Findings suggest that most rape victims disclose to an informal source. Peers and family were the two sources of support most victims shared their experience with. Further, few college students seek formal help as a result of their most serious rape victimization. More students contacted the criminal justice system as opposed to utilizing medical services. When students were asked why they did not seek help, the most prevalent barriers mentioned include knowledge/perceptions about that specific source and not wanting an investigation to result. Out of the students who did seek help, few sought assistance from *only* one source—most victims engaged in multiple help-seeking behaviors. The findings from this study are largely consistent with previous research (Amstadter et al., 2010; Bachman, 1998; Black et al., 2011; Campbell et al., 2006; Chen & Ullman, 2010; Cohn et al., 2013; Felson & Pare, 2005; Fisher et al., 2000; Fisher et al., 2003; Fisher et al., 2010; Frazier, 2003; Guerette & Caron, 2007; Halstead et al., 2018; James & Lee, 2015; Jones et al., 2009; Kilpatrick et al., 2007; Krebs et al., 2007; Lauman et al., 1994; Logan et al., 2005; Mennicke et al., 2020; Munro, 2014; Nasta et al., 2005; Orchowski & Gidycz, 2012; Paul et al., 2013; Rennison, 1999; Rennison, 2002; Sabina & Ho, 2014; Sinozich & Langton, 2014; Spencer et al., 2017; Sylaska & Edwards, 2014; Tjaden & Thoennes, 1998; Tjaden & Thoennes, 2006; Truman et al., 2013; Walsh et al., 2010; Wolitzky-Taylor et al., 2011) and its contributions will help guide future studies, improve policies, and enhance practices associated with college rape victims' help-seeking behaviors.

In sum, this thesis contributes to the broad body of campus climate research by providing evidence that rape remains underreported and the majority of survivors are not receiving the necessary after-care needed to recover from their victimization. Most importantly, justice goes unserved for many survivors and they are deprived of the opportunity to have their voices heard. IHEs and formal service providers have an obligation to not only inform college students about the consequences associated with sexual assault and how or where to receive help, but they must also encourage students to utilize these resources and remind them of the benefits of formal help-seeking (Dunn et al., 1999; Penney et al., 2000). Only then will student survivors feel empowered to seek help, their experiences with formal service providers will improve, and they can truly begin to feel safe in the ivory tower.

Postscript

This study raises questions about what it means to seek help as both a college student and rape survivor and the type of atmosphere that often accompanies formal systems. Most students do not pursue formal service providers due to their own knowledge (or lack of) and perceptions. For those who do engage in help-seeking, multiple sources of support are contacted. This could be explained by unfavorable reactions or unpleasant experiences with one service provider which leads victims to seek additional help from other sources. Therefore, it is important for campus and community service providers alike to ensure they offer a welcoming, comforting, and non-judgmental environment to increase victims' ability to recover, regain control of their lives, and move forward in the healthiest way possible (Dills et al., 2016).

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APPENDIX A

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11.259 ^a	1	.001	.001	.001
Continuity Correction ^b	9.64	1	.002		
Likelihood Ratio	11.462	1	.001		
Fisher's Exact Test					
Linear-by-Linear Association	11.096	1	.001		
N of Valid Cases	69				

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	.404	.001
	Cramer's V	.404	.001
N of Valid Cases		69	

APPENDIX B

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.570 _a	1	.033		
Continuity Correction ^b	2.982	1	.084		
Likelihood Ratio	7.012	1	.008		
Fisher's Exact Test				.042	.032
Linear-by-Linear Association	4.469	1	.035		
N of Valid Cases	45				

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Phi	-.319	.033
	Cramer's V	.319	.033
N of Valid Cases		45	

APPENDIX C

Date: 10-12-2020

IRB #: IRB-2020-132

Title: Reporting Victimization and Use of Services: An Examination of College Students' Help-Seeking Behaviors-
An Analysis of Secondary Data

Creation Date: 4-30-2020

End Date:

Status: Approved

Principal Investigator: Cristal Hernandez

Review Board: SHSU IRB

Sponsor:

Study History

Submission Type Initial	Review Type Exempt	Decision Exempt
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Key Study Contacts

Member Eryn ONeal	Role Co-Principal Investigator	Contact [REDACTED]
Member Cristal Hernandez	Role Principal Investigator	Contact [REDACTED]
Member Cristal Hernandez	Role Primary Contact	Contact [REDACTED]
Member Eryn ONeal	Role Investigator	Contact [REDACTED]

VITA

Cristal N. Hernandez

Sam Houston State University
Department of Criminal Justice and Criminology

EDUCATION

- 2018 – Present Master of Arts, Criminal Justice and Criminology
Sam Houston State University
Expected graduation: December 2020
- 2014 – 2018 Bachelor of Science, Victim Studies
Minors: Sociology & Psychology
Honors College, Summa Cum Laude

RESEARCH INTERESTS

- Victimology
- Violence against Women
- Sexual Assault
- Intimate Partner Violence

RESEARCH EXPERIENCE

- 2018 – Present Graduate Research Assistant, Department of Criminal Justice and
Criminology, Sam Houston State University
Supervisor: Dr. Eryn N. O’Neal
- 2016 – 2018 McNair Scholars Program, Cohort XIV
- 2015 – 2017 Undergraduate Research Assistant, Department of Criminal Justice
and Criminology, Sam Houston State University
Criminal Justice-Psychology Research
Lab Supervisor: Dr. Brandy Blasko

GRADUATE TEACHING ASSISTANTSHIPS

- Spring 2020 Gender and Crime Teaching Assistant (CRIJ 3340), Sam Houston
State University
Instructor: Dr. Eryn N. O’Neal
- Aging, Crime, and Victimization Teaching Assistant (CRIJ 3350),
Sam Houston State University
Instructor: Dr. Victoria B. Titterington
- Fall 2019 Gender and Crime Teaching Assistant (CRIJ 3340), Sam Houston
State University
Instructor: Dr. Eryn N. O’Neal
- Victimology Teaching Assistant (CRIJ 3341), Sam Houston State
University
Instructor: Dr. Victoria B. Titterington

Aging, Crime, and Victimization Teaching Assistant (CRIJ 3350),
Sam Houston State University
Instructor: Dr. Victoria B. Titterington

Spring 2019 Gender and Crime Teaching Assistant (CRIJ 3340), Sam Houston
State University
Instructor: Dr. Eryn N. O’Neal

Fall 2018 Gender and Crime Teaching Assistant (CRIJ 3340), Sam Houston
State University
Instructor: Dr. Eryn N. O’Neal

CONFERENCE PRESENTATIONS

2020 **Hernandez, C.N.**, O’Neal, E.N., Hayes, B.E. “*Reporting Sexual Victimization and Use of Services: An Examination of College Students’ Help-Seeking Behaviors.*” Paper to be presented at the Academy of Criminal Justice Sciences Annual Meeting, held in San Antonio, TX.

2017 **Hernandez, C.N.** “*Online Sexual Grooming and Victimization.*” Poster presented at the American Society of Criminology Annual Meeting, held in Philadelphia, PA.

2017 **Hernandez, C.N.** “*The Incidence of Sexual Victimization among College Students who meet their Perpetrators Online.*” Poster presented at the 13th Annual McNair Scholars Conference, held in Huntsville, TX.

2017 **Hernandez, C.N.** “*The Incidence of Sexual Victimization among College Students who meet their Perpetrators Online.*” Poster presented at the Undergraduate Research Symposium, held in Huntsville, TX.

2016 Carpenter, C.R., **Hernandez, C.N.**, & Blasko, B. “*Prison as a Turning Point in the Era of Mass Incarceration.*” Poster presented at the American Society of Criminology Annual Meeting, held in New Orleans, LA.

PEER-REVIEWED PUBLICATIONS

2020 Hayes, B.E., O’Neal, E.N., **Hernandez, C.N.** The Sexual Victimization of College Students: A Test of Routine Activity Theory. *Crime & Delinquency.*

PROFESSIONAL MEMBERSHIPS

2016 – Present American Society of Criminology – Student Member

2019 – Present Division of Victimology, American Society of Criminology

2019 – Present Division on Women and Crime, American Society of Criminology

AWARDS & SCHOLARSHIPS

- 2019 Southwestern Association of Criminal Justice (SWACJ) Graduate Student Paper Competition (2nd Place) – *“The Victimization of College Students and Perceptions of Campus Safety: A Test of Routine Activity Theory.”*
- 2019 American Society of Criminology (ASC) Division of Victimology (DOV) Graduate Student Paper of the Year Award – *“The Victimization of College Students and Perceptions of Campus Safety: A Test of Routine Activity Theory.”*
- 2019 Graduate Research Summer Fellowship
- 2017 Student Travel Award for Professional Presentation (STAPP)
- 2017 Scholarship to Study Abroad in Australia
- 2016 Student Travel Award for Professional Presentation (STAPP)

LEADERSHIP & COMMUNITY INVOLVEMENT

- 2018 – Present Criminal Justice Graduate Student Organization (GSO), SHSU
- 2017 – 2018 National Society of Collegiate Scholars, SHSU
- 2015 – 2018 Project Sunshine, SHSU
- 2015 – 2018 Elliot T. Bowers Honors College, SHSU

OTHER UNIVERSITY INVOLVEMENT

- 2019 Sexual Assault Awareness Month Committee – Student Volunteer
- 2018 – 2019 Women’s History Month Committee – Student Member
- 2018 – Present Graduate ASPIRE Program
- 2016 – 2018 Student Assistant, Registrar’s Office, Sam Houston State University