



A key mission of the Center for Research on Violence Against Women is to ensure that the findings of quality research make it into the hands of advocates. This translation of research to practice ensures that science has an impact on the lives of women and children.

In 2010 the Center for Research on Violence Against Women conducted a survey with over 100 rape crisis and domestic violence advocates in Kentucky about what they needed to know from research to help them do their jobs. Advocates identified ten top issues. A series of ten briefs were prepared by the Center to answer the Top Ten Things Advocates Need to Know.

TOP TEN THINGS ADVOCATES NEED TO KNOW

1. **WHAT SERVICES DO SURVIVORS OF RAPE FIND MOST HELPFUL, AND WHAT HELP DO THEY SAY THEY NEED?**
2. What type of sex offender is most likely to recommit their crimes? Incest offenders, rapists, or pedophiles?
3. What mental health issues are caused by experiencing intimate partner violence or sexual assault?
4. Do protective orders work? Who violates protective orders the most?
5. What is the impact of mandatory arrest laws on intimate partner violence victims and offenders?
6. What are the most significant long-term health consequences of chronic sexual or physical violence?
7. What percentage of rape cases gets prosecuted? What are the rates of conviction?
8. Does treatment with intimate partner violence offenders work?
9. Does a report of intimate partner violence or sexual assault by a partner put a woman at risk of losing custody of her children?
10. How do women from different racial/ethnic backgrounds experience intimate partner violence (IPV) or sexual assault? Does race and ethnicity matter?

For more information on the Center for Research on Violence Against Women and to find PDFs of the Top Ten Things Advocates Need To Know Series, visit www.uky.edu/CRVAW

QUESTION 1:

WHAT SERVICES DO SURVIVORS OF RAPE FIND MOST HELPFUL AND WHAT HELP DO THEY SAY THEY NEED?

REPORT AT A GLANCE

- 18% of American women have experienced rape in their lifetime.
- Rape survivors may experience physical injury, STDs, unwanted pregnancy, psychological trauma, debilitating fear, PTSD, depression and social isolation.
- Women are least likely to report a rape or sexual assault when they blame themselves, their experience was not a violent rape by a stranger, or they fear retaliation.
- Women fear they will not be believed, will be treated poorly, will be blamed, will have privacy lost, or will be further traumatized.
- Many women experience secondary victimization (an event which adds trauma as a result of an attempt to get help), which can be caused by: judgmental or victim-blaming statements by service providers, invasive medical procedures, pressure by the legal system to press charges, or asking a victim to recount her rape experience to multiple people.
- Immediately following a rape, women need help for health concerns including injuries, STDs and pregnancy.
- Survivors find services the most helpful and least distressing when aided by a Sexual Assault Nurse Examiner.
- The psychological impact of the behavior of service providers makes the difference of whether services are helpful or create additional trauma for the victim.

In 2010 the Center for Research on Violence Against Women conducted a survey with over 100 rape crisis and domestic violence advocates in Kentucky about what they needed to know from research to help them do their jobs. Advocates identified ten top issues. This brief is one in a series of ten prepared by the Center to answer these top ten research questions.

How Big is the Problem?

According to a 2005 national study funded by the National Institute of Justice, at least 18% of American women (or 20 million women) have experienced rape in their lifetimes. Women reported experiencing forcible rape (about 80% of the time), the use of drugs by a perpetrator to facilitate a rape (30% of the time), or a rape committed after a woman was incapacitated due to alcohol consumption (20% of the time) (1). In many cases, women experienced more than one of these; for example, forcible rape while incapacitated due to intoxication.

The consequences of rape can have serious, long-term impacts on survivors. Studies show that rape survivors experience problems including physical injury, sexually transmitted diseases, unwanted pregnancy, psychological trauma, debilitating fear, post-traumatic stress, depression, and social isolation, many of which can actually increase her risk of future victimization (2, 3).

No single rape experience is the same, individual rape survivors often have very different needs and circumstances when seeking help to deal with their victimization.

Do Survivors Ask for Help?

Many women delay seeking help or do not seek help at all after a sexual assault incident.

Research reveals that women are least likely to report a rape or sexual assault when they feel ashamed or blame themselves, when their experience was not a stereotypical violent rape by a

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The behaviors and reactions of service providers of all levels - from crisis line operators to nurses - has a psychological impact on rape survivors reaching out for services. See page 4

stranger (e.g., the so-called "classic" rape case), or when they feared retaliation by their perpetrator if they were to report (4). Under these circumstances, survivors worry that they will not be believed by law enforcement, they will be treated poorly, they will be blamed for their victimization, their privacy will be lost, or that reporting might lead to further psychological or physical trauma. Research shows that rape survivors, particularly those with lower levels of post-traumatic stress, are unlikely to report to police out of concern that reporting will only increase their psychological stress beyond the level at which they are currently able to cope (5). To some extent, research into survivors' experiences with the legal system confirms that the majority of rape survivors who report to police do feel like their involvement with the justice system is more hurtful than helpful. Studies suggest that this is due both to the greater likelihood of experiencing secondary victimization from within the legal system (6,7,8,9), as well as the extremely low likelihood that a rape case will result in a conviction, or even be prosecuted (10, 11, 12). Misgivings about the legal system can in turn discourage women from seeking medical care, mental health treatment, and other services due to concern that these other service professionals will be required to report their rape to the police without the survivor's permission.

One study conducted in Kentucky suggests that there may be different reasons for not reporting a rape or sexual assault for rural versus urban women (13). This research found that rural women most often thought of the rape perpetrator as an intimate partner, while for urban women the perpetrator was usually an acquaintance or a stranger. As a result, rural women were more concerned about experiencing family and community backlash when deciding whether or not to seek help.

Rape survivors who do not report to police or seek other services can experience psychological stress and trauma

long after their rape (3). Research finds that many of these women do not trust that formal services will let the survivor herself determine the extent to which she needs help. For many of these women, research suggests that the greatest barrier to help might be the lack of a safe, trusted, supportive person who will actually listen to and validate her story (14).

Research shows that several factors affect what types of services rape survivor seeks. For example, survivors of stranger rape are more likely to seek legal and medical help than women raped by someone they know (4, 9, 11, 15). Also, many women seek help from religious communities (11). Studies show that when a woman is raped by someone she knows, she is often less likely to immediately identify the incident as rape, and as a result might not immediately seek formal help (13, 16, 17). Further research finds that about 70% of rape survivors do not tell anyone immediately after the assault, but most will eventually tell someone about the rape within days, weeks, or even years of the incident (18, 19). White women are far more likely to seek mental health services or call rape crisis lines than are minority women (11, 20).



Police: One type of outreach by rape survivors is contacting the police. Recent studies estimate that less than one-third of rape cases are reported to police (1, 21). Research indicates that a survivor is most likely to contact police when:

- She feels that her life is in danger;
- Fears the perpetrator would rape her again or would rape another person; or
- When there are serious medical concerns including STDs or physical injuries associated with the rape (1, 4, 9).

Several women interviewed in focus group studies mentioned that the reason their case was reported to police was because another person, for example a family member, encouraged her to report the rape or reported to police without her permission (4, 22). Women in rural areas, in particular, stated in interviews that they did not contact the police because they fear their abuser has political connections which will result in lack of

prosecution, and perhaps retribution against her (13).



Medical Care: Another important form of help sought by rape survivors is medical care. Research indicates that a survivor is most likely to seek medical care for one of four reasons (6):

1. Collect forensic evidence (e.g., blood, hair, or semen);
2. Detect and treat physical injuries;
3. Get information and testing for sexually transmitted diseases (STDs); or
4. Get precautionary treatment for unwanted pregnancy

Several studies have found that women treated for sexual assault are not given adequate information from healthcare providers about the health consequences of sexual assault, such as STDs or how to get the morning-after birth control pill (6, 11, 23). One key study, for example, found that while 70% of rape survivors received a forensic medical exam, less than half the women seeking medical help received pregnancy information (49%), the morning-after pill (43%), information on STDs (39%) or information on HIV (32%) (11). Not only did most survivors not receive information about the health consequences of sexual assault, further research suggests survivors who did not receive this type of information felt the services were less helpful, and sometimes even saw their treatment as harmful to their emotional well-being (11, 23, 24).

What did Survivors Find Helpful?

Studies indicate that the risk of a rape survivor experiencing additional trauma while seeking help is a very real concern. A growing body of research indicates that many women experience "secondary victimization" because of service providers, that is, an experience which

adds trauma as a result of her attempt to get help (8, 11, 15, 24, 25, 26). These negative experiences can contribute to long-term mental-health problems, and may discourage rape



Sexual Assault Nurse Examiners are effective in reducing the secondary victimization of survivors.

victims from seeking any further treatment or help for their victimization. Secondary victimization most frequently occurs when police, prosecutors, or medical service providers make judgmental or victim-blaming statements to rape survivors while rendering services to them (8, 13, 26). However, additional trauma can also

be unintentionally inflicted when a woman must endure invasive medical procedures, is pressured by the legal system to press charges, or asked to repeatedly recount her rape experience to multiple people (e.g., the doctor, the police, and the prosecutor). Research confirms that victim advocates and Sexual Assault Nurse Examiners (SANE), when utilized, are usually effective in reducing the secondary victimization of survivors (26, 27). One study found that in their sample of rape survivors, legal and medical services were rated as more hurtful than helpful, but mental health professionals, religious counselors, and rape crisis centers were seen as far more healing than hurtful (11).

Some recent research suggests that advocates and service providers' emotional responses while providing help to rape survivors may also be influential. Research finds that many advocates can experience anger or fear as a result of repeated frustrations helping survivors deal with, for example, the legal system or a perpetrator (28). Others

TO REDUCE DISTRESS AMONG RAPE SURVIVORS (27):

- DO NOT BLAME OR JUDGE
- PROVIDE A COORDINATED SERVICE DELIVERY SYSTEM/PROGRAM
- PROVIDE ACCESS TO HIV AND STD RISK COUNSELING AND THE MORNING-AFTER BIRTH CONTROL PILL
- GIVE THE INFORMATION AND SUPPORT REQUESTED
- HELP Schedule MEDICAL EXAM WITH A SEXUAL ASSAULT NURSE EXAMINER (SANE)
- HELP NAVIGATE THE LEGAL SYSTEM, SO THEIR CASE MAY BE PROSECUTED

may vicariously share the trauma of their clients. While many advocates can use these experiences to motivate their continued work, these emotions may not be appropriate for all victims. A study on social service providers, for example, found that when service providers believe that victims of crime can "never fully recover" from the experience, this can negatively impact the success of treatment outcomes of their clients (15, 29). Also, research on emergency services reveals that police, doctors, and nurses underestimate the impact their words and attitudes have on the rape survivors they help (25).

When a rape survivor perceives being treated negatively by a service provider, or believes that even the service provider is emotionally distressed by their trauma, they are more likely to have on-going post traumatic stress, depression, and other mental health issues. (11, 19, 28)

Conclusion

In sum, violence against women researchers have, to date, provided the following answers the question: "What services to survivors of rape find most helpful, and what help do they say they need?" In the immediate aftermath, women need help for health concerns related to the experience of rape. This includes treatment for injuries, potential sexually transmitted diseases, and potential pregnancy. Survivors find these services to be the most helpful (and the least distressing) when paired with the services of a Sexual Assault Nurse Examiner (SANE),

when they are given enough information about STDs and morning-after contraception, and when all medical services are delivered without judgment or victim-blaming. Survivors find all forms of information presented by a supportive service provider helpful; whether that information is provided by a doctor, a police officer, a prosecutor, a rape crisis center, or other advocate. When immediate services are rendered in a supportive way that does not further traumatize a survivor, she is more likely to continue with subsequent treatments such as mental health counseling which serves to better alleviate the long-term impact of rape.

Many of the direct services needed by rape survivors (such as medical treatment, legal referrals, counseling, etc.) are already evident to those working in the field. However, research involving survivors of rape reveals that the manner in which those services are offered to women may often times make the difference of whether the services rendered create additional trauma for survivors, or whether they are indeed helpful. Awareness of the psychological impact of behavior by service providers at all levels, from a police dispatcher to an intake nurse at an emergency room, should be an important point of focus for advocate when attempting to coordinate services for rape victims across multiple agencies. As long as researchers and service providers continue to pay attention to what survivors tell us they need, our ability to better identify and serve their needs will continue to improve.

A 2002 IN-DEPTH STUDY OF SANE PROGRAMS REPORTED NINE THEMES IDENTIFIED BY SURVIVORS IN DESCRIBING HOW SEXUAL ASSAULT NURSE EXAMINERS HAD BEEN HELPFUL (30)

SURVIVORS FELT:

RESPECTED AS A WHOLE PERSON

Their needs were met and they were treated with dignity and respect

INFORMED

Given information but not overwhelmed by too much

THE PRESENCE OF STAFF

Nursing staff was there for them to provide information and let them know what to expect

SAFE

Caregivers were women and were sensitive in their care

CARED FOR

1. By people with expertise (providers knew what they were doing)
2. Beyond the hospital (received the option of follow-up care)

IN CONTROL

Given options but not pushed toward certain choices

REASSURED

Felt believed and supported

APPRECIATIVE

In how they were physically touched (not invasive and nurses held their hands during exam)

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