

Understanding Rape Survivors' Decisions Not to Seek Help from Formal Social Systems

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Few rape survivors seek help from formal social systems after their assault. The purpose of this study was to examine factors that prevent survivors from seeking help from the legal, medical, and mental health systems and rape crisis centers. In this study, 29 female rape survivors who did not seek any postassault formal help were interviewed about why they did not reach out to these systems for assistance. Using qualitative methodology, this study found that survivors believed that formal social systems would or could not help or would psychologically harm them. Specifically, survivors thought that systems would not help because survivors themselves believed that they were unworthy of services or that their rape experience did not match stereotypical conceptions of rape. Survivors did not see how the systems could help or protect them from their assailants. Finally, survivors anticipated that systems personnel would cause them further psychological harm by not believing they had been raped or not caring about them. Survivors feared that system assistance would have intensified their painful feelings beyond their coping skills. Therefore, survivors who do not seek help may be attempting to protect themselves from perceived psychological harm. Implications for social work practice are discussed.

KEY WORDS: *health care; help seeking; mental health; rape; sexual assault*

Rape is a pervasive social problem, as national epidemiological data suggest that at least 17 percent of women will be raped in their adult lifetime (Bachar & Koss, 2001). In addition, rape has been linked to multiple negative short- and long-term outcomes, such as psychological distress, repeated sexual victimization, physical health problems, and difficulties in life functioning (Gutner, Rizvi, Monson, & Resick, 2006; Kilpatrick & Acierno, 2003). To alleviate these negative outcomes, rape survivors may seek help from multiple formal social systems, including the legal, medical, and mental health systems and rape crisis centers. For example, within the legal system, law enforcement may address survivors' immediate safety concerns, inform survivors of their rights, and make referrals to other formal social systems (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001). Hospital emergency departments may provide information about the risk of pregnancy and sexually transmitted diseases (STDs), prophylaxis to prevent pregnancy and STDs, and forensic evidence collection (Ledray, 1996). Mental health centers offer individual counseling and psychotropic medications. Rape crisis centers may provide medical, police and court advocacy, immediate crisis intervention, individual counseling,

and support groups (Campbell, Baker, & Mazurek, 1998).

Despite the variety of services available, few rape survivors use services from these formal social systems. Rates of service utilization vary across studies, but it appears that approximately 14 percent to 43 percent of survivors seek assistance from formal social systems, with most studies finding rates around 31 percent (Campbell et al., 2001; Ullman, 1996; Ullman & Filipas, 2001). When survivors do not receive needed services, their health (for example, STDs) and mental health concerns (for example, posttraumatic stress) may remain untreated, which could cause long-term complications.

To date, studies have suggested four key reasons for these low utilization rates: (1) the survivors' psychological response to the rape, (2) the degree of rape severity (for example, force, injury), (3) fear of retaliation by the assailant, and (4) fear of disbelief by system personnel. First, prior research shows that survivors with lower levels of posttraumatic stress or depressive symptoms are less likely to seek help from formal social systems (Lewis et al., 2005; Starzynski, Ullman, Filipas, & Townsend, 2005). In addition, survivors who blamed themselves for causing the rape were less likely to disclose the rape to formal

social systems (Starzynski et al., 2005). Although studies have shown that survivors with less severe psychological symptomatology are less likely to seek assistance, it is still unclear what prevents these survivors from seeking help.

Second, survivors were less likely to seek help from formal social systems when their victimization did not reflect the stereotypical rape (that is, a rape in which the offender is a stranger who uses a weapon or physical force that results in injury). For example, survivors who were raped by a known offender were less likely to seek help than those raped by a stranger (Campbell et al., 2001; Resnick et al., 2000; Starzynski et al., 2005). Furthermore, survivors were more likely to seek assistance if their rape involved the use of physical force or weapons or resulted in physical injuries (Resnick et al., 2000; Starzynski et al., 2005). These findings suggest the severity of the rape plays an important role in survivors' decision making regarding whether to pursue help from formal social systems. However, it is unclear why rape severity affects survivors' decisions in seeking help.

Third, fear of retaliation by the assailant may affect some survivors' decisions to seek help. Bachman (1998) asked survivors to identify their primary reason for not seeking help, and one in 10 reported that they were fearful their assailants would harm them if they sought help. The legal system provides legal remedies (for example, protection orders) to protect survivors from their assailants, but, still, some survivors are not seeking assistance. Given the availability of legal remedies aimed to protect survivors, it is important to understand why fear of retaliation remains an obstacle to seeking help.

Fourth, concerns about how formal social systems personnel may respond to them may prevent some survivors from seeking help. Logan and colleagues (2005) found that survivors did not seek help because they were worried that formal social systems personnel would not believe them. Prior research has shown that survivors experience mistreatment by formal social systems personnel (Campbell & Raja, 2005). Awareness of rape and mistreatment of survivors has become more public in recent years (Caringella-MacDonald, 1998). Thus, it may be possible that survivors may not seek help because they anticipate poor treatment from formal social systems, such as disbelief or other types of mistreatment.

The extant literature suggests that there are multiple reasons why survivors may not seek help from formal social systems. However, relatively

little is known about why these factors prevent survivors from seeking help. The purpose of the current study was to expand research on this topic by using a qualitative methodological approach to explore the underlying reasons why survivors did not contact any formal social systems for assistance. Therefore, in the current study, 29 survivors who never sought postassault assistance from the legal, medical, and mental health systems and rape crisis centers were interviewed about their reasons for not seeking assistance, to further our understanding of the barriers survivors face in accessing formal community resources.

METHOD

Participants

The recruitment protocol for this study was modeled after the techniques of adaptive sampling (Thompson & Seber, 1996; see also, Campbell, Sefl, Wasco, & Ahrens, 2004, for details). The city of Chicago and two contiguous suburbs were divided into regions on the basis of zip codes, and geographic areas representing women of varying races and socioeconomic statuses were targeted for recruitment efforts. In each zip code, the study was advertised through posters, fliers, and in-person presentations to groups of women. The types of settings targeted within each zip code varied but included places where women live, work, or pass through as part of their daily activities, including the following: public transportation, grocery stores, currency exchanges, laundromats, nail and beauty salons, libraries, and churches. The content of the advertisements emphasized that many women have experienced rape or sexual assault, and our research team wanted to interview survivors regardless of whether they sought help from the legal, medical, and mental health systems or rape crisis centers. As a result of our recruitment efforts, 186 adult women contacted the research team to express interest in participating in the study (over an eight-month period). We contacted 157 of these women, of whom 112 (71 percent) were eligible to participate in the study (that is, were at least 18 years old and had been assaulted by a stranger, an acquaintance, a dating partner, or a husband). Completed interviews were conducted with 102 participants (91 percent). In 82 cases (80 percent), it was possible to trace a woman's involvement in the study to a specific zip code location (the remaining 20 percent was obtained through snowball sampling). There were

no significant differences in age, race, marital status, education level, and employment between these participants and the adult female residents of these zip codes, which suggests that the sample in the study is representative of the regions of Chicago from which the participants were recruited. The primary focus of the larger study was to examine rape survivors' experiences with formal social systems. For this study, we focused on the experiences of 29 adult survivors in this sample who did not have contact with any formal help system. Most participants in the larger study had contact with at least one system (legal, medical, mental health, or rape crisis centers), but this subsample represented a distinct group of survivors who had never disclosed the assault to or sought help from formal help systems.

The average age of this subsample of 29 adult rape survivors was 32.48 ($SD = 9.66$), and most were racial or ethnic minorities: 52 percent African American, 31 percent white, 7 percent Latina, and 10 percent multiracial. Almost one-third (29 percent) were currently married, and 45 percent had children. Most women (83 percent) had a high school education, and 55 percent were employed. There were no significant demographic differences between this subsample of victims with no formal systems contact and the other survivors in the study. Most survivors who chose to not contact any formal social systems were assaulted by someone they knew (acquaintance, date, partner) (83 percent), which was also the case for the rest of the sample; however, there were significantly more cases of nonstranger rape in the no systems contact subsample [$\chi^2(1, N = 102) = 5.24, p < .05$]. Forty-four percent of the survivors who had no contact with formal social systems were not physically injured in the attack, and most did not have a weapon used against them (62 percent). Similarly, most of these survivors were not under the influence of alcohol (62 percent). On average, the rape had occurred 8.23 years prior to participating in the interview ($SD = 8.78$). There were no significant differences between this subsample and the other survivors in the sample with respect to these assault characteristics.

Procedures

Interviews were conducted in person, with a mean duration of two hours ($SD = 49.53$ minutes; range = one to four hours). Each participant was given \$30, public transportation tokens to reimburse her for transportation expenses, and a packet of community

referrals for victims of violence. The tape-recorded interviews were conducted by the faculty principal investigator (PI) and a team of 11 female graduate and undergraduate research assistants who received course credit for their participation in the project (see Campbell et al., 2004, for details regarding interviewer training and supervision). The procedures used in this study were approved by the Michigan State University Institutional Review Board.

Measures

In the interview protocol, survivors were asked if they had any contact with the legal, medical, mental health systems or rape crisis centers for postassault assistance. When a survivor said that she did not have contact with a system, she was asked four follow-up questions: (1) why she decided not to seek assistance from that system; (2) whether there were things that prevented her from seeking assistance from that system; (3) whether anything could have been done that would have made it more likely that she would have turned to that system for help; and (4) looking back, whether she thinks it was a good or bad choice not to seek help from that system and why. The survivors in the focal subsample answered these questions about each of the four systems. The verbatim transcriptions from these questions were the primary data sources for analysis. Supplemental data sources were also consulted, including the audiotapes of the interview, full transcripts, and the PI's field notes from the entire project.

Data Analysis

Data analysis proceeded in two phases. First, two analysts developed open codes (Strauss & Corbin, 1990) that captured key thematic content in the survivors' narratives. In the second phase, we used Erickson's (1986) analytic induction method for data analysis, which is an iterative procedure for developing and testing empirical assertions in qualitative research (see also Ryan & Bernard, 2000). In this approach, an analyst reviews all of the data sources multiple times, with the goal of arriving at a set of assertions that are substantiated based on a thorough understanding of all of the data. The next task is to establish whether each assertion is warranted by going back to the data and assembling confirming and disconfirming evidence. The analyst must look for five types of evidentiary inadequacy: (1) inadequate amount of evidence, (2) inadequate variety in the kinds of evidence, (3) faulty interpretative status of

evidence (that is, doubts about the accuracy of the data due to social desirability bias), (4) inadequate disconfirming evidence (that is, no data were collected that could disconfirm a key assertion), and (5) inadequate discrepant case analysis (that is, no cases exist that are contrary to a key assertion) (Erickson, 1986). Assertions are revised or eliminated on the basis of their evidentiary adequacy until a set of well-warranted assertions remain. For this project, two analysts worked separately through Erickson's method so that the second analyst could provide independent verification of the assertions. Each analyst independently developed a preliminary list of assertions. The first analyst then expanded the list and tested the assertions against the data, refined, and in some instances eliminated them. Once the first analyst had completed what she thought was a well-warranted set of assertions and assembled confirming evidence, the second analyst then cross-checked those assertions against the data. Consensus was reached by the two analysts. Both examined the final list of assertions against the data and found them to be well-supported by the data.

RESULTS

Almost all of the survivors in this study identified multiple reasons that factored into their decision not to seek help (see Figure 1). First, more than three-quarters of the survivors anticipated that these systems would have rejected them personally and their expressed need for help. Some survivors discussed having had feelings of shame and unworthiness,

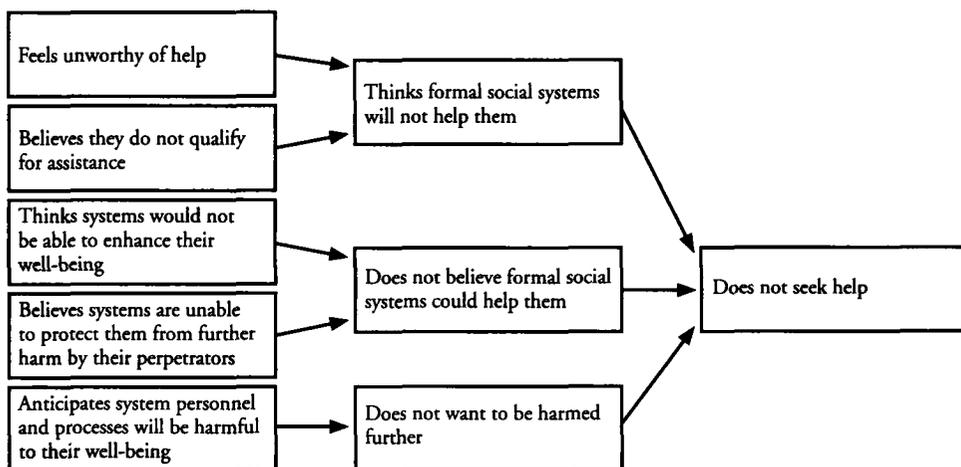
which made them feel that they were unworthy of help. Similarly, some did not think they qualified for assistance. Second, more than three-quarters of the survivors did not believe formal social systems could have helped them. Survivors believed that these systems would not have been able to enhance their well-being or protect them from further harm by their perpetrators. Third, more than three-quarters of the survivors anticipated that formal social systems would have been harmful to their well-being. Survivors described how not seeking help was a form of self-protection against system personnel and processes they had perceived as hurtful. Each of these types of barriers to help seeking was identified by the majority of survivors in this study and should not be considered mutually exclusive groups.

Anticipating Rejection

Feelings of self-blame and shame are commonly experienced by rape survivors (Herman, 1992). For example, survivors reported feeling ashamed and embarrassed about the rape and did not want others to know what happened to them. These feelings prevented survivors from reaching out to formal social systems for help. In addition, survivors in this study frequently blamed themselves for the rape, which prevented them from seeking help, as illustrated by the following survivors:

Like why...why would I talk to somebody? I was at fault. I blamed myself so heavily and felt so guilty.

Figure 1: Rape Survivors' Reasons for Not Seeking Help from Formal Social Systems



* * *
Why I did not get help, from any of the mental health. Because ... I know ... I was also blame for some of what happened. Not totally, partially.

Survivors who blamed themselves believed that the formal social systems also would blame them. Furthermore, many survivors who blamed themselves thought they did not deserve to receive help from formal social systems. Therefore, survivors may not have sought services available to them to avoid being rejected as unworthy of assistance by system personnel.

In addition, survivors with nonstereotypical rapes (that is, rape in which the offender is known to the survivor and the rape does not involve a weapon) believed that formal social systems would not help them. Similar to most people, survivors frequently had stereotypical views of rape as brutally violent and resulting in severe physical and psychological injuries. Because survivors held these stereotypical views of rape, they did not believe their rape experiences qualified for help. Therefore, survivors did not seek help when their rape experience did not reflect the stereotypical perception of rape. For example, survivors expressed that they would have sought help if their rape had been more physically violent, resulting in visible injuries:

It's like, you had to be really, really messed up. You had to be really like torn, and ripped clothing, and stuff like that. And I didn't really have anything like that.

* * *
Cause I wasn't beaten bad.

Survivors described enduring injuries of soreness and internal pain but believed their injuries were not severe enough to seek medical treatment. Survivors also thought their psychological reactions to the rape were benign compared with their stereotypical perception of rape survivors having "nervous breakdowns":

Some women, it seemed like they're totally devastated, you know. And I don't think it affected me that bad. I tried not to let it affect me like that.

* * *
I don't have any problems sleeping at night or, or feeling...going outside or anything by myself.

Survivors further noted that the rape did not "emotionally scar" them or interfere with their daily functioning and, thus, did not seek help. Survivors explained that the formal social system could not help them or would not respond positively unless their rape experience matched the stereotypical conception of rape. Therefore, survivors may not have sought help from these formal social systems because they anticipated that the system would neglect to help them. In retrospect, many survivors recognized the psychological and physical impact of their rapes. However, they still did not seek assistance, because they thought that formal social systems provided services to only those in crisis or for those who sought help immediately after the assault:

But my impression is that when you're in crisis, the first 24 to 48 hours, particularly, there are services for you. . . . And even for the person like me to feel that you're legitimate to use them; I'm not really quite in crisis cause I'm not bawling...it didn't just happen to me, but mentally, emotionally, I'm a wreck.

These survivors did not view themselves as being in crisis and, therefore, did not believe they qualified for services. Again, survivors anticipated that the system would not help them and did not seek assistance.

System Cannot Help

Although survivors anticipated that system personnel would not provide them services, they also frequently believed that the systems could not help them. Some survivors did not believe they needed the services provided by these formal social systems. These survivors felt confident that their coping skills were strong enough for them to deal with the rape and chose to handle it on their own. In addition, these survivors did not believe formal social systems would enhance their existing coping skills. Furthermore, they were unclear about how the formal social systems could help them. The primary goal of these survivors was to resume normal life, as suggested by the following survivors:

But you have to get yourself together and move on.

* * *

I just didn't want any problems. I didn't wanna talk about it anymore. I just wanted to get myself out of the situation and get it behind.

* * *

I knew how to cope with it, you know. . . . Just go wash up, lay down. . . . You'll be back to normal and go on.

However, they believed assistance from the formal social systems would prolong, not alleviate, painful feelings. Thus, survivors believed the formal social systems would hinder, not foster, their recovery process.

Other survivors believed formal social systems, including law enforcement, could not protect them from further harm by their assailants or the assailants' social networks. Survivors expressed fear that the assailant would kill or brutally harm them if they sought help:

If I could of felt. . . . If someone'd said, "Yeah, you got security."

* * *

I didn't go cause I was scared. . . . They [assailants] already told me what they'd try to do to me. They already told me they were gonna cut my breasts off.

Furthermore, survivors feared that medical and social service systems would contact law enforcement and force them to report the rape. Survivors believed their safety would be jeopardized if they sought help. Thus, survivors believed it was too risky to seek help from any formal social system.

Self-Protection from Hurtful System Personnel and Processes

In addition to believing that system personnel would or could not help them, survivors also expressed concern that system personnel would mistreat them in a hurtful manner:

They're gonna grill me and make me look like the bad one. . . . I didn't wanna deal with that. I didn't feel like . . . being dragged through the coals.

* * *

I just felt like . . . nobody was gonna believe me, you know. And I was gonna have to say, "Well, I was coming from buying drugs." And right then and there, you know, they wouldn't of cared. At least, I didn't feel they would.

* * *

Because it seems like there were a lot of therapists out there, and counselors that really don't care as much.

* * *

I heard before like at the hospital, they make you feel like it's your fault.

Survivors perceived formal social systems personnel as hurtful, often based on their own prior experiences with the systems or based on the experiences of people within their social network. Survivors believed system personnel would harm them by treating them like a criminal instead of a crime victim. Survivors predicted that system personnel would not believe they had been raped or care about them, especially if they had been drinking or using drugs. Overall, survivors believed that seeking assistance from formal social systems meant exposing themselves to additional psychological harm. Survivors worried that they could not cope with this mistreatment and did not want to risk further harm to themselves. Therefore, choosing not to seek help was a self-protective mechanism for survivors.

Survivors also believed that formal social systems require processes that are hurtful, as identified by the following survivors:

I just kinda had some, like apprehensions about going, cause I knew they would probe very intensely . . . they would ask me questions.

* * *

Because it [not seeking help] kept me from going through a lot of unnecessary pain and trouble and display myself all for no good to me.

As illustrated in the quotes, survivors believed the system would require them to disclose the rape in detail and answer numerous, potentially invasive questions. Survivors anticipated this "probing" for information would leave them feeling exposed and vulnerable. Survivors worried this would elicit painful memories and feelings about the rape, which they did not feel ready to experience. Survivors also did not seek medical treatment because they could not bear being touched. These survivors worried that being touched would cause them to become emotionally distraught. On a similar note, survivors believed involvement in one system would require involvement in other systems. For example,

survivors did not seek medical treatment out of concern law enforcement or social services would be contacted:

And when you're involved in a rape center, you're involved with police. And a whole lot of other people. DCFS, maybe. Court wanna know about your kids. ... I tell this and I'm gonna have to answer about this and that.

Thus, survivors were concerned about losing control of their privacy. Many survivors also reported being emotionally fragile following their rape. Thus, survivors declined assistance from formal social systems to preserve their mental health from a process that they viewed as psychologically painful.

Additional analyses were conducted to compare the reasons for not seeking help with the demographic characteristics of the participants. However, these analyses did not show any differences among the survivors and their reasons for not seeking help on the basis of demographic characteristics.

DISCUSSION

Formal social systems provide services for the debilitating psychological consequences and physical health problems caused by rape. Yet many survivors do not seek assistance from these systems (Campbell et al., 2001; Ullman, 1996; Ullman & Filipas, 2001). In the current study, survivors who did not seek help from any formal social system after their rape provided a unique perspective by identifying the factors that prevent rape survivors from seeking formal help and discussing why these factors led them to not seek help. This study found that survivors anticipated that the system would or could not help or would psychologically harm them. *Rape* is an act of unwanted sexual penetration committed by use or threat of force, which leaves survivors feeling vulnerable and powerless. Given the nature of the crime, survivors may be inclined to protect themselves from any suspected harm that would exacerbate feelings of vulnerability, powerlessness, or other feelings that might further debilitate their psychological well-being. In all three overarching themes, survivors anticipated that formal social systems could potentially hurt them further. For example, survivors anticipated that the system would not help because their rape experience did not match stereotypical conceptions of rape (that is, violent rape resulting in severe physical injuries). Expanding

on prior research, this finding suggests that some survivors may not believe their nonstereotypical rape experiences qualified for help. Furthermore, prior research shows that survivors feel distressed when systems refuse to provide services (Campbell et al., 2001). Taken together, these findings explain that survivors with nonstereotypical rape experiences did not seek services as a mechanism to shield themselves from feeling hurt as a result of this potential rejection.

Survivors also did not have faith that the systems could help them. Survivors expressed confidence in their coping skills to handle their postrape psychological reactions and believed seeking help might intensify painful feelings caused by the rape. Prior research found that survivors with more debilitating psychological symptomatology seek assistance (Starzynski et al., 2005). Building on prior research, this study explains why survivors with less debilitating symptomatology may not seek help, with many survivors explaining they did not see how the system could help. In addition, survivors explained that they feared assistance by the system would have exacerbated their painful feelings to an unmanageable level. Similar to prior research, survivors also feared their assailants would seek revenge if they sought help from any formal social system. Expanding on this finding, survivors elaborated why fear of revenge prevented them from seeking help. Survivors did not think the systems could protect them from their assailant and, thus, believed seeking help would jeopardize their safety. In both cases, this study found that declining to seek help is a way survivors attempt to protect their psychological or physical well-being.

Finally, survivors anticipated formal social systems personnel or their processes would cause them further psychological harm. This anticipated harm included disbelief by formal social system personnel, as suggested by prior research, and other forms of harm, including blame, lack of caring, and interrogation. One of the earlier stages of recovery from rape involves establishing safety by regaining control of one's life and protecting one's self (Lebowitz, Harvey, & Herman, 1993). Avoiding emotional vulnerability can be a strategy for maintaining control and protecting one's psychological well-being (Fine, 1992). Thus, avoidance of help from formal social systems perceived as harmful is a mechanism that survivors use to protect themselves from further psychological pain.

Limitations

Although the current study provides insight on the barriers to survivors seeking help, there are several limitations. First, those individuals who agree to participate in research may be different from the general population of rape survivors. Although this study recruited a diverse sample of rape survivors, the choice to participate was ultimately the survivors'. The barriers to help seeking may be different for those who did and those who did not participate. Second, given the qualitative nature of the study, the findings may not be generalized to the larger population of rape survivors, especially those living in suburban and rural communities. Still, qualitative analysis is particularly useful at providing an in-depth picture of the barriers to help seeking. Third, the retrospective design of the study relies on the memories of participants. It is possible that the participants did not recall other barriers to help seeking. However, it stands to reason that survivors would remember the barriers most salient to them.

Implications for Practice

This study found that survivors do not seek help as a means of self-protection. Understanding this self-protection process suggests that systemic outreach efforts are needed to address the concerns identified by the rape survivors in this study. Prior research has shown that social marketing has been successful in producing changes in the beliefs or behaviors of community members around multiple social problems (Rothschild, Mastin, & Miller, 2006). Social marketing uses communication strategies to encourage people to adopt social ideas or new behaviors around a specific social problem (MacStravic, 2000). Social marketing uses multiple communication strategies, including advertisement through mass media, public relations aimed at building a positive image of the idea and type of behavior recommended, and incentives to make the change useful.

Social marketing as a strategy to increase help seeking among rape survivors is relatively new, but the emerging research shows promise. For example, Boehm and Itzhaky (2004) used social marketing strategies to increase help seeking of child victims of sexual abuse in an ultraorthodox Jewish community in Israel. Victims and their families had concerns about being ostracized if they sought help. The social marketing incorporated religious leaders to promote the message that it was immoral to ostracize victims of sexual violence, which led to

increased help seeking among the victims and their families. Konradi and DeBruin (2003) used social marketing to increase usage of a specialized sexual assault medical care facility among college students. The research team created four fliers that addressed obstacles to help seeking unique to that community (for example, concern of confidentiality) and then distributed the fliers systematically throughout the college campus. At the end of the school year, the authors found that the college students were more knowledgeable about the program and its policies (for example, confidentiality) and were more likely to encourage a friend to seek help from the program. In both of these studies, social marketing addressed the concerns of the targeted community (for example, ostracism, confidentiality), which was key to increasing help seeking.

The findings of the current study could be incorporated into a social marketing plan aimed at increasing help seeking among survivors in an urban area. The current study found that survivors of rape do not seek help because they blame themselves for the rape or perceive their rape to be less severe than that of others (for example, believe their rape is less violent than what others experience). As such, social marketing may be a viable mechanism to increase formal help seeking by changing the misperceptions of rape. For example, a social marketing plan could decrease common misperceptions that rape is typically committed by a stranger or results in severe injuries. Survivors may be less likely to blame themselves and, thus, more likely to seek help if they believe their experiences are similar to those of other survivors. Furthermore, social marketing can systematically provide messages, such as "survivors do not cause rape," through mass media venues.

The current study also found that survivors did not seek help when they believed the formal social systems could not help them. Therefore, another aim of social marketing should build a positive image of the services offered by the formal social systems. The findings of the current study would suggest that a social marketing plan should address survivors' concerns about help seeking, such as loss of privacy and fear of services intensifying their emotions to an unmanageable level. Thus, the social marketing should include information regarding confidentiality and common emotions that emerge during the process and strategies to keep these temporary emotions at a manageable level. Overall, the social marketing

message needs to communicate that services are available to all survivors, regardless of the type of rape (for example, acquaintance rape) and severity (for example, degree of violence and injury) thereof. Because survivors viewed help seeking as risky to their well-being, the message also should promote services as beneficial and safe for survivors.

Although social marketing has been found to increase help seeking, survivors will not seek help if they anticipate psychological harm. Survivors in this study anticipated that seeking help would cause them further psychological distress but did not actually seek help from any formal social system. Although the survivors were just anticipating further distress from seeking help, prior research suggests that these survivors may have accurate concerns about help seeking. For example, studies have found that rape survivors often do not receive needed services and are treated by system personnel in ways that they experience as upsetting and victim blaming. Survivors experienced being blamed, were told their cases were not serious enough, and were not believed by system personnel. These negative experiences with formal social systems are associated with higher levels of posttraumatic stress symptoms (Campbell & Raja, 2005; Campbell et al., 2001). Therefore, it is important to improve the systems' response so survivors are not revictimized (for example, blamed) when seeking help from formal social systems.

Social workers are often housed in these formal social systems (for example, police departments, hospitals, mental health agencies, rape crisis centers), providing opportunity for social workers to play an important role in improving survivors' experiences with formal social systems. In addition, many communities are forming multidisciplinary coordinated response initiatives to improve formal social systems' responses to rape survivors (Littel, 2001). Prior research has found that communities with higher coordinated responses were more successful in providing higher quality care consistent with survivors' needs (Campbell & Ahrens, 1998). Furthermore, these community initiatives are associated with law enforcement's improved treatment of rape survivors (Zweig & Burt, 2006). Ethical principles charge social workers with the responsibility of pursuing social change, particularly with and on behalf of vulnerable and oppressed individuals, leaving social workers with the task of preventing systemic harm to survivors (NASW, 2000). Therefore, the presence of social workers in these coordinated

responses may have an important role in improving the treatment of rape survivors. Social workers can contribute to these initiatives by advocating for and training on survivor-centered empowerment approaches to working with survivors. However, the unique contributions of social workers in these community-coordinated responses have not been examined. Therefore, future research should explore whether and how social workers contribute to the improved response toward victims of rape within these multidisciplinary initiatives. **HSW**

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Original manuscript received October 10, 2007
Final revision received August 18, 2008
Accepted December 3, 2008

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