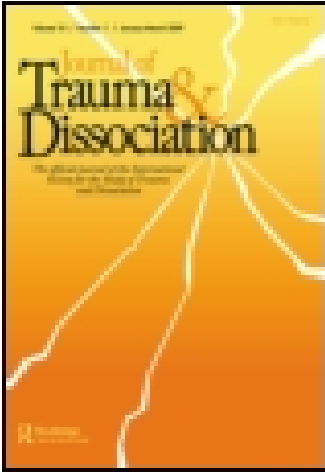


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### Disclosure and Service Use on a College Campus After an Unwanted Sexual Experience

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## ARTICLES

# Disclosure and Service Use on a College Campus After an Unwanted Sexual Experience

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*In order to continue to facilitate the disclosure of sexual assault to professional support services, the current study examined the extent to which survivors report using campus services and whether friends who had disclosed to participants used the services. We also compared knowledge of a campus sexual assault center and likelihood of using the center among college men and women. Surveys were completed by 1,230 students, including victims of unwanted contact (n = 127), victims of unwanted intercourse*

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( $n = 26$ ), and friends of victims ( $n = 253$ ). Students who reported being victims of unwanted sexual experiences were reluctant to use services, expressing concerns that they would not be believed and that they would be blamed for what had happened to them. College men were significantly less likely to know where the sexual assault center was located, to report that they would use the center, and to report that unwanted sexual experiences were a problem on campus. Results indicate that much needs to be done to educate the campus community about the value of using professional support services after a sexual assault.

**KEYWORDS** college students, disclosure, sexual assault, support services

Sexual assault on college campuses continues to be a problem. A national study estimated that nearly 5% of college women are sexually victimized in any given calendar year (Fisher, Cullen, & Turner, 2000). College men are also sexually victimized (Banyard, Ward, Cohn, Moorhead, & Walsh, 2007; Isley, 1998). In order to help respond to this reality, many campuses now have services for survivors of sexual assault. Although the development of specialized services is encouraging, creating services and programs does not guarantee their use. Few researchers have examined the extent to which students report knowledge and use of such services or students' reasons for not using them. Such information is essential in order to continue to facilitate the disclosure of sexual assault and to improve services for all survivors of sexual victimization.

### THE IMPORTANCE OF DISCLOSURE

Deciding whether to tell about a sexual assault and whom to tell can have consequential outcomes. Most survivors, for example, do not reach out to professionals and instead turn to informal support providers (Fisher, Daigle, Cullen, & Turner, 2003; Golding, Siegel, Sorenson, Burnam, & Stein, 1989; Ullman, 1996a, Ullman & Filipas, 2001a). A number of studies have found that about two thirds of survivors tell a friend, even if not immediately following the assault (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Banyard, Moynihan, Walsh, Cohn, & Ward, in press; Banyard, Plante, & Moynihan, 2005; Fisher et al., 2003). Rates of disclosure to formal support systems, however, are significantly lower. The National College Women Sexual Victimization Survey reported that only 2% of victims of sexual violence reported it to the police, only 4% reported it to campus authorities, and only 1% disclosed incidents to counseling services (Fisher et al., 2003).

A number of community studies have found that less than 35% of survivors contact some kind of mental health service (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000; George, Winfield, & Blazer, 1992; Golding et al., 1989). In addition, men may be less likely than women to report a sexual assault (Isley, 1998) or to seek services (Sherbourne, Dwight-Johnson, & Klap, 2001).

Research on disclosure by survivors assumes that telling others about an instance of sexual violence can be potentially helpful for survivors. Indeed, the disclosure can reduce isolation and initiate connections with supportive services and resources; in some cases it can also result in the punishment and removal from the community of the perpetrator with an adequate criminal justice system response. Empirical research supports the ways in which social support following victimization can be a key component of healing (e.g., see Ullman, 1999, for a review). Many of these studies have examined women sexually abused in childhood. One study found higher mental health symptoms among women who reported a delayed disclosure compared to nondisclosure or disclosure that occurred proximal to the abuse (Ruggiero et al., 2004). Another study found that disclosure related to lesser trauma symptoms such as intrusions or avoidance, although there were no differences in overall functioning (Arata, 1998).

Similar findings have been reported for adult sexual assault survivors, with a particular focus on how the nature of reactions from support system members upon disclosure in large part determines whether the disclosure is helpful or harmful to the survivor. Ullman and Filipas (2001a) documented the range and high frequency of both positive and negative reactions from social support network members received by survivors when survivors disclosed about their assault. This work also documented links between greater levels of negative reactions from social network members and higher levels of symptoms of psychological distress (including posttraumatic stress disorder) among survivors (Ullman, 1996b; Ullman & Filipas, 2001b), although positive disclosure reactions from formal and informal responses were related to posttraumatic growth (Borja, Callahan, & Long, 2006). Campbell, Sefl, and Barnes (1999) documented the association between negative reactions from formal helping systems (medical and legal professionals) and higher posttraumatic stress disorder symptomatology for adult sexual assault survivors.

## BARRIERS TO DISCLOSURE AND SERVICE USE

The victimization field has devoted increasing attention to understanding barriers to disclosure and formal help seeking for survivors of sexual assault and other traumatic events (e.g., child abuse, intimate partner violence). A *barrier* is any factor that serves as an impediment to disclosure, reporting,

or help seeking and that makes it less likely that a survivor will tell someone else about his or her victimization or seek formal services for help in the aftermath of the victimization. A wide range of barriers or challenges have been identified both directly and indirectly in the literature that informed the current inquiry.

The theoretical model by Liang, Goodman, Tummala-Narra, and Weintraub (2005) provides a useful organizing framework. Their work seeks to describe the process of help seeking for survivors of physical intimate partner violence. Their model, drawn from the broader literature on help seeking, notes the important components or stages of (a) recognizing and defining the problem, (b) making a decision to seek help, and (c) selecting a particular type and source of support (p. 73). At each of these stages, variables related to the ecological context of the individual may come into play. Logan, Evans, Stevenson, and Jordan (2005) added to this discussion by framing barriers in this help-seeking process in terms of research in health services, with a description of dimensions of affordability, availability, accessibility, and acceptability.

These two models (Liang et al., 2005; Logan et al., 2005) argue that barriers include a variety of social and cognitive factors, including the individual's past experiences, at the individual and interpersonal levels. These barriers include the individual or social context definition of what has occurred as abuse or victimization, prior experiences with support systems, internal feelings of shame or self-blame for the victimization, and concern about blame from others. For example, women are more likely to disclose to both formal and informal support providers when their victimizations fit the stereotypical idea of a sexual assault (i.e., stranger assaults, weapon involved; Fisher et al., 2003; Starzynski, Ullman, Filipas, & Townsend, 2005). This fits with similar data from physical intimate partner violence victims, among whom more severe abuse was related to the use of counseling or supportive services (Henning & Klesges, 2002).

Logan and colleagues (2005) found that sexual assault survivors often mentioned shame, self-blame, and fear that others would not believe them as major barriers to using health and mental health services after their assault. Participants also mentioned concerns about lack of sensitivity by professionals and a perception that seeking services for an assault would be viewed negatively by family and community. However, Ullman and Brecklin (2002) found that victims of adult sexual assault who had had recent conflicts with social support systems and those with greater amounts of support were both more likely to access mental health services compared to other survivors.

The fear of negative responses may be well-founded according to other research. Campbell and colleagues (Campbell & Raja, 2005; Campbell et al., 1999) studied what they term "secondary victimization" among adult sexual assault survivors. These studies explored assault survivors' experiences with

help seeking, specifically reactions from medical and legal professionals. Survivors who reported negative reactions from professionals had higher posttraumatic stress disorder symptomatology. A majority of survivors in a military sample reported feelings of guilt, shame, and depression following their interaction with these formal service provider systems (Campbell & Raja, 2005). Past experiences of this kind can discourage survivors from seeking help in the future. Furthermore, survivors who through social networks become aware of such negative experiences may themselves be less likely to seek formal services if they experience a sexual assault.

Aspects of the victimization experience itself also seem to influence the likelihood of reporting or using services and might therefore be classified as potential barriers. For example, people with a history of stressful life events, particularly traumatic ones, were more likely to seek mental health services (Ullman & Brecklin, 2002). Women who experienced both intimate partner violence and sexual assault were more likely to say that they did not access formal services when they needed them than were women who experienced only physical intimate partner violence (Cattaneo, DeLoveh, & Zweig, 2008), although survivors of domestic violence with a sexual assault history were more likely to use counseling services (Henning & Klesges, 2002). Some research also suggests that characteristics of the victimization may influence whether the survivor discloses primarily to informal or formal supports (Ullman & Filipas, 2001a). A greater proportion of adult sexual assault survivors assaulted by strangers, survivors who had children, and survivors who had sustained physical injury accessed and disclosed to formal supports (e.g., police, clergy, mental health professional, crisis center staff; Ullman & Filipas, 2001a).

Lack of access to supports due to physical barriers (e.g., hours open, distance to the service, fees required, accessibility for individuals with particular physical challenges) is another important variable. For example, among survivors of intimate partner violence, those with higher incomes were more likely to seek legal services (Cattaneo et al., 2008) and more likely to use counseling services (Henning & Klesges, 2002). Sexual assault survivors with medical insurance more likely to access mental health services (Ullman & Brecklin, 2002). Logan et al. (2005) interviewed urban and rural sexual assault survivors about barriers to using health and mental health services. Both groups noted problems with cost, particularly if one did not have insurance. It is interesting that Logan et al. noted that survivors mentioned concerns about the cost of services even if perceived costs were not accurate and low-cost services were available.

Finally, knowledge of supports, where to find them, and how they might be useful may also be key barriers. Again, Logan et al. (2005) found in their interviews with sexual assault survivors that women often mentioned that they were unaware of services. Rural women in particular discussed the stigma around discussing rape in their communities. Urban women fre-

quently mentioned that although survivors may be aware of the existence of services, they are often misinformed about what those services do. Women commented that the use of words such as *trauma* or *crisis* to refer to the formal service center gave the impression that a survivor needed to be in crisis to use them. Knowledge of services may be particularly relevant to understanding college students' service seeking, because many specialized sexual assault centers have been created on campuses over the past two decades (Fisher et al., 2000).

However, the research to date on barriers to help seeking has most often been conducted with community samples of survivors of sexual assault and intimate partner violence. Much less is known about college communities—communities that may more easily overcome barriers such as affordability and availability because they are often well-resourced and geographically bounded. Most of the research focusing on college campuses has concentrated on reasons for not reporting sexual assault to the police rather than on reasons for not using an on-campus sexual assault center. The reasons college women victims rate as the most important for not reporting to any police agency include the feeling that the victimization was not serious enough, lack of proof that the incident happened, fear of reprisals, and not wanting families or others to know about the victimization (Fisher et al., 2003). Reasons that college men and women in general have for hypothetically not reporting rape and sexual assault include shame and embarrassment, concerns about confidentiality, and fear of not being believed (Sable, Danis, Mauzy, & Gallagher, 2006). Researchers have begun to investigate gender differences in these reasons. Women rated some reasons for not reporting (including the lack of resources to obtain help, fear, and wanting to protect the perpetrator) higher than men, whereas men rated reasons related to personal dignity and being believed higher than women (Sable et al., 2006).

## CURRENT STUDY

The current study examined the use of services after unwanted sexual contact or intercourse on one college campus. We examined the extent to which survivors or friends who disclosed victimization to participants reported using services and their reasons for not using them. For this study, *reasons/barriers* were defined as factors that may have made it less likely for an individual to use formal campus services. The specific types of barriers examined included individual attitudes, concern about how others would react, concern about how the offender would react, and difficulties related to asking for help. We examined gender differences in disclosure, in knowing where the campus sexual assault center was located, in believing sexual assault was a problem on campus, and in the likelihood of using a sexual

assault center. Lastly, we examined correlates of knowing where the center was located and whether knowledge was associated with likely use of the center's services.

## METHOD

### Overview

This study is the result of an ongoing research collaboration at a public New England university funded by the university's Office of the President. The main aim of the study has been to examine the incidence and prevalence of unwanted sexual experiences among undergraduate students at the university (Banyard, Plante, Cohn, *et al.*, 2005; Banyard *et al.*, 2007). The campus has had a crisis center since the mid-1980s. The center offers direct service to survivors and provides education and outreach to the whole university community. A somewhat unique aspect of this center is that it is a full member of the state's Coalition Against Domestic and Sexual Violence and therefore has the same status and compliance requirements as the state's other regional crisis centers. These include providing a 24-hr toll-free crisis line; assistance in accessing emergency shelter; medical and legal accompaniment and advocacy; and support within the university's judicial programs system, the office charged with overseeing cases of student misconduct. About 150 primary and secondary survivors seek services from the center's professional staff and trained student advocates in a typical year. In addition, in a typical year, the center offers information and programming to approximately 6,000 individuals. A highly successful poster campaign on consent, originated by the center about 10 years ago, is also still in use. In addition, the center currently uses materials highlighting effective bystander responses to intimate partner and sexual violence (Banyard & Mayhew, *in press*).

### Procedure

We conducted a random sample of courses in February 2006 stratified by college, except for first-year courses. For first-year courses, we conducted a random sample of a required English course. Otherwise, for each college we selected a target sample size that reflected that college's proportion of the undergraduate population. Using that sample target, we randomly sampled classes using a systematic sampling interval with a random start. We eliminated (before sampling) all classes with fewer than 20 students because of confidentiality issues. We contacted 93 instructors, and 63% agreed to participate. We administered the survey after asking instructors to leave the room. A total of 1,306 students completed the surveys, 89% of the students in attendance that day. Graduate students and continuing education

students were then removed from the final sample, resulting in 1,242 completed surveys. Because a small number of students did not answer the gender or knowledge of sexual assault center questions, the sample for this analysis was 1,230. The university's Institutional Review Board for the Protection of Human Subjects in Research approved the informed consent procedures and protocols for protecting participants' rights for research.

## Participants

The average age of students was 19.93 years ( $SD = 2.37$ ). More than half of the participants (61%) were female. Participants were distributed among years in college (39% first-year students, 23% sophomores, 20% juniors, 17% seniors). Compared to university enrollments for that semester, the sample slightly overrepresented women (58% for the university) and first-year students (24% at the university) and underrepresented seniors (28% at the university). The majority of the sample lived on campus (65%), 27% lived off campus, 6% had other living arrangements (i.e., living at home with parents), and 3% lived in a fraternity or sorority. A minority of students (8%) belonged to a fraternity or sorority.

## Measures

*Victimization.* Participants were asked "During this academic year (August to February), how many times has someone had sexual contact with you when you didn't want to?" and "During this academic year, how many times has someone had sexual intercourse with you when you didn't want to?" *Sexual contact* was defined as attempting or actually kissing, fondling, or touching someone in an intimate way, excluding sexual intercourse. *Sexual intercourse* was defined as any form of sexual penetration, including vaginal intercourse, oral sex, or anal intercourse. *Unwanted* was defined on the survey as

those situations in which you were certain at the time that you did not want to engage in the sexual experience and you either communicated this in some way (e.g., you said no; you protested; you said you didn't want to; you physically struggled; you cried; etc.), or you were intimidated or forced by someone or you were incapacitated (e.g., drunk, passed out, etc.).

*Characteristics of unwanted sexual experience.* Follow-up questions were asked about the characteristics of the unwanted sexual contact and/or intercourse. Participants were asked where it had occurred (residence hall, apartment complex, nonresidential building, fraternity house, sorority house, off-campus residence in town, off-campus residence outside of town, car, outside, or other), when it had occurred (on a date, at a party,

after a party, during some other social event, after some other social event, or other), whether it had involved the use of alcohol or drugs (the other person's or self-use), and whom it had involved (stranger, acquaintance, non-romantic friend, casual or first date, romantic partner, or other).

*Disclosure.* Participants were asked who they had told about the unwanted sexual contact and/or intercourse (no one, roommate, close friend other than roommate, parent, other family member, counselor, faculty or staff, residence hall staff, police, romantic partner, campus sexual assault center, or other.)

*Lifetime victimization.* Three questions from the Sexual Experiences Survey (Koss & Gidycz, 1985) were used to assess lifetime experience of sexual victimization (i.e., sexual intercourse against your wishes because someone used force, someone threatened to harm you, or you were too intoxicated that you were unable to consent). If any of these had occurred, participants were classified as having a history of sexual assault.

*Use of the campus sexual assault center.* Victims of unwanted sexual contact or unwanted sexual intercourse during the past academic year were asked whether they used any of a range of services (campus sexual assault center, police, affirmative action, judicial programs, counseling center, health services, academic advisor, resident advisor or hall director, campus ministry, or other). If they did not use any type of service, participants were asked to circle all reasons why not from a list of responses (see Table 1 for the list). The list of reasons was derived from the literature, such as the National College Women Sexual Victimization Survey, which asked about reasons victims of sexual violence do not report it to the police (Fisher et al., 2003). Participants were also asked whether, since they had been at

**TABLE 1** Reasons for Not Using Services

Reason	Victims of unwanted contact ( <i>n</i> = 127)	Victims of unwanted intercourse ( <i>n</i> = 26)	Friends of sexually victimized student ( <i>n</i> = 253)
Felt it was a private matter	40	73	82
Ashamed/embarrassed	16	50	56
Didn't think the incident was serious	70	48	68
Concerned others would find out	10	39	43
Didn't want the perpetrator to get in trouble	9	33	30
Fear of not being believed	8	30	24
Hard to trust a stranger to help	11	29	32
Fear of being blamed	12	23	28
Fear of retribution from the perpetrator	9	19	27
Thought people would tell them what to do	11	20	26
Felt staff wouldn't understand	6	19	10
Would feel like an admission of failure	8	16	17

*Notes:* Data are percentages. There are missing data of various amounts for each variable, so *ns* are lower for some items.

college, a friend had ever told them that he or she had been the victim of an unwanted sexual experience; whether their friend used the campus sexual assault center; and, if not, why not. Students were given a list of reasons and asked to circle all that applied.

*Knowledge and likely use of the sexual assault center.* Participants were asked “Do you know where the campus sexual assault center is located?” (The actual name of the center was used in the survey.) Response options were yes and no. Participants were asked “As a student, if you were to experience a sexual assault, how likely is it that you would contact the campus sexual assault center?” Response options were not at all likely, somewhat likely, and very likely. For some analyses, we combined somewhat likely and very likely in order to compare students who were not at all likely with students who were at least somewhat likely to use the service.

*Perception of sexual victimization on campus.* Students were asked “How much of a problem do you feel unwanted sexual experiences are on campus?” Response options were not a problem, somewhat a problem, very much a problem, and don’t know.

## RESULTS

### Victims of Unwanted Sexual Experiences

A total of 16% of students indicated that they had been a victim of unwanted sexual contact during the current academic year (August–February). Women (21%) were more likely to indicate this than were men (7%). A small percentage of students (4%) indicated having been a victim of unwanted sexual intercourse during the current academic year. Women (5%) were more likely to indicate this than were men (2%).

*Characteristics of unwanted sexual experiences.* The incidents of unwanted sexual contact had occurred in on-campus residences (34%), fraternity houses (29%), sorority houses (1%), off-campus residences (20%), or other (16%, including nonresidential buildings [3%], outside [2%], and car [1%]). These incidents had occurred at a party (59%), after a party (16%), after some other social event (13%), on a date (6%), or other (14%). The majority of incidents (82%) had involved the use of alcohol or drugs. The incidents had involved a stranger (34%), acquaintance (29%), non-romantic friend (21%), causal or first date (7%), romantic partner (6%), or other (3%).

The incidents of unwanted sexual intercourse had occurred in on-campus residences (45%), off-campus residences (30%), fraternity houses (11%), sorority houses (5%), or other (9%, including nonresidential buildings [2%]). They had occurred after a party (51%), at a party (19%), after some other social event (11%), on a date (5%), or other (14%). The majority of incidents (80%) had involved the use of alcohol or drugs. The incidents had involved

an acquaintance (26%), non-romantic friend (24%), romantic partner (19%), stranger (17%), causal or first date (10%), or other (4%).

*Disclosure.* Male victims (44%) of unwanted sexual contact were significantly less likely to have told anyone as compared to female victims (79%),  $\chi^2(1, N = 141) = 13.03, p < .05$ , Cramér's  $V = .304, p < .05$ . (We included Cramér's  $V$  to examine effect sizes. A moderate relation between two variables occurs when Cramér's  $V = .20$ ; Cramér, 1998.) The majority of students had told a close friend (63%) or a roommate (55%), but only 26% had told their romantic partner. The characteristics of the unwanted sexual contact (where it had occurred, when, who had been involved, or whether alcohol/drugs had been used) were not associated with whether a student had told anyone about it.

Of victims of unwanted sexual intercourse, 41% had told someone, 34% did not answer the question, and 25% had told no one. There were too few male victims to compare disclosure by gender, and the cell size was too small to compare the characteristics of the unwanted sexual intercourse and whether a student had told anyone about it.

### Service Use and Reasons for Not Using the Sexual Assault Center

Very few victims indicated using any services; 97% of victims of unwanted sexual contact who responded to the service use questions ( $n = 154$ ) revealed that they did not use any services. Of the few who did indicate using services, two contacted the center, one contacted the police, two used the campus health service, two talked to a resident advisor or hall director in their dorm, and one spoke with someone in campus ministry. Similarly, 94% of victims of unwanted sexual intercourse who responded to the service use questions ( $n = 34$ ) indicated that they did not use any services; only two victims said they used the center, and one used campus health services.

*Students' friends.* Nearly a third (29%) of students said that a friend had disclosed to them that he or she had been a victim of an unwanted sexual experience while attending the university (for more results about friends' disclosures, see Banyard et al., in press). Of the students who indicated this, only 15% responded that their friend used the campus sexual assault center; 13% said their friend used services other than the campus sexual assault center.

*Reasons for not using the sexual assault center.* As shown in Table 1, the most common reason for not using services after unwanted sexual contact was that this type of incident was not perceived to be serious enough to warrant the use of services; 70% reported feeling that it was not a serious incident. In addition, a sizable percentage (40%) reported that such an experience was a private matter.

There were more potential barriers to service use after unwanted sexual intercourse. Most important, although unwanted intercourse was seen as a

more serious experience (only 48% indicated it was not serious compared to 70% for unwanted contact), it was also perceived to be more of a private matter (73% compared to 40% for unwanted contact). Victims of unwanted sexual intercourse also reported feelings of shame or embarrassment (50%), concern both about others finding out (39%) and about negative consequences for the perpetrator (33%), fear of not being believed (30%), and fear of being blamed for the incident (23%). Given these percentages, it is not surprising that the use of services was so low. The barriers to service use for unwanted sexual intercourse were numerous.

The pattern of responses for friends not using services was very similar to that for victims of unwanted sexual intercourse. Students reported that friends who had disclosed an unwanted sexual experience did not use services for a range of reasons, including privacy, shame, and fear that others would find out about the incident. The largest difference in the patterns was that 68% reported that the friend did not consider the incident serious, a finding that was closer to the victim reports for contact (70%) than for intercourse (48%).

### Gender Differences in Knowledge, Likelihood of Use, and Perceptions About Unwanted Sexual Experiences

Less than half of students reported that they knew where the sexual assault center was located, with women significantly more likely to know the location compared to men. (Descriptions of the major significant findings of the chi-square analyses are presented here; statistical results are displayed in Table 2). Approximately 2 out of 5 students (42%) indicated that they were

**TABLE 2** Gender Differences in Knowledge and Likely Use of the Support Center and Belief That Sexual Assault Was a Problem

Variable	All Students ( <i>N</i> = 1,230)	Women ( <i>n</i> = 748)	Men ( <i>n</i> = 482)	$\chi^2$	Cramér's <i>V</i>
Knows where center is located	46	50	40	12.15**	.10***
Likelihood of using center					
Not at all likely	42	34	56	58.28***	.23***
Somewhat likely	41	45	34		
Very likely	17	21	10		
Unwanted sexual experiences is					
Not a problem on campus	15	14	17	26.50***	.15***
Somewhat a problem	54	57	48		
Very much a problem	10	12	8		
Don't know	21	17	27		

*Notes:* Unless otherwise noted, data are percentages.

\*\**p* < .01.

\*\*\**p* < .001.

not at all likely to use the service if they were to experience a sexual assault. More than half of the men and about one third of the women reported that they would not use the center. The majority (64%) of students reported that unwanted sexual experiences were a problem on campus, and 21% of students reported that they did not know. Women were significantly more likely than men to respond that unwanted sexual experiences were a problem, and men were more likely than women to report that they did not know.

### Correlates of Knowing the Location of the Sexual Assault Center

Participants did not vary by year in school in terms of knowing the location of the sexual assault center. Women with a lifetime history of sexual assault (57%) were more likely to know where the center was located compared to those without such a history (48%),  $\chi^2(1, N = 748) = 3.83, p < .05$ , Cramér's  $V = .072, p < .05$ . Men with a lifetime history of sexual assault (37%) were not more likely to know where the center was located compared to those without such a history (41%),  $\chi^2(1, N = 482) = 0.22, p = .763$ .

Victims of unwanted sexual contact during the current academic year (52%) were not more likely to know where the center was located compared to nonvictims (45%),  $\chi^2(1, N = 1,170) = 2.46, p = .125$ . In contrast, victims of unwanted sexual intercourse during the current academic year (64%) were more likely to know where the center was located compared to nonvictims (46%),  $\chi^2(1, N = 1,176) = 5.33, p < .05$ , Cramér's  $V = .067, p < .05$ . There was no difference between men and women, so results are not presented by gender.

The majority (77%) of women who knew where the sexual assault center was located reported that they would use it versus 55% of women who did not know where it was located,  $\chi^2(1, N = 704) = 38.99, p < .001$ , Cramér's  $V = .24, p < .001$ . Similarly, 54% of men who knew where it was located reported that they would use it versus 38% of those who did not know where it was located,  $\chi^2(1, N = 442) = 11.21, p < .01$ , Cramér's  $V = .16, p < .01$ .

## DISCUSSION

The results indicated a high degree of awareness among students that unwanted sexual experiences were a problem on campus but less awareness regarding more specific information about where the campus sexual assault center was located and markedly low use of services among victims. Students endorsed a range of reasons for why they (if they identified as a victim) or a friend (who had disclosed victimization to them) elected not to use campus services, including concerns about the private nature of the issue and concerns about not being believed. These concerns are similar to

reasons for not using mental health services found in broader community and college samples (e.g., Ahrens, 2006; Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Fisher et al., 2003; Ullman & Filipas, 2001a). It is interesting and perhaps of concern that this was the case even on a college campus that has had a visible and active sexual assault center for 20 years.

Reasons for not using services echoed Liang et al.'s (2005) process model of help seeking. The most common reasons had to do with the first stage of problem recognition and definition, such as students thinking it was private and not thinking it was serious. Other reasons had to do with the second stage of the decision to seek help, such as having concerns about others finding out, not wanting the perpetrator to get in trouble, and having difficulty trusting a stranger. More information is needed about the third stage and the selection of a source of support.

Community norms, however, may act as barriers to disclosure to professional support services and to the use of those services. The results of the current study suggest that what is needed is to find ways to communicate to students that the sexual assault center is available to assist, even if students think that what has happened does not fit their perception of sexual assault. It is troubling that a third of victims of unwanted intercourse were concerned that they would not be believed and that 1 in 4 feared that they would be blamed for the incident. One example of a successful awareness-building approach comes from Konradi (2003), who described the use of social marketing strategies that successfully increased knowledge and awareness of a Sexual Assault Nurse Examiner program on one college campus.

There were a number of significant gender differences. College women in this sample were more likely to experience unwanted sexual contact and intercourse. College men were less likely to have told anyone about the unwanted sexual contact. (Too few men reported incidents of victimization to compare disclosure for unwanted intercourse.) College men were significantly less likely to know where the sexual assault center was located, to report that they would use the center, and to report that unwanted sexual experiences were a problem on campus. Although college women were more likely to have experienced an unwanted sexual incident, college men were more likely to have had a friend confide in them that they had been the victim of an unwanted experience (Banyard et al., in press) and therefore would benefit by knowing where the center was located and by being aware of the prevalence of unwanted sexual experiences on college campuses. Knowledge about support services and about unwanted sexual experiences could facilitate disclosure by providing students with a context of acceptance. It is encouraging that both men and women who reported knowing the location of the center were more likely to report using it in the future than students who did not know where the center was located.

There are a number of limitations to the current study. The small sample of victims made more complex analyses impossible. In addition, the study

itself assessed only a limited number of correlates of knowledge. Future research is needed to take a more in-depth look at correlates such as community perceptions of services in general and educational messages directed at the problem of unwanted sexual experiences. Future research should include other variables, including ethnicity (this campus was predominantly [93%] White), sexual orientation, and reasons why students say they are hypothetically not at all likely to use the campus sexual assault center. Lastly, future research should include a larger sample of men in order to explore sex differences among victims and barriers to disclosure to professional support services and use of services.

### Implications and Recommendations

As they are in national statistics, unwanted sexual experiences at this university are underreported, and victims rarely use the services of the campus sexual assault center. The issue of sexual assault provides an ideal opportunity for university constituencies to work together on awareness campaigns, education and prevention interventions, and the coordination of effective responses to victims and their friends, who have myriad social, legal, physical, and mental health—and likely even academic and residential—concerns following sexual assault. For example, although many victims checked the item indicating “not serious enough,” we do not know if this is because out of the list of stressors college students face, studying for exams, and so on, students did not prioritize this experience. We know that given the social norms that are pervasive on campus, which often silence victims or make them feel as though they are to blame for a sexual assault, victims are often reluctant to acknowledge and label unwanted sexual experiences as sexual assaults (Kahn, Jackson, Kully, Badger, & Halvorsen, 2003). Victims may also feel that the community would not label their experience as serious or worthy of professional attention. Thus, they may push their experiences to the backs of their minds and try to cope on their own for the rest of the semester. We know little about what percentage of these students then show up in other offices with trouble concentrating, physical illnesses, or other indicators that may be linked to their unwanted sexual experiences, but no connection is made. Further research on such questions is warranted.

Educating all of the various constituencies in the community about the services of the sexual assault center could be a daunting and costly task for a university. One promising and economical way to educate all constituencies of a university is through a prolonged and institutional-supported social marketing campaign that includes an evaluation component to assess its effectiveness (Lichty, Campbell, & Schuiteman, 2008; Stith et al., 2006). Such campaigns typically feature posters portraying scenarios commonly found on campus; see, for example, the Red Flag Campaign

(Virginia Sexual and Domestic Violence Action Alliance), the Bringing in the Bystander Social Marketing Campaign (Potter, Moynihan, Stapleton, & Banyard, 2009), and the My Strength Is Not for Hurting campaign ([www.mystrength.org](http://www.mystrength.org)). Lessons learned from these campaigns could be applied to designing a broader campaign using more types of media (e.g., public service announcements on the university's television and radio stations, university newspaper ads, scoreboards at athletic games, homepage messaging, and personal statements from key university personnel and student leaders) as well as different messages for different segments of the community.

In summary, the results of this study indicate that the majority of students did not know where a campus sexual assault center was located, and a significant minority reported being not at all likely to use services on campus. Even students who reported being victims of sexual assault were reluctant to use the service, suggesting that much needs to be done to educate the campus community about the value of seeking services after a sexual victimization.

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