2011

Increasing Sexual Assault Survivors' Help Seeking Via Advertised Messages

Laura Garcia-Browning
University of Windsor

Increasing Sexual Assault Survivors' Help Seeking Via Advertised Messages

by

Laura Garcia-Browning, M. A.

A Dissertation
Submitted to the Faculty of Graduate Studies
Through the Department of Psychology
in Partial Fulfillment of the Requirements for
the Degree of Doctor of Philosophy at the
University of Windsor

Windsor, Ontario, Canada

2011

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Laura Garcia-Browning, M. A.

APPROVED BY:

_____

Dr. Sandra Pyke, External Examiner
York University

_____

Dr. Dale Rajacich
Department of Nursing

_____

Dr. Charlene Senn
Department of Psychology

_____

Dr. Rosanne Menna
Department of Psychology

_____

Dr. Jill Singleton-Jackson, Advisor
Department of Psychology

_____

Elizabeth Donnelly, Chair of Defense
Faculty of Graduate Studies and Research

May 25, 2011

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Abstract

Sexual assault is a common occurrence on Canadian university campuses, yet women who experience sexual assault typically do not seek immediate help. This pattern of silence is problematic because when survivors talk about the assault with someone whose responses are perceived as supportive, their suffering is often alleviated (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001). This study examined the efficacy of messages designed to encourage sexual assault survivors to seek help. Community members submitted 118 messages designed to encourage help seeking to a poster contest. These were combined with 34 messages gathered from existing sources. Three of these messages were judged to be exemplary by a panel of experts. Women (n = 633) recruited through the university of Windsor and online advertisements were randomly assigned to view one of these three help seeking messages, or to a control group. Reactions to these messages were measured at one week and one month intervals. Women who experienced rape or attempted rape (n = 138) had significantly less positive attitudes, subjective norms, and intention towards help seeking, endorsed less help seeking behaviour and encouraged a friend to seek less help than participants who did not experience sexual assault (n = 186). Exposure to a poster designed to increase help seeking behaviour did not improve beliefs about help seeking and did not increase actual help seeking behaviour. Exposure to one poster did encourage hypothetical help seeking regardless of level of distress. Encouragingly, exposure to another poster did increase actual help seeking among participants with high levels of self-blame. Some improvements in hypothetical advice to a friend were noted. Findings suggest that emphasizing a message of solidarity (e.g. you are not alone) may motivate some changes in help seeking behaviour. More effective content for future posters is discussed.

Dedication

I would like to thank the women who took the time to participate in my study. Their openness and willingness to answer potentially difficult questions is truly inspiring and I am grateful for the opportunity to be permitted to understand their experiences.

I would also like to thank my advisor, Dr. Jill Singleton-Jackson whose kindness and support was an invaluable contribution to my completing this endeavour. I am also very grateful for my committee members' insight, patience, expertise, and unflagging belief that I would complete this project. I read the final results knowing that their extensive input has helped create a work that I will feel proud of for the rest of my life.

I am extremely lucky to have an incredibly encouraging and loving group of family and friends. I am so very grateful to have parents who always let me know how much they love me, and how proud they are of everything and anything that I do. Friendships I have made throughout my many years of attending universities are ones that I will cherish always.

Most of all, I want to thank my wife, Lauri, who has been the most caring and supportive partner in the history of time. She had read every word, of every draft. Edited every chart and re-worked every flow chart. She laughed with me through this process and was always by my side when the stresses of doing a PhD brought me to tears. She believes in me so strongly and unfailingly that I have never considered giving up. I know whole heartedly that without her support I would not have been able to complete this research. In the charmed life that I have been so fortunate to lead, she is the single blessing that makes everything else make sense.

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CHAPTER I

Introduction and Literature Review

It has been estimated that between 8% to 47% of women who are raped never disclose their sexual assault experiences to anyone, and as a result suffer in silence (Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Koss, 1985). Although the majority of sexual assault survivors do eventually tell friends or family about sexual assault experiences, commonly the process of disclosure can take months or even years (Ullman, 1999, 2010). This is problematic as research suggests that delaying help seeking can significantly increase long term distress, and negative outcomes (Russell & Davis, 2007; Ullman, 1999; 2010). Effective and helpful services for sexual assault survivors, such as rape crisis centres, do exist, however, they are underutilized. Many women are not familiar with these services and the necessary public education and advertising has not been done effectively (Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001). Overall, more efforts, such as advertising and social marketing campaigns, are sorely needed in order to reach out to women who have experienced sexual assault (Ullman, 1999). Ullman and Filipas have stated "the pathological social climate must change in order to encourage all victims to seek help for mental and physical health effects of sexual assault" (2001, p. 1043). While theories related to attitude and behaviour change do exist to guide this process, there is a paucity of research examining interventions designed to encourage help seeking among sexual assault survivors.

The purpose of this study is to evaluate help seeking messages designed to encourage sexual assault survivors to seek help. The literature review will address the prevalence and impact of sexual assault within Canada, the current state of help seeking

among sexual assault survivors, a description of theories of decision making and behaviour change, and the barriers affecting sexual assault survivors' help seeking.

Sexual Assault in Canada

Rape has been defined as "an act of non-consensual sexual penetration (oral, anal, or vaginal) obtained by force or threat of force or when the victim is unable to resist or give consent due to incapacitation" (Kolivas & Gross, 2007, p. 316). In Canada, acts of rape are included under the legal term *sexual assault*. The Canadian Criminal Code defines sexual assault as "conduct ranging from unwanted sexual touching to sexual violence resulting in serious physical injury to the victim" (Statistics Canada, 2006, p. 26). In 2006, approximately 22,151 reports of sexual assault were substantiated by Canadian police (27.8 per 100,000) (Statistics Canada, 2007). As less than 10% of sexual assaults are reported to police, this is a drastic underestimate of the number of sexual assaults which occur in Canada (Statistics Canada, 2006).

In a review of the literature, Senn and colleagues (2000) have concluded that one out of five women will experience a "serious sexual assault" after the age of 14 (p.96). Although sexual assault can occur at any age, women aged 16-19 are most likely to experience rape / attempted rape, followed by women aged 20-24 (Koss, Gidycz, & Wisniewski, 1987). Women in these age groups are almost four times more likely to experience sexual victimization than women in any other age group (Koss, Gidycz, & Wisniewski, 1987). Kolivas and Gross (2007) found that 15% of college women reported experiencing a completed rape. As a result of these rates of incidence, Statistics Canada has concluded that "[b]eing young and female are risk factors for sexual assault" (2006, p. 36). Given that young women are at such high risk of experiencing sexual assault, it makes sense to focus research on help seeking among this population.

Realities of Sexual Assault

In addition to being "young and female" there are a number of other factors which are often commonly associated with sexual assault. Research indicates that the majority of sexual assault survivors know their attacker (upwards of 84%), experience multiple incidents of sexual assault either by the same perpetrator, or by different assailants, and are more likely to experience assault in places they know, such as in and around a residence (Campbell, 2005; Casey & Nurius, 2005; Brennan & Taylor-Butts, 2008).

These results run contrary to the typical sexual assault scenario that many women are taught to expect, namely *being assaulted in a dark alley by a stranger*. This discrepancy between myth and reality is particularly problematic. If women are sexually assaulted in ways that run contrary to the scenario they are taught to expect, the psychological impact of the assault can be much more detrimental. (Scheppele & Bart, 1983). In addition, women who are assaulted by people they know have been found to experience more difficulty obtaining community services and may be more at risk for receiving victim-blaming treatment (Campbell, Sefl, Barnes, Ahrens, Wasco, & Zaragoza-Diesfeld, 1999; Ullman, 2010).

Revictimization.

Women who have been sexually assaulted are at higher risk of being revictimized. In a summary of the literature Breitenbecher (2001) notes that between 15% and 72% of women who were sexually assaulted at some point in their lives were likely to be revictimized. A systematic review of 90 empirical studies estimates that two thirds of women who experience sexual victimization will be revictimized (Classen, Palesh & Aggarwal, 2005). Women who are sexually abused as children are at even higher risk of

experiencing further sexual assault (Russell, 1986). In a review of the literature, Casey and Nurius (2005) concluded that women who have been sexually victimized in childhood are between 1.5 and 2.5 times more likely to be assaulted in adolescence or adulthood.

Impact of Sexual Assault

The impact of sexual assault has been described as:

> [I]nvolving a total loss of control over one's life, one's body, and the course of events. Most women experience it as a violation, and as hostile and violent, even when it is not described by the victim as brutal. Rape is a degrading and humiliating experience. It is also something that comes as a shock, destroys an individual's ability to maintain the important illusion of personal safety or invulnerability, and throws into question many assumptions and beliefs the individual may have about herself and the world around her. It may be similar to other life crises in terms of this loss of control, loss of invulnerability and loss of self worth. (Burt & Katz, 1987, p. 61)

The reactions of women who have been sexually assaulted have been likened to those of "men mugged at gunpoint … significant others of murder victims … [and] the reactions of some men to combat..." (Esper, 1986, p. 25-26). The impact of sexual assault can culminate in symptoms of post traumatic stress disorder, including re-experiencing the trauma, feelings of numbness, hyper-alertness, sleep disturbances, and avoiding activities that recall the event. The majority of women who experience rape do show symptoms of PTSD in the days or weeks following the assault, and for a minority (about

20%) these symptoms seem to persist to a significant degree a year post assault (Campbell, Dworkin & Cabral, 2009; Hanson, 1990). Women who have experienced sexual assault are at risk for further victimization (Breitenbecher, 2001), and consequently the cumulative impact of sexual assault typically results in the exacerbation of PTSD symptoms (Campbell, Dworkin & Cabral, 2009).

Overall, the majority of sexual assault survivors (>80%) report symptoms of anger, anxiety, depression, sexual dysfunction, post traumatic stress disorder, problems with social adjustment and mistrust of others at some point following sexual assault. These reactions typically diminish to pre-assault levels within one year however, a minority of women continue to feel distressed for longer periods of time (Breitenbecher, 2001; Scheppele & Bart, 1983).

In a longitudinal examination of the impact of sexual assault, symptoms of depression and anxiety were significantly more prevalent among sexual assault survivors. Women (n = 115) who were assaulted and seeking treatment at a Georgia rape crisis were compared to a control group matched for age, gender, socioeconomic status, race, and education. Interviews were conducted at two week, one month, four months, and one year intervals. The authors concluded that despite "psychological symptoms, in the year post assault, victims did not seek psychological services with any greater frequency than women who had not been assaulted" (Kimerling & Calhoun, 1994, p. 336). The psychological impact of the assault did not prompt help seeking, and consequently one wonders if women who have experienced sexual assault are left to suffer in silence.

The impact of sexual assault appears to be consistent across cultural groups. In a review of the literature, Ullman (2010) suggested that women of colour may experience more victim blaming reactions when disclosing sexual assault experiences. These

negative reactions further exacerbate adverse psychological symptoms. Wyatt (1992) found that the majority of Caucasian (85%) and African American (86%) women experienced negative psychological effects following assault, such as fear, anger, depression, and anxiety. Both African American (60%) and Caucasian (62%) women also reported similar rates of long lasting negative psychological effects. These included "mistrust of men, negative attitudes towards men, chronic depression and specific fears of being left alone and being out at night" (1992, p. 84).

Delaying disclosure of a sexual assault has also been found to be significantly related to aggravated psychological symptoms (Ullman, 2010). This may be due in part to the fact that suppressing traumatic memories can be harmful, or possibly because keeping silent about traumatic experiences does not allow for the cognitive and emotional processing of those experiences.

In summary, many Canadian women experience sexual assault, and the majority of these women may experience further revictimization. The majority of women experience significant distress following an assault, including symptoms of post traumatic stress disorder. This cycle of suffering can only be broken by effectively encouraging women who have experienced sexual assault to seek help.

Help Seeking Among Sexual Assault Survivors

Given the negative impact of sexual assault, it becomes clear that women who are sexually assaulted often experience suffering as a result. The following section will describe the ways and means that sexual assault survivors are currently seeking help, and demonstrate the necessity of increasing help seeking among sexual assault survivors.

For the purposes of the present study, the act of voluntarily disclosing sexual assault experiences, as well as other efforts to obtain help and support, has been considered to be an act of help seeking because the act of disclosure often begins the process of help seeking. It is important to note that disclosure can mean different things to different people, and that the cost of disclosure varies according to race, age, economic status, and/or sexual orientation (Ullman, 2010). In general, Ullman and Filipas (2001) found that in a sample of 323 sexual assault survivors 87% eventually disclosed their assault to others at some point, often many years later. More specifically, 30.3% told someone immediately after the attack, 32.5% told someone days or weeks afterwards, 37.2% disclosed a year or more post assault, and at the time of the survey 13% had told no one.

The Process of Help Seeking Among Sexual Assault Survivors

Liang, Goodman, Tummala-Narra and Weintraub (2005) and Symes's (2000) provide theoretical models describing the process through which women who have experienced sexual assault seek help. Liang and colleagues (2005) review of the literature prompted them to formulate an ecological model describing women's decisions to seek help following intimate partner violence, which was then adapted by Ullman (2010) to include experiences of sexual assault. The first step described in this model is the process of identifying the problem, which includes labelling, acknowledging and recognizing the sexual assault that has occurred. This process can include moving away from conceptualizing rape experiences as trivial, or the fault of the victim. In other words, if a woman does not identify her experiences as problematic, or does not identify sexual assault experiences as the source of her distress, she will most likely not seek help for

these experiences (Ullman, 2010). The second step in this model is related to the actual process of help seeking, which requires identifying the situation as undesirable, and believing that the problem is unlikely to go away without help from others (Liang et al., 2005). While Liang and colleagues' model fails to clearly describe the process which occurs following the decision to disclose sexual assault experiences, Symes' model (2000) outlines this process.

Symes (2000) conducted interviews with 11 sexual assault survivors to explore their help seeking experiences. Of these women, 10 knew their perpetrator. Following sexual assault, participants *tested the waters* (i.e., hinted that they had been assaulted) to see how others would react to this information, and experience *triggering events,* which are events that brought back memories of the assault. Examples of triggering events included accidentally meeting the perpetrator again, experiencing another sexual assault, suicidal impulses, hearing about someone else's disclosure of sexual assault history, and receiving educational information about what constitutes sexual assault. These triggering events then prompt *telling behaviour* such as blurting out what happened or increased distress resulting in an urgent need for help. The reactions of others were critically important following the disclosure of having been raped. *Helping responses* such as listening, believing, and providing support led to a variety of positive behaviours culminating in seeking psychological help from a mental health professional. In contrast, *harming responses* such as judging, or siding with the perpetrator, usually resulted in "retreat[ing] to silence about the assaults" (Symes, p. 32). This reaction to harming responses included avoiding the perpetrator and withdrawing socially. This behaviour would continue until another triggering event increased distress levels and prompted the

need to test the waters and again try to divulge what happened. An integration of these two models will inform the present study (Figure 1).

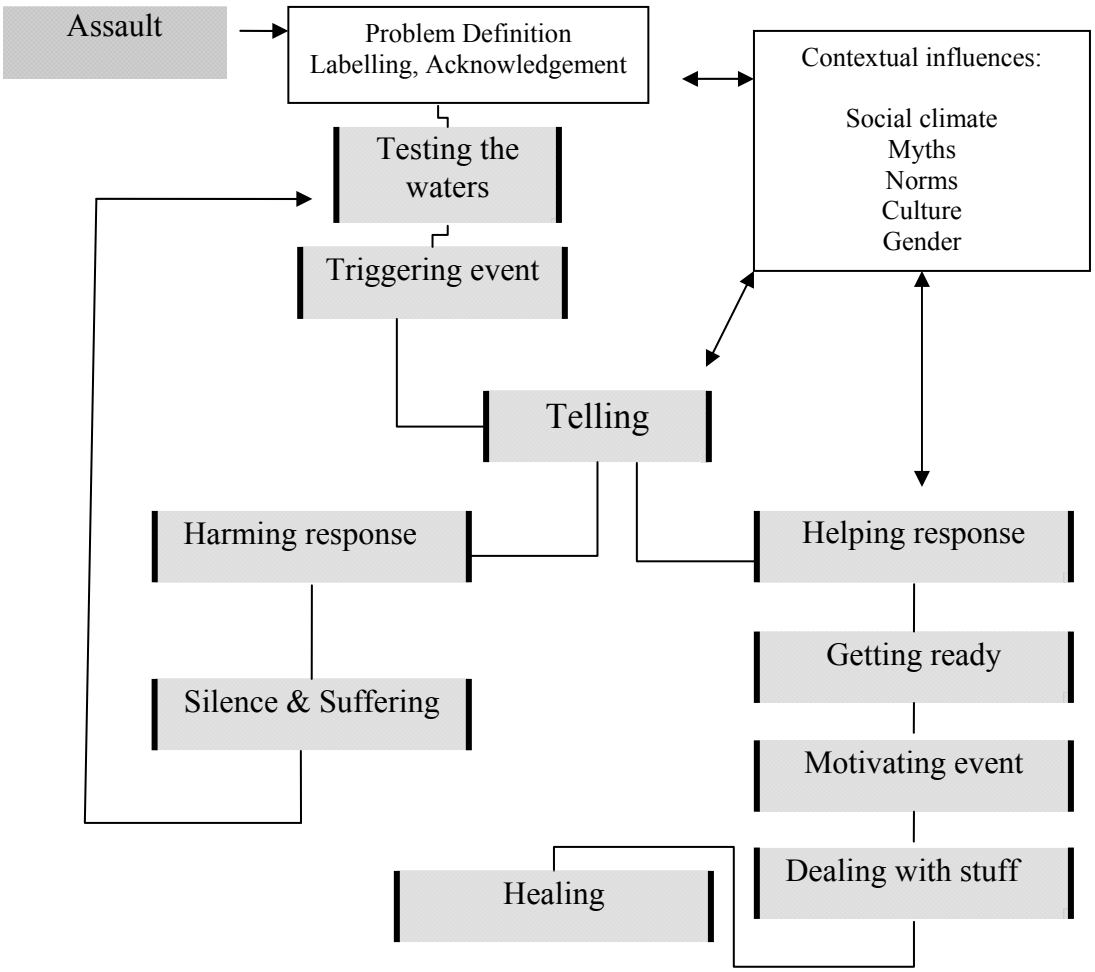


Figure 1. Process by which sexual assault survivors seek help. Adapted from "Arriving at readiness: Dealing with issues related to sexual assault`` by L. Symes, 2000, *Archives of Psychiatric Nursing, 14*(1), p. 32, shown in grey and *"Talking about sexual assault: Society's response to survivors"* by S. Ullman, 2010, Chicago: US, p. 37, shown in white.

Seeking Informal Sources of Help

Informal sources of help are people who are not trained to provide helping services related to sexual assault, such as, friends and family members. The majority of women (75% - 94%) who experience sexual assault eventually seek help from a friend or family member (Ullman, 1999; 2010, Kaukinen, 2002; Ullman & Filipas, 2001; Chelf,

2004). Kaukinen found that 50% of the female sexual assault survivors from the Canadian Violence Against Women Survey (CVAWS) sought help only from informal sources, and that for women who had experienced sexual assault (and for all of the other types of violent victimization reported on in the CVAWS) seeking help only from family or friends was the most commonly used help seeking strategy. Based on individual interviews with 102 adult women sexual assault survivors in the Chicago area, when women were asked to whom they *first* disclosed the assault, 38.2% of these women told a friend while 22.5% first told a family member (Ahrens et al., 2007).

Informal sources are the most likely source of help to whom a sexual assault survivor will first disclose. These sources of help can function as a gateway to other forms of help. If the responses of informal sources are perceived as positive, further efforts to reach out will be made. Conversely, if the responses of informal sources are perceived as negative, informal help seeking can stall further help seeking, sometimes for years. Therefore, *informal* sources of help are an important source of support for sexual assault survivors.

Similar to the population in general, college-aged students who do seek help typically tell a friend about sexual assault experiences (Fisher, Daigle, Cullen & Turner, 2003). Of the 42% of college women who experienced sexual assault (n = 656), only 28% sought help, and the majority of these women (75%) sought help by telling a friend rather than seeking professional help (Ogletree, 1993). Similarly, Botta and Pingree (1997) found that the majority of college-aged women (72 - 97%) who experienced sexual assault sought help from family or friends (n = 123). Thus, among college women, telling friends is much more common than telling any other source of help. As such, the responses of peers amongst this age group are a very important aspect of help seeking.

Limitations of informal sources of help

Although informal sources of help are used by the majority of women who seek help following sexual assault, negative reactions from informal sources are quite common, with 25 to 75% of survivors receiving negative reactions from at least one member of their informal support network (Ahrens, 2006). Ullman and Filipas (2001) found that mixtures of positive and negative reactions are typical when women (n = 323) disclose sexual assault experiences to friends or family. Unfortunately, Ahrens and colleagues (2007, n = 102) also found that although individual positive reactions have little to no reported effect, negative reactions were reported to be detrimental. Botta and Pingree (1997) highlight the fact that among college women (n = 123), multiple supportive conversations, either provided by a therapist or supportive person, can improve symptoms over time. Ahrens and colleagues' (2007) findings are consistent with predictions made from Symes' theoretical model, which suggest that sexual assault survivors are likely to shut down their process of help seeking if confronted with negative comments. Thus, encouraging continued help seeking is essential, as the process of healing requires extensive support. This can be difficult because one negatively perceived response can deter help seeking and victims will be less likely to seek help.

College women are less likely to receive positive reactions from same-aged peers, despite the fact that this is the most commonly used source of help. Women who were currently in school when they sought help and who told only informal sources received more egocentric responses (e.g., "responses in which the support provider focused on his or her own needs instead of the victim's") from those informal sources than women who were not students (Ullman & Filipas, 2001, p. 1034). Koss and Cleveland (1997) argue that the high incidence rates of sexual assault on college campuses normalize sexual

assault and influence peers' reactions to disclosure. In addition, victim blaming attitudes are often prevalent among college students (Ullman & Filipas, 2001). Research also suggests that college-aged women who have experienced sexual assault significantly overestimate their peers' endorsement of rape myths, and the more they anticipate negative reactions from peers, the less likely they are to disclose assault experiences (Paul, Gray, Elhai & Davis, 2009). These negative reactions, or even anticipated negative reactions, would further delay the help seeking process among women. This trend highlights the importance of encouraging a variety of help seeking methods, particularly for women attending college and university. This suggests that incorporating both formal and informal sources of help is particularly important for women in university.

Overall informal sources of support seem to provide inconsistently effective experiences of reducing distress and improving coping. The efficacy of these informal sources of help depends largely on the quality of each individual survivor's social support system. The pattern consistently demonstrated among sexual assault survivors is to first seek help from informal sources especially friends. Consequently, improving the reactions of these informal sources appears to be a useful focus of help seeking messages as a way to improve the quality and quantity of help seeking among sexual assault survivors.

Seeking Formal Sources of Help - Mental Health Professionals

Professional help, often referred to as "formal" sources of help, includes psychologists, social workers, and rape crisis counsellors. Typically fewer than 30% of sexual assault survivors (n = 619) utilize professional help (Ullman & Brecklin, 2002). Phone interviews of 427 sexual assault survivors found that only 33% of these women

obtained counselling (Casey & Nurius, 2005). Campbell, Wasco, and colleagues (2001) found that 39% of the women they surveyed (n = 102) obtained mental health services and 21% contacted a rape crisis centre at some point in their lives following sexual assault. Of 102 participants surveyed, only 2.9% first told a therapist/counsellor about their sexual assault (Ahrens et al., 2007). Overall levels of stressful life experiences have been found to be a significant predictor of the use of mental health services (Ullman & Brecklin, 2002, n = 627). Adult sexual assault survivors who reported additional stressful life events (such as robbery, problems with the law, or alcohol dependence) were significantly more likely to seek support from mental health services than were survivors who did not experience additional stressful events.

College students are even less likely than the general population to seek professional help. A recent study of 4,446 college women found that only 1% of sexual assaults were divulged to mental health professionals (Fisher, Daigle, Cullen, & Turner, 2003). Similarly, of the 28% of college-aged women (n = 656) who experienced sexual assault and told someone about it, only 8.8% saw a counsellor or therapist (Ogletree, 1993). Interestingly, another recent study of 300 college-aged women found that women predicted that they would be more likely to talk to the police than to a counsellor following sexual assault (Orchowski, Meyer, & Gidycz, 2009). Accurately labelling sexual assault experiences also impacts the process of help seeking among college students. Botta and Pingree (1997) found that 20% of the 123 women college students who acknowledged their experiences as sexual assault talked to a counsellor, while only 4% of the women who did not acknowledge their experiences as sexual assault talked to a counsellor.

Two factors may explain the trend for college-aged women to use mental health services even less than the general population. Overall, women tend to wait months, and sometimes years, to tell people about sexual assault experiences. This time delay appears to be related to an increase in distress (Chelf, 2004; Symes, 2000). Consequently, college-aged women may need time to process the event, and may still feel ashamed. A second factor is the pattern among most sexual assault survivors to seek help first from a friend or family member. College-aged women may experience more negative reactions from friends as a result of their cohort's level of maturity, which may deter them from seeking other forms of help (Ahrens et al., 2007; Symes, 2000).

Limitations of formal sources of help - Mental health professionals.

Burt and Katz (1987) looked at the responses of 113 women graduates of individual and group psychotherapy. Results indicated that 50% felt they had changed in a positive direction, and fewer than 15% of the respondents felt they had changed in a negative direction following therapy. Interestingly, in particular from a help seeking perspective, Burt and Katz (1987) found that length of time between the assault and help seeking was unrelated to measures of recovery:

> Many of the women interviewed delayed for long periods of time before they began to come to grips with their rape experience. Often years passed and they had more or less successfully submerged the rape behind protective barriers of avoidance and denial, never having actively faced their reactions or worked through what the rape meant in their lives. Eventually however, some trigger event or circumstances caused a recurrence of their symptoms and forced them to examine the meaning of the rape. *They date the*

beginning of their true recovery from this time, which was often the time that they sought counselling [emphasis added]. (p. 78)

In a recent review of the efficacy of therapeutic treatments on reducing rape survivor's symptoms of distress, Russell and Davis (2007) note that many therapies, in particular cognitive behavioural therapy (CBT) and its derivatives, have demonstrated convincing efficacy and ability to improve quality of life of rape survivors as compared to control groups, although further research is needed. Campbell and colleagues (1999) interviewed 102 women sexual assault survivors concerning their experiences following help seeking at various community service centres. They found that *at risk women* (nonstranger sexual assault victims who received very little help from the legal system and who were subjected to a great deal of secondary victimization in their attempts to prosecute) who were able to maintain long term contact with counselling services had lower PTSD scores than *at risk women* who did not maintain long term contact with counselling services.

Another recent examination of sexual assault survivors' interactions with community services (n = 102) found that 70% of the women in this study rated their contact with mental health professionals as "healing" and 75% rated their contact with rape crisis centres as "healing" (Campbell, Wasco, et al., 2001). In her review of the literature, Ullman (2010) notes that mental health professionals and rape crisis counsellors have consistently been found to endorse fewer rape myths, and have less negative attitudes towards rape survivors than other professional groups, which may explain why many women's experiences with these sources of helping is positive.

Although the majority of sexual assault survivors who receive help from mental health professionals rate their experiences with this type of service as positive, this is not

always the case. “Many mental health professionals do not have adequate training on how to respond to and treat sexual assault victims …which may result in negative reactions made by mental health providers to some victims” (Ullman & Filipas, 2001, p. 1030). In a review of sexual assault help seeking, Ullman (1999) notes that survivors who seek help at rape crisis centres report experiencing both negative and positive reactions, and that negative reactions were significantly less likely from other mental health professionals (such as counsellors). As such, the majority of sexual assault survivors who do seek help from mental health professionals find their experiences to be helpful and rewarding.

Seeking Formal Sources of Help - The Justice and Medical System

In addition to mental health professionals, police, justice, and medical personnel are also formal sources of help. Ullman (1999) notes a significant difference between the reactions of physicians and police (usually negative) as compared to mental health professionals (usually supportive).

Canadian data from the 2004 General Survey (GSS) indicates that 8% of sexual assaults that occurred in 2004 were reported to the police (Statistics Canada, 2006, p. 57-58). A review of American prosecution rates by Campbell and colleagues (1999) indicates that only 25% of reported sexual assaults are accepted for prosecution (recalling that only 8%-10%% of sexual assaults are reported to police). Of those accepted for prosecution, only 12% of defendants are actually found guilty, and of those only 7% of all cases result in a prison term. General knowledge of these dismal prosecution rates is certainly a factor in deterring sexual assault survivors from seeking help from the justice system. Based on one-on-one interviews with 102 adult women sexual assault survivors in

the Chicago area, asking women whom they *first* disclosed the assault to, Ahrens and colleagues (2007) found that only 5.9% first told the police and only 4.9% first told a doctor.

The amount of violence experienced in an assault also contributes to the use of medical and police services. Kaukinen's examination of data from the 1993 Canadian Violence Against Women Survey (CVAWS) found that of the women who reported experiencing violent victimization in the last 12 months before the survey, 14% reported to police and 10% sought help from doctors (2002, p. 17). Ullman and Filipas note that "[i]n general, victims [who experience extreme physical violence as a part of the assault] are more likely to contact physicians than mental health professionals possibly due to injuries sustained as a result of the assault" (2001, p. 1029).

Limitations of formal sources of help – Justice and medical system

A major limitation of seeking help through the justice and medical system is *secondary victimization*. Secondary victimization occurs when survivors are denied help by their communities or when the help they receive leaves them feeling revictimized (Campbell et al., 1999). Many women find reporting to the police less than helpful, while other women report feeling victimized by their interactions with the court. Of the 102 American women surveyed, 52% experienced secondary victimization as a result of their interactions with the legal system (Campbell, Wasco et al., 2001). Ullman (1999) notes that negative responses seem to be most common among physician and police as compared to other formal support providers. Ullman and Filipas (2001) found that the 171 women (n = 323) who disclosed to physician and/or police received significantly more negative social reactions than those telling informal sources only.

It is not surprising that many women experience secondary victimization following disclosure to the medical and legal profession, given that medical and police staff, similar to members of the clergy, have been found to endorse more victim blaming attitudes and adhere to more rape myths than the general population (Best, Dansky & Kilpatrick, 1992; Sheldon & Parent, 2002; Ullman, 2010). For example, recently a Manitoba judge did not sentence a convicted rapist to jail time because he believed that the victim sent signals that "sex was in the air" via her clothing and flirtatious behaviour (McIntyre, 2011). Overall, it appears that the impact from the justice system and medical profession at present is consistently negative and distressing to survivors. Although many efforts are being made to educate physician's responses (e.g., Konradi & DeBruin, 2003), and to reform the justice system, at present encouraging survivors to seek out help from these sources must be tempered with a realistic appraisal of their typical impact.

Overall, these results suggest that some formal sources of support may be more harmful than informal sources (depending on the individual reactions of each person), while other formal sources of support (such as psychologists) are generally more helpful than informal sources.

Keeping Silent

Pachankis (2007) notes that the impact of concealing anything that is labelled as a stigma, such as rape, is like "a *private hell*" (p. 332). The act of inhibiting our feelings and traumatic experiences – the act of emotional silence – can be both psychologically and physically harmful (Pennebaker, 1997). Remaining silent about a shameful secret does not prevent an individual from suffering. Individuals with a concealable stigma, such

as a rape or incest history, experience considerable stress and psychological challenges (Pachankis, 2007). Botta and Pingree (1997) note that:

> [B]y not talking about an event, individuals usually do not translate the event into language which . . . aids in the understanding and assimilation of the event…[this lack of language about the event] may lead to feeling ashamed and guilty … Therefore not talking about rape experiences adds to self-blame and an inability to acknowledge the rape as rape. (p. 202)

In their review of the literature Ahrens (2006) notes that "[n]early two-thirds of all rape survivors disclose the assault to at least one person" (p. 264). Unfortunately this means that nearly one third of all sexual assault survivors tell no one. Although many college age women may feel that breaking their silence is a good idea in theory, often these beliefs are not put into practise (Koss, Dinero, Seibel, & Cox, 1988). In general, 40% of college students who have experienced rape have never told anyone about the assault (Koss, Gidycz, & Wisniewski, 1987, n = 6159; Murnen, Perot & Byrne, 1989, n = 130). Although remaining silent about sexual assault experiences can have devastating consequences, there are many reasons why sexual assault survivors choose to avoid seeking help. Ahrens and colleagues (2007) suggest that survivors of sexual assault usually disclose their experiences to another person when they believe that others' reactions will be supportive and/or helpful. When a survivor feels that they will be rejected, negatively judged, or that justice will not occur, silence is likely to occur. The identity of the perpetrator, how survivors label the assault, endorsement of rape myths, self blame, and levels of distress are barriers to help seeking that will be explored in the present study.

Identity of the perpetrator.

Whether or not the sexual assault survivor knows the perpetrator can influence a woman's decision to remain silent. Research consistently indicates that survivors who know their assailant are more likely to remain silent following assault. Koss and colleagues (1988) found that of the 489 college students surveyed, 26.8% of sexual assault survivors attacked by strangers (n = 52) answered "no" to the item "discussed with anyone", while 46% of sexual assault survivors assaulted by acquaintances (n = 416) answered "no" to the same question. In a national sample of college students, the 26.8% of women assaulted by strangers (n = 52) had told no one about the assault, while significantly more women who had been assaulted by an acquaintance (n = 416) had remained silent (46%), (Koss, Dinero, Seibel, & Cox, 1988). Similarly, although many of these college women felt they would benefit from therapy (61.6% of women assaulted by strangers, and 37.7% assaulted by an acquaintance), significantly more women assaulted by a stranger (24%) utilized crisis services than women assaulted by an acquaintance (3.1%) (Koss, Dinero, Seibel, & Cox, 1988).

Labelling the assault.

There are a number of women who have experienced events which meet the legal definition of rape, but who do not define their experiences as rape (Kahn et al., 2003; Koss, 1985; Peterson & Muehlenhard, 2004). In fact 38 to 74 % of women who have experienced rape may be unable to acknowledge these experiences as rape (Chelf, 2004; Botta & Pinagree, 1997; Koss, 1985; Layman, Gidycz & Lynn, 1996).

Botta and Pingree examined the impact of acknowledgement status on 123 sexual assault survivors and found that **"**women who definitely acknowledge their rapes report significantly *less* emotional problems interfering with social activities, … [and] were

significantly *more likely* to tell family or friends about the assault (97% vs. 72%); to tell a counsellor about the assault (20% vs. 4%); to tell the police about the assault (10% vs. 4%); and to tell a doctor about the assault (15% vs. none)" (1997, p. 205). Koss (1985) found high levels of silence among both acknowledged and unacknowledged college students. Among 62 college women who experienced rape, 48% (n = 36) who did accurately label their experiences, and over half of the survivors who did not accurately label their experiences (n = 26), told no one about the rape. Not acknowledging sexual assault as assault can create a real barrier in help seeking for sexual assault survivors. Although silence may be common among both acknowledged and unacknowledged college students.

Lievore explains the impact of acknowledgement status on help seeking by noting that "even if an experience is unnamed it can still exert a profound impact" (2005, p. 32). Lievore found that unacknowledged participants continued to experience psychological and physical consequences similar to those of acknowledged participants despite not acknowledging their experiences as rape or sexual assault. Yet despite experiencing similar symptoms, sexual assault survivors who did not acknowledge the assault delayed accessing services and did not recognize the symptoms of distress were related to past experiences of assault.

Due to the fact that many women do not label their experiences as "rape" or "sexual assault" it is important to use behavioural definitions (as opposed to asking women to self identify as sexual assault survivors) in messages targeted towards sexual assault survivors, as the terms "rape" and "sexual assault" may not resonate with unacknowledged victims. If women do not believe that they have been assaulted, then it is unlikely that they will seek help for assault.

Endorsement of rape myths

Rape myths are beliefs that distort the role of the perpetrator and blame the victim (Brietenbecher, 2001). Rape myths deter sexual assault disclosure in two ways, first by impacting the behaviour of potential sources of help (e.g., friends, family, police, etc.), and second by impacting the behaviour of the sexual assault survivors themselves.

Firstly, belief in rape myths influences many people's reactions to the disclosure of sexual assault experiences. Currently in our society, many sexual assault survivors feel stigmatized for their experiences, because society as a whole participates in numerous victim blaming practices (Ahrens, 2006; Sable, Danis, Mauzy, & Gallagher, 2006). Many sexual assault survivors do not tell anyone about their sexual assault history because they feel stigmatized. For example, in their review of the literature Pollard (1992) found that individuals who endorse rape myths are more likely to respond in negative and victim blaming ways if someone discloses sexual assault experiences to them, particularly if that sexual assault survivor was assaulted by someone they know. Similarly, Edward and Macleod (1999) found that endorsement of rape myths was correlated with negative and victim blaming response from individuals in the legal profession.

Given the finding that negative reactions to sexual assault disclosure have a devastating impact and can curtail further help seeking (Ahrens et al., 2007; Symes, 2000), the perpetration of rape myths in our culture can be viewed as having a significantly deterring effect on help seeking among sexual assault survivors. In fact, rape myths play an integral role in silencing the majority of sexual assault survivors. If a women's experiences of rape are not those predicted by rape myths (for example, she does not report the rape quickly after it occurs, she knew the assailant, or does not have a

"spotless" character) then society's typical reaction is silencing and blame (Ullman, 2010). This is largely due to our society's general acceptance of rape myths.

Secondly, belief in rape myths can impact how an individual sexual assault survivor thinks about her own experiences. Rape myths perpetuate beliefs about sexual assault that are wholly untrue, such as the belief that women are always assaulted by a stranger in a dark alley, or that women who are assaulted somehow deserve to be raped. These beliefs are prevalent in our society, and sometimes form the only basis of what people know about sexual assault. When an individual who endorses rape myths experiences a sexual assault that deviates from the stereotype suggested by rape myths, she is less likely to identify her experiences as rape (Edward & Macleod, 1999), and thus less likely to seek help. In addition, women whose experiences of rape challenge rape myths (e.g., women who are raped by known assailants, which is most common) often fear that they will not be believed by others if they disclose their experiences (Ullman, 2010).

College aged women who have experienced sexual assault significantly overestimate their peers' endorsement of rape myths, which results in less disclosure of sexual assault experiences (Paul et al., 2009). Thus an individual's beliefs about other's endorsement of rape myths can also deter help seeking. For the purposes of the current study, I will explore whether survivor rape myth acceptance is related to help seeking behaviour.

Self blame.

Focus group research examining the experiences of sexual assault survivors (n = 30) indicates that many women reported feelings of self blame as the main barrier to help seeking (Logan, Evans, Stevenson, & Jordan, 2005). As described:

> …rape is still "a dirty little secret" … "Women don't use services because they feel dirty and they think they deserved it." "A lot of rape victims blame themselves. They say, 'Well I shouldn't have been there or I shouldn't have done that." "I kept reflecting on what I might have done to cause the rape. How did I invite this?" "… "Because they think it's their fault and they deserved it and who's gonna believe them". (p. 601)

Feelings of self blame are a typical response to sexual assault. Murnen, Perot and Byrne (1989) examined written reports from 130 university-aged women, 53.7% of whom experienced unwanted sexual intercourse. Among the women who experienced unwanted sexual intercourse, 0% experienced no self blame, 47.1% reported "some blame," 23.5% considered themselves "moderately to blame," 23.5% considered themselves "mostly to blame," and 5.9% considered themselves to be "completely to blame" (Murnen et al., 1989, p. 97). Sochting, Fairbrother and Koch (2004) note that self blame is particularly common among women who have experienced repeated incidents of sexual assault, who may as a result interpret these experiences as indicative of their own self worth, and begin to believe negative perceptions such "I am dirty and disgusting.", thus blaming themselves for these events (p. 82).

Weihe and Richards (1995) found that survivors of acquaintance sexual assault often report that feelings of guilt and self blame were one of the primary reasons they chose to not report their assault to the police. Ahrens suggests that oftentimes assault survivors who felt responsible for the assault have their feelings confirmed by the victim blaming attitudes of those they disclosed to, thus exacerbating their own feelings of self blame and effectively silencing them.

Feelings of self blame are even more likely to be reported if alcohol is involved in the assault, which is often the case for college-aged women (Berkowitz, 1992; Koss & Cleveland, 1997). Abbey, Ross, McDuffie, & McAuslan (1996) found higher levels of self blame among survivors who had been drinking prior to the assault. As such these sexual assault survivors may be experiencing a unique set of responses, which include notably heightened self blame because of alcohol use.

Distress.

Increased levels of distress have been associated with increased help seeking behaviour among sexual assault survivors. Chelf (2004) found that sexual assault survivors who sought information about formal counselling reported significantly higher levels of fear, emotional distress, and PTSD symptoms than survivors who did not seek information about formal counselling.

Ullman and Brecklin (2001, n = 627) found that women with high levels of distress as a result of numerous stressful events, were *unlikely* to seek help from a mental health professional if they did not have good informal sources of support. Women with high levels of distress who had positive sources of social support were 3 times more likely to seek help from a mental health professional than were women who had little social support. Ullman and Brecklin (2002) suggested that having more positive informal support (friends, family, etc.) may facilitate more formal help seeking for stressed populations, as their friends may be encouraging them to seek formal help. Conversely, for a less distressed population it has been found that having more informal support is associated with less use of formal help services, most likely because their needs are being met by informal sources of help.

The reality of being a sexual assault survivor in our present culture is that the majority of sexual assault survivors are not getting the help that they need.

The Importance of Help Seeking

Encouraging help seeking among sexual assault survivors is important because "talking to someone about the [sexual assault] is the most therapeutic thing a survivor can do" (Botta & Pingree, 1997, p. 200). Positively perceived social reactions to disclosure of sexual assault experiences (such as validation, belief, and listening) have been strongly correlated with improvements in sexual assault survivors' physical and mental health (Campbell, Ahrens et al., 2001; Kimerling & Calhoun, 1994; Ullman, 1999).

The majority of sexual assault survivors who do disclose their experiences do so for the first time in order to seek help and for emotional support (Ahrens et al., 2007). Women may disclose their rape experiences for many reasons; for example, to take action against perpetrators, to find a safe haven of people they can trust, or to protect others from similar experiences (Ullman, 2010). All of these actions, and many others, first require the act of disclosure in order to begin the process of generating whatever sort of help and support each individual woman needs.

Although the process of disclosure varies for each individual woman, the impact of silence seems to have consistent ramifications. Ullman (1999) found that the longer women waited to disclose experiences of sexual assault, the more symptoms of distress and functional impairment they experienced. These results prompted Ullman to strongly argue that efforts need to be devoted to educating all members of society about the importance of speaking out about sexual assault experiences. Many aspects of our patriarchal society, however, are designed to discourage sexual assault survivors from

seeking help. Ahrens asks a vital question "[f]eminist scholars have long argued that rape serves an active function of reinforcing women's powerlessness and 'keeping women in their place. …How, then, can we expect women to break the silence about the very experience used to reinforce powerlessness?" (2006, p. 263).

The silencing of sexual assault survivors in our society impacts not only the individual herself but our culture as a whole. The incidence rates of sexual assault, as well as the widespread disease of silence, suggests that there is an epidemic of hidden suffering in our communities. The present research is designed to examine ways to effectively break that silence, by evaluating help seeking messages designed to encourage sexual assault survivors to seek help.

The Present Study

The purpose of the present study is to evaluate help seeking messages designed to encourage sexual assault survivors to seek help. This requires a thorough understanding of how individuals make the decision to implement behaviour change, as well as an understanding of how external input (i.e. advertising) can encourage behaviour change.

Theory of Reasoned Action

The Theory of Reasoned Action (TRA; Ajzen & Fishbein, 1977; Albarracin, Johnson, Fishbein, & Muellerleile, 2001) explains how individuals make decisions and implement behavior change. The TRA has been found to "predict … intentions and behavior quite well" (Sheppard, Hartwick & Warshaw, 1988, p. 325). The TRA suggests that intentions affect behaviour, while attitudes and subjective norms influence intention (Hale, Householder & Greene, 2002, p. 259). Intention is the willingness to perform certain behaviour. An attitude is "the degree to which one has a positive versus a negative

evaluation of the behavior," while subjective norms are defined as "the perception that important others think that one should or should not perform the behaviour in question" (Albarracin et al., 2001, p. 143). Eagly and Chaiken (1993) note that the bulk of research has found that attitudes influence intention to a greater extent than subjective norms. Figure 2 shows the main components of the TRA.

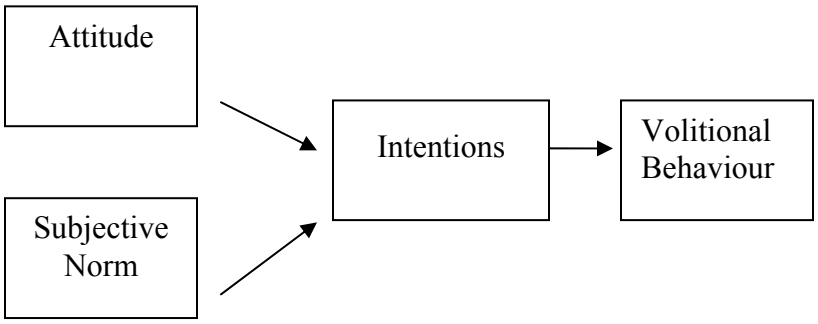


Figure 2. Main components of the Theory of Reasoned Action. Adapted from "The Theory of Reasoned Action" by J. Hale, B. Householder and K. Greene, 2002, In J. Dillard & M. Pfau (Eds.), *The Persuasion Handbook* (pp. 259-286). California: Sage Publications, p. 263.

From attitude to behaviour change.

Attitude change occurs rapidly, and is a necessary precursor to behaviour change. Lanier, Elliott, Martin, and Kapadia (1998) found that endorsement of positive attitudes towards date rape significantly decreased immediately following a one hour intervention (an educational play designed to teach students to be less tolerant of date rape). This one hour intervention was successful in creating immediate attitude change even amongst participants who were relatively more "rape tolerant." Because attitudes have the potential to be changed so rapidly, it is a relatively common practise to measure (and

expect to find) attitude change immediately following an intervention (Gerrard, Gibbons, & Bushman, 1996; Lanier, et al., 1998; Lawson, 2006; Werch et al., 2007). The pathway between attitude change and actual behaviour change is much more complex and much less immediate.

As described by Davidson and Jaccard (1979), attitudes that remain consistent over time are more likely to result in behaviour change. This consistency of attitudes is often not examined in research as attitudes are often measured only once. This methodology has also been referred to as *cross sectional*, wherein attitude and behaviour are measured at the same time (Gerrard, Gibons, & Bushman, 1996). Such cross sectional designs are problematic because correlations between attitude and behaviour can be confused with causal relationships, while the sustainability of the attitude change is not known (Gerrard, Gibons, & Bushman, 1996). Longitudinal designs are necessary in order to determine whether attitude change has resulted in behaviour change, yet the optimal interval between assessing attitudes and behaviour is unknown (Gerrard, Gibons, & Bushman, 1996).

There is a U shaped curve involved in measuring the impact of interventions on attitudes and behaviour. This means that measuring behaviour change *at the same time* as attitude change will not allow sufficient time for attitude change to effect behaviour, and will not give us a measure of the consistency of the attitude change. Yet as *more time passes*, exposure to new ideas and new attitudes can begin to impact behaviour, thus diluting the effect of the intervention on behaviour change (Davidson & Jaccard, 1979).

Another practical factor that must be considered along with this U shaped curve is the impact of time on attrition rates. Lawson (2006) used online surveys to collect response to a rape resistance program among college students (n = 305). A three month

follow-up, which employed an email reminder and course credit as participation incentive, resulted in a 38% attrition rate. This suggests that a three month longitudinal design results in unacceptably high attrition rates. In contrast, Werch and colleagues (2007) assessed changes in health related behaviours amongst college students (n = 155) using a repeated measures design with a one month follow-up. This one month design resulted in only a 5% attrition rate. High attrition rates have also been reported amongst survivors of trauma. High attrition rates (28 % after six months; 41% after 12 months) have been reported for women who have experienced trauma such as abuse and sexual assault (McFarlane, 2007). Hiskey and Troop (2002) examined the validity and pragmatics of conducting online longitudinal research with participants who have suffered trauma. Within a three month repeated measures design with up to three email reminders sent to participants to encourage retention of participants, Hiskey and Troop (2002) had a 39% attrition rate, and after six months a 59% attrition rate.

In summary, attrition rates increase substantially over time for both college students and people who have experienced trauma. As the current research proposes to include participants who are college students who have experienced trauma, the literature suggests that a relatively shorter delay, such as a period of one month, between the measurement of immediate attitude change and subsequent behaviour change is ideal. The optimal relationship between the measurement of behaviour and attitudes is a U shaped curve, and the optimal delay in repeated measures designs amongst college students is approximately a one month period. As such, the present study employs a one month delay between immediate measurement following the intervention and follow-up measurement of behaviour and attitude change.

In addition to choosing an appropriate interval of time in which to measure pre and post reactions to an intervention, incentives for participation are an excellent way to minimize attrition. O'Neil, Penrod and Bornstein (2003) found that using financial incentives decreased attrition in internet based studies, in particular for non-student populations, and that financial incentives in the form of a lottery were particularly effective at reducing attrition. Given these findings, the present study offered participants the option of participating in a lottery draw, or receiving bonus points on applicable courses.

Social Marketing

The purpose of the present study is to evaluate help seeking messages (e.g. posters*)* designed to encourage sexual assault survivors to seek help. The present study uses posters to encourage sexual assault survivors to seek help because "posters are a successful means of conveying information about sexual assault … to college students" (Konradi & DeBruin, 2003, p. 36). It is important that the messages used in the present study are effective at encouraging behaviour change. In order to create effective messages an understanding of how external input (i.e. advertising) can encourage behaviour change is essential. Social marketing provides this understanding.

Social marketing is "the use of marketing principles and techniques to influence a target audience to voluntarily accept, reject, modify, or abandon a behaviour for the benefit of individuals, groups or society as a whole" (Dann, 2007, p. 57). Social marketing techniques have been successfully applied to decrease HIV transmission (Fraze, Rivera-Trudeau & McElroy, 2007), to smoking cessation programs (Lavack, Watson, & Markwart, 2007), to anti- drinking and driving campaigns (B. Smith, 2006), to

break the silence surrounding wife assault (Ontario Women's Directorate, 1987) and to encourage sexual assault survivors on college campuses to access Sexual Assault Nurse Examination (SANE) services (Konradi & DeBruin, 2003).

Social marketing theory describes four factors that are necessary in order to create messages that effectively encourage behaviour change (Brown, 2006; Kirkwood & Stamm, 2006; Lavack, Watson, & Markwart, 2007). First, social marketing dictates having knowledge of your *target audience.* This involves a detailed analysis of the general population of interest. Secondly, a focus on *persuasive messages* is necessary to make advertised messages as effective as possible. Thirdly, it is mandatory that there is a clear understanding of the *desired behaviour and attitude change*. In other words, the behaviour change of interest, (e.g., stop smoking, start recycling, maintain an exercise program) must be clearly defined in order to encourage the intended behaviour or attitudes change. Finally, social marketing encourages thinking about *the product.* One of the goals of social marketing is to help the target audience see the "actual product (desired behaviour) as offering more benefits (core product) than the behaviour currently practiced (competition)" (Brown, 2006, pg. 385).

Marketing the Message

The creation of effective messages designed to encourage sexual assault survivors to seek help requires and understanding of social marketing techniques. The pitfalls of not considering marketing aspects when attempting to encourage sexual assault survivors to seek help is demonstrated by Chelf's (2004) work. Although Chelf's goal was similar to the current research, Chelf used only literature related to sexual assault survivor help seeking to design her message and only looked at the impact of one message. Chelf

(2004) notes that one of the most likely explanations as to why her message did not alter help seeking patterns was that participants did not likely "buy in" to the message, as her message was a very dry and unpersuasive list of helpful resources (p. 39).

In addition to utilizing social marketing techniques in the creation of help seeking messages, the present study garnered input from the community in the development of the posters, a process which was also neglected in previous research (Chelf, 2004). Finally, treatment agencies for sexual assault survivors rarely publish their recruitment materials, and there is very little scientific evaluation of such materials. The present study addresses this gap in the literature by including posters currently used by treatment agencies to advertise their services.

Summary

The purpose of this study is to evaluate help seeking messages designed to encourage sexual assault survivors to seek help. Sexual assault is a common occurrence among college-aged women and many sexual assault survivors are not getting the help and support they need. While supportive responses from others can spur on further help seeking and healing among sexual assault survivors (Lepore, Ragan & Jones, 2000), negative reactions can delay the help seeking process for weeks, months, or even years (Ahrens et al., 2007; Ahrens, 2006). This can create a vicious cycle wherein survivors who are most in need of help are effectively silenced by the negative reactions of others. Messages designed to encourage help seeking can be a triggering event which prompt help seeking behaviour (Symes, 2000). It is for this reason that the present study focuses on using help seeking messages to increase sexual assault survivors' disclosure of sexual assault experiences to useful sources of help. These help seeking messages are designed

to increase disclosure to both informal and formal sources. The literature suggests that no one source of help is universally beneficial for all women. Instead, it is important to encourage the *process* of help seeking so that a negative reaction does not curtail further help seeking or exacerbate distress (Ullman, 2010).

In addition to using positive help seeking messages to reduce the impact of this vicious cycle once it begins, this study also uses help seeking messages to stop this cycle from occurring. Of interest in the present study is the impact of help seeking messages on women who have not experienced sexual assault. Friends and family of sexual assault survivors are the effective "gatekeepers" of help and support as they are the first people women turn to for help. This study examines whether help seeking messages can prevent these women from responding negatively when their friends disclose sexual assault experiences to them.

The present study asks: Can help seeking messages be created which effectively encourage help seeking among current and potential future sexual assault survivors as measured by positive changes in attitudes, subjective norms, intentions, and help seeking behaviour? It is also of interest in the present study to assess whether messages designed to encourage sexual assault survivors to seek help change the attitudes, subjective norms, intentions and hypothetical behaviour of women who have not experienced sexual assault, such that their advice to a friend about help seeking would be positive and supportive.

Hypotheses

Hypothesis 1: Participants (who have and have not experienced sexual assault) exposed to messages designed to increase help seeking will endorse more positive attitudes towards help seeking than participants exposed to a neutral message.

Hypothesis 2: Participants (who have and have not experienced sexual assault) exposed to messages designed to increase help seeking will endorse more positive subjective norms towards help seeking than participants exposed to a neutral message.

Hypothesis 3: Participants (who have and have not experienced sexual assault) exposed to messages designed to increase help seeking will endorse more positive intentions towards help seeking than participants exposed to a neutral message.

Hypothesis 4: Participants (who have and have not experienced sexual assault) exposed to messages designed to increase help seeking will endorse more help seeking behaviour than participants exposed to a neutral message.

Hypothesis 5: Participants who endorse more distress will engage in more help seeking behaviour when exposed to messages designed to increase help seeking than participants who endorse less distress.

Hypothesis 6: Participants who endorse less rape myth acceptance will engage in more help seeking behaviour when exposed to messages designed to encourage help seeking than participants who endorse more rape myth acceptance.

Hypothesis 7: Participants who have experienced rape and/ or attempted rape with lower levels of self blame will engage in more help seeking behaviour when exposed to messages designed to encourage help seeking than participants with higher levels of self blame.

Hypothesis 8: Participants exposed to messages designed to increase help seeking will advise a friend to seek more help than participants exposed to a neutral message.

CHAPTER II

Generating Help Seeking Messages

Method

The purpose of the present study is to evaluate help seeking messages designed to encourage sexual assault survivors to seek help. Therefore it was important that the help seeking messages evaluated in this study were of the highest possible quality. In order to empirically evaluate help seeking messages, I first needed to collect or create the messages to be evaluated. I did so in two ways: eliciting messages from the general public via a poster contest and gathering existing posters from community treatment centres which advertised services for sexual assault survivors.

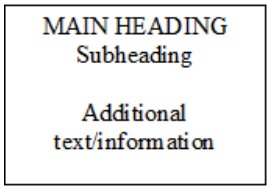
Poster Development

Poster contest.

Submissions to an online poster contest were accepted from October 1 to November 14 of 2008. Potential contestants in the poster contest were directed to a website with information about the contest, the rules of submission, and information regarding sexual assault (Appendix A). This information was designed to educate contestants in order to aid them in creating exemplary poster submissions. Contestants were asked to submit a poster that would encourage women who have experienced sexual assault to seek help. Contestants were instructed to create a poster that fit the general theme of: "Talk to someone until you feel better". This website asked contestants "What messages / slogans / information / sayings do YOU think would best encourage women who have been sexually assaulted to seek help?"

Faculty in Women's Studies and Marketing departments of 11 Ontario universities (i.e., Brock University, Carleton University, McMaster University, Queen's University, York University, Trent University, University of Guelph, University of Ottawa, University of Toronto, University of Waterloo, and University of Windsor) were contacted via email and asked to disseminate information about a poster contest to interested students. In total, 138 emails were sent to faculty of potentially interested departments. Individuals in Ontario associated with sexual assault counselling and treatment centres were also invited to enter the poster contest via email. In addition, a mass email was sent to all University of Windsor Undergraduate students, which invited them to submit entries to the poster contest, and information advertising this contest was posted on the University of Windsor campus. An award of $100 was promised to the winner of the poster contest, $50 to the second place winner, and $50 to the third place winner. The present researcher also submitted posters to the poster contest.

In order to effectively compare the text of each poster, other components, such as the medium (e.g., visual, audio) and presentation (e.g., pictures, colours, size) were held constant by using a template. Gathering the input of the community to formulate help seeking messages allowed for the contribution of creativity and insight from a variety of sources while maintaining a focus on the text of the posters. Similarly, imposing a structured format on the posters allowed for a more meaningful comparison between messages. Each submission was text only (no images) and fit this general format:



In total, 118 posters were submitted to the poster contest. Twenty-two of these posters were edited for content before being submitted to the evaluation committee (i.e., the judges of the poster contest). Content editing was limited only to spelling mistakes and obvious typos. For example, "dont" was changed to "don't". Thirty-two of the posters entered in the contest were not submitted to the evaluation committee, based on the pre-screening of the present researcher and her supervisor. Submissions that were duplicates, incomplete, or completely off topic (i.e., not geared towards women sexual assault survivors or not about sexual assault) were excluded from judging.

Previously existing help seeking messages.

Community sexual assault treatment agencies were invited to submit existing posters to the poster contest. In total, 35 Ontario sexual assault crisis centres were contacted, including the Sexual Assault Crisis Centre of Windsor, Sexual Assault Trauma Centre of Windsor, Vancouver Rape Relief, the Toronto Rape Crisis Centre, and the Canadian Association of Sexual Assault Centres.

In response to these emails, 12 sexual assault crisis centres submitted a total of 34 previously used posters. All posters garnered via this method were reformatted to be comparable to other poster submissions (i.e., a neutral background and regulated text font and sizes). This removed the visual components of the posters, leaving only the text, so that they could be judged along with the posters created via the poster contest. All posters were then submitted to the evaluation committee for judging.

Poster Development Contest Results

In total, 120 posters were successfully submitted to the poster contest. Eighty-six of these submissions were original material created by contestants for the poster contest.

Thirty-four of these submissions were adaptations of posters from sexual assault treatment centres that had been designed previously in order to advertise currently existing resources for sexual assault survivors in the community.

Choosing the Best Help Seeking Messages

An *evaluation committee* was created to judge the posters. The committee consisted of four members of the community who were chosen for their experience and knowledge related to sexual assault survivors or advertising methods. Each member of the committee was contacted via email by the present researcher and asked to participate in the present research. The first judge was a counsellor from the Windsor sexual assault crisis centre with over 15 years of experience working with sexual assault survivors. The second judge was a graduate student with extensive experience in research and clinical intervention related to sexual assault prevention (not the current researcher). The third judge was one of the founders of a Windsor-based advertising agency with over 20 years of advertising experience. The fourth judge was an Associate Professor of Sociology at the University of Windsor who was also a member of the University of Windsor advertising, educational, and promotional team.

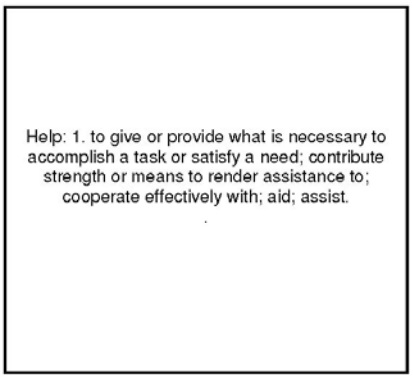
The evaluation committee met on Tuesday December 16, 2008 to discuss all of the submissions to the poster contest. The goal of this meeting was to narrow down the 120 posters submitted to the poster contest to a manageable size with the input of all members of the evaluation committee. During this meeting, members of the committee were told the purpose of the poster contest and were given a set of criteria, developed from the literature review to use when judging the posters (Appendix B). The evaluation committee was shown each poster and were not told who designed the poster or whether

the poster existed prior to the study. The present researcher also did not know who designed each poster, as they were identified by an ID number. Each of the 120 posters submitted to the committee were displayed on an overhead projector. The committee voted on whether the poster displayed should continue to the next stage of judging. Each committee member voted by saying either "yes" (meaning that the poster should be judged further), "no" (meaning that the poster should not be judged further), or 'undecided' (meaning that the committee member was unsure as to whether the poster should be judged further). Five posters received "yes" votes from all four judges. Nine posters received between two and three 'yes' votes. All other posters received less than two 'yes' votes and were discarded. As such, in total, 14 posters were considered for inclusion in the present study.

All members of the evaluation committee were then provided with individual copies of these 14 posters. Over the course of one week, the committee members were asked to individually rank each poster using a standardized form (Appendix C) and submit their rankings (from 1 to 14). The poster ranked as number 1, was the poster that the committee member thought was the best (i.e., the poster best able to encourage sexual assault survivors to seek help) and the poster ranked as number 14, was the poster that the committee member thought was least likely to encourage sexual assault survivors to seek help. Rankings from each committee member were added together to find the posters with the lowest/best rankings (Appendix D).

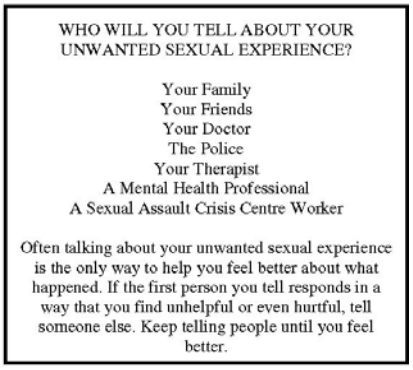
All posters with a combined ranking score of less than five were evaluated empirically in the present study. Three posters met this criterion (i.e., three posters had a combined ranking score of five or less). The winning posters, and the poster shown to the control group, were as follows (Appendix E):

Poster 1 (control group)

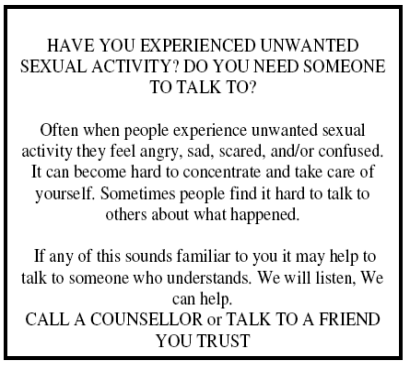


poster two

poster three



poster four



Poster Contest Winners

Once the top three posters were selected, the author of each winning poster was identified. The winners of this contest were the present researcher, the wife of the present researcher, and a currently existing poster submitted by the Windsor Sexual Assault Crisis centre. The first place prize money ($100) was given to the Windsor Sexual Assault Crisis Centre to avoid any conflicts of interest, while second and third prize ($50) was awarded to the fourth and fifth place poster creators (both students at the University of Windsor). A copy of each winning poster (as well as the poster used as the used for the control group) can also be found in Appendix E.

CHAPTER III

Evaluating the Help Seeking Messages

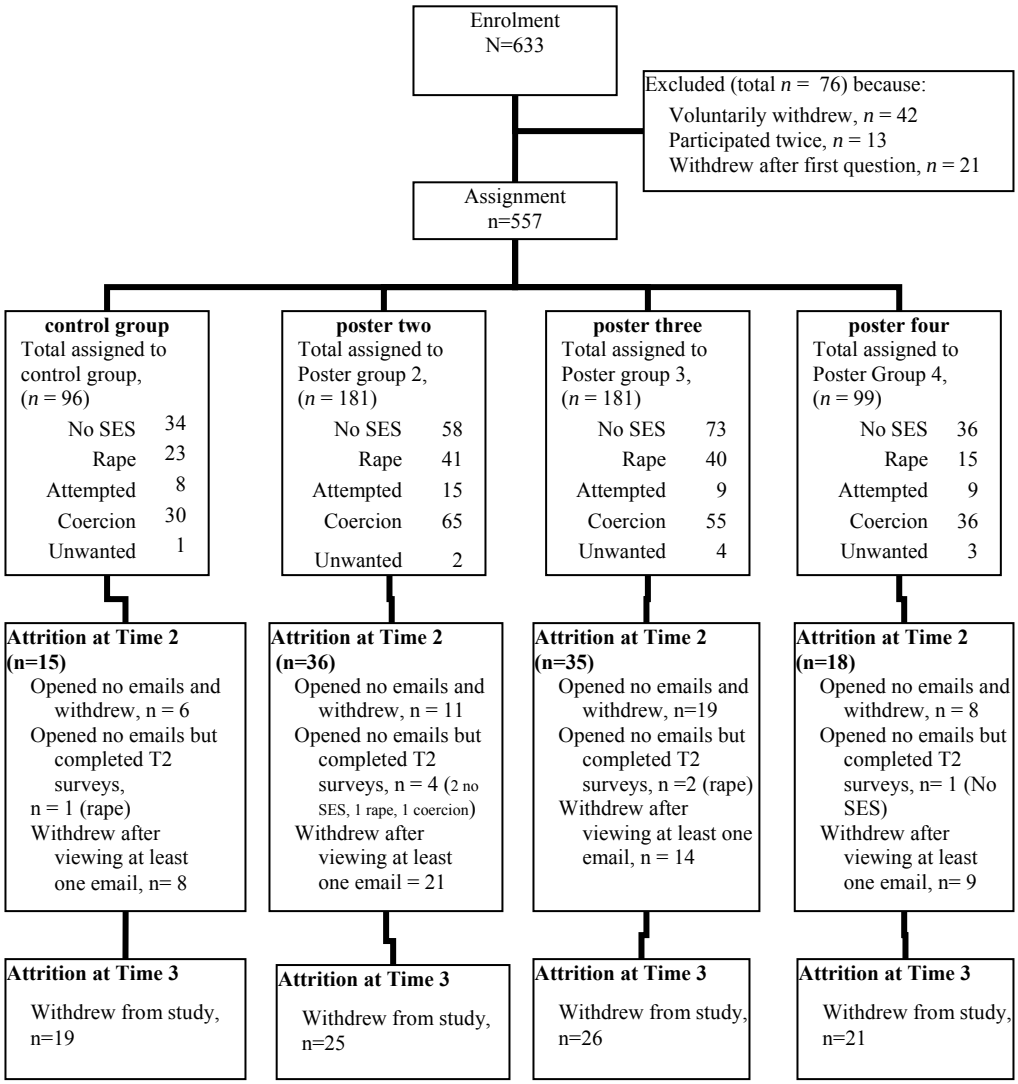
Method

Participants

A total of 633 female participants aged 17 to 30 years (M = 20.30, SD = 2.46) were recruited through the University of Windsor Participant Pool (n = 387) and through the World Wide Web (n = 246). Figure 3 shows the flow of participants through the study. Participants were randomly assigned to one of four groups. The formula used to randomly assign participants to a group generated a random number with up to 16 decimal places between 1 and 4, and then rounded that number to the nearest integer. This produced an uneven random assignment to groups, as the numbers at the beginning and end of the range (in this case 1 and 4) received roughly half of the randomly generated numbers. Another approach to generating random numbers involves rounding the numbers *down* instead of to the nearest integer and this approach produces a more even division of randomly assigned numbers. In other words, there was a limitation to the programming language used to randomly assign participants to groups, and unfortunately, this error in coding was not discovered until after all data was collected. As such, although participants were randomly assigned to one of four treatment groups upon agreeing to participate in this study, group 2 (n = 181) and group 3 (n = 181) have roughly twice as many participants as the control group (n = 96) and group 4 (n = 99).

Participants who did not endorse any items on the sexual experiences scale (SES) are referred to as “No SES” herein, because they have not reported any experiences of rape, attempted rape, sexual coercion, or unwanted sexual contact.

Figure 3. Flow of Participants Through Each Stage of Experiment



Total Number of Participants At Each Time of Data Collection

	Time 1	Time 2 (attrition)		Time 3 (attrition)	
Most severe unwanted sexual experience reported on the SES:					
Endorsed no items on the SES (No SES)	201	173	(28)	138	(35)
Experienced *Rape* at some point in their lives	119	87	(32)	70	(17)
Experienced *Attempted Rape* at some point in their lives	41	29	(12)	22	(7)
Experienced *Sexual Coercion* at some point in their lives	186	154	(32)	124	(30)
Experienced *Unwanted Sexual Contact* at some point in their lives	10	10	(0)	8	(2)
Total *n*	557	453		362	

Table 1 outlines selected demographic data for all participants who agreed to participate in this study (n = 557). Participants who experienced rape or attempted rape were significantly older (M=21.06 years, SD=3.10) than participants who did not experience rape or attempted rape (M=20.01 years, SD=2.08), $t(553) = 4.62$, $p < .001$, Cohen's $d = 0.41$.

The majority of participants identified themselves as Caucasian (73.7%), followed by Asian (7.9%) and Black/African (6.8%). Participants who identified themselves as an ethnicity not listed included Croatian, Indian, Italian, Pakistani, Scottish, and of multiple heritages. A 2 X 4 Chi square analysis compared ethnicity (for all ethnicities in study with $n > 5$) comparing participants who experienced rape/attempted rape with all other participants. There were no significant differences in ethnicity among participants who experienced rape / attempted rape and those who did not (i.e., participants whose most severe assault experience was coercion, unwanted sexual contact, or no SES participants), $\chi^2(4, n = 515) = 3.99$, $p = .407$.

In terms of the participants' sexual orientation, the majority of participants identified as being heterosexual (94.2%), with a minority identifying as bisexual (5.1%), gay/lesbian (0.4%) and other (0.4%).

The most common highest level of education currently completed by the participants was high school or equivalent (77.1%), with a minority having completed less than high school (0.4%), college (11.5%), a Bachelor's degree (10.3%), a Master's degree (0.5%) or a professional degree (0.2%). A 3 X 2 Chi square analysis (education, 3 levels: high school or less, college, or Bachelor's degree or higher) with (sexual victimization status, 2 levels: participants whose most severe assault experience was

coercion, unwanted sexual contact and no SES participants, or participants who experienced rape and/or attempted rape) was performed. There were significant differences in education history amongst participants who experienced rape or attempted rape as compared to all other participants, $\chi^2(2, n = 555) = 6.46, p = .040$. More participants than expected who attended college and university experienced rape or attempted rape, while less participants than expected who completed high school or less experienced rape/attempted rape.

The majority of participants were full time students (53.6%), although some reported being employed part time (38.7%), while others worked full time (4.5%), or were unemployed (3.2%). There was no significant difference in employment status between those who experienced rape / attempted rape as compared to all other participants, $\chi^2(3, n = 556) = 6.56, p = .087$.

Table 1
Demographics of Participants (n=557)

Demographic Information	*Total*		*Experienced sexual coercion, unwanted sexual contact, or endorsed no items on the SES*		*Experienced rape or attempted rape*	
	n	%	*n*	%	*n*	%
Ethnicity						
White/ Caucasian	409	73.7	288	70.42	121	29.58
Asian	44	7.9	32	72.73	12	27.27
Black / African	38	6.8	28	73.68	10	26.32
Middle Eastern	20	3.59	18	90.00	2	10.00
Hispanic / Latino	6	1.1	4	66.67	2	33.33
First Nations/ Metis / Inuit	2	0.4	1	50.00	1	50.00
Other	36	6.46	27	75.00	9	25.00
Missing	2	0.4	2	100.00	0	0.00
Sexual Orientation						
Heterosexual						
Bisexual	522	94.2	381	72.99	141	27.01
Gay/Lesbian	28	5.1	15	53.57	13	46.43
Other	2	0.4	1	50.00	1	50.00
Missing	2	0.4	1	50.00	1	50.00
	3	0.5	2	66.67	1	33.33
Education						
High school						
Less than high school	428	77.1	317	74.07	111	25.93
College	2	0.4	2	100.00	0	0.00
Bachelors	64	11.5	39	60.94	25	39.06
Masters	57	10.3	39	68.42	18	31.58
Professional	3	0.5	1	33.33	2	66.67
Missing	1	0.2	0	0.00	1	100.00
Employment	2	0.4	2	100.00	0	0.00
Student						
Unemployed	298	53.6	201	67.45	97	32.55
Part time	18	3.2	15	83.33	3	16.67
Full time	215	38.7	165	76.74	50	23.26
Missing	25	4.5	18	72.00	7	28.00

Tests and Measures

Demographic Information

Participants were asked to indicate their age, gender, ethnicity, sexual orientation, highest level of education completed, and current employment/education status (Appendix F). Participants were asked to complete this information only at Time 1.

Sexual Experiences Scale

In order to assess sexual assault prevalence, there must be a reliable and valid tool capable of eliciting accurate reporting of a "taboo" topic. The tactics first 2005 version of the SES (Abbey, Parkhill & Koss, 2005) was chosen for use in the present study based on research suggesting that the order of questions used to measure sexual assault experiences significantly impacts response rates. This version of the SES assesses unwanted sexual experiences using a total of 35 items. These items categorize unwanted sexual experiences into four categories: sexual coercion, sexual contact, attempted rape, and rape. Items 1a-e, 2a-e, and 3a-e are used to calculate experiences of sexual coercion. Items 4a, 5a, 6a, and 7a are used to calculate unwanted sexual contact. Items 4b, 5b, 6b, and 7b, are used to calculate attempted rape. Finally, items 4c-e, 5c-e, 6c-e, and 7c-e are used to calculate rape. In the present study the 2005 version of the SES had good internal consistency (Cronbach's $\alpha = 0.930$) and good split half reliability (Spearman-Brown coefficient = 0.963).

The Sexual Experiences Scale (SES) is considered to be the gold standard assessment tool of sexual victimization experiences (Kolivas & Gross, 2007). The original version of the SES was published in 1982 (Koss & Oros, 1982), with subsequent versions published in 2005 (Abbey, Parkhill, & Koss, 2005), and 2007 (Koss et al., 2007).

Despite the original version of the SES being regarded as the best available measure of sexual assault experiences, there are numerous problems with this original version (Kolivas & Gross, 2007). The 2005 version of the SES used in the present study addresses many of these problems (Abbey, Parkhill, & Koss, 2005).The 2005 version of the SES asks about tactics used by the perpetrator, such as coercion (e.g., "has a man ever told lies … in order to…"), and the use of alcohol (e.g., "has a man ever given you alcohol without your knowledge in order to…) and drugs (e.g., "has a man ever given you drugs without your knowledge or consent in order to…), and uses specific descriptions of behaviour in order to elicit accurate reporting of sexual victimization experiences, such as "make you have oral sex with him?" and "make you have sexual intercourse with him?". Abbey and colleagues (2005) found that asking about tactics first increased reporting of victimization and perpetration rates. Despite these findings, the newest version of the SES (Koss et al., 2007) asks questions based on type of sex act first, in order to maintain "continuity with the original SES" (Koss et al., 2007, p. 362). The answer to the question of whether to use the original version of the SES, the 2005 version of the SES (Abbey, Parkhill, & Koss, 2005) or the newest version of the SES (Koss et al., 2007) is uncertain, as the newest version SES-SF which will incorporate these findings is still in development and in the process of being validated (A. Abbey, personal communication, January 24, 2008). In summary, the 2005 "tactics first" (Abbey, Parkhill, & Koss, 2005) version of the SES takes into account the most up-to-date analysis of the criticisms of the original SES, and also has been demonstrated to be more user friendly and elicit more accurate reporting of victimization rates (Abbey, Parkhill, & Koss, 2005).

In the present study, participants' sexual victimization status was categorized as either rape/attempted rape, sexual coercion, unwanted sexual contact, or no items

endorsed on the SES (referred to as "No SES"), based on the most severe experiences they endorsed on the tactics first format of the revised Sexual Experiences Scale (Abbey, Parkhill, & Koss; 2005, SES). Participants were asked to complete the 2005 tactics first version of the SES after filling out a number of other questionnaires, thus following the principle of asking sensitive questions following less personal questions (Rossi, Wright, & Anderson, 1983).

During data collection the SES was scored in error. When participants selected any of the items on the SES they were erroneously categorized as having experienced rape/attempted rape, and thus received surveys pertinent to sexual assault survivors. As a result of this error in SES scoring, participants whose most severe experiences were sexual coercion or unwanted sexual contact received the incorrect set of surveys (i.e., surveys about experiencing sexual assault which should only have been administered to participants who experienced rape or attempted rape). As such, their responses to items pertaining to hypotheses one through seven were excluded from analysis.

Relationship with perpetrator.

None of the versions of the SES assesses the relationship between the perpetrator and sexual assault survivor. Chelf (2004) created a simple measure to address this. To date, this measure of assessing the relationship between the perpetrator and victim has only been used by Chelf (2004), and in the present study. Following completion of the SES, participants in the present study were asked , "For any of the unwanted sexual activity that you identified in the above questionnaire, what was your relationship with the assailant at the time of the experience? (Choose all that apply)". Participants were then provided with a list of seven options: stranger, just met, acquaintance, friend, dating casually, dating steadily/seriously, romantic partner, relative. "Yes" or "no" was listed

beside each option (Appendix G). Participants were asked to complete these questions only at Time 1, unless they self identified as experiencing a new sexual assault during the course of the study.

Attitudes Towards Help Seeking

Attitudes towards help seeking were assessed using 25 items I adapted for the present study based on procedures used by Johnston, White and Norman (2004) and Albarracin and colleagues (2001). In the present study this measure of attitudes towards help seeking had good internal consistency (Cronbach's $\alpha = 0.929$) and adequate split half reliability (Spearman-Brown coefficient = 0.789).

Based on a review of 96 data sets using the Theory of Reasoned Action and Planned Behaviour, Albarracin and colleagues note that attitudes are typically measured by "a set of bipolar semantic differential scales (e.g., *unpleasant-pleasant, unwise-wise, bad-good, unnecessary-necessary, uncomfortable-comfortable)"* (2001, p. 143). For example, Johnston, White and Norman (2004) used two items on a seven-point scale ("I would like/dislike" and "My performing the following behaviours would be unpleasant/pleasant") to assess attitudes towards a variety of health related behaviours (p. 2530). Measures of attitudes are frequently adapted using these principles to assess attitudes towards specific behaviours of interest (Albarracin et al., 2001; Johnston, White & Norman, 2004).

The behaviour of interest for the present study is seeking help following sexual assault from six possible sources: friends, family members, significant others, mental health professionals, rape crisis centres, and other. I adapted the items used by Johnston, White and Norman (2004) and Albarracin and colleagues (2001) to assess attitudes

towards help seeking following sexual assault (Appendix H). Specifically, the following items were used: 1. It would be good to …, 2. It would be useful to…, 3. It would be helpful to…, 4. I would like to…, 5. It would be unpleasant to… . Each item was followed by a description of the six behaviours (e.g., talk to a friend, talk to a family member, talk to a significant other, talk to a mental health professional, talk to a rape crisis counsellor, or talk to someone else not listed above) of interest on a seven point Likert scale with the follow end points, 1=strongly disagree, 7=strongly agree.

Participants who endorsed experiences of rape or attempted rape on the SES were presented with the questionnaire as described above. Participants who did not endorse any items on the SES were given the questionnaire with the preface "Hypothetically, if I experienced sexual assault" in front of each root question. Although participants whose most severe experiences of assault were sexual coercion and unwanted sexual contact should have received this hypothetical measure, due to the scoring error on the SES they received the same measure as participants who experienced rape/attempted rape.

Subjective Norms Towards Help Seeking

The present study measured subjective norms towards help seeking using 25 items adapted by the researcher for the present study based on procedures used by Johnston, White, and Norman (2004) and Albarracin and colleagues (2001). In the present study, the measure of subjective norms towards help seeking had good internal consistency (Cronbach's $\alpha = 0.938$) and good split half reliability (Spearman-Brown coefficient = 0.870). Albarracin and colleagues note that subjective norms are "typically measured by items such as '[p]eople who are important to me think I should [engage in the studied behaviour]' " (2001, p. 143).

For the purposes of the present research, each of the five items used by Johnston, White, and Norman (2004) and Albarracin and colleagues (2001) to assess subjective norms were adapted in order to assess subjective norms towards help seeking following sexual assault (Appendix I). The behaviour of interest for the present study was seeking help from six possible sources: friends, family members, significant others, mental health professionals, rape crisis centres and other. The following items were used to assess subjective norms: 1. Most people who are important to me would *disapprove* if I…, 2. People who are important to me think I should…, 3. The people who I listen to could influence me to…, 4. Close friends and family members think it is a good idea for me to …, 5. Important people in my life want me to …, followed by a list of the six possible sources of help seeking for each item (e.g., talk to a friend about unwanted sexual experiences). Each item was followed by the six sources of help seeking rated on a seven point Likert scale with end points of 1 = strongly disagree and 7 = strongly agree.

Participants who endorsed any items on the SES were presented with the questionnaires as described above. Participants who did not endorse any items on the SES were given the above questionnaires with the preface "Hypothetically, if I experienced sexual assault" in front of each root question. Although participants whose most severe experiences of assault were sexual coercion and unwanted sexual contact should have received this hypothetical measure, due to the scoring error on the SES they received the same measure as participants who experienced rape/attempted rape.

Intention to Seek Help

Intention to seek help (Appendix J) was measured using five items I adapted from procedures used by Fitzmaurice (2005) and Johnston, White, and Norman (2004). A sixth

open-ended option of “other” sources of help was also included, although not analyzed in the present results, due to low frequency of responses. In the present study, this measure of intention to seek help had good internal consistency (Cronbach’s $\alpha = 0.842$) and adequate split half reliability (Spearman-Brown coefficient = 0.711). In a 1988 review of the application of the TRA, Sheppard and colleagues note that researchers were using the concept of intention and estimation interchangeably. For example, the question "Do you intend to do X?" (measuring intention) was sometimes replaced by the question "Are you likely to do X?" or "Will you do X?" Sheppard and colleagues (1988) found that measures of intention, rather than estimation, were better predictors of behaviour especially when there was a choice of activities. As such, it is important to be clear in the wording of questions intended to assess intention, as “intention and estimation apparently are distinct concepts in people's minds” (Sheppard et al., 1988, p. 339).

In the present research, the item “I intend to…” was followed by six behaviours of interest (e.g., talk to a friend about unwanted sexual experiences) rated on a seven point Likert scale with end points of 1=strongly disagree and 7=strongly agree. For participants who did not endorse any items on the SES, the question was presented as, “Hypothetically, if I experienced sexual assault, I would intend to…”. This gave a hypothetical measure of help seeking intention. Although participants whose most severe experiences of assault were sexual coercion and unwanted sexual contact should have received this hypothetical measure, due to the scoring error on the SES they received the same measure as participants who experienced rape/attempted rape.

Help Seeking Behaviour

Participants who indicated that they experienced rape or attempted rape were asked to select any and all people they have talked to for help from a list of 11 potential sources of help (Appendix K). Participants whose most severe experiences were sexual coercion and unwanted sexual contact also received these questions erroneously. In the present study, this measure of help seeking behaviour had poor internal consistency (Cronbach's $\alpha = 0.606$) and poor split half reliability (Spearman-Brown coefficient = 0.536). Participants were also asked if they had sought help from no one, and given the option to enter other sources of help not listed. The list of potential helpful sources was adapted from Chelf's (2004) measurement of help seeking behaviour amongst sexual assault survivors. At Time 1, participants were asked "Have you ever told any of the following people about your unwanted sexual experience(s)? (Please check all that apply)." At Time 2 (five days later), participants were asked "In the **last five days** have you told any of the following people about your unwanted sexual experience(s)?" At Time 3 (4 weeks later), participants were asked "In the **last four weeks** have you told any of the following people about your unwanted sexual experience(s)?" Participants were asked to respond regarding any unwanted sexual victimization they had experienced *at any point* in their lives. In order to measure the overall number of individuals participants talked to for help, they were asked "Approximately how many people have you told about any of the unwanted sexual activity you have experienced?" Participants who indicated that they sought help were then asked to indicate whether they found the responses of the people to whom they disclosed their experience of sexual assault to be helpful (Appendix

L). Participants were also provided with a comment box to include any additional comments.

Participants who did not endorse any items on the SES were asked at each time of data collection, "Hypothetically, if I experienced sexual assault, I would, (Please check all that apply)". Participants were then asked to select any and all people they would hypothetically go to for help from a list of 10 potential sources of help (M). They were also asked if they would seek help from no one, and given the option to identify other sources of help not listed. In the present study, this measure of hypothetical help seeking behaviour had adequate consistency (Cronbach's $\alpha = 0.736$) and adequate split half reliability (Spearman-Brown coefficient = 0.753).

Hypothetical Advice to a Friend

All participants, regardless of their responses on the SES, were asked to select from the list of 11 potential sources of help in order to respond to the question, "If a friend told you that they had been sexually assaulted, how would you react? (Appendix N). In the present study, this measure of advice to a friend about seeking help had adequate consistency (Cronbach's $\alpha = 0.736$) and adequate split half reliability (Spearman-Brown coefficient = 0.723).

This measure was adapted for the present study from Chelf's (2004) list of sources of help for sexual assault survivors. There were ten sources of help which participants could hypothetically recommend to a friend (another friend, a family member, a significant other, a mental health professional, a crisis hotline, a rape crisis counsel, a leader at a place of worship, or a trusted authority figure, a doctor and the police).

Participants were also asked if they would tell a friend to seek help from no one else, and given the option of naming other sources of help not listed.

Level of Distress

The Personal Disturbance Scale (PDS; Bedford, Grant, de Pauw, & Deary, 1999) consists of seven items designed to measure anxiety and seven items designed to measure depression. Items are rated on a four point Likert scale with anchors (0 = not at all, 1 = a little, 2 = a lot, and 3 = unbearably). Participants were asked to complete the PDS at Time 1, two, and three. With respect to internal consistency, a Cronbach alpha of 0.88 has been reported (Bedford, et al., 1999) for the 14-item scale. In the present study, the PDS had good internal consistency (Cronbach's $\alpha = 0.818$) and good split half reliability (Spearman-Brown coefficient = 0.808). The Pearson correlation coefficient for the test-retest reliability of the PDS was high for the present study, with Pearson Correlation coefficients of $r(258) = .724$, $p < .001$ between Time 1 and Time 2, and $r(209) = .662$, $p < .001$ for Time 1 and Time 3.

Factor analysis suggests that many of these items load onto a third scale of "general psychological distress" (Bedford, et al., 1999, p. 253), with further investigation indicating that the model of best fit suggests that the PDS assesses both anxiety, depression, and an overall measure of general psychological distress ("tripartite structure"), (Henry, Crawford, Bedford, Crombie, & Taylor, 2002, p. 1354). Chelf (2004) used the PDS to assess psychological distress in sexual assault survivors and reported Cronbach's alpha of 0.87 for the Depression scale, 0.83 for the Anxiety scale, and 0.90 for the Total scale. When normed on 758 members of the general British population, internal consistencies were reported as Cronbach's alpha = 0.77 for the Anxiety scale,

0.85 for the Depression scale and 0.88 for the Total score (general psychological distress scale), (Henry et al., 2002). Normative means were also presented with a median score of 2.62 for the depression scale, 2.79 for the anxiety scale and 5.00 for the total score. In addition, convergent validity was reported with other measures of distress (Henry et al., 2002).

The PDS is scored simply by adding the response from each item to create a total sum score. Bedford and Deary (1997) describe the following three categories based on total PDS scores (from both the depression and anxiety subscales); scores of 1-2 are classified as "non-personally disturbed", scores of 3, 4, 5 and 6 are classified as "personally disturbed" and scores of 7 and above are classified as "personally ill" (p. 494). These categories have successfully discriminated amongst healthy and inpatient participants, whereby 5% of healthy subjects had scores in the personally ill range, and 74.7% of patients hospitalized for mood disorders scored in the personally ill range (Bedford & Deary, 1997).

Rape Myth Acceptance

Rape myth acceptance was measured using the Illinois Rape Myth Acceptance Scale - Short Form (IRMA-SF; Payne, Lonsway & Fitzgerald, 1999). The IRMA-SF is a 17-item scale, with three filler items, designed to measure general rape myth acceptance. Participants were asked to complete this measure only at Time 1. In the present study the IRMA-SF had good internal consistency (Cronbach's $\alpha = 0.876$) and good split half reliability (Spearman-Brown coefficient = 0.867).

With respect to construct validity, the IRMA-SF is significantly correlated with measures of sex role stereotyping ($r = .60$), adversarial sexual beliefs ($r = .72$), hostility

towards women (r = .56), and attitudes towards violence (r = .47). High scores on the IRMA-SF are significantly correlated with believing more traditional sex role stereotypes, believing that relationships between men and women is inherently adversarial, having hostile attitudes towards women and generally accepting interpersonal violence (Payne et al., 1999).

Self Blame

Participants who experienced rape and/or attempted rape were asked to complete the Sexual Victimization Attributions Measure (SVAM, Breitenbecher, 2006). The SVAM consists of 55 statements reflecting factors that a survivor may perceive as having contributed to her assault. The present study used the twelve items from the characterological self blame subscale to measure self blame. The SVAM is designed to measure self-blame among sexual assault survivors. Internal consistency reliabilities for the five scales of the SVAM are noted as "perpetrator blame, *r* = .93; characterological self blame, *r* = .85; situational and/or chance blame, *r* = .82; behavioural self blame *r* = .78; and societal blame, r = .71" (Breitenbecher, 2006, p. 605). Breitenbecher summed each item and used a factor loading of 0.40 or higher to transfer membership of each item into a scale (2006, p. 605). Characterological self-blame was found to significantly predict psychological distress amongst 416 undergraduate women (Breitenbecher, 2006). In the present study, the SVAM had good internal consistency (Cronbach's $\alpha = 0.933$) and good split half reliability (Spearman-Brown coefficient = 0.891).

For the purposes of the present study, the SVAM was altered so that the questions were gender neutral (i.e., "He is domineering" became "the other person is domineering"), to capture the fact that the perpetrator in question could be either male or

female. In addition, a seven point Likert scale using the same anchors as used by Breitenbecher (i.e., not at all true… completely true) was used instead of a five point Likert scale. In the present study, participants who experienced sexual coercion and unwanted sexual contact were also asked to complete this measure due to a scoring error on the SES. Questions on the SVAM are related to experiences of rape or attempted rape, and as such, these questions were not applicable to participants whose most severe experiences of sexual assault were sexual coercion or unwanted sexual contact. As a result, the responses on the SVAM from participants whose most severe experiences were sexual coercion or unwanted sexual were not included in the analysis.

Perception of the Poster

At Time 2, participants were asked to measure their like/dislike of the poster that they viewed on a scale of one to seven with the anchors "I really liked it" as number one and "I really disliked it" as number seven (Appendix O). This question was created for the purposes of the present study. They were also given the opportunity to comment on their perceptions of the poster.

Summary of Measures

Table 2
List of Variables

Construct	Details	Measured By
Independent Variables		
Sexual Assault Experiences	5 levels: 1. Rape 2. Attempted Rape 3. Sexual Coercion 4. Unwanted sexual contact 5. No items endorsed on SES	Sexual Experiences Scale (SES).
Poster Group	4 levels: 1. control group 2. poster two 3. poster three 4. poster four	Randomly Assigned (Appendix E)
Construct	**Details**	**Measured By**
Dependent Variables		
Attitudes (T1, T2 and T3)	Continuous variable	Adapted questions (Appendix H)
Subjective Norms (T1, T2, and T3)	Continuous variable	Adapted questions (Appendix I)
Intention (T1, T2, and T3)	Continuous variable	Single question (Appendix J)
Help Seeking Behaviour / Hypothetical Help Seeking behaviour (T1, T2, T3)	11 dichotomous categorical variables: • No one • Friend • Family • Significant Other • Mental Health Professional • Rape Crisis Counsellor • Crisis Hotline • Doctor • Police • Leader at a place of Worship • Trusted authority figure	Adapted questions (Appendix K and Appendix M)

Table 2 Continued

Construct	Details	Measured By
Dependent Variables continued		
Hypothetical Advice to a Friend about seeking help (T1, T2, and T3)	11 dichotomous categorical variables: • No one • Friend • Family • Significant Other • Mental Health Professional • Rape Crisis Counsellor • Crisis Hotline • Doctor • Police • Leader at a place of Worship • Trusted authority figure	Adapted questions (Appendix N)
Distress Level (T1, T2, and T3)	Continuous variable	The Personal Disturbance Scale (PDS)
Rape myth acceptance (T1)	Continuous variable	Illinois Rape Myth Acceptance scale (IRMA-SF)
Level of self blame relating to sexual assault (T1) SES only	Continuous Variable	Sexual Victimization Attributions Measure (SVAM)
Potential Post-Hoc Variables of Interest		
Labelling of sexual assault experience SES only	Dichotomous variable (yes or no)	(Supplementary questions to the SES, Appendix G)
Relationship of perpetrator (T1) SES only	Dichotomous variable (stranger/acquaintance)	Adapted question following SES (Appendix G)
Helpfulness of help seeking experience	Dichotomous variable (yes or no)	Single Question (Appendix L)
Perception of Poster Viewed (T2)	Continuous Variable	Single Question (Appendix O)
Demographic Information (T1)	Age, level of education, sexual orientation, race.	(Appendix F)

Procedure

Women were recruited via the participant pool at the University of Windsor and through postings about the study online. The women recruited were asked to participate in a study entitled "Who Do You Talk to for Help?" Sexual assault was not mentioned in recruitment information due to the large percentage of sexual assault survivors who do not identify their experiences as sexual assault.

For inclusion, participants were required to (i) be between 17-30 years of age, (ii) be female, and (iii) have access to an email address. The vast majority of adult sexual assault occurs among women between the ages of 14-24 (Elliott et al., 2004; Statistics Canada, 2006). In addition, help seeking for sexual assault can occur many years following the assault. As such, the present research focused on women within the most at risk age range (who are old enough to consent to participate in research), as well as women up to 30 years of age who may still not have sought help for sexual assault. Also, this study is designed to measure the impact of materials on women who have not been sexually assaulted, as the path to help seeking amongst sexual survivors often begins with reactions from informal supports. As such, any woman between the ages of 17-30 who had access to the Internet and an active email account was eligible to participate in this study. Participants had the option of either receiving up to three bonus points towards their choice of psychology courses, or up to four ballot entries for a draw of $250.00.

Time 1

Interested participants who met inclusion criteria were directed to a webpage for the present study. Please see Appendix P for a flow chart illustration of the following procedure.

Participants had to login in order to access the surveys online. Each page of the survey displayed 24-hour crisis numbers along with a web address (www.uwindsor.ca/helpresources) which directed participants to listings of resources for sexual assault survivors (Appendix Q). Participants were first directed to the recruitment poster for the study (Appendix R). Those who chose to continue were then directed to the Letter of Information (Appendix S). Participants were informed that participation in this study required opening an email sent from the study every day for five days. Participants were also informed that they had to click on a link at the bottom of the email in order to keep track of whether they opened the email that they received. Consent was obtained according to University of Windsor Research Ethics Board guidelines regarding internet data collection.

After reading the Letter of Information, participants selected from the following options: "I agree to consent to participate in this research" or "I do not wish to participate in this research." Those who chose to participate in the study were directed to a webpage and asked to enter an active email address (Appendix T). All email addresses were stored in a separate database from the rest of the data collected in order to preserve confidentiality. The database with the email addresses also contained the date the participant began the survey, as well as a computer generated unique participant code. If participants chose to continue, they were asked to press the "submit" button.

Clicking the "submit" button automatically assigned each participant to a randomly selected group (either control group or poster two, three or four). It also calculated the Participant ID number by putting the participant code through an algorithm known only to the present researcher. For example, the email address "___@uwindsor.ca" may have been assigned the computer generated participant code

111, and if the algorithm was adding 17 to the code (this is just a sample algorithm, not that actual algorithm used) then the participant ID would be 128. This assured confidentiality of information, because the email address could be linked to the rest of the data only using the transforming algorithm. Pressing the "submit" button appended the participant ID and the randomly assigned group number to each participant's survey.

Participants were then directed to demographic questions, the Personal Disturbance Scale, and then the Rape Myth Acceptance Scale. Participants then viewed a confidentiality reminder (Appendix U), then the Sexual Experiences Survey (SES) and follow up SES questions.

If participants endorsed any items on the SES (which includes participants who experienced rape, attempted rape, sexual coercion or unwanted sexual contact) they were directed to questions, in random order, regarding attitudes, subjective norms, intention and behaviour related to seeking help for unwanted sexual activity. If participants indicated that they had sought help (i.e., told someone about the unwanted sexual experience), then they were asked a follow-up question about whether or not the person they told was helpful. For example, if someone indicated they told a friend about unwanted sexual experiences, they were asked "When you told your friend, was their reaction helpful?" (Appendix L). Finally, participants who endorsed any items on the SES were asked to complete the SVAM.

Participants who did not endorse any items on the SES (No SES) were given, in random order, questions regarding hypothetical attitudes, subjective norms, intention and behaviour related to help seeking following unwanted sexual activity. Participants whose most severe experience on the SES was sexual coercion or unwanted sexual contact should have been directed to these sets of surveys, but were not as a result of a scoring

error. These questions were tailored to be relevant for participants who had not experienced sexual assault (i.e., rape / attempted rape) by including the wording, "hypothetically, if I experienced sexual assault" in front of each question.

Finally, all participants were asked questions regarding hypothetical advice to a friend. All participants were then provided with a list of helpful resources for sexual assault survivors, including local treatment centres and 24-hour crisis lines (Appendix V). Finally, all participants were asked to enter their email addresses again, into a third and separate database, for compensation purposes.

Intervention

Twenty-four hours after each participant completed the surveys described above, an email was automatically sent to the email address that they provided for the study. This email contained a .jpeg image of the poster that had been randomly assigned to them in the body of the email. For example, participants randomly assigned to group 1 were in the control group and received Poster 1 (Appendix E), which is the definition of the word help (Webster's, 1996).

Participants received the same email once every 24 hours for five days. Participants were required to open the email sent by the present researcher. Once they read the poster, the email instructed the participants to click on a link at the bottom of the email in order to record their participation in the study for that day. Clicking on this link tracked the date and time that each participant read the email in a separate database along with their participant ID number.

Time 2

Six days after the first set of surveys was completed, participants were sent an email reminding them to proceed to the second set of surveys (Appendix W). Clicking on a link imbedded in the body of this email took them to the second round of web-based surveys. Please see Appendix P for a flow chart illustration of the following Time 2 procedure.

Participants were taken to a welcome webpage, and then to a separate webpage that asked them to complete a measure related to their perceptions of the poster that they were assigned to receive via email. They were then shown the confidentiality reminder and then asked to complete the PDS. Next, they were asked the screener question "have you experienced any unwanted sexual activity in the last five days?". If they answered yes to this question, then they were asked to complete the SES again, along with the additional question of interest and the SVAM.

All participants were asked to complete all of the following measures in random order: measures of the dependent variables (i.e., attitudes, subjective norms, intention, behaviour (over the last week) and hypothetical advice to a friend towards help seeking), as appropriate, with "Hypothetically, if I experienced sexual assault," added to the beginning of each question if they did not endorse any items on the SES. Again, participants whose most severe experiences of sexual assault were sexual coercion or unwanted sexual contact received the wrong set of survey questions (i.e. they should have received the hypothetical questions) due to a scoring error on the SES.

Time 3

Albarracin and colleagues note that "when intention and behaviour are measured at the same time, random error can inflate correlations artificially" (2001, p. 144). For this reason, and in order to give participants more than a week to make changes in their behaviour, participants were contacted via email four weeks following exposure to the posters and were again asked to complete the same surveys that were used in Time 2, except that the text of the email inviting participants to begin the final round of surveys reflected a four week timeline instead of a five day timeline (Appendix W). In other words, the question regarding help seeking behaviour read "In the **last four weeks** have you told any of the following people about your unwanted sexual experience(s)?" Please see Appendix P for a flow chart illustration of the Time 3 procedure. Again, at Time 3, participants whose most severe experiences of sexual assault were sexual coercion or unwanted sexual contact received the wrong set of survey questions due to a scoring error.

Following completion of the study, participants received a debriefing statement (Appendix X), which included the resource list. Participants were then directed to a separate website to enter information to receive compensation for participation.

Participant Compensation and Safety

Participants were compensated for their participation in one of two ways. Completion of each stage of the study (Time 1, intervention, Time 2 and Time 3) resulted in a possible total of four entries in a lottery draw for $250, thus discouraging attrition. Participants recruited from the University of Windsor participant pool could instead choose to receive up to a total of three bonus points for their participation in this study.

At the end of every point of data collection (i.e., Time 1, Time 2 and Time 3) participants were given a resource list of services for sexual assault survivors. All participants received a general list of resources, with links to local resources in their area that were identical to the resources listed in the debriefing statement. Twenty-four hour crisis lines for the United States and Canada were also prominently displayed at the top of each page of survey questions.

CHAPTER IV

Results

Description of Recruitment and Participation

In total, 633 women responded to the call to participate in this study from March 2008 to December 2009. Women were recruited through the University of Windsor participant pool (n = 387) and online postings of the recruitment announcement (n = 246, please see Appendix R). Forty-two participants withdrew their data, 13 participants' data were removed from analysis because they participated in the study more than once (i.e., they were exposed to more than one poster group and all data related to these email addresses were deleted), 21 participants' data were removed from analysis because they began the first question of the surveys at Time 1, but then withdrew from the surveys, and thus they missed more than 5% of the questions (Tabachnick & Fidell, 2001), while 557 participants completed all surveys at Time 1.

Missing Data Analysis

Before analysis of the data began, the data were examined to determine whether missing data was a concern that required correction, as failing to properly address issues of missing data can lead to biased results and conclusions. All analyses were conducted using PASW version 18 software. When attempting to determine issues of missing data in a large sample size, the correct method is to explore the percentage of data missing for each variable (Tabachnick & Fidell, 2001). For all items with less than 5% of data missing, missing values were replaced as follows: Missing items from categorical measures (the SES, PDS, advice to a friend, and help seeking behaviour) were replaced with the value "0" for the purpose of analysis to avoid the reporting of false positive

experiences. For all other items with less than 5% of data missing per participant, missing values were replaced with the mean of 2 nearby data points. For all items that were missing more than 5% of items, a missing value analysis (Tabachnick & Fidell, 2001) was conducted (i.e. for 5 items from Behaviour and 5 items from Advice to a Friend, and all items from the SVAM that had missing values ranging from 5.1 to 6.4%). Prior to the removal of these participants from the study their demographic characteristics were examined to ensure that none of the excluded participants significantly differed from the overall sample. There were no significant differences amongst participants who did and participants who did not miss more than 5% of items on any of the variables measured. The data of participants who were missing more than 5% of their data were removed from further data analysis.

Analysis of Descriptives

Attrition Analysis

Table 3 shows the number of participants who withdrew from participation across time and poster group based on the most severe SES experience they endorsed.

Table 3
Attrition Across Time

Participant attrition at Time 2

	control group		poster two		poster three		poster four		Total	
	n	%	n	%	n	%	n	%	n	%
Rape	5	21.74	12	29.27	7	17.50	3	20.00	27	22.69
Attempted rape	3	37.50	1	6.67	2	22.22	4	44.44	10	24.39
Sexual Coercion	5	16.67	11	16.92	10	18.18	6	16.67	32	17.20
Unwanted Sexual Contact	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
No SES	1	2.94	8	13.56	14	19.18	4	10.81	27	12.85
Total Time 2 attrition	14	14.58	32	17.68	33	18.23	17	17.17	96	17.24

Participant attrition at Time 3

	Control Group		poster two		poster three		poster four		Total	
	n	%	n	%	n	%	n	%	n	%
Rape	2	8.70	5	12.20	6	15.00	4	26.67	17	14.29
Attempted rape	2	25.00	3	20.00	2	22.22	0	0.00	7	17.07
Sexual Coercion	8	26.67	10	15.38	4	7.27	8	22.22	30	16.13
Unwanted Sexual Contact	0	0.00	1	50.00	0	0.00	1	33.33	2	20.00
No SES items endorsed	7	20.59	6	10.34	14	19.18	8	22.22	35	17.41
Total Time 3 attrition	19	19.79	25	13.81	26	14.36	21	21.21	91	16.34

Table 4 shows the attrition of participants based on the most severe SES experience endorsed, collapsed across poster group.

Table 4
Attrition of Participants by Sexual victimization status

	Lost at Email Intervention		Lost at Time 2		Lost at Time 3		Completed All Surveys		Total Participants	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Type of assault										
Rape	17	14.29	15	12.61	17	14.29	70	63.03	119	100
Attempted rape	3	7.32	9	21.94	7	17.07	22	58.54	41	100
Sexual Coercion	15	8.06	17	9.14	30	16.13	124	66.67	186	100
Unwanted Sexual Contact	0	0.00	0	0.00	2	20.00	8	80.00	10	100
No SES items endorsed	17	8.46	11	5.47	35	17.41	138	69.15	201	100
Total rape/attempted rape & No SES	37	12.50	35	21.88	59	4.89	230	63.71	361	100
Total all participants	52	9.34	52	9.34	91	20.01	362	65.00	557	100

Attrition during intervention email.

Participants who did not open any of the poster emails (n = 52) were compared to participants who opened at least one poster email (n = 505) on the categorical demographic characteristics of education, sexual orientation, ethnicity, poster group and sexual victimization status using separate Chi square analyses. Results are shown in table 5. Based on standard residuals greater than ±1.96 (Field, 2009), participants who did not

open any emails were significantly more likely than expected to self identify as Asian (*n* = 8) or Black/African (*n* = 7) ethnicity, while significantly fewer than expected Asian (*n* = 36) and Black/African (*n* = 31) women opened at least one email, $\chi 2(6, N = 557) = 13.99$, $p = .030$. Participants who had completed high school were significantly more likely than expected to open at least one email.

Independent-samples t-tests were conducted to compare potential age and distress level differences between participants who did and participants who did not open at least one poster email. There were no significant differences between groups based on age, $t(556) = 1.65$, $p = .100$ or distress level, $t(556) = -0.74$, $p = .460$.

Table 5
Chi Square Summary Table to Compare participants who did and did not open at least one poster email.

	Df	n	χ^2	Sig.
Education	5	557	16.73*	**.004**
Sexual Orientation	4	557	10.34*	.072
Ethnicity	6	557	12.93*	**.030**
Poster Group	3	557	1.81	.607
Sexual Victimization Status	3	557	4.96*	.153

Note. *Indicates Fisher's exact test used for cells with $n < 5$.

Attrition at Time 2.

Participants who did not begin surveys at Time 2 (n = 52) were compared to participants who opened at least one poster email (n = 453) on the categorical demographic characteristics of education, sexual orientation, ethnicity, poster group and sexual victimization status using separate Chi square analyses. Results are shown in table 6. Participants who did not start the second set of surveys were significantly more likely than expected to have experienced rape/attemptedrape (*n* = 37), while significantly fewer than expected women who experienced rape/atttempted(*n* = 122) completed the Time 2 surveys, $\chi 2(3, N = 557) = 7.54$, $p = .049$. Also, participants who did not start the second

set of surveys were significantly more likely than expected to self identify as Asian (n = 12), Black/African (n = 11), or "Other" (n = 1) ethnicity, while fewer than expected Asian (n = 32), Black/African (n = 27), or "Other" (n = 34) self identified women completed Time 2, $\chi 2(6, N = 557) = 12.08$, $p = .045$.

Independent-samples t-tests were conducted to compare potential age and distress level differences between participants who did and participants who did not begin Time 2 surveys. There were no significant differences between groups based on age, $t(504) = -0.63$, $p = .529$ or distress level, $t(556) = 0.98$, $p = .328$.

Table 6
Chi Square Summary Table to Compare participants who did and did begin Time 2

	Df	n	χ^2	Sig.
Education	5	505	5.71*	.301
Sexual Orientation	4	505	2.45*	.185
Ethnicity	6	505	8.84*	**.045**
Poster Group	3	505	0.63	.897
Sexual Victimization Status	3	505	7.54*	**.049**

Note. *Indicates Fisher's exact test used for cells with $n < 5$.

Attrition at Time 3.

Participants who did not begin surveys at Time 3 (n = 91) were compared to participants who opened at least one poster email (n = 362) on the categorical demographic characteristics of education, sexual orientation, ethnicity, poster group and sexual victimization status using separate Chi square analyses. Results are shown in table 7. Participants who did not start at Time 3 were not significantly different than those who completed the third set of surveys.

Independent-samples t-tests were conducted to compare potential age and distress level differences between participants who did and participants who did not begin Time 3

surveys. There were no significant differences between groups based on age, $t(361) = 0.01$, $p = .997$ or distress level, $t(361) = -0.81$, $p = .418$.

Table 7
Chi Square Summary Table to Compare participants who did and did begin Time 3

	Df	n	χ^2	Sig.
Education	5	362	9.73*	.055
Sexual Orientation	4	362	1.27*	.758
Ethnicity	6	362	7.60*	.234
Poster Group	3	362	2.74	.441
Sexual Victimization Status	3	362	0.44*	.949

Note. *Indicates Fisher's exact test used for cells with $n < 5$.

New Sexual Assault Experiences

During the five day interval between data collection at Time 1 and Time 2, eight participants answered "yes" to the question ``Have you experienced any unwanted sexual activity in the last five days?". Table 8 shows the most severe experience of sexual victimization reported at Time 2 as compared to the most severe experience of sexual victimization reported at Time 1 for each of these eight participants. One of these participants endorsed no items on the SES at Time 1, but then reported experiencing sexual coercion at Time 2. The data for this participant was recoded to reflect this fact. None of the responses to the SES from the other participants who answered yes to the screener question indicated that they experienced more severe sexual victimization at Time 2 than reported at Time 1. Therefore, their category grouping was not changed for analysis.

Table 8
Number of women who experienced victimization in the five day interval between Time 1 and Time 2, n = 8.

	New unwanted sexual experience reported at Time 2:				
Most severe unwanted sexual experience at Time 1:	Rape	Attempted rape	Sexual coercion	Unwanted sexual contact	No items endorsed on the SES at Time 2
Rape	**1**		1		
Attempted rape		**2**	1		
Sexual coercion			**1**		1
Unwanted sexual contact				**0**	
No items endorsed on the SES at Time 1			1		**0**

Note. Participants whose experiences are above the bolded numbers experienced new unwanted sexual activity that was less severe than their previous unwanted experiences. Participants whose experiences are below the bolded numbers experienced new unwanted sexual activity that was more severe than their previous unwanted sexual experiences.

After the four week interval between data collection at Time 2 and Time 3, seven participants answered ``yes`` to the question ``Have you experienced any unwanted sexual activity in the last four weeks?``. None of the women who indicated new experiences at Time 2 answered yes to this question at Time 3. Table 9 shows the responses of these participants. Two participants reported more severe unwanted sexual experiences at Time 3 than at Time 1. The sexual victimization status of participants was recoded in the data to reflect their most severe sexual victimization experience as reported at Time 3. The remaining five participants reported less severe new unwanted sexual experiences at Time 3 and, as such, their sexual victimization status was not changed in the data analysis.

Table 9
Number of women who experienced victimization in the four week interval between Time 1 and Time 3, n = 7.

	New unwanted sexual experience reported at Time 3:				
Most severe unwanted sexual experience at Time 1:	Rape	Attempted rape	Sexual coercion	Unwanted sexual contact	No items endorsed on the SES at Time 3
Rape	**1**				
Attempted rape		**0**			1
Sexual coercion		1	**1**		1
Unwanted sexual contact				**0**	
No items endorsed on the SES at Time 1	1				**1**

Note. Participants whose experiences are above the bolded numbers experienced new unwanted sexual activity that was less severe than their previous unwanted experiences. Participants whose experiences are below the bolded numbers experienced new unwanted sexual activity that was more severe than their previous unwanted experiences.

Description of Sexual Assault Experiences

In total, 63.5% (n=356) of participants indicated that they had experienced at least one incident of rape, attempted rape, unwanted sexual contact and/or sexual coercion. Table 10 shows the number of incidents of each type of coerced or forced sexual experience for all participants.

Table 10
Number of Participants Who Experienced Sexual Coercion, Attempted Rape, and Rape, n = 557

	0 incidents		*1 incident*		*2 incidents*		*3+ incidents*	
Type of assault	*n*	*%*	*n*	*%*	*n*	*%*	*n*	*%*
Any experience of rape	438	78.64	44	7.90	26	4.67	49	8.80
Any experience of attempted rape	449	80.61	48	8.62	25	4.49	36	6.46
Any experience of sexual coercion	218	39.14	35	6.28	44	7.90	260	46.68
Any experience of unwanted sexual contact	345	61.94	100	17.95	44	7.90	68	12.21

Rape.

Incidents of rape were measured using items 4c-e, 5c-e, 6c-e, 7c-e on the SES, with text "… make you have oral sex with him?", "…make you have sexual intercourse with him?" and "…make you have anal sex or insert an object into you?". A total of 119 (21.4%) women reported experiencing rape at some point prior to or during data collection. The median occurrence of rape was 2 incidents (*SD*=3.95), with a range of 1 to 22 incidents of rape reported. There were a total of 419 incidents of rape reported. Please note that each of the SES items assessing rape (as well as all items assessing attempted rape and sexual coercion) only allow respondents to indicate experiencing "1",

"2", or "3 or more experiences", so all reported numbers of incidence are a conservative estimate of experiences of sexual coercion, with a combined maximum of 45 possible incidents of reporting. Of the items related to rape on the SES, the tactic most frequently experienced by this sample was a perpetrator initiating sexual intercourse while the participant was passed out or too intoxicated to give consent (item 6d on the SES). Of the SES items related to rape, the least endorsed tactics were 4e and 5e, perpetrators using the tactic of giving drugs (item 5) or alcohol (item 4) to force anal sex.

Attempted rape.

Incidents of attempted rape were measured using items 4b, 5b, 6b and 7b on the SES with text "… attempt to make you have sexual intercourse with him, but for some reason intercourse did not happen?". Of the total participants (n = 557) in this sample, 109 women (19.6%) reported experiencing attempted rape. The median occurrence of attempted rape was 2 incidents (SD= 1.65), with a range of 1 to 8 incidents of attempted rape reported. There were a total of 246 incidents of attempted rape reported. The tactic related to attempted rape that was most often endorsed by this sample was a perpetrator attempting intercourse that did not happen while the participant was passed out or too intoxicated to give consent (item 6b on the SES). The tactic of attempted rape least endorsed by this sample was a perpetrator giving the participant drugs without their knowledge or consent (item 5b on the SES).

Sexual coercion.

Incidents of sexual coercion were measured using items 1a-e, 2a-e, and 3a-e on the SES. A total of 339 women (60.9%) in this sample reported experiencing sexual coercion. The median number of occurrences of sexual coercion was 6 incidents (SD=8.86), with a range of 1 to 45 incidents of sexual coercion reported. There were a

total of 3278 incidents of sexual coercion reported. The tactic most frequently reported among participants who experienced sexual coercion was a perpetrator, "overwhelming [the sexual assault survivor] with continual arguments and pressure in order to fondle kiss or sexually touch without consent" (item 1a on the SES). The item least endorsed among participants who experienced sexual coercion was item 2e on the SES, a perpetrator using the tactic of telling lies or making an untrue promise in order to coerce anal sex.

Unwanted Sexual Contact.

Incidents of unwanted sexual contact were measured using items 4a, 5a, 6a, and 7a on the SES. A total of 212 women (38.1%) in the present study reported experiencing incidents of unwanted sexual contact. The median occurrence of unwanted sexual contact was 2 incidents (SD=1.50), with a range of 1 to 9 incidents of reported. There were a total of 480 incidents of unwanted sexual contact reported. Of the items related to unwanted sexual contact on the SES, the tactic most frequently endorsed was experiencing unwanted sexual contact while passed out or too intoxicated to give consent (item 6a on the SES). Of the SES items related to unwanted sexual contact, the least endorsed item was unwanted sexual contact forced using drugs given by a perpetrator without knowledge or consent (item 5a).

Gender of the perpetrator.

Of those who answered the question "What was the gender of the person or persons who performed the unwanted sexual activity described above?", the majority of sexual assault and coercion experiences were perpetrated by men (*n* = 305, 87.39%). Seven participants did not answer this question.

Table 11
Gender of Perpetrator, in answer to question "What was the gender of the person or persons who performed the unwanted sexual activity described above?"

Type of assault	Women only		Men only		Both males and females	
	n	%	n	%	n	%
Rape	2	1.68	106	89.08	4	3.36
Attempted rape	0	0.00	36	87.80	2	4.88
Sexual Coercion	1	0.54	153	82.26	5	2.69
Unwanted Sexual Contact	0	0.00	9	90.00	0	0.00
Total	3	1.15	304	87.39	11	3.44

Labelling of Assault.

As shown in Table 12, of the 119 women who experienced rape (i.e., participants who endorsed at least "one" on items 4c-e, 5c-e, 6c-e or 7c-e on the SES), the majority (71.42%), can be considered unacknowledged victims, as they did not answer "yes" when asked "Have you ever been raped?". The remaining 33 women did accurately label their rape experience as "rape". One participant who had endorsed rape items on the SES, and three participants who did not endorse rape items, did not answer this question. Also of note, four participants who did not endorse any items related to rape on the SES answered "yes" to the question have you ever been raped, suggesting the possibility that the SES

may not be capturing all of the experiences that participants in this sample considered to be rape.

Table 12
Labelling of "Rape" in Total Sample (n = 557)

	Have you ever been raped?					
	Yes		No		N/A	
	n	%	n	%	n	%
Reported at least one incident of rape on SES *n* = 119	**33**	**27.73**	85	71.42	1	0.84
Reported 0 incidents of rape on SES. *n* = 438	4	0.91	**431**	**98.40**	3	0.68

Note. "Correct" answers are highlighted in bold.

With regards to the more generally defined term, "sexual assault", more participants who had experienced rape were able to describe their experiences using this term, as compared to the term "rape". As shown in Table 13, of the 170 women in this sample who reported at least one incident of sexual assault (i.e., whose most severe experience of assault was either unwanted sexual contact, attempted rape or rape), 80 inaccurately answered "no" to the question "Have you ever been sexually assaulted?", while 89 of these women accurately labelled their sexual assault experiences as "sexual assault".

Table 13
Labelling of "Sexual Assault" in Total Sample (n = 557)

	Have you ever been sexually assaulted?					
	Yes		No		N/A	
	n	%	n	%	n	%
Rape	**68**	57.14	51	42.86	0	0
Attempted rape	**18**	45.00	22	55.00	0	0
Sexual Coercion	30	15.87	**157**	83.07	2	1.06
Unwanted Sexual Contact	**2**	20.00	8	80.00	0	0
No SES items endorsed	12	6.03	**187**	93.97	0	0

Note. "Correct" answers are highlighted in bold.

Relationship with Perpetrator.

Participants were asked "For any of the unwanted sexual activity that you identified in the above questionnaire, what was your relationship with the assailant at the time of the experience? (Choose all that apply)". Among the 119 participants who endorsed items related to rape on the SES , the majority of participants (*n* = 54 of the 278 perpetrators selected, 19.42%), indicated they had been raped by a friend, while 48 (17.27%) were raped by an acquaintance, 47 (16.91%) by someone they just met, 41 (14.75%) by someone they were dating seriously, 39 (14.03%) by someone they were casually dating, 18 (6.47%) by a relative, 17 (6.12%) by a romantic partner, 14 (5.04%) by a stranger, and 4 (1.43%) were raped by a perpetrator whose description was not included in the list of options. Please note that many participants (*n* = 75) experienced multiple incidents of rape and may have selected more than one relationship with a perpetrator.

Of the 41 participants whose most severe experiences on the SES were attempted rape, the majority (*n* = 25 of the 99 perpetrators selected, 25.25%), were assaulted by a

friend, while 17 (17.17%) were assaulted by an acquaintance, 15 (15.15%) by someone they just met, 15 (15.15%) by someone they were seriously dating, 13 (13.13%) by someone they were casually dating, 7(17.17%) by a romantic partner, 5 (5.05%) by a stranger, 2 (2.02%) by a relative, and 1 (1.01%) experienced attempted rape by a perpetrator whose description was not included in the list of options.

Perception of the Poster

A one-way between subjects analysis of variance (ANOVA) was conducted to compare the effects of poster group (4 levels: control and three different help seeking posters) on participants' ratings of how much they liked the poster they viewed (which was measured on a seven point Likert scale from (1 = "I really hated it", to 7 ="I really liked it"). Results indicated that participants' perception of the poster did not significantly differ depending on which poster they were randomly assigned to receive via email, $F(3, 455) = 0.13$, $p = .940$. Mean rankings for each poster group shown in Table 14.

Table 14
Participant's perception of the poster they were randomly assigned to view via email, n = 557.

	Mean	*SD*	*n*
Control	4.37	1.13	96
poster two	4.44	1.17	181
poster three	4.37	1.15	181
poster four	4.37	1.14	99

Distress

A repeated measures ANOVA was conducted to compare distress across time (with one within subjects factor = distress across 3 points of data collection, and 5 levels of between subjects factor sexual victimization status: No SES, rape, attempted rape, sexual coercion, and unwanted sexual contact). There was a significant main effect of time on distress $F(2, 556) = 16.60$, $p < .001$. There was no significant interaction between time and sexual victimization status on distress, $F(2, 556) = 1.71$, $p = .093$. Post-hoc Bonferonni tests show that participants who experienced rape were significantly more distressed than participants who did not endorse any items on the SES $t(556) = 4.75$, $p = .002$. Similarly, participants whose most severe experience was sexual coercion were significantly more distressed than participants who did not endorse any items on the SES $t(556) = 3.50$ $p = .003$. There were no other significant differences in distress between participants based on their sexual victimization status. PDS scores ranged from 0 to 32. PDS scores at each measurement interval are shown in Table 15.

Table 15
PDS Scores Across Time, n = 557.

	Time 1		Time 2		Time 3	
	M	*SD*	*M*	*SD*	*M*	*SD*
Rape	6.79	6.08	5.15	6.38	4.61	5.46
Attempted rape	5.15	5.51	6.00	7.19	4.18	6.86
Sexual Coercion	5.92	5.68	4.90	5.62	4.14	5.50
Unwanted Sexual Contact	5.70	6.81	4.40	3.60	1.88	2.69
No SES items endorsed	3.73	4.52	2.59	3.81	2.03	2.89
Total	4.00	5.51	2.00	5.38	2.00	4.81

Endorsement of Rape Myths

Rape myth acceptance scores ranged from 0 to 95. Table 16 shows the distribution of rape myth acceptance scores among participants by sexual victimization status. A one way ANOVA comparing endorsement of rape myths by sexual victimization status (5 levels: No SES, rape, attempted rape, sexual coercion, unwanted sexual contact) found that participants' endorsement of rape myths did not significantly differ depending on sexual victimization status, $F(4, 552) = 0.93$, $p = .449$.

Table 16
IRMA Scores at Time 1, n = 557.

	Time 1	
	M	*SD*
Rape	32.91	15.73
Attempted rape	31.41	12.38
Sexual Coercion	31.26	10.43
Unwanted Sexual Contact	28.20	9.05
No SES items endorsed	30.38	12.21
Total	31.25	12.47

Sexual Victimization Attributions Measure

Although items on the SVAM would only be relevant to individuals who had experienced rape or attempted rape, all 356 participants who indicated they had experienced any unwanted sexual activity (i.e., experienced rape, attempted rape, sexual coercion or unwanted sexual contact) were erroneously asked to complete the SVAM at Time 1. Table 17 shows the mean and standard deviations among these participants.

Table 17
SVAM Scores Across Time, n = 356.

	Perpetrator Blame		Characterological blame		Behaviour Blame	
	M	*SD*	*M*	*SD*	*M*	*SD*
Rape	60.06	22.82	32.99	13.90	38.76	12.54
Attempted rape	54.17	20.87	29.50	11.17	38.90	13.01
Sexual Coercion	49.59	20.97	26.04	11.30	33.13	13.20
Unwanted Sexual Contact	39.86	18.16	24.74	10.06	32.05	10.88
Total	53.27	17.54	28.67	9.98	35.57	10.46

Help Seeking Behaviour

Table 18 shows the type of help sought by participants who experienced some form of unwanted sexual activity on the SES. For all types of unwanted sexual experiences (rape, attempted rape, sexual coercion, and unwanted sexual contact) the majority of participants (66.0%) had talked to a friend about their unwanted sexual experience at some point in their lives. At both the five days (Time 2) and four weeks (Time 3) intervals, following exposure to the posters, the majority of participants (69.64%) told no one about their unwanted sexual experiences. Of those participants who

did tell someone about their unwanted sexual experiences, regardless of the type of unwanted sexual experience, they were most likely to talk to a friend at both Time 2 and Time 3, although almost as many rape victims at Time 3 told a significant other as told a friend.

Table 19 shows the hypothetical help seeking behaviour of participants with no unwanted sexual experiences on the SES. When asked about their hypothetical behaviours, participants who endorsed no SES items indicated at all times of data collection that they would be highly likely to talk to family members, friends, significant others, doctors, the police and mental health professionals.

Table 18

*Number of participants who answered "**yes**" to the question: "Have you [ever] [in the past five days] [in the past four weeks] told any of the following people about your unwanted sexual experience(s)?"*

Have you … told any of the following people about your unwanted sexual experience(s)?"	Most severe experience is rape						Most severe experience is attempted rape					
	T1		T2		T3		T1		T2		T3	
	n = 119		*n* = 91		*n* = 70		*n* = 40		*n* = 29		*n* = 22	
	n	%	n	%	n	%	n	%	n	%	n	%
No one	18	15.25	65	71.43	50	71.43	2	5.13	16	55.17	10	45.45
Friend	85	71.19	9	9.89	8	11.43	32	79.49	6	20.69	5	22.73
Family member	35	29.66	1	1.10	1	1.43	9	23.08	1	3.45	2	9.09
Significant other	59	50.00	8	8.79	7	10.00	21	53.85	3	10.34	0	0.00
Mental health professional	24	20.34	1	1.10	0	0.00	2	5.13	1	3.45	1	4.55
Crisis hotline	3	2.54	1	1.10	0	0.00	0	0.00	0	0.00	0	0.00
Rape crisis counsellor	7	5.93	1	1.10	0	0.00	0	0.00	1	3.45	0	0.00
Doctor	12	10.17	1	1.10	1	1.43	0	0.00	1	3.45	0	0.00
Police	9	7.63	1	1.10	0	0.00	0	0.00	0	0.00	0	0.00
Leader at a place of worship	5	4.24	1	1.10	0	0.00	0	0.00	0	0.00	0	0.00
Trusted authority figure	7	5.93	0	0.00	0	0.00	3	7.69	0	0.00	0	0.00
	Most severe experience is coercion						Unwanted sexual contact					
	T1		T2		T3		T1		T2		T3	
	n = 187		*n* = 155		*n* = 124		*n* = 10		*n* = 10		*n* = 8	
	n	%	n	%	n	%	n	%	n	%	n	%
No one	50	26.74	108	69.68	87	70.16	1	10.0	6	60.0	4	50.00
Friend	110	58.82	9	5.81	10	8.06	8	80.0	2	20.0	1	12.50
Family member	29	15.51	2	1.29	1	0.81	2	20.0	1	10.0	0	0.00
Significant other	72	38.50	7	4.52	5	4.03	4	40.0	0	0.00	0	0.00
Mental health professional	13	6.95	1	0.65	0	0.00	1	10.0	0	0.00	0	0.00
Crisis hotline	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Rape crisis counsellor	1	0.53	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Doctor	3	1.60	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Police	2	1.07	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Leader at a place of worship	1	0.53	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Trusted authority figure	4	2.14	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00

Table 19

Number of participants who answered "yes" to the question "Hypothetically, if you experienced sexual assault, would you tell any of the following people about your unwanted sexual experience?"

	No SES items endorsed					
	T1		T2		T3	
"Hypothetically, if you experienced sexual assault, would you tell any of the following people about your unwanted sexual experience?"	*n* = 201		*n* = 176		*n* = 138	
	n	%	n	%	n	%
No one	15	7.39	9	5.11	13	9.42
Friend	145	72.41	126	71.59	97	70.29
Family member	142	69.95	127	72.16	94	68.12
Significant other	147	72.41	122	69.32	102	73.91
Mental health professional	150	73.89	120	68.18	93	67.39
Crisis hotline	64	31.53	62	35.23	53	38.41
Rape crisis counsellor	131	64.53	105	59.66	84	60.87
Doctor	140	68.97	124	70.45	102	73.91
Police	152	74.88	118	67.05	98	71.01
Leader at a place of worship	64	31.53	28	15.91	24	17.39
Trusted authority figure	28	13.79	23	13.07	21	15.22

Comparing Hypothetical vs. Actual Help Seeking Behaviour

Two by two chi square analyses (sexual victimization history, 2 levels: rape/attempted rape, No SES participants) with (help seeking behaviour, 2 levels: yes or no) were run for each of the 11 types of help seeking behaviour at Time 1. Only Time 1 responses were examined because actual help seeing behaviour at Time 2 and Time 3 looked only at help seeking during a specific time interval (5 days and 4 weeks respectively). Results are shown in Table 20.

Table 20

Chi Square Summary Table to Compare Help Seeking Behaviour Among sexual assault survivors to hypothetical help seeking behaviour among participants who did not experience sexual assault.

Time 1	*Df*	n	χ^2	Sig.	Cramer's Phi
No One	1	304	3.02	.082	
Friend	1	304	1.33	.250	
Family	1	304	47.86	**<.001**	-.397
Significant Other	1	304	11.19	**.001**	-.192
Mental health professional	1	304	98.15	**<.001**	-.568
Crisis Hotline	1	304	43.83	**<.001**	-.380
Rape Crisis Counsellor	1	304	115.51	**<.001**	-.616
Doctor	1	304	109.18	**<.001**	-.599
Police	1	304	138.87	**<.001**	-.676
Leader at a place of worship	1	304	13.75	**<.001**	-.213
Trusted authority figure	1	304	2.34	.087	

Note. *Indicates Fisher's exact test used for cells with $n < 5$.

Participants who endorsed no items on the SES were significantly more likely to imagine seeking help from a family member, significant other, mental health professional, crisis hotline, rape crisis counsellor, doctor, police, and a leader at a place of worship, as compared to participants who experienced rape / attempted rape.

Reactions to Help Seeking Behaviour

Each participant who experienced rape and attempted rape who reported that they had sought help were asked to indicate who they talked to and rate how they perceived the reaction of the person they went to for help. Responses to this question indicated that the majority (71% of 119, *n* = 85) of the women who experienced rape in the present study told a friend about their unwanted sexual experiences. Of these women, 77.4% (*n* = 66) found the responses of their friend helpful, while 22.6% (*n* = 19) rated their friend's reaction as unhelpful. Examples of helpful reactions described by participants were "acknowledged that [what happened] was not right", and "listened well, added in comments, thoughts, steps to take". Examples of reactions by friends that were rated as unhelpful were described as "kind of just listened and offered limited advice", and "I felt ashamed".

Of the 119 women who experienced rape in the present study, 29% (*n* = 35) indicated that they sought help from a family member at some point in their lives. Of these women, 71.4% (*n* = 25) indicated that the responses of their family member were helpful. Examples of helpful reactions from family were described as "didn't really have a reaction, just listened and asked how I felt about it" and "my cousin had gone through a similar event, so she was able to comfort me a bit". Examples of unhelpful reactions included "mother blamed me for it", and "they insulted me".

Of the 59 (50%) women who were raped and sought help from a significant other, 71.2% (*n* = 42) rated their partner's reaction as helpful. Descriptions of helpful reactions included "extremely understanding and supportive and protective" and "got their feedback and understanding". Descriptions of unhelpful reactions included "again I felt

embarrassed and ashamed of myself", and "I don't think they believed that it was unwanted", and "they got angry at the guy that did it to me…instead of emotionally supporting me they wanted to 'beat up' whoever did it to me".

As for the seven percent (n = 9) of women who experienced rape and sought help from the police, 66.7% (n = 6) rated the reaction from the police as helpful. For example "the police were the most comforting" and "they were very supportive, and sensitive to the situation, and in getting me lined up with a counsellor". Unhelpful reactions were described including "made me feel like it was my fault, when I tried to charge them the charges did not go through, and they got away with it. The 2nd time it happened I just kept my mouth shut and talked to a rape counsellor" and "it was strictly business and they seemed really cold towards me".

All seven (5.9%) of the women who experienced rape and sought help from a rape crisis counsellor rated the reactions of their counsellors as helpful. Similarly, all five (4%) of the women who were raped and who sought help from a leader at a place of worship rated the religious figures' reaction as helpful. The majority (66.7%) of the women who sought help from a crisis hotline (n = 3, 2% of the women who experienced rape) found the reactions of the hotline workers helpful. Similarly, six of the seven women who sought help from a trusted authority figure rated their reaction as helpful.

The sources of help whose reactions were rated as least helpful by rape survivors in the present study were mental health professionals and doctors. Of the 20% women (n = 24) who experienced rape and sought help from a mental health professional, only 58.3% (n = 14) rated the reaction of their mental health professional to be helpful. Helpful reactions included "helped me identify it and confirmed that I was coping well", while unhelpful reactions were described as "they categorized me and it just angered me"

and “they just stared at me and went on with other questions as if being raped was so normal and no big deal”. Similarly, of the 12 women who experienced rape who sought help from a doctor (10% of all the rape survivors in the current study), only 58.3% (*n* = 7) rated the doctor’s reaction as helpful, including reactions such as “she had me tested for a possible STD and everything came back negative, that was relieving”. Unhelpful reactions were described, such as “he told me that if I wanted to have sex not to blame it on rape”, and “[I] went for plan B before it was over the counter and doctor was very condescending”.

Advice to a Friend

All 557 participants were asked, “If a friend told you that they had been sexually assaulted, how would you react?” Table 21 shows the patterns of responses to this question. Across time, the majority of participants advised telling a friend to talk to a mental health professional, the police, a family member, or a doctor. Very few participants imagined advising a friend to tell no one.

Table 21

Advice to a Friend Among Participants. Number of participants who endorsed each source of help in response to "If a friend told you that they had been sexually assaulted, how would you react?"

	Most severe experience is rape						Most severe experience is attempted rape					
	T1		T2		T3		T1		T2		T3	
I would tell [a friend] to tell:	n	%	n	%	n	%	n	%	n	%	n	%
No one	18	15.25	12	13.19	10	14.29	9	23.08	3	10.34	1	4.55
Another friend	39	33.05	35	38.46	31	44.29	13	33.33	11	37.93	7	31.82
Family member	57	47.46	46	50.55	40	57.14	21	53.85	17	58.62	11	50.00
Significant other	48	40.68	44	48.35	41	58.57	16	41.03	16	55.17	12	54.55
Mental health professional	72	61.02	52	57.14	45	64.29	21	51.28	18	62.07	15	68.18
Crisis hotline	43	36.44	40	43.96	38	54.29	12	30.77	13	44.83	9	40.91
Rape crisis counsellor	52	44.07	51	56.04	43	61.43	17	43.59	16	55.17	13	59.09
Doctor	62	52.54	47	51.65	43	61.43	20	0.00	17	58.62	11	50.00
Police	60	50.85	41	45.05	40	57.14	18	66.67	19	65.52	10	45.45
Leader at a place of worship	9	7.63	15	16.48	19	27.14	2	7.41	2	6.90	2	9.09
Trusted authority figure	13	11.02	11	0.00	18	25.71	39	100.00	6	20.69	4	18.18
	Most severe experience is coercion						No SES items endorsed					
No one	17	9.09	15	9.68	7	5.65	13	6.40	15	8.52	14	10.14
Another friend	67	35.83	70	45.16	59	47.58	50	24.63	71	40.34	62	44.93
Family member	106	56.68	100	64.52	87	70.16	137	67.49	123	71.02	105	76.09
Significant other	92	49.20	93	60.00	84	67.74	116	57.14	113	64.20	94	68.12
Mental health professional	117	62.57	109	70.32	91	73.39	142	69.95	122	69.32	96	69.57
Crisis hotline	83	44.39	77	49.68	61	49.19	83	40.89	79	44.89	70	50.72
Rape crisis counsellor	106	56.68	90	58.06	77	62.10	131	64.53	121	68.75	93	67.39
Doctor	108	57.75	101	65.16	85	68.55	133	65.52	120	68.18	102	73.91
Police	117	62.57	96	61.94	85	68.55	149	73.40	125	71.02	93	67.39
Leader at a place of worship	16	8.56	26	16.77	26	20.97	43	21.18	33	18.75	32	23.19
Trusted authority figure	13	6.95	18	11.61	33	26.61	27	13.30	30	17.05	26	18.84

Note. At Time 1, 22 (3.9%) of the participants did not answer this question, at Time 2, 52 (11.2%) participants did not answer this question, and at Time 3, 34 (8.5%) participants did not answer this question.

Comparing Advice to a Friend Based on Sexual Victimization Status

Two by three chi square analyses for each of the 11 types of advice to a friend about help seeking at Time 1 were run in order to compare advice to a friend (two levels: yes, no) by sexual assault status (three levels: no items endorsed on the SES, rape/attempted rape, sexual coercion).

Table 22

Chi Square Summary Table to Compare Advice to a Friend by Sexual Victimization Status at Time 1.

I would advise a friend to tell…	*Df*	n	χ^2	Sig.	Cramer's V
No One	2	445	9.07	**.011**	.143
Another Friend	2	474	7.18	**.028**	.123
Family Member	2	474	10.30	**.006**	.147
Significant Other	2	474	11.04	**.004**	.153
Mental health professional	2	474	5.34	.070	
Crisis hotline	2	474	0.98	.608	
Rape crisis counsellor	2	474	9.74	**.008**	.045
Doctor	2	474	6.47	**.039**	.117
Police	2	474	19.26	**<.001**	.202
Leader at place of worship	2	474	16.18	**<.001**	.185
Trusted authority figure	2	474	3.81	.155	

Note. *Indicates Fisher's exact test used for cells with $n < 5$.

For all significant results, the standard residuals (the difference between the observed and expected frequency) were examined to determine which cells were the major contributors to rejecting the null hypothesis. Standard residual values of greater than ±1.96 were deemed to be significantly higher than expected (Field, 2009).

As shown in Table 22, sexual victimization status significantly predicted many types of advice to a friend. Interestingly, participants who did not experience sexual

assault were less likely than expected to imagine advising a friend to seek help from another friend (24.3%), as compared to participants who experienced rape/attempted rape (35.2%), and participants who experienced sexual coercion (36.6%).

In contrast, participants who did not experience sexual assault (i.e. endorsed no items on the SES) were less likely than expected to imagine advising a friend to avoid further help seeking (6.7%), as compared to participants who experienced rape and/or attempted rape (18.0%). Similarly, participants who did not experience sexual assault were more likely than expected to imagine advising a friend to seek help from a family member (68.6%), as compared to participants who experienced sexual coercion (57.3%), and rape/attempted rape (51.2%). Participants who did not experience sexual assault were more likely than expected to imagine advising a friend to seek help from a significant other (58.4%) than participants who experienced rape/attempted rape (39.2%). Participants who did not experience sexual assault were more likely than expected to imagine advising a friend to seek help from a rape crisis counselor (65.9%), as compared to participants who experienced sexual coercion (54.9%) and participants who experienced rape/attempted rape (48.8%). Participants who did not experience sexual assault were more likely than expected to imagine advising a friend to seek help from the police (74.6%) than participants who experienced rape/attempted rape (50.4%). Finally, participants who did not experience sexual assault were more likely than expected to imagine advising a friend to seek help from a leader at a place of worship (20.0%), as compared to participants who experienced rape/attempted rape (8.5%) and participants who experienced sexual coercion (6.4%).

Analysis of Hypotheses

Data Cleaning

Intervention fidelity.

Intervention fidelity was determined by tracking the number of times each participant clicked on a link following the poster message sent to their email address. As a measure of intervention fidelity, 278 (49.9%) participants opened their email every day for 5 days, 94 (16.9%) participants opened their email on 4 days, 51 (9.2%) participants opened their email on 3 days, 43 participants opened their email on 2 days, 39 (7.0%) participants opened their email only once, and 52 (9.3%) did not open their email at all.

Of the 52 participants who did not open their email at all, 44 (7.89% of the total sample) withdrew from the study at Time 2. The remaining eight participants who did not open their email at all went on to complete the surveys at Time 2 (as shown in Figure 3). As exposure to the help seeking messages is the intervention being measured in the present study, participants who did not open their email at all were not included in further analyses. Table 23 shows the distribution of these participants in the data.

Table 23
Number of participants who did not view the posters via email, n = 52

	control group		poster two		poster three		poster four		Total	
	n	%	*n*	%	*n*	%	*n*	%	*n*	%
Rape	3	17.65	6	35.29	5	29.41	3	17.65	17	32.69
Attempted Rape	1	33.33	0	0.00	1	33.33	1	33.33	3	5.77
Sexual Coercion	1	6.67	5	33.33	6	40.00	3	20.00	15	28.85
Unwanted Sexual Contact	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
No SES items endorsed	1	5.88	5	29.41	9	52.94	2	11.76	17	32.69
Total	7	13.64	15	28.85	21	40.38	9	9.09	52	100.00

Outliers.

Stevens (2002) suggests that influential data points (outliers on the x and y axis) often produce the most substantial change to data analyses and therefore should be considered for removal. Outliers on both the X and Y axis were identified by running a logistic regression which included all continuous variables and noting all participants with DfFit values greater than $|2|$, which are indicative of participants being outliers on both the X and Y axis (Stevens, 2002, p. 134). As shown in Appendix Y a total of 21 outliers were identified using this method.

Although there are many valid reasons to remove outliers (such as outliers having a general tendency to increase error variance, reduce the power of statistical tests, or

decrease normality if distributed non-randomly), it is vital to assess to the cause of the outliers in a data set (Osborne & Overbay, 2004; Tabachnick & Fidell, 2000). If outliers are "legitimate cases sampled from the correct population" or "serve as potential focus of inquiry" it is not necessarily advisable to remove these outliers from analysis (Osborne & Overbay, 2004, p. 1).

It is important to note that of the 21 outliers identified in the current data sample, 11 (52.38%) were participants who experienced rape/attempted rape, while seven (33.33%) were participants who experienced sexual coercion. Removing these participants from data analysis could potentially remove the legitimate experiences of sexual assault survivors (e.g. being extremely distressed) from data analysis. In her review of the literature on the treatment efficacy of group psychotherapy on adult survivors of childhood sexual abuse, Trana (2009) notes that outliers are often erroneously removed from these samples without consideration for the cause of the extreme scores. Separate analyses with and without outliers is a more appropriate means to determine whether outliers should be removed (Field, 2009; Tabachnick & Fidell, 2000), particularly among datasets including trauma populations (Trana, 2009).

Based on this recommendation, analyses of all hypotheses were conducted first with outliers removed, and then with outliers included in the data set. A summary of the differences between these analyses is included in Appendix Z. Exclusion of outliers resulted in two unique findings of significance related to hypothetical advise to a friend to seek help from Community Leaders (i.e. trusted authority figures and leaders at a place of worship) among rape/attempted rape survivors, and advice to a friend to seek help from Helping Professionals (i.e. mental health professionals, rape crisis counsellors and crisis

hotlines) among sexually coerced participants. These findings were no longer significant when outliers were included.

Inclusion of outliers resulted in a unique significant interaction between poster group and characterological self blame related to avoiding help seeking among rape survivors, which was no longer significant when outliers were excluded. Including outliers also resulted in a significant difference between poster groups with regards to hypothetically seeking help from a Community Leader. All other significantly meaningful results were the same whether outliers were or were not included.

These differences in results exemplify the detrimental impact of removing outliers in data sets that include trauma survivors. Inclusion of outliers resulted in a significant finding related to the lived experiences of rape / attempted rape survivors. Excluding the outliers diluted this experience, and only resulted in significant findings related to hypothetical behaviours (e.g. hypothetical advice to a friend). As such, the decision was made to include the outliers in all data analyses.

Final Sample Size and Power

Given an estimated moderate effect size and four groups (three messages, plus one control group), it was determined that 30 participants per group was an ideal sample size for a desired power of 0.80 and a significance level of $\alpha = .05$ (Stevens, 2002; VanVoorhis & Morgan, 2007).

The decision was made to combine the data in all analyses of hypotheses among participants who experienced rape with participants who experienced attempted rape for two reasons. Firstly, in both of these circumstances a crime was committed, which could have caused distress requiring help seeking. Secondly, separate analyses of participants

whose most severe experience of sexual assault was attempted rape would have been compromised due to the small number of participants (n = 37, 11.42). Combining these groups of participants allowed for the statistical analysis of women whose experiences were conceptually similar, without losing information from a population of interest (women who experienced attempted rape).

Data from a total of 324 participants at Time 1 (n = 186 who endorsed no items endorsed on the SES, n = 138 who endorsed attempted rape / rape items), who had less than 5% of missing data, and who looked at the poster emails at least once were included in the analysis for hypotheses 1-7, Table 24 shows the distribution of participants across groups.

Table 24
Total Number of Participants (n = 324) Included in Analysis of Hypotheses 1-7.

	control group	poster two	poster three	poster four	Total *n*
Time 1					
Rape	20	35	34	12	101
Attempted Rape	6	15	9	7	37
No SES Items Endorsed	33	54	65	34	186
Total Time 1 *n*	59	104	108	53	324
Time 2					
Rape	17	28	31	12	88
Attempted	5	14	7	4	30
No SES Items Endorsed	33	48	59	31	171
Total Time 2 *n*	55	90	97	47	289
Time 3					
Rape	14	23	25	8	70
Attempted Rape	3	11	5	4	23
No SES Items Endorsed	26	40	45	23	134
Total Time 3 *n*	43	74	75	35	227

Data from 495 participants at Time 1 were included in the analysis for hypothesis eight (i.e. participants who had less than 5% missing data, looked at the poster email at least once, and experienced rape, attempted rape, sexual coercion, or endorsed no items on the SES). Participants whose most severe experiences of sexual assault were unwanted sexual contact were not included in analyses of hypotheses because of the small sample size, $n = 10$. Table 25 shows the distribution of participants included in the analysis of hypothesis eight across groups.

Table 25
Total Number of Participants (n = 495) Included in Analysis of Hypothesis Eight.

	control group	poster two	poster three	poster four	Total *n*
Time 1					
Rape / Attempted Rape	26	50	43	19	138
Sexual Coercion	29	60	48	34	171
No SES Items Endorsed	33	54	65	34	186
Total Time 1 *n*	88	164	156	87	495
Time 2					
Rape / Attempted Rape	22	42	38	16	118
Sexual Coercion	25	53	45	31	154
No SES Items Endorsed	33	48	59	31	171
Total Time 2 *n*	80	143	142	78	443
Time 3					
Rape / Attempted Rape	17	34	30	12	93
Sexual Coercion	17	49	41	23	130
No SES Items Endorsed	26	40	45	23	134
Total Time 3 *n*	60	123	116	58	357

Hypotheses One to Three

Planned analyses.

In order to perform a randomization check, several one-way ANOVAs were conducted to compare the effects of poster group on four dependent variables measured at Time 1 (i.e., attitudes, subjective norms, intentions, and distress). These analyses determined whether random assignment to poster group at Time 1 was successful in evenly distributing these variables throughout each poster group prior to exposure to the posters. Next, a 2 x 2 x 4 split plot MANCOVA was performed on three dependent

variables (attitudes, subjective norms, and intention) using Time (2 levels; Time 2, Time 3) as the within-subjects variable and Sexual Victimization History (2 levels; endorsed rape or attempted rape, no items endorsed on the SES) and Poster Group (4 levels: control group and posters 2 through 4,) as the between-subjects variables. Any Time 1 differences across groups found in the ANOVA randomization check were included as Covariates in the MANCOVA in order to account for significant differences across poster groups at Time 1. Observed power for each analysis within the MANCOVA is included with each result.

Randomization check.

Participants were randomly assigned to view only one of four posters via email over a five-day period. At Time 1, participants had not yet been exposed to the poster group and, due to random assignment to groups, it was assumed that there would be no significant differences between groups at Time 1. An ANOVA analysis with independent variable Poster Group and dependent variables Time 1 attitudes, subjective norms, intentions, distress, rape myth acceptance and self blame, was conducted to check the assumption that there were no significant differences between poster groups at Time 1. As shown in Table 26, there were significant differences between poster groups on measures of attitudes and intention to see help. These significant differences at Time 1 were accounted for in the MANCOVA by including Time 1 attitudes and intentions as covariates.

Table 26
ANOVA summary Table of Time 1 between subjects effects for participants included in analyses of hypotheses 1 to 7, n = 324

Source	*Df*	Mean Square	*F*	Sig.
Summary of Between Subjects Effects				
Time 1 Attitudes towards help seeking	3	1811.32	2.76	**.042**
Time 1 Subjective Norms	3	903.86	0.96	.413
Time 1 Intention to seek help	3	244.67	2.91	**.035**
Time 1 Distress	3	5.83	0.20	.900
Time 1 Rape Myth Acceptance	3	388.95	2.17	.092
Time 1 Self Blame	3	59.59	0.77	.512

Assumptions for MANCOVA.

MANCOVA requires that dependent variables must be continuous, all independent variables must be categorical, and all covariates must be continuous. These assumptions were met in the present research. In addition, MANCOVA requires Multivariate Normality, meaning that all independent variables, as well as any linear combinations of dependent variables, must be normally distributed. The data was examined to determine univariate normality. Although some of the variables were slightly negatively skewed (e.g., subjective norms and intention) and some were slightly positively skewed (e.g., behaviour and advice to a friend), examination of skew and kurtosis indicated that these distributions were within an acceptable range to meet the assumption of normality for MANCOVA, which is "fairly robust against violations of multivariate normality" (Stevens, 2009, p. 420).. A repeated measure MANCOVA also assumes independence of observations, a violation of which is quite serious (Stevens,

2009). In the present research the assumption of independence of the observations was met.

Participants whose most severe experience of unwanted sexual activity was sexual coercion or unwanted sexual contact were not included in these analyses, as they were given the incorrect survey questions, (e.g., they should have been given the "hypothetical" questions, but instead were asked about unwanted sexual experiences that did not pertain to them). As discussed above, participants who did not open any of their emails were also excluded from this analysis (n = 52). The data from a total of 324 participants was included in the following MANCOVA analysis (186 participants who endorsed no items on the SES, and 138 participants who endorsed items related to rape or attempted rape at any point during data collection). Table 27 shows the correlations between variables included in the MANCOVA.

Table 27

Correlations between variables included in MANCOVA among participants included in analysis of hypotheses one to three, n = 324.

	Poster Group	Time 1 Attitudes	Time Two Attitudes	Time 3 Attitudes	Time 2 Subjective Norms	Time 3 Subjective Norms	Time 1 Intentions	Time 2 Intentions	Time 3 Intentions
Poster Group	1	.138*	.123*	.049	.067	.037	.060	.158**	.077
Time 1 Attitudes	.138*	1	.751**	.449**	.765**	.618**	.382**	.707**	.606**
Time 2 Attitudes	.123*	.751**	1	.678**	.698**	.792**	.572**	.701**	.797**
Time 3 Attitudes	.049	.449**	.678**	1	.459**	.606**	.842**	.522**	.623**
Time 2 Sub. Norms	.067	.765**	.698**	.459**	1	.752**	.491**	.655**	.645**
Time 3 Sub. Norms	.037	.618**	.792**	.606**	.752**	1	.639**	.622**	.738**
Time 1 Intentions	.060	.382**	.572**	.842**	.491**	.639**	1	.480**	.586**
Time 2 Intentions	.158**	.707**	.701**	.522**	.655**	.622**	.480**	1	.781**
Time 3 Intentions	.077	.606**	.797**	.623**	.645**	.738**	.586**	.781**	1

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Main effects from the MANCOVA.

A 2 x 2 x 4 split plot MANCOVA was performed on three dependent variables: attitudes, subjective norms, and intention using Time (2 levels; Time 2, Time 3) as the within-subjects variable and Sexual Victimization Status (2 levels; rape / attempted rape or No SES) and Poster Group (4 levels: control group and posters two through four) as the between-subjects variables. Attitudes and Intentions at Time 1 were included as covariates in order to account for significant differences across poster groups at Time 1 (as evidenced through the randomization check).

The following significant main effects were observed from multivariate tests from the MANCOVA. As shown in Table 28, there was a significant main effect of sexual victimization status, a significant main effect of time, and a significant interaction between time and sexual victimization status. As expected from the randomization check, significant main effects for covariates Time 1 attitude towards help seeking $F(3, 309) = 24.56$, $p < .001$, and Time 1 intention towards help seeking, $F(3, 309) = 28.60$, $p < .001$ were also observed. There were no other significant main effects. Univariate tests were then examined for each hypothesis.

Table 28
MANCOVA Summary Table of Multivariate Tests

Source	*Df*	Error Df	*F*	Sig.	Obs. Power	η^2
Summary of Between Subjects Effects						
Poster Group	3	819.00	1.15	.322	0.58	0.01
History of victimization	3	271.00	23.00	**<.001**	1.00	0.20
Poster Group * History of Victimization	9	659.69	1.57	**.017**	0.74	0.02
Summary of Within Subject Effects						
Time	3	271.00	11.04	**<.001**	0.99	0.11
Time* Poster Group	9	819.00	1.98	**.039**	0.86	0.02
Time*History of Victimization	3	271.00	2.00	.115	0.51	0.02
Time*History of Victimization* Poster Group	9	819.00	1.42	.177	0.69	0.02

Hypothesis One

Hypothesis one predicts that participants (who have and who have not experienced sexual assault) who were exposed to messages designed to increase help seeking will endorse more positive attitudes towards help seeking than participants exposed to a neutral message. Hypothesis one was not supported (see Table 29). There was no significant main effect of poster group on attitudes towards help seeking.

Table 29
MANCOVA Summary Table of Between Subjects Effects for Attitudes

Source	*Df*	Mean Square	*F*	Sig.	Obs. Power	η^2
Summary of Between Subjects Effects for Attitudes						
Poster Group	3	1627.74	2.23	.085	0.56	0.02
History of Victimization	1	13358.27	18.28	**<.001**	0.99	0.06
Poster Group * History of Victimization	3	270.11	0.37	.775	.122	0.00
Summary of Within Subject Effects for Attitudes						
Time	1	8073.45	28.37	**<.001**	1.00	0.09
Time* Poster Group	3	91.54	0.32	.810	.112	0.00
Time*History of Victimization	1	180.27	0.63	.427	.125	0.00
Time*History of Victimization*Poster Group	3	49.09	0.17	.915	0.08	0.00

There was a significant main effect of time on attitudes towards help seeking, with an effect size of 9.4%, (η^2 = .094). Participants' attitudes improved over time. More favourable attitudes were reported at Time 3 (*M* = 132.15, *SD* = 35.81) than at Time 2 (*M* = 125.18, *SD* = 31.49). There was a significant main effect of sexual victimization status, with an effect size of 6.3% (η^2 = .063). Participants who experienced rape or attempted rape expressed significantly less favourable attitudes towards seeking help (M = 114.18, *SD* = 32.86) than No SES participants (*M* = 144.52, *SD* = 28.16). Table 30 shows all means and standard deviations.

Table 30

Means and Standard Deviations for Attitudes, Subjective Norms and Intentions Towards Help Seeking Across Time.

Variable	Time 1 *n* = 310				Time 2 *n* = 276				Time 3 *n* = 215			
	SES=0		Rape/attempted rape		SES=0		Rape/attempted rape		SES=0		Rape/attempted rape	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Attitudes												
control group	126.05	26.84	113.58	34.32	135.17	30.41	112.01	34.97	144.83	41.22	113.72	28.36
poster two	135.10	21.76	113.88	37.62	141.99	22.07	110.14	34.78	143.21	31.02	111.85	36.70
poster three	136.25	25.57	118.45	34.95	146.01	23.08	122.51	30.60	148.50	28.84	121.03	27.80
poster four	140.62	19.86	121.38	34.52	146.59	23.05	108.25	29.50	146.59	30.41	103.70	38.07
Group Mean	134.90	24.02	116.26	35.51	143.08	24.30	114.22	32.94	145.96	32.01	114.14	32.78
Sub. Norms												
control group	123.44	25.15	149.16	33.46	151.05	28.58	115.21	31.04	155.66	35.08	120.48	28.61
poster two	119.78	21.68	150.13	35.09	155.98	16.34	122.15	36.46	154.49	26.35	121.68	39.62
poster three	124.77	22.22	152.02	30.23	154.59	19.73	133.10	32.91	155.89	26.30	130.81	26.69
poster four	124.54	21.75	151.38	32.61	148.27	26.36	113.34	27.48	154.53	33.22	123.40	21.66
Group Mean	122.66	22.35	150.85	32.72	153.26	21.89	123.26	33.71	155.20	29.07	124.64	31.72
Intentions												
control group	23.73	8.10	14.42	8.07	26.28	7.79	16.45	8.91	26.67	8.61	17.72	6.75
poster two	26.62	7.00	15.58	8.63	27.91	6.37	15.67	9.18	28.28	5.91	14.94	9.79
poster three	27.58	6.92	17.27	8.06	28.93	5.93	17.63	8.48	28.94	6.34	20.59	9.25
poster four	27.78	5.91	16.21	7.73	27.20	7.70	15.64	9.01	28.20	6.83	14.35	9.88
Group Mean	26.65	7.09	15.97	8.21	27.86	6.75	16.44	8.81	28.22	6.75	17.22	9.38

Note. SES=0 denotes participants who did not endorse any unwanted sexual experiences on the SES

Hypothesis Two

Hypothesis two predicts that participants (who have and who have not experienced sexual assault) exposed to messages designed to increase help seeking will endorse more positive subjective norms towards help seeking than participants exposed to a neutral message. Hypothesis two was not supported (see Table 31). There was no significant main effect of poster group on subjective norms, nor was there a significant interaction between poster group and time or history of victimization.

Table 31
MANCOVA Summary Table for Subjective Norms

Source	Df	Mean Square	*F*	Sig.	Obs. Power	η^2
Summary of Between Subjects Effects for Subjective Norms						
Poster Group	3	1193.14	1.43	.235	.377	0.02
History of victimization	1	27846.56	33.29	**<.001**	1.00	0.11
Poster Group * History of Victimization	3	699.31	0.84	.475	0.23	0.01
Summary of Within Subject Effects for Subjective Norms						
Time	1	7496.45	23.13	**<.001**	.998	0.08
Time*Poster Group	3	271.34	0.84	.474	0.23	0.01
Time*History of Victimization	3	69.21	0.21	.644	0.08	0.00
Time*History of Victimization*Poster Group	3	176.70	0.55	.652	0.16	0.01

There was a significant main effect of time on subjective norms towards help seeking, with 7.8% of the variance in subjective norms accounted for by time. Participants' subjective norms increased over time, with participants endorsing more favourable subjective norms towards help seeking at Time 3 (M = 143.20, SD = 33.60) than at Time 2

(M = 141.07, SD = 31.00). There was also a significant main effect of sexual victimization status, with 10.9% of the variance in subjective norms accounted for by variance in sexual victimization status. Participants who experienced rape or attempted rape expressed significantly less favourable subjective norms about seeking help (M = 123.95 SD = 32.72) than participants who endorsed no items on the SES (M = 154.23, SD = 25.46). There were no other significant main effects or interactions with respect to subjective norms about help seeking. Table 30 shows means and standard deviations.

Hypothesis Three

Hypothesis three predicts that participants (who have and who have not experienced sexual assault) exposed to messages designed to increase help seeking will endorse more positive intentions towards help seeking than participants exposed to a neutral message. Hypothesis three was not supported (see Table 32). There was no significant effect of poster group on intention to seek help.

Table 32
MANCOVA Summary Table for Intentions

Source	Df	Mean Square	*F*	Sig.	Obs. Power	η^2
Summary of Between Subjects Effects for Intention						
Poster Group	3	134.22	2.64	.050	0.64	0.03
History of victimization	1	2945.66	58.02	**<.001**	1.00	0.18
Poster Group * History of Victimization	3	91399	1.81	.145	0.47	0.02
Summary Table of Within Subject Effects for Intention						
Time	1	375.40	17.48	**<.001**	0.99	0.06
Time*Poster Group	3	45.56	2.12	.098	.538	0.02
Time*History of Victimization	1	121.87	5.67	.018	0.66	0.02
Time*History of Victimization*Poster Group	3	41.02	1.91	.128	0.49	0.02

There was a significant main effect of time on intention to seek help, with 6% of the variance in intention accounted for by time. Participants' ratings of intention increased over time. Time 3 intention to seek help ($M = 23.95$, $SD = 9.52$) was significantly higher than Time 2 intention ($M = 23.25$, $SD = 9.48$).

There was also a significant main effect of sexual victimization status on intention to seek help. Participants who experienced rape and/or attempted rape had significantly less favourable intentions to seek help ($M = 16.83$ $SD = 6.75$) than participants who endorsed no items on the SES ($M = 28.04$, $SD = 6.75$). A total of 17.5% of the variance in intentions was accounted for by variance in sexual victimization status.

Although there were significant univariate effects for poster group, as well as a significant interaction between time and sexual victimization history, these multivariate tests were not significant and, as such, these effects were not interpretable on the univariate level.

Hypotheses Four to Eight

Factor analysis.

Hypotheses four to eight predict the impact of posters designed to increase help seeking on 11 categorical variables. As described above, these 11 categorical variables (telling no one, friend, family member, significant other, mental health professional, rape crisis counsellor, crisis hotline, doctor, police, leader at a place of worship, and trusted authority figure) are all dichotomous variables (yes or no) and were used to gauge help seeking behaviour (real and hypothetical) and hypothetical advice to a friend.

A factor analysis was conducted in order to determine the most efficient and meaningful way to analyse these variables. With data from all participants included in the analysis of hypotheses (n = 495), a factor analysis using a direct oblimin (assuming a relationship between factors) rotation was conducted for all 11 variables related to help seeking/hypothetical help seeking behaviour at Time 2. This factor analysis was then conducted for behaviour at Time 3, and advice to a friend at Time 2 and Time 3. A factor analysis forcing an orthogonal two-factor solution was also run, but did not produce meaningful results. A summary of the resulting factor structures from the direct oblimin factor analysis, as indicated by the Rotated Component Matrix is shown in Appendix AA, while Table 33 shows the groupings suggested by this factor analysis.

Table 33
Factor loadings from oblimin factor analysis.

Factor structure for Behaviour (Time 2 and Three) and Advice to a Friend (Time 3)	Factor Structure for Advice to a Friend (Time 2)
Factor 1: Frequently used sources of help	*Factor 1: Formal sources of help*
No One	Mental Health Professional
Friend	Crisis Hotline
Family Member	Rape crisis counsellor
Significant Other	Doctor
Mental Health Professional	Police
Rape crisis counsellor	*Factor 2: Infrequently used informal sources*
Doctor	Leader at a place of worship
Police	Trusted Authority Figure
Factor 2: Infrequently used sources of help	*Factor 3: Frequently used informal sources*
Leader at a place of worship	Friend
Trusted Authority Figure	Family Member
Equally on Factor 1 and Factor 2:	Significant Other
Crisis Hotline	*Equally on Factor 1 and Factor 3:*
	No One

As shown in Table 33, the two factor solutions for behaviour and advice to a friend at Time 3 appeared to load based on frequency of use (i.e. popularity). The factor grouping generated for advice to a friend at Time 2 loaded into three factors that consisted of more meaningful groupings: formal sources, infrequently used informal sources, and frequently used informal sources. Unfortunately, this factor structure was not replicated for any of the other categorical variables (i.e. behaviour at Time 2 and Time 3 and Advice at Time 3). While advice to a friend is a hypothetical variable, help seeking behaviour contains non-hypothetical actions. As such, the three factor structure demonstrated by Time 2 advice to a friend could not be considered a valid way of combining these categorical variables, as it was not consistent with actual behaviours.

Combining categorical variables.

Based on the results from the factor analysis the decision was made to combine categorical variables based on theoretical grounds, as the groupings from the factor

analysis (e.g. grouping based on frequency of use) did not suggest sufficiently meaningful ways to combine the 11 categorical sources of help. For example, although the use of a crisis hotline often loaded onto both factors, conceptually it is meaningfully related to the other helping professions.

At no point did the combinations based on theory conflict with the groupings found in the factor analysis. Table 34 shows the combinations of categorical variables created to explore hypotheses four to eight. It was decided that seeking help from no one, a friend, significant other, family member, police, or doctor would be looked at separately. In particular for the age group of the participants in the present study, there is reason to believe that there are qualitative differences between seeking help from a friend, family member, or significant other (Ahrens et al., 2007; Botta & Pingree, 1997; Fisher et al., 2003; Fisher, Daigle, & Cullen, 2010; Russell, 1986). Likewise, the role and reactions of police and medical personnel are qualitatively different (Ahrens et al., 2007; Campbell, Wasco et al., 2001; Ullman, 1999). In contrast, mental health professionals, crisis hotlines, and rape crisis counsellors are thematically linked and were consistently in the same factor groupings, as were trusted authority figures and leaders at a place of worship.

Table 34
Categorical variables created from factor analysis and theoretical characteristics of the source of help.

New Variable	Variables included in new variable
1. No One	No One
2. Friend	Friend
3. Significant Other	Significant Other
4. Family	Family
5. Police	Police
6. Doctor	Doctor
7. Helping Professionals	Mental Health Professional Rape Crisis Counsellor Crisis Hotline
8. Community Leaders	Trusted Authority Figure Leader at a Place of Worship

Selecting analyses with sufficient numbers of participants.

As shown in Table 18, there was minimal use of certain sources of help among participants who experienced rape / attempted rape. Specifically, few participants who experienced rape or attempted rape sought help from helping professionals at Time Three (n = 1), community leaders at Time 2 (n = 1), community leaders at Time 3 (n = 0), doctors at Time 2 (n = 2), doctors at Time 3 (n =1), police at Time 2 (n = 1) or police at Time 3 (n = 0). Due to these minimal rates of use, analyses of these variables of actual help seeking behaviour were not conducted, as they would not have been statistically meaningful or, in the cases of n = 0, possible to conduct with a constant variable (Field, 2009).

Hypothesis Four

Hypothesis four predicts that participants (who have and who have not experienced sexual assault) exposed to messages designed to increase help seeking will endorse more help seeking behaviour (hypothetical or real, as applicable) than participants exposed to a neutral message.

Planned analysis for hypothesis four.

Data from participants who experienced rape / attempted rape were analyzed separately from No SES participants' data because the measure of help seeking behaviour given to these two groups were qualitatively different (e.g. real vs. hypothetical help seeking behaviour). Hypothesis four was explored by using nine separate chi square analyses to compare Time 2 and Time 3 poster group differences on the five sufficiently used sources of help (no one, friend, family, significant other, and Helping Professionals (at Time 2) for participants who experienced rape/attempted rape. Sixteen separate 4 X 2 chi square analyses (poster group, 4 levels: control or poster group 2, 3, or 4) and (hypothetical behaviour, 2 levels: yes or no for each of the 8 sources of help) were then performed to compare poster group differences on hypothetical sources of help seeking behaviour for No SES participants at Time 2 and Time 3.

Hypothesis four results for participants who experienced rape / attempted rape.

Hypothesis four was examined first for participants who experienced rape or attempted rape. Results from the nine separate 4 X 2 chi square analyses for participants who experienced rape / attempted rape are shown in Table 35. Hypothesis four was not supported; the percentage of participants who sought help did not differ by poster group.

Table 35
Chi Square Summary Table to Assess Differences in Categorical Help Seeking Behaviours Across Poster Group at Time 2 and Three for rape / attempted rape participants.

	Time 2					Time 3				
	Df	N	χ^2	Sig.	Cramer's V	*Df*	N	χ^2	Sig.	Cramer's V
Sought help from …										
No One	3	118	3.37	.338	0.16	3	93	1.42	.701	0.10
Friend	3	118	4.50*	.199	.0.21	3	93	2.58	.444	0.19
Sig. Other	3	118	3.50*	.280	0.21	3	93	1.39*	.805	0.14
Family	3	118	3.43*	.246	0.23	3	93	3.43*	.304	0.23
Helping Profs.	3	118	1.29*	.860	.0.13					

Note. * indicates Fisher's exact test used for cells with $n < 5$

Hypothesis four results for participants who endorsed no items on the SES.

Hypothesis four was then examined for No SES participants. Results from the 16 separate 4 X 2 chi square analyses for each of the 8 hypothetical sources of help (hypothetically seeking help from no one, a friend, family member, significant other, Helping Professionals, police, doctor, or Community Leaders) for No SES participants are shown in Table 36. Hypothesis four was partially supported for No SES participants, the percentage of participants who would hypothetically seek help from a Community Leader at Time 3 differed by poster group.

Table 36

Chi Square Summary Table to Assess Differences in Categorical Hypothetical Help Seeking Behaviours Across Poster Group at Time 2 and Three for No SES Participants.

	Time 2					Time 3				
	Df	N	χ^2	Sig.	Cramer's V	*Df*	N	χ^2	Sig.	Cramer's V
Hypothetically would seek help from …										
No One	3	171	2.49*	.443	0.12	3	134	6.62*	.060	0.21
Friend	3	171	1.50	.681	0.10	3	134	3.85	.278	0.17
Sig. Other	3	171	0.71	.870	0.07	3	134	4.36*	.221	0.18
Family	3	171	5.73	.126	0.19	3	134	7.23	.063	0.24
Helping Profs.	3	171	4.03	.259	0.16	3	134	3.86*	.152	0.21
Com. Leaders	3	171	6.24	.100	0.20	3	134	7.86	**.047**	0.25
Doctor	3	171	1.57	.667	0.10	3	134	3.17*	.364	0.16
Police	3	171	3.62	.306	0.15	3	134	2.46	.471	0.14

Note. *indicates Fisher's exact test used for cells with $n < 5$.

Standard residuals (the difference between the observed and expected frequency) were examined to determine which cells were the major contributors to rejecting the null hypothesis. Standard residual values of greater than ±1.96 were deemed to be significantly different than expected (Field, 2009). As shown in Table 37, No SES participants who were exposed to poster three or poster four were significantly more likely than expected to hypothetically seek help from Community Leaders at Time 3. In contrast, participants exposed to the control group or to poster two were less likely than expected to seek help from Community Leaders at Time 3.

Table 37

Chi Square Crosstabulation For Observed and Expected Frequencies for No SES Participants at Time 3.

Yes, I would hypothetically seek help from Community Leaders (i.e. a leader at a place of worship and/or a trusted authority figure)	control group	poster two	poster three	poster four
Observed	4	6	14	9
Expected	6.8	9.9	10.9	5.5
Standard Residual	**-2.8**	**-3.9**	**3.1**	**3.5**

**Note.* Significant standard residuals (> ±1.96) are highlighted in bold. Negative standard residuals indicate that fewer participants were observed than expected.

Hypotheses Five to Seven

Planned analysis for hypothesis five to seven.

Hypotheses five through seven predicted that participant characteristics (i.e. distress, rape myth acceptance or self blame, respectively) will interact with exposure to help seeking posters to impact help seeking behaviour. The correlations between poster group, distress, rape myth acceptance, self blame and the eight sources of help seeking behaviour (no one, friend, family member, significant other, helping professional, doctor, police, and community leader) are shown in Appendix BB.

The interactions predicted by hypotheses five through seven were evaluated using separate binary logistic regressions. Firstly, three effect codes were created (number of groups -1) by replacing each poster designation with the integers shown in Table 38. Effect codes are similar to dummy codes with the added feature of allowing the user to designate a reference group. For these analyses, the control group (poster 1) was designated as the reference group by replacing the identifier for Poster 1 with the value "-1" (Tabachnick & Fidell, 2000).

Table 38
Effect Coding

	Poster 1 (control group)	poster two	poster three	poster four
Effect Code 1vs2 (compares poster two to control group)	-1	1	0	0
Effect Code 1vs3 (compares poster three to control group)	-1	0	1	0
Effect Code 1vs4 (compares poster four to control group)	-1	0	0	1

An interaction term was then created by multiplying each new effect code variable with each centred variable of interest. Variables of interest were centred by subtracting the mean of the variable from each case. Centering was performed in order to reduce multicollinearity (i.e., high correlations between interaction terms with the original variables of interest), as well as to aid in the interpretation of regression coefficients (Field, 2009). For example, the variable examining the interaction between poster four compared to the control group with distress at Time 2 (hypothesis five) was created by multiplying Effect Code 1vs4 with the centered value of distress at Time 2. Separate binary logistic regressions were then run with each of the sufficiently used categorical sources of help as the dependant variables. Poster group (designated categorical, Simple comparison first), the centred variable of interest (e.g. centred distress, centered rape myth acceptance or centered self blame), and the three newly created interaction terms (i.e. Centred Distress X Effect Code 1vs4) were the predictor (independent) variables. These hypotheses were first examined for rape / attempted rape participants, and then for No SES participants.

Hypothesis Five

Hypothesis five predicts a significant interaction between poster group and level of distress, such that participants who experience higher levels of distress would engage in more help seeking behaviour than those who were experiencing lower levels of distress when exposed to messages designed to increase help seeking.

Hypothesis five results for participants who experienced rape / attempted rape.

Hypothesis five was examined first for participants who experienced rape and/or attempted rape. Nine separate binary logistic regressions were run with the five sufficiently used sources of help at Time 2 and Time 3 (no one, friend, significant other, and family member) and Time 2 (Helping Professionals) as the dependant variables. Each of these nine separate logistic regressions included poster group, centred distress, the interaction term centered distress X Effect Code 1vs2, interaction term centered distress X Effect Code 1vs3, and interaction term centered distress X Effect Code 1vs4 as predictor variables. As show in Appendix CC, none of these independent variables significantly predicted any of the five sufficiently used help seeking behaviours among participants who experienced rape / attempted rape. Therefore, hypothesis five was not supported for participants who experienced rape/attempted rape. Level of distress was not significantly related to responsiveness to messages designed to increase help seeking behaviour.

Hypothesis five results for participants who endorsed no items on the SES.

Hypothesis five was then examined for participants who endorsed no items on the SES. Sixteen separate binary logistic regressions were run with the eight hypothetical sources of help (no one, friends, significant others, family members, Helping

Professional, Community Leaders, doctors and the police) at Time 2 and Time 3 as the dependant variables. Each of these 16 separate logistic regressions included poster group, centred distress, the interaction term centered distress X Effect Code 1vs2, interaction term centered distress X Effect Code 1vs3, and interaction term centered distress X Effect Code 1vs4 as predictor variables. All results from these regressions are show in Appendix DD.

Among participants who endorsed no items on the SES, Time 2 level of distress significantly predicted whether No SES participants would say they would seek help from no one at Time 2, $\beta = 0.20$, $t(171) = 3.23$, $p = .045$. This means that No SES participants with higher levels of distress were significantly more likely to say they would seek help from no one at Time 2. The odds of experiencing high levels of distress and hypothetically seeking help from no one are 1.2 times the odds of experiencing low levels of distress and hypothetically seeking help from no one ($Exp(\beta) = 1.22$). Level of distress accounted for 7.9% of the variance (Cox & Snell $R^2 = .079$).

Time 2 levels of distress also significantly predicted whether No SES participants would seek help from a friend, $\beta = -0.16$, $t(171) = 8.07$, $p = .004$. Consistent with the results above, participants with higher levels of distress were less likely to say they would seek help from a friend. The odds of experiencing high levels of distress and hypothetically seeking help from a friend are 0.94 times the odds of experiencing low levels of distress and hypothetically seeking help from a friend ($Exp(\beta) = 0.94$). Level of distress accounted for 8.1% of the variance (Cox & Snell $R^2 = .081$).

Time 2 measures of distress also significantly predicted whether No SES participants would hypothetically seek help from significant other at Time 2, $\beta = -0.20$, $t(171) = 9.65$, $p = .002$. This means that the more distress a participant was

experiencing, the less likely they were to hypothetically seek help from a significant other. The odds of experiencing high levels of distress and hypothetically seeking help from a significant other are 0.82 times the odds of experiencing low levels of distress and hypothetically seeking help from a significant other (Exp(β) = 0.82). Level of distress accounted for 9.1% of the variance (Cox & Snell R^2 = .091).

The interaction between effect code 1vs4 (comparing the control group with poster four) by centered distress significantly predicted whether participants would hypothetically seek help from a significant other at Time 2, β = 0.20, $t(171) = 5.21$, p = .022. Figure 4 shows the interaction between distress, hypothetically seeking help from a significant other, and poster group. Participants exposed to the control group (as well as poster two and poster three) with higher levels of distress were less likely to hypothetically seek help from a significant other, while control group participants with lower levels of distress were more likely to say they would seek help from a significant other. In contrast, participants exposed to poster four reacted significantly differently than participants in the control group, in that level of distress did not impact poster four participants' willingness to consider hypothetically seeking help from a significant other.

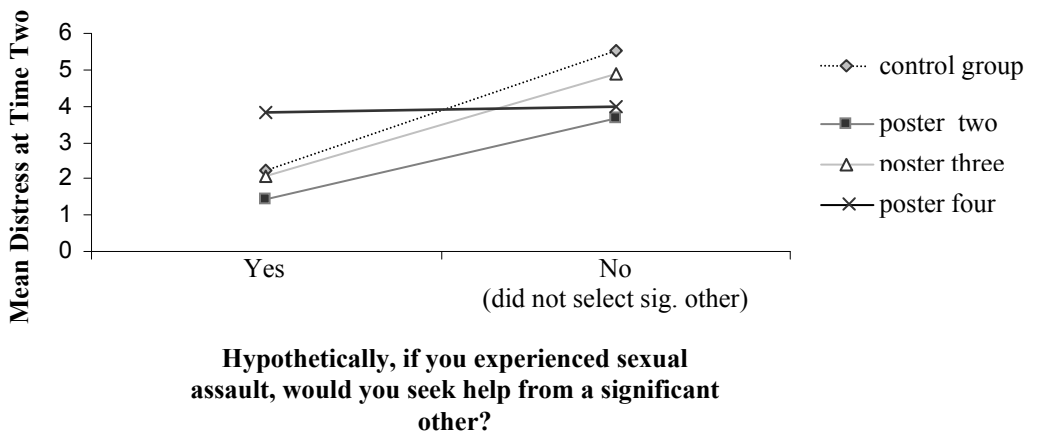


Figure 4. Interaction between Time 2 distress, poster group, and hypothetically seeking help from a significant other, among No SES participants.

No other variables related to hypothesis five significantly predicted hypothetical help seeking at Time 2 or Time 3.

Hypothesis Six

Hypothesis six predicts a significant interaction between poster group and rape myth acceptance, such that participants who endorse less rape myth acceptance will engage in more help seeking behaviour when exposed to messages designed to encourage help seeking than participants who endorse more rape myth acceptance.

Hypothesis six results for participants who experienced rape / attempted rape.

Hypothesis six was first examined for participants who experienced rape and/or attempted rape. Nine separate binary logistic regressions were run with the five sufficiently used sources of help at Time 2 and Time 3 (no one, friend, significant other, and family member) and Time 2 (Helping Professionals) as the dependant variables. Each of these nine separate logistic regressions included poster group, centred rape myth acceptance, the interaction term centered rape myth acceptance X Effect Code 1vs2,

interaction term centered rape myth acceptance X Effect Code 1vs3, and interaction term centered rape myth acceptance X Effect Code 1vs4 as predictor variables. As show in Appendix EE, none of these independent variables significantly predicted any of the five sufficiently used help seeking behaviours among participants who experienced rape / attempted rape. Hypothesis six was not supported; level of rape myth acceptance was not significantly related to responsiveness to any of the messages designed to increase help seeking behaviour among participants who experienced rape / attempted rape.

Hypothesis six results for participants who endorsed no items on the SES.

Hypothesis six was then examined for No SES participants. Sixteen separate binary logistic regressions were run with the eight hypothetical sources of help at Time 2 and Time 3 (no one, friend, significant other, family member, Helping Professional, Community Leaders, doctor, and police) as the dependant variables. Each of these 16 separate logistic regressions included poster group, centred rape myth acceptance, the interaction term centered rape myth acceptance X Effect Code 1vs2, interaction term centered rape myth acceptance X Effect Code 1vs3, and interaction term centered rape myth acceptance X Effect Code 1vs4 as predictors. All results from these regressions are show in Appendix FF. Hypothesis six was not supported for No SES participants, as none of the interaction terms significantly predicted hypothetical help seeking behaviours.

Level of rape myth acceptance significantly predicted whether no SES participants would hypothetically avoid seeking help at Time 2, $\beta = 0.72$, $t(171) = 5.50$, $p = .019$. This means that No SES participants with higher levels of rape myth acceptance were significantly more likely to say they would avoid help seeking (i.e. seek help from no one) at Time 2. The odds of endorsing high levels of rape myths and hypothetically seeking help from no one are 1.07 times the odds of endorsing low levels of rape myths

and hypothetically seeking help from no one (Exp(β) = 1.07). Rape myth acceptance accounted for 5.7% of the variance (Cox & Snell R^2 = .057).

Rape myth acceptance also significantly predicted whether no SES participants would hypothetically seek help from a friend at Time 2, β = -0.42, $t(171) = 4.91$, $p = .027$. This means that No SES participants who endorsed more rape myths were less likely to imagine seeking help from a friend at Time 2 than were participants who endorsed fewer rape myths. The odds of endorsing high levels of rape myths and hypothetically seeking help from a friend are 0.96 times the odds of endorsing low levels of rape myths and hypothetically seeking help from a friend (Exp(β) = 0.96). Rape myth acceptance accounted for 7.5% of the variance (Cox & Snell R^2 = .075).

Rape myth acceptance also significantly predicted whether No SES participants would hypothetically seek help from a doctor at Time 2, β = -0.65, $t(171) = 10.81$, $p = .001$. This means that No SES participants who endorsed more rape myths were less likely to imagine seeking help from a doctor at Time 2 than were participants who endorsed fewer rape myths. The odds of endorsing high levels of rape myths and hypothetically seeking help from a doctor are 0.94 times the odds of endorsing low levels of rape myths and hypothetically seeking help from a doctor (Exp(β) = 0.94). Rape myth acceptance accounted for 8.9% of the variance (Cox & Snell R^2 = .089).

Similarly, rape myth acceptance significantly predicted whether No SES participants would hypothetically seek help from a doctor at Time 3, β = -0.72, $t(171) = 6.29$, $p = .012$. This means that No SES participants who endorsed more rape myths were less likely to imagine seeking help from a doctor at Time 3 than were participants who endorsed fewer rape myths. The odds of endorsing high levels of rape myths and hypothetically seeking help from a doctor are 0.93 times the odds of endorsing low levels

of rape myths and hypothetically seeking help from a doctor (Exp(β) = 0.93). Rape myth acceptance accounted for 11.9% of the variance (Cox & Snell R^2 = .119).

Hypothesis Seven

Hypothesis seven predicts a significant interaction between poster group and characterological self blame, such that participants who experienced rape / attempted rape with lower levels of self blame will engage in more help seeking behaviour when exposed to messages designed to encourage help seeking than participants with higher levels of self blame.

For participants who experienced rape / attempted rape, nine separate binary logistic regressions were run with the five sufficiently used sources of help at Time 2 and Time 3 (no one, friend, significant other, and family member) and Time 2 (Helping Professionals) as the dependant variables. Each of these nine separate logistic regressions included poster group, centred self blame, the interaction term centered self blame X Effect Code 1vs2, interaction term centered self blame X Effect Code 1vs3, and interaction term centered self blame X Effect Code 1vs4 as predictors. As shown in Appendix GG, hypothesis seven was not supported, as results were found to be in the opposite direction than expected.

The interaction between effect code 1vs2 (comparing the control group with poster two) by centered self blame significantly predicted whether participants did not seek help at Time 2, β = 0.13, $t(117) = 4.57$, $p = .033$. Figure 5 shows the interaction between self blame, not seeking help (i.e. seeking help from no one) and poster group. Encouragingly, participants exposed to poster two were more likely to avoid seeking help (e.g. told no one) if they endorsed *low* levels of self blame. In other words, participants exposed to

poster two who endorsed high levels of self blame were more likely to seek some form of help. In contrast, level of self blame did not impact help seeking among participants exposed to the control group.

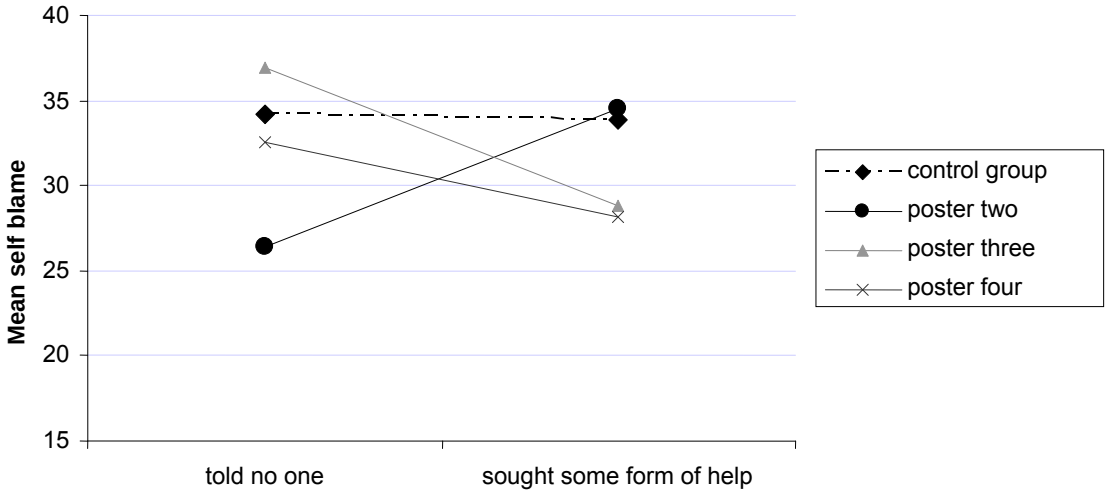


Figure 5. Interaction between characterological self blame, poster group and hypothetically seeking help from no one at Time 2 among rape/attempted rape participants

No other predictor variables related to hypothesis seven significantly predicted any other help seeking behaviours.

Hypothesis Eight

Hypothesis eight predicts that all participants (who experienced rape/attempted rape, sexual coercion, or No SES participants) who were exposed to messages designed to increase help seeking would advise a friend to seek more help than participants exposed to a neutral message.

Planned analysis for hypothesis eight.

In order to explore hypothesis eight, responses to the question, "If a friend told you that they had been sexually assaulted, how would you react?" were analyzed for all participants who opened at least one of the poster emails and experienced either rape /

attempted rape, sexual coercion, or endorsed no items on the SES. Data from participants whose most severe experience was unwanted sexual contact were not analysed because there were not enough participants in this category (n = 10).

Separate 4 X 2 chi square analyses (poster group, 4 levels: control or poster group 2-4) and (advice to a friend, 2 levels: yes or no) for each of the eight sources of help, no one, a friend, family, significant other, Helping Professional, police, doctor, or Community Leader) were run for Time 2 and Time 3. Chi square analyses were done separately for participants who experienced rape / attempted rape, participants who experienced sexual coercion and No SES participants, because their unique experiences may have contributed to differences in advice to a friend.

Hypothesis eight results for rape / attempted rape participants.

Hypothesis eight was not supported among participants who experienced rape or attempted rape. Including only rape / attempted rape participants, 16 separate 4 X 2 chi square analyses (4 levels: control or poster group 2-4) and each type of advice to a friend (2 levels: yes or no) for each of the eight sources of help (tell no one friend, family, significant other, Helping Professional, police, doctor, and Community Leader) were run for Time 2 and Time 3. No predictions made by hypothesis eight were supported for rape / attempted rape participants. As shown in Table 39, the percentage of rape / attempted rape participants who would advise a friend to seek all sources of help did not differ by poster group at Time 2 or Time 3.

Table 39
Chi Square Summary Table to Assess Differences in Categorical Advice to A Friend Across Poster Group at Time 2 and Three for rape / attempted rape participants.

	Time 2					Time 3					
	Df	N	χ^2	Sig.	Cramer's V		*Df*	N	χ^2	Sig.	Cramer's V
Would advise a friend to seek help from help from …											
No One	3	118	1.55*	.689	0.11	No One	3	93	1.84*	.644	0.15
Friend	3	118	2.55	.467	0.16	Friend	3	93	0.15	.985	0.04
Sig. Other	3	118	4.39	.223	0.18	Sig. Other	3	93	1.14	.768	0.09
Family		118	5.79	.122	0.21	Family	3	93	0.40	.941	0.05
Helping Prof.	3	118	0.23	.972	0.04	Helping Prof.	3	93	0.60	.896	0.07
Com. Leaders	3	118	1.63*	.673	0.11	Com. Leaders	3	93	6.94*	.070	0.24
Doctor	3	118	0.56	.907	0.07	Doctor	3	93	1.72*	.636	0.14
Police	3	118	1.60	.660	0.12	Police	3	93	2.63	.453	0.17

Note. *indicates Fisher's exact test used for cells with $n < 5$.

Hypothesis eight results for sexually coerced participants.

Hypothesis eight was partially supported for participants whose most severe experience of assault was sexual coercion. Including only participants whose most severe experience of assault was sexual coercion, 16 separate 4 X 2 chi square analyses (poster group, 4 levels: control or poster group 2-4) and each type of advice to a friend (2 levels: yes or no) for each of the eight sources of advice to a friend, were run for Time 2 and Time 3. As shown in Table 40, significant differences between poster groups were found for advising a friend to talk to the police. Standard residuals were examined for this significant chi square.

Table 40
Chi Square Summary Table to Assess Differences in Categorical Advice to A Friend Across Poster Group at Time 2 and Three for participants whose most severe experience was sexual coercion.

	Time 2					Time 3					
	Df	N	χ^2	Sig.	Cramer's V		*Df*	N	χ^2	Sig.	Cramer's V
Would advise a friend to seek help from help from …											
No One	3	154	2.48*	.474	0.15	No One	3	130	4.25*	.175	0.21
Friend	3	154	3.67	.299	0.16	Friend	3	130	0.86	.835	0.09
Sig. Other	3	154	0.69	.876	0.06	Sig. Other	3	130	0.49	.921	0.05
Family	3	154	2.11	.549	0.11	Family	3	130	2.36	.502	0.12
Helping Prof.	3	154	1.29	.732	0.09	Helping Prof.	3	130	6.90	.076	0.20
Com. Leaders	3	154	0.95	.813	0.74	Com. Leaders	*	130	1.50	.682	0.09
Doctor	3	154	4.20	.241	0.17	Doctor	3	130	5.27*	.155	0.21
Police	3	154	2.49	.476	0.13	Police	*	130	7.83*	**.047**	0.25

Note. * indicates Fisher's exact test used for cells with $n < 5$.

The percentage of sexually coerced participants who would advise a friend to seek help from the police at Time 3 significantly differed by poster group, $\chi^2(3, n = 133) = 9.85$, $p = .020$. As shown in Table 41, participants exposed to poster two were significantly more likely than expected to advise a friend to seek help from the police. In contrast, participants exposed to the control group and to poster three were significantly less likely than expected to advise a friend to seek help from the police.

Table 41
Chi Square Crosstabulation For Observed and Expected Frequencies for Sexually Coerced Participants at Time 3.

Yes, I would advise a friend to seek help from the police

	control group	poster two	poster three	poster four
Observed	9	35	26	15
Expected	12	29	28.3	15.6
Standard Residual	**-3**	**6**	**-2.3**	-0.6

**Note.* Significant standard residuals (> ±1.96) are highlighted in bold. Negative standard residuals indicate that fewer participants were observed than expected.

No other predictions made by hypothesis eight were supported for sexually coerced participants. As shown in Table 40, the percentage of sexually coerced participants who advised a friend to seek all other sources of help did not differ by poster group at Time 2 or Time 3.

Hypothesis eight results for participants who endorsed no items on the SES.

Hypothesis eight was not supported for No SES participants. Including only No SES participants, 16 separate 4 X 2 chi square analyses (4 levels: control or poster group 2-4) and each type of advice to a friend (2 levels: yes or no) for each of the eight sources of help were run for Time 2 and Time 3. As shown in Table 42, hypothesis eight was not supported; the percentage of participants who would advise a friend to seek help did not differ by poster group for any of the eight sources of help.

Table 42
Chi Square Summary Table to Assess Differences in Categorical Advice to A Friend Across Poster Group at Time 2 and Three for No SES participants.

	Time 2					Time 3					
	Df	N	χ^2	Sig.	Cramer's V		*Df*	N	χ^2	Sig.	Cramer's V
Would advise a friend to seek help from help from …											
No One	3	171	3.40*	.337	0.15	No One	3	134	3.76*	.286	0.17
Friend	3	171	0.70	.874	0.07	Friend	3	134	1.19	.156	0.09
Sig.Other	3	171	1.81	.613	0.10	Sig.Other	3	134	1.88	.599	0.10
Family	2	171	2.35	.504	0.11	Family	3	134	0.29	.962	0.04
Helping Prof.	3	171	0.33	.954	0.04	Helping Prof.	3	134	1.54	.672	0.09
Com. Leaders	3	171	1.51	.680	0.09	Com. Leaders	3	134	2.11	.549	0.11
Doctor	3	171	5.82	.121	0.19	Doctor	3	134	2.89	.408	0.15
Police	3	171	0.60	.896	0.06	Police	3	134	0.14	.386	0.03

Note. *Indicates Fisher's exact test used for cells with $n < 5$.

Summary of Results

The majority of hypotheses were not supported. There were no significant differences between poster groups on attitudes, subjective norms, or intentions towards help seeking. Exposure to posters designed to increase help seeking did not increase any help seeking behaviour among sexual assault survivors. However, exposure to poster three or poster four did increase the likelihood that non-victimized participants said that they would seek help from a Community Leader (i.e. a leader at a place of worship or trusted authority figure) if they experienced sexual assault. Similarly, hypothesis five (i.e., distress) was partially supported. For participants who did not experience sexual assault, level of distress did not influence hypothetically seeking help from a significant other among participants exposed to poster four, yet higher levels of distress did reduce

hypothetically seeking help from a significant other among participants exposed to the control poster. Level of distress did not influence any other reactions to posters viewed.

Regardless of poster group, distress levels did not significantly impact the help seeking behaviour of participants who experienced rape and/or attempted rape. In contrast, level of distress significantly predicted whether participants who endorsed no items on the SES would hypothetically seek some form of help. Specifically, No SES participants experiencing high levels of distress were significantly more likely to hypothetically avoid seeking help (i.e. tell no one) at Time 2. Also, No SES participants with higher levels of distress were less likely to seek help from a significant other or friend at Time 2.

Hypothesis six was not supported, there were no significant interactions between level of rape myth acceptance and poster group. Regardless of poster group, rape myth acceptance did not significantly impact the help seeking behaviour of participants who experienced rape and/or attempted rape. In contrast, rape myth acceptance significantly predicted whether participants who endorsed no items on the SES would hypothetically seek some form of help. Specifically, No SES participants experiencing high levels of rape myth acceptance were significantly more likely to say they would avoid seeking help (i.e. tell no one) at Time 2. Also, No SES participants with higher levels of rape myth acceptance were less likely to seek help from a friend at Time 2 or a doctor at Time 2 and Time 3.

Hypothesis seven was partially supported. Participants who experienced rape or attempted rape and were exposed to poster two were more likely to seek some form of help if they endorsed high levels of self blame. In contrast, level of self blame did not

impact avoidance of help seeking among participants who experienced rape or attempted rape who were exposed to the control group poster.

Hypothesis eight was partially supported. Among participants whose most severe experience of assault was sexual coercion, participants exposed to poster two were significantly more likely than expected to hypothetically advise a friend to seek help from the police. In contrast, participants who were exposed to poster three and the control group were less likely than expected to hypothetically advise a friend to seek help from the police. Exposure to help seeking posters did not change the hypothetical advice given to a friend among participants who experienced rape or attempted rape, or no forms of sexual assault.

Regardless of poster group, participants who experienced rape / attempted rape had less positive attitudes, subjective norms, and intentions towards help seeking than No SES participants. Participants who experienced rape / attempted rape were significantly less likely to seek help from a family member, significant other, mental health professional, crisis hotline, rape crisis counselor, doctor, police, and leader at a place of worship as compared to the hypothetical behaviours endorsed by participants who did not experience sexual assault. Similarly, participants who experienced rape and/or attempted rape were less likely to say they would advise a friend to seek help from a family member, significant other, rape crisis counselor, doctor, police, and leader at a place of worship, than were all other participants. Also, participants who experienced rape and/or attempted rape were significantly more likely to hypothetically advise a friend to avoid further help seeking (i.e. tell no one else) than No SES participants. In contrast, participants who experienced rape and/or attempted rape were more likely than No SES participants to say they would advise a friend to seek help from another friend.

Interestingly, attitudes, subjective norms, and intentions to seek help all improved over time for all participants; Time 3 attitudes, subjective norms and intentions to seek help were all significantly higher than Time 2 ratings.

CHAPTER V

DISCUSSION

The present study evaluated messages designed to encourage sexual assault survivors to seek help. In their review of the literature, Kolivas and Gross (2006) note that between 15 and 20% of women experience a serious sexual assault after the age of 14. Studies of incidence suggest that 1.7% to 3% of college women experience rape each academic year (Amstadter, et al., 2010; Fisher et al., 2000; Statistics Canada, 2006). Unfortunately, the majority of women will wait up to a year or more to seek help following sexual assault, despite the psychological impact of delaying help seeking (Ullman, 2007; 2010). Although efforts to reduce the impact of sexual assault are prevalent (e.g., Red Flag Campaign; the Know Your Power Campaign - an off shoot of the Bringing in the Bystander Project, Voices Not Victims, Men Can Stop Rape, advertisements for SANE services), there is very little empirical exploration of the effectiveness of these efforts, with a few notable exceptions (Chelf, 2004; Konradi & DeBruin, 2003; Potter, Stapleton & Moynihan, 2008). The impetus of the present research was the need for a thorough comparison of a variety of help seeking messages in order to provide a much needed understanding of the various components of a message that could effectively encourage women who have experienced sexual assault to seek help. The present study improves upon the current literature as it evaluates the impact of a variety of help seeking messages designed for the present study with input from a variety of community members.

Sexual Assault Experiences Among College-aged Women

In the present research, 21.4% (n = 119) of participants experienced at least one incident of rape, while 19.3% (n = 108) experienced at least one incident of attempted rape. These incidence rates are consistent with those reported in the literature, which estimate that around 20% of women experience rape at some point in their lives (Kolivas & Gross, 2007, Koss, Gidycz, Wisniewski, 1987; Statistics Canada, 2006; Tjaden & Thoennes, 2000). Of the 278 perpetrators identified by women who experienced rape in the present study, only 5.04% were strangers, while many of these women indicated that perpetrators were friends (19.42%), dating partners (28.78%), or acquaintances (17.27%). This is consistent with the literature, which reports that women are most likely to be assaulted by someone they know (Casey & Nurius, 2005; Ullman, 2010). As such, the sexual assault experiences of college-aged women predominately from the Windsor area appear to be comparable to the experiences of young women across North America.

New victimization

During a five day interval, one woman (0.22%) experienced rape, while two women (0.44%) experienced attempted rape. During a four week interval, two other women (0.55%) were raped, and another woman (0.28%) experienced attempted rape. Although these women were not a randomly selected sample of women, selection bias is unlikely because sexual assault was not included in any recruitment information for the present study. Looking at other rates of victimization within a similar one month period, Chelf (2004) found that 18.69% of the college-aged women recruited from the Michigan area experienced some form of sexual assault revictimization within a one month period. Over a 12 month period, three percent of Canadian women of all ages reported being

sexually assaulted in both 1999 and 2004 (Statistics Canada, 2006). The relatively low rates of revictimization reported in the present study are likely due to the fact that participants in the current study were only asked to re-complete the Sexual Experiences Scale (SES) during subsequent data collection if they self identified as having experienced "any unwanted sexual experiences" in the past "five days" or "four weeks". As the majority of women do not accurately label their sexual assault experiences, it is possible that more incidents of sexual assault occurred during these time periods, but that participants in the present study did not self identify when queried.

Labelling of the assault.

Of the 118 women who experienced rape in the present study, only 28.2% (n = 33) accurately labeled their experiences as rape. This means that the majority of participants who had been raped (71.8%, n = 84) answered "no" when asked if they had ever been raped. These results are consistent with the literature, which has demonstrated that 62-74% of women do not accurately label sexual assault experiences (Chelf, 2004; Koss, 1985; Layman et al., 1996).

These results depict an upsetting landscape of events. As shown in the present study, experiencing sexual assault is a frequent occurrence among college-aged women. The majority of college-aged women are assaulted by someone they know and are unlikely to label experiences of rape as "rape". This results in women being marginalized in their ability to seek help because it is extremely difficult to seek help for something that one does not acknowledge has occurred. This further exacerbates the difficulty, and highlights the importance, of creating effective messages to encourage help seeking to which all women who experience sexual assault will respond.

Developing the help seeking messages

Poster messages were generated via a poster contest in order to explore their efficacy in the present study. The poster contest was designed in order to obtain submissions from the same population that the help seeking messages would target, namely college-aged individuals. For this reason, it was hypothesized that college-aged students would be able to generate exemplary messages encouraging help seeking. Overall, this was not the case. The majority of the posters generated via the poster contest were considered to be substandard by the panel of experts. Results from the poster contest suggest that motivated poster developers with an in-depth knowledge of the issues related to sexual assault were able to create posters that were judged to be better than other posters by a panel of experts.

Three posters were judged to be exemplary by the panel of experts, one created by the present researcher, one created by her spouse, and one that was being used to advertise currently existing services for sexual assault survivors in the Windsor area. The efficacy the message from these posters was then explored in the present study.

Were these help seeking messages effective?

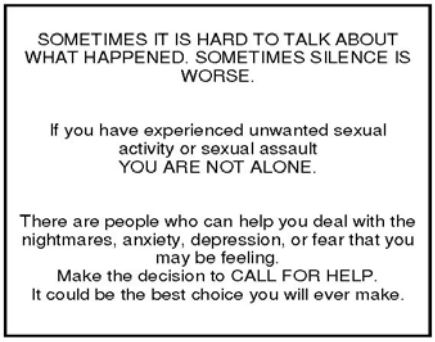
The majority of the hypotheses related to the efficacy of these posters in improving beliefs and behaviours related to help seeking following sexual assault were not supported. As compared to a neutral message, none of the posters significantly increased participants' attitudes towards help seeking, beliefs about other people's judgements about help seeking (i.e. subjective norms), intention to seek help, or almost all help seeking behaviour. In addition, the majority of hypotheses about the characteristics of participants that may have been related to increases in help seeking

behaviour following exposure to the help seeking posters (e.g. distress, rape myth endorsement, and self blame) were not supported. Few of these characteristics were significantly related to changes in help seeking behaviour following exposure to the posters. In short, the specific posters evaluated in the present study were not effective in creating changes in beliefs or behaviour.

Effective Changes in Help Seeking Behaviour

Only one message (poster two) effectively created change among participants who experienced rape and/or attempted rape. Poster two emphasized the message "you are not alone".

Poster two:



Rape survivors who were exposed to this message and who endorsed high levels of self blame were *more likely* to seek some form of help (e.g. fewer told no one). In contrast, rape survivors exposed to the control group were equally likely to avoid help seeking regardless of their level of self blame. This is an exciting finding given the typical impact of self blame on help seeking among sexual assault survivors. Sadly, the majority of sexual assault survivors blame themselves at some point following assault (Murnen, Perot & Byrne, 1989; Sochting, Fairbrother & Koch, 2004), and many survivors cite self blame as the main reason that they avoid seeking help (Logan, Evens, Stevenson & Jordan, 2005; Sable, Danis, Mauzy & Gallagher, 2006; Weihe & Richards, 1995). High

levels of self blame are typically associated with the highest levels of distress and other negative consequences among sexual assault survivors (Breitenbecher, 2006). As such, survivors experiencing high levels of self blame are often the women most in need of help, and least likely to seek that help. Evidence from the present study suggests that advertisements endorsing the "you are not alone" message can effectively alter this cycle of self blame leading to silence, and instead encourage women experiencing high levels of self blame to seek help. The possibilities suggested from these findings warrant further study.

Why were these messages mostly ineffective?

The majority of the hypotheses in the present study were not supported. This is likely, at least in part, due to the difficulty of changing beliefs and behaviour related to sexual assault. For instance, Breitenbecher (2000) notes that despite the "ubiquitous" (p. 23) nature of interventions designed to improve women's ability to resist sexual assault on college campuses, the literature to date suggests that although prevention programs can effectively produce desired changes in attitudes and intentions, there are consistently mixed findings with regards to the extent of such change, and limited results related to the long term impact on behaviour. Similarly, education efforts with access to large budgets and the use of many collaborators have found reactions to their campaigns to be equally underwhelming. For example, at the University of New Hampshire, Banyard and colleagues created the "Bringing in the Bystander" intervention program which is designed to educate college students about the role of bystanders in preventing sexual violence (Banyard, Moynihan & Plante, 2007). Along with this 90 minute intervention (the long version of which takes place over a series of three 90 minute interventions), a

series of educational posters were created (i.e. Know Your Power) and evaluated with regards to their impact on attitudes and behaviour change. Funded by a U.S. Department of Justice grant in 2002, posters depicting college students behaving in pro-social ways to speak out against sexual violence were developed (Potter, Stapleton, & Moynihan, 2008). The feedback of a convenience sample of 291 college students who viewed the posters during a four week period (as compared to 81 students who did not see the posters) indicated that exposure to the Know Your Power posters significantly increased participants' willingness to take action against sexual violence. Exposure to these posters also significantly increased participants' sexual violence prevention behaviour. Yet, exposure to these posters did not significantly increase participants' awareness that sexual violence is a problem on college campuses (Potter, Moynihan, Stapleton & Banyard, 2009). Changing attitudes and behaviours about help seeking in a population of sexual assault survivors is a Herculean task, in part because assault survivors do not exist in a bubble. Instead, they are surrounded by a sexist culture that perpetuates and endorses rape myths on a continual basis. An effective advertising campaign for behaviour change must impact not only the sexual assault survivor herself, but the cultural context in which she lives (Liang et al., 2005).

An important reason that the posters used in the present study were predominantly ineffective is simply that the content of these messages were not persuasive enough to alter beliefs about help seeking following sexual assault. On average, participants in the present study mildly liked the posters they received (4.39 on a scale where 7 meant "I really liked it"). Perhaps more likeable posters would be more persuasive. In addition, these posters lacked graphics and formatting, thus making this a conservative test of the content (text) of the messages alone. The present research suggests a potentially more

effective methodology of developing these posters. Using the input of informed multidisciplinary community experts (such as people who are well versed in advertising or treating sexual assault survivors) along with motivated researchers with an in-depth knowledge of the issues pertaining to sexual assault, may serve to create exemplary posters. Results from the present research also suggest poster content that may prove more effective in changing these deeply held beliefs.

Potentially Effective Content to Include in Help Seeing Messages

Results from the present study suggest content which may prove effective in improving beliefs and behaviours about seeking help following sexual assault. The following topics will be discussed in the sections below. Firstly, describing symptoms of *distress* may mitigate the influence of emotional distress on help seeking behaviour. Secondly, including *information about treatment resources* may lead to an increase in help seeking behaviour. Thirdly, choosing an *effective message topic* may be a key ingredient in creating effective help seeking messages. Finally, creating separate help seeking messages for women who have *experienced rape* / *attempted rape* and women *who have not experienced sexual assault* that specifically target the different needs of these two groups may prove more effective than creating general help seeking messages.

Discuss distressing emotions.

Results from the present study demonstrate that participants had never experienced sexual assault, who were exposed to a neutral message (i.e. the definition of the word "help") and were more distressed, were less likely to say they would seek help from a significant other than women who were less distressed. These results contradict the intuitive understanding of psychological distress as a motivator for help seeking

(Gourash, 1978). In contrast to results from the present study, some research suggests that increased distress leads to help seeking. For example, in a qualitative exploration of the process of disclosure, S. Smith (2006) found that general psychological distress and the desire to relieve stress prompted disclosure of sexual assault experiences among some participants. Similarly, results from Wasco and colleagues' 2004 survey of sexual assault treatment providers indicate that the majority of sexual assault survivors (68.6%) contacted crisis services because they were experiencing crisis levels of psychological distress.

Interestingly, among participants exposed to some of the help seeking messages (neutral message, poster two, and poster three), increased general psychological distress was associated with reduced hypothetical help seeking. This pattern (more distress resulting in less hypothetical help seeking) was also true with regards to hypothetically avoiding help seeking, as well as hypothetically seeking help from a friend or significant other. One possible explanation for these results is that participants in the present study who had not experienced sexual assault, but who were experiencing greater levels of psychological distress, were better able to empathize with people who have experienced sexual assault. As such, their reactions (e.g. being less open to help seeking) were more congruous with the actual behaviour of sexual assault survivors. In other words, these results suggest that it may be easier for participants to imagine that they would seek help when they are relatively content, but the realities of help seeking become more daunting as general distress level increases.

Obasi and Leong's (2009) results support this interpretation of the data from the present study. They examined general beliefs about help seeking among a sample of 130 Americans of African descent, and found that psychological distress was negatively

correlated with attitudes towards seeking help from professional psychological services. Participants with lower levels of distress endorsed more positive attitudes towards help seeking. This negative relationship between distress and help seeking was significantly stronger if participants endorsed traditional cultural beliefs. These findings suggest that when stigma is attached to help seeking, high levels of distress can result in more negative beliefs about help seeking behaviour.

In the present study, level of distress did not influence whether non-victimized participants who were exposed to the poster that included a detailed description of some of the distressing emotions associated with sexual assault (e.g. poster four) would hypothetically seek help from a significant other.

Poster four:

Non-victimized participants exposed to poster four (as shown above) were equally likely to seek help (or not) from a significant other regardless of their distress level. In contrast, level of distress did impact hypothetical help seeking from a significant other among participants exposed to all of the other posters. As shown, poster four was the only poster that described specific distressing emotional reactions typically experienced by sexual assault survivors. This result suggests that including information about distressing emotional reactions may neutralize the impact of level of distress on help seeking, thus creating posters that may be effective at encouraging at least hypothetical help seeking among people regardless of their distress level for those who did not experience sexual

assault. It is important to note that, regardless of the poster to which they were exposed, the majority of all participants who did not experience sexual assault (approximately 75%) thought that they would seek help from their significant other. Further research is required to explore whether it is this component of poster four that fuelled this significant interaction between hypothetically seeking help from a significant other and distress, and whether this can be extended to also have an impact on women who have experienced rape.

Include information about treatment resources.

One of the findings in the present study is that positive beliefs about seeking help (e.g. attitudes, sub norms and intentions) increased over time for all participants, regardless of sexual victimization status or which poster they viewed. This may be due to the fact that all participants in this study (even those in the control group) were repeatedly exposed to information about treatment resources. At each time point in this study, participants received a list of sexual assault treatment centres and 24 hour crisis lines. Given these results, exposure to this information could be an effective intervention in and of itself. This suggests that contact information for a variety of help seeking resources may be important to include in future help seeking messages designed to encourage sexual assault survivors to seek help. Interestingly, Chelf (2004) also created an intervention that exposed participants to a randomly assigned list of helpful resources. Exposure to these resources did not significantly change help seeking behaviour (Chelf, 2004). Yet, participation in Chelf's study also increased positive attitudes towards help seeking as compared to the general population. Chelf's resources did not include 24 hour hotlines, nor did they provide hyperlink access to these resources. It is possible that the

immediate nature of the resources provided in this study were more potent. In addition, these results suggest that thinking about sexual assault help seeking (as is necessary if one is participating in a study about help seeking) is effective in improving attitudes about seeking help. This underscores the necessity of exposing participants to advertising messages repeatedly in order to encourage repeated exposure these issues.

Choose an effective message focus.

There have been a number of advertising campaigns created over the past two decades with the goal of reducing violence against women, although few have been empirically validated (for an example see Potter et al., 2008). Interestingly, each campaign has chosen a different message or aspect of violence against women to highlight. For example, the "Voices Not Victims" campaign was created with the help of a $540,000 grant from the U.S. Department of Justice's Violence Against Women Office to the University of California (Chrismer, 2001). This campaign focused on improving college-aged students' ability to notice cues related to being pressured into unwanted sexual activity. In particular, these posters appeared to be geared towards educating men about nonverbal communication that suggests that their partner does not want to proceed with sexual activity. Similarly, the Men Can Stop Rape (MCSR) organization created a number of advertising campaigns and educational programs geared specifically towards men, with messages aimed at discouraging violence against women and education about masculinity and sexual assault. For example, the text of one poster reads: "My strength is not for hurting…so when she was drunk, I backed off…Men can stop rape" (MCSR, 2007).

The theoretical approach of these social marketing campaigns are very different from another advertising campaign created at the University of New Hampshire, which educates college students about a bystander's role in preventing violence against women. For example, one poster depicts college students at a party, with a women being led upstairs and two other women watching, with text reading "What's that guy doing", "she is hammered there is no way we are going to let him take her upstairs", "Friends watch out for one another, especially when there is alcohol involved… know your power, step in, speak up" (Banyard, et al., 2010).

Other campaigns have focused on educating college students in general about violence against women, such as the Red Flag campaign developed at college campuses in Virginia with a variety of government and corporate sponsors. This campaign focused on encouraging students to "say something" if they witnessed warning signs of sexual violence. For example, one poster from the Red Flag Campaign reads "if I want to get some, I just need to get her wasted"… followed by "that's messed up, are you looking to catch a rape charge?", with subheading "Getting someone drunk or high so they can't give clear consent is SEXUAL ASSAULT. When you see a RED FLAG in a friend's relationship say something" (Virginia Sexual and Domestic Violence Action Alliance, 2007).

All of these social marketing campaigns have similar goals, namely to reduce the incidence and impact of sexual assault on college campuses. Yet each campaign has approached this goal with a very different message. One of the main tenants of social marketing theory is the importance of having a clear and effective message to promote the desired behaviour change (Brown, 2006). The present research has created posters with the same goal (i.e. reducing the impact of sexual assault on college campuses), yet with a

very different emphasis, namely encouraging help seeking. This is a specific research focus that warrants further research and development.

Results from the present study suggest that increasing help seeking behaviour and improving attitudes towards help seeking among college-aged women is a difficult task, and that messages designed by novices are not effective enough to make a significant impact. Instead, the present study suggests that motivated poster creators with a good knowledge base of issues related to sexual assault, as well as knowledge of advertising and marketing, may create more effective posters than people from the general population.

The present research provides further direction and marketing ideas for a very new, and yet extremely vital area of research: social marketing campaigns geared towards reducing the impact of sexual assault by encouraging sexual assault survivors to seek help.

Create messages specifically for women who have experienced rape / attempted rape.

In the present study, participants who experienced rape and/or attempted rape were significantly less positive about almost all aspects of help seeking than participants who did not experience any type of sexual assault. Specifically, the attitudes towards help seeking, beliefs about other people's judgements about seeking help, intentions to seek help, and help seeking behaviours of rape / attempted rape survivors were significantly lower than those of participants who had never experienced any form of sexual victimization. These results suggest that very different advertising campaigns may be needed in order to target these different groups of women. Women who have experienced rape or attempted rape clearly have less positive beliefs and behaviours about seeking

help. As such, this data suggests that advertising campaigns should focus on effectively improving these beliefs about seeking help following sexual assault.

When participants who experienced rape / attempted rape were asked about their help seeking behaviour, the majority reported that they sought help from friends (71%) at some point following their sexual assault. More importantly, the majority of these women (77.4%) found the reactions of their friends helpful. This is consistent with the help seeking behaviour and experiences reported by women in the literature (Ullman, 2010). Clearly, friends are an important source of help that is already being utilized effectively by many sexual assault survivors.

Creators of messages encouraging help seeking could take advantage of this already existing pathway. Publication of the fact that the majority of friends' reactions are considered helpful could provide further incentive for even more sexual assault survivors to seek help from friends, as college women have a tendency to overestimate the victim blaming attitudes of their peers (Paul, Gray, Elhai, & Davis, 2009). Specific reactions of friends, such as those obtained in the present study (e.g. when I told my friend they "listened well, added in comments, thoughts, steps to take") could be included in future messages to help women consider the possibility of seeking help from a friend.

Create messages specifically for women who have not experienced sexual assault.

In the present study, the majority of women who had never experienced sexual assault indicated that if they ever experienced sexual assault they would seek help from friends, family members, significant others, mental health professionals, a doctor, or the police. The reality is quite different. In fact, of women in the present study who did experience rape, while a majority told a friend (71%), women who disclosed to any other

source of help were in the minority, which is consistent with the literature (Ullman, 2010). These results suggest that women who have not experienced sexual assault are inaccurate in their beliefs about the forms of help seeking in which they would likely engage. Women who have not experienced sexual assault are important targets for advertising regarding seeking help following sexual assault because (i) they may experience sexual assault in the future and (ii) they may be in the position to provide support to a friend or family member who has experienced assault. The data from the present study suggests that advertisements targeting this group of women may not need to focus on improving beliefs and behaviour about help seeking (which are already predominately positive), but must provide education about the realities of sexual assault, and focus on encouraging women to retain their positive beliefs about help seeking even if they experience sexual assault.

The endorsement of rape myths had a very different impact on women who had not experience assault as compared to women who experienced rape and/or attempted rape. Among rape survivors, rape myth endorsement was not related to help seeking. In contrast, among participants who had not experienced sexual assault, higher endorsement of rape myths was related to saying they would tell no one, and that they would not seek help from a friend or doctor. This means that participants who had not experienced sexual assault who endorsed more rape myths were less likely to seek help. These results suggest that among people who have not experienced sexual assault, encouraging the debunking of rape myths is a potentially useful means of motivating positive beliefs about seeking help.

Results from the present study suggest that providing women who have not experienced sexual assault with a detailed description of some of the distressing emotions

associated with sexual assault (e.g. poster four), as well as some specific examples of sources of help (e.g. poster three) can significantly increase hypothetical help seeking from trusted authority figures and leaders at places of worship. In contrast, exposure to these messages did not impact the actual help seeking behaviour of sexual assault survivors. This suggests that although sexual assault survivors may be less sensitive to this type of information, tailoring these messages towards potential sources of help may be excellent inclusions in educational information geared towards a general audience.

Why Did Actual Behaviour Differ from Hypothetical Behaviour?

The majority of women in the present study who did not experience sexual assault imagined that they would seek help from a doctor (68.97%) and the police (74.88%) if they were sexually assaulted. In reality, only a small minority of women in the present study who experienced rape actually sought help from a doctor (10.17%) or the police (7.63%). There are many factors that may contribute to this disconnect between hypothetical and actual behaviour. One important factor is the qualitative difference inherent between real and imagined behaviour, such as impression management (the tendency of individuals to try to favourably manage other's perceptions of them, Goffman, 1959) and self report biases (Ogden, 2003).

Another potential contributor to this difference between real and hypothetical help seeking behaviour may be a lack of education about the realities of sexual assault. Many women still believe that rape usually involves extreme violence perpetrated by a stranger, which has been identified as a common rape myth (Iconis, 2008; Payne, Lonsway & Fitzgerald, 1999). For example, in the present study, 21% of participants who had never experienced sexual assault agreed with items that suggested that sexual assault is a

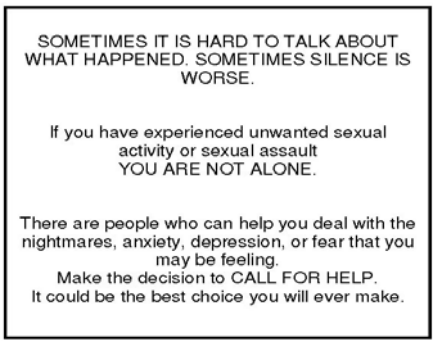
deviant activity (Payne, Lonsway & Fitzgerald, 1999) such as men from "nice middle class homes" never engage in rape, and that rape never happens in a women's own neighbourhood. Due to this belief, when the women in the present study were asked to imagine their hypothetical reactions to sexual assault, it is likely that they imagined how they would react to this stereotypical, but unrealistic, scenario.

Women are more likely to go to the police when the sexual assault is violent or when the perpetrator is a stranger (Campbell, Sefl, Barnes Ahrens, Wasco & Zaragoza-Deisfeld, 1999; Ullman & Filipas, 2001). Yet, the majority of assaults are perpetrated by someone known to the assault survivor and do not always involve extreme physical violence (Campbell, 2005; Casey and Nurius, 2005). For example, of the 281 perpetrators of rape identified in the present study, only 4.98% were described as strangers. If women are unaware of the realities of sexual assault, when an assault does occur, these women are potentially unable to tap into their hypothetical plan to seek help, because their hypothetical plan to seek help is based on an unrealistic scenario (e.g. being assaulted by a stranger). This suggests that providing women with more education about the realities of sexual assault could be an essential ingredient for creating messages that effectively encourage help seeking. This could result in women asking themselves, what would I do if I was assaulted by someone I know, with or without physical violence? Advertising designed to alert people to the realities of sexual assault could be useful in helping women's hypothetical plans to seek help become reflected in actual help seeking behaviour.

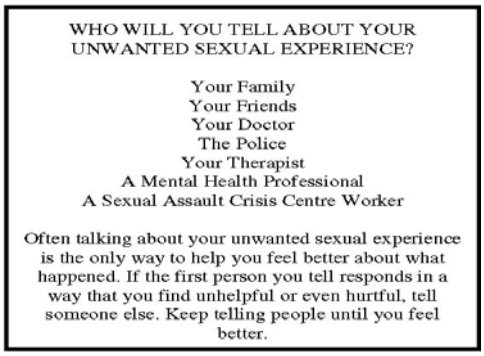
Improving Advice Given to a Friend About Seeking Help

Participants whose most severe experience of sexual assault was sexual coercion responded differently than other participants to some of the posters that they viewed. Participants who viewed a poster that emphasized the message "you are not alone" (poster two, as shown below) were more likely than expected to imagine encouraging a friend to seek help from the police. Interestingly, this is the same poster message that effectively encouraged high self blaming rape/attempted rape survivors to seek some form of help. Also, poster two (along with the control group) was a message that resulted in *fewer* participants who had not experienced sexual assault to imagine seeking help from a leader at a place of worship or trusted authority figure. This suggests that the "you are not alone" message resonates with women who have experienced some form of sexual assault, and may not be as relatable for participants who have not experienced sexual assault.

Poster two:



Participants whose most severe experience of assault was sexual coercion who were exposed to the poster that provided specific examples of sources of help (poster three), and the control poster, were significantly less likely to advise a friend to seek help from the police.

Poster three: 

These findings suggest that although, as described above, poster three (as shown above) was able to increase hypothetical help seeking from a leader at a place of worship or trusted authority figure, this message effectively caused sexually coerced participants to refrain from advising a friend to seek help from the police. It is interesting that providing the audience with a variety of help seeking options may mitigate the tendency to advise a friend to seek help from at least one potentially problematic source (e.g. the police).

Limitations and Directions for Future Research

The present study examined the efficacy of three posters designed to increase help seeking following sexual assault and improve beliefs about help seeking. These posters received the best ranking from a panel of community experts. As such, the present study can only comment on the impact of these specific posters. Ideally, future research would incorporate the lessons learned about poster effectiveness in the present study (i.e., provide women with concrete information about a variety of treatment resources, target posters specifically to different populations, such as women who have and women who have not experienced sexual assault, and use experts from advertising and treatment fields to create posters) to create more effective posters. The addition of pictorial content could also be empirically validated in order to further maximize the impact of the message.

Results from the poster contest strongly suggest that highly motivated poster creators with knowledge about sexual assault may create better posters than the general public, as judged by a panel of community experts. As such, future posters for empirical validation could use the input of individuals such as those from the Evaluation Committee, with expertise in treating sexual assault survivors and/or advertising.

The pathways of help seeking described by Symes (2000) and Liang, Goodman, Tummala-Narra and Weintraub (2005) were not directly evaluated in the present research. Further research exploring whether the predictions made by these theories of help seeking accurately reflect the experiences of college-aged Canadian women is essential to improve our understanding of the help seeking processes of sexual assault survivors.

Further limitations to this study include a scoring error on the SES. As a result of this scoring error, participants whose most severe experience of sexual assault was sexual coercion (n = 186, 33.4% of sample) were given the incorrect survey questions (i.e. questions that implied that they experienced rape or attempted rape). As such, the impact of the posters on these participants could not be included in the analysis of the results. Given that sexual coercion is a typical experience for college-aged women (Koss, Gidycz, & Wisniewski, 1987), it is important to note that the sample analyzed in the present data is somewhat unusual as a result of this scoring error because it does not include these women. If these women could have been included in the analysis, I would have been able to understand the impact of exposure to these messages on this important segment of women. Unfortunately, I do not know what, if any, impact exposure to the posters had on these women's beliefs and behaviours towards help seeking. Any social marketing program attempting to urge friends of sexual assault survivors to provide supportive responses to help seeking must be effective for women who have experienced sexual

coercion. Thus, future efforts to produce even more effective social marketing campaigns must look at the impact of messages on these participants.

Conclusions

Sexual assault is prevalent on college campuses. Efforts to reduce the impact and incidence of sexual assault are also becoming prevalent. These efforts must take place on a variety of levels, from individual to community. On the community level, media campaigns are a powerful tool that can impact a large number of people and thus potentially change prevalent beliefs and behaviours related to sexual assault. Media campaigns on college campuses have focused on the important goal of reducing the incidence of sexual assault. The present research extends these efforts by broadening the scope of campus media campaigns to reducing the impact of sexual assault on women who experience rape or attempted rape by encouraging help seeking and positive reactions to the disclosure of sexual assault to others. This is another vital aspect of the effort to reduce the impact of sexual assault on campus. Efforts must be made to help women who have experienced sexual assault cope with any potential distress or self blame they may be experiencing. Results from the present research suggest that limited exposure to a media campaign of this nature is not sufficient to alter beliefs and behaviour related to help seeking among sexual assault survivors. Thus more substantial efforts are required in order to make a difference in the lives of women who have experienced rape, who may one day experience rape, or who may one day be in the position to provide help to a sexual assault survivor. The present research provides suggestions for future poster content that may effectively encourage sexual assault survivors to seek help. In particular,

campaigns that include the message “you are not alone” may play a role in effectively breaking the devastating cycle of self blame and silence.

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Appendix A: Information Presented Online for the Poster Contest

WELCOME!

Thank you for your interest in this **poster creation contest.** What follows is some **information that may help you make a winning poster**, as well as the **rules** for the poster making contest, **a description of prizes**, and most importantly, information on **how to enter the contest**. This poster creation contest is a search for the best messages designed to encourage women who have been sexually assault to seek help.

ABOUT THE POSTER CREATION CONTEST

Everyone is welcome to submit **as many entries** as they would like to this poster creation contest. Submissions will consist of **messages / slogans / information / sayings** designed to encourage women who have been sexually assaulted to seek help (i.e., to "talk to someone until you feel better"). Think of it like an advertising campaign and you are the creative director of the ad agency! What **messages / slogans / information / sayings** do YOU think would best encourage women who have been sexually assaulted to seek help? Submissions to this poster creation contest must be made using a STANDARDIZED FORM, which looks like this:

MAIN HEADING Subheading Additional text/information

Only the text of your submission will be considered, we are interested in your words! All submissions will be formatted to appear identical. Don't focus any efforts on what the poster looks like, focus your efforts on what the poster says. What slogans / information / ideas do YOU think would best encourage someone who has been sexually assaulted to seek help?"

Submitting your poster idea is easy- just click on the link below to be directed to our standardized form (shown below). Then just fill in the spaces on the form with your ideas/text.

THE MESSAGE

All posters submitted for this poster creation contest must convey the message **"Talk to someone until you feel better"**. Although you don't have to use these specific words, **in fact we encourage you NOT to use these specific words**, this must be the 'theme' of the messages you create.

THE CATEGORIES

Make sure that your poster addresses one of these categories. These categories are a reflection of topics that often impact sexual assault survivors. Please use the information in these categories as guidelines in how you think about wording a poster designed to increase help seeking amongst sexual assault survivors. Your poster could address several of these categories, or just one, in any way you feel is best.

THE RULES

1. All entries must be submitted using a standardized form (see UPLOAD YOUR SUBMISSION). **Submissions will be judged only based on text content** - pictures, font, formatting will not be judged or accepted for submission.

2. All submissions must convey the theme: **"Talk to someone until you feel better"** in some way.
3. All submissions should address **at least one** of the following categories: blame & secondary victimization, rape myths, labelling the assault, self blame, or perception of need
4. By submitting your **messages / slogans / information / sayings** to this poster creation contest you consent to the future use of your entry for any future ad campaigns, data collection, research, etc.
5. The deadline for all submissions is September 25, 2008.c

HOW TO ENTER

1. Read the Rules and Decide on the content of your poster
2. Upload your submission and provide contact information.
3. Winners will be contacted by November 20, 2008.

THE PRIZES

First prize is $100, 2nd prize is $50, and 3rd prize is $50. Submissions will be judged by a panel of community members. All decisions by the judges are final.

INFORMATION TO HELP YOU CREATE A WINNING POSTER

What is sexual assault?

The Canadian Criminal Code defines sexual assault as "conduct ranging from unwanted sexual touching to sexual violence resulting in serious physical injury to the victim" (Statistics Canada, 2006, p. 26). Rape has been defined as "an act of non-consensual sexual penetration (oral, anal, or vaginal) obtained by force or threat of force or when the victim is unable to resist or give consent due to incapacitation" (Kolivas and Gross, 2007, p. 316). **For the purposes of this poster creation contest it may help to think of sexual assault as *unwanted sexual activity*, in other words any sexual activity which occurs without a person's consent.**

Information about sexual assault in North America

In 2006 approximately 22,151 reports of sexual assault were substantiated by Canadian police (27.8 per 100,000) (Statistics Canada, 2007). Similarly, 31.7 reports of sexual assault per 100, 000 adult women were obtained by the FBI in 2006 (Kolivas & Gross, 2007). This is a drastic underestimate of the number of sexual assaults which occur in Canada and the US, as less than 10% of sexual assaults are reported to police (Statistics Canada, 2006). In general, Senn and colleagues note that "at least one out of five women experiences a serious sexual assault after the age of 14" and few report them (2000, p. 96).

THE CATEGORIES

All entries in this contest should address <u>at least one</u> of the following Categories.

Category # 1: Blame & Secondary Victimization

Often, women who are sexually assaulted experience victim-blaming attitudes from people they talk to about the assault. Victim-blaming attitudes can be defined as attitudes and reactions that focus on the behaviour of the survivor, and minimize the behaviour of the perpetrator. For example when the survivor is blamed for causing the behaviour of the perpetrator, such as wearing a short skirt or walking alone at night. Sometimes the reactions of others can be so negative and hurtful that people who experience sexual assault keep silent about their experiences for

months or even years. **What are some messages/slogans/sayings that may help women overcome previous experiences of victim blaming and encourage them to try talking to someone again?**

You can read more about Secondary Victimization in the following articles:

Ahrens, C., Campbell, R., Ternier-Thames, N., Wasco, S., & Sefl, T. (2007). Deciding whom to tell: Expectations and outcomes of rape survivors' first disclosures. *Psychology of Women Quarterly, 31*(1), 38-49.

Campbell, R. Ahrens, C., Sefl, T., Wasco, S., & Barnes, H. (2001). Social reactions to rape victims: Healing and hurtful effects on psychological and physical health outcomes. *Violence and Victims, 16*(3), 287-302.

Kimerling, R., & Calhoun, K., (1994). Somatic Symptoms, Social Support, and Treatment Seeking Among Sexual Assault Victims. *Journal of Consulting and Clinical Psychology, 62*(2), 333-340.

Ullman, S.E., & Filipas, H.H. (2001). Correlates of formal and informal support seeking in sexual assault victims. *Journal of Interpersonal Violence, 16,* 1028-1047.

Category # 2:. Rape Myths

Often, believing in rape myths, as well as encountering people who believe in rape myths, makes it difficult for women who have been sexually assaulted to seek help. Rape myths have been defined as "common myths which state that rape is impossible without the consent of the victim, that women ''ask for rape,'' and that rape is a result of uncontrollable male passions" (Payne, Lonsway & Fitzgerald, 1999, p. 28). In general rape myths are ''prejudicial, stereotyped, or false beliefs about rape, rape victims, and rapists'' (Burt, 1980, p. 217) Rape myths contribute to a cultural climate that is ''hostile to rape victims'' (Burt, 1980, p.217). **What are some messages/slogans/sayings that may help women reject rape myths and thus seek help?**

For more information about Rape Myths read:

Burt, M. R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology,* 38**,** 217–230.

Payne, D., Lonsway, K., & Fitzgerald, L. (1999). Rape myth acceptance: Exploration of its structure and its measurement using the Illinois rape myth acceptance scale. *Journal of Research in Personality 33***,** 27–68.

Peterson, Z., & Muehlenhard, C. (2004). Was it rape? The function of women's rape myth acceptance and definitions of sex in labelling their own experiences. *Sex Roles, 51*(3/4), 129-144.

Category # 3: Labelling the Assault

Often women who are sexually assaulted do not call what happened to them "sexual assault". Instead many women refer to their sexual assault experiences as "that thing that happened", "the incident", "something bad" etc. or they try not to think about it at all. This presents a challenge when trying to create information directed at women who have experienced sexual assault because referring to "sexual assault" may cause women to ignore the information. **What are some messages/slogans/sayings that may**

reach women who have experienced sexual assault but do not call their experiences "sexual assault"?

For more information about Labelling the Assault read:

Kahn, A., Jackson, J., Kully, C., Badger, K., & Halvorsen, J. (2003). Calling it rape: differences between men and women who do and do not label their sexual assault experiences as rape. *Psychology of Women Quarterly, 27* (3), 233–242.

Koss, M. P. (1985). The hidden rape victim: Personality, attitudinal, and situational Characteristics. *Psychology of Women Quarterly*, *9,* 193–212.

Levine-MacCombie, J., & Koss, M. P. (1986). Acquaintance rape: Effective avoidance strategies. *Psychology of Women Quarterly, 10*, 311-320.

Peterson, Z., & Muehlenhard, C. (2004). Was it rape? The function of women's rape myth acceptance and definitions of sex in labelling their own experiences. *Sex Roles, 51*(3/4), 129-144.

Category # 4: Self Blame

Many women who experience sexual assault blame themselves, at least in part, for what happened, although sexual assault is NEVER the fault of the victim, and ALWAYS the responsibility of the perpetrator. This self blame can cause many problems for these women, such as depression, embarrassment, and self harming behaviour. In addition, self blame is often a reason that women don't seek help. Sometimes if a woman feels she is responsible for what happened she will not get the help that she needs and deserves. **What are some messages/slogans/sayings that may convince women who are experiencing self blame to make the decision to seek help?**

To find out more about Self Blame read:

Breitenbecher, K.H. (2006). The relationships among self-blame, psychological distress, and sexual victimization. *Journal of Interpersonal Violence, 21,* 597-611.

Logan, T., Evans, L., Stevenson, E., & Jordan, C. (2005). Barriers to services for rural and urban survivors of rape. *Journal of Interpersonal Violence, 20*(5), 591-616.

Murnen, S., Perot, A., & Byrne, D. (1989). Coping with unwanted sexual activity: Normative responses, situational determinants, and individual differences. *The Journal of Sex Research*, *26*(1), 85-106.

Category # 5: Perception of Need

Often, women who experience sexual assault do not think that they need help, even when suffering from symptoms such as depression, anxiety, self harming behaviour, and/or post traumatic stress disorder. **What are some messages/slogans/sayings that can increase the perception of need among women who have been sexually assaulted so they decide to seek help?**

For more information on Perception of Need read:

Logan, T., Evans, L., Stevenson, E., & Jordan, C. (2005). Barriers to services for rural and urban survivors of rape. *Journal of Interpersonal Violence, 20*(5), 591-616.

<u>The form</u>

MAIN HEADING
Subheading

Additional
text/information

* If you wish your submission to be anonymous please enter either: 1. the charity of your choice where you wish the money to be donated should you win the contest or, 2. "anonymous" in which case prize money would be donated to the Sexual Assault Crisis Centre in Windsor, Ontario.
** There is no limit to the length of text you can include in each of the three text boxes above. Please contact help@uwindsor.ca with any technical questions (or any other questions about this contest) :)

Would you like a chance to win $100?
Are you creative? Could you create persuasive advertising? Do you want to showcase your ideas?

Then submit a poster/message/slogan designed to:
ENCOURAGE SEXUAL ASSAULT SURVIVORS TO SEEK HELP.

To enter this contest and find out more about the rules and guidelines, please go to:

www.uwindsor.ca/postercontest

The winner will receive a cash prize of $100!
Second and Third cash prizes will also be awarded with a value of $50 each!

Questions? Email Laura at help@uwindsor.ca
A doctoral student at the University of Windsor is holding a Poster Creation contest

Only the text of your submission will be considered; we are interested in your words! All submissions will be formatted to appear identical, so focus on what your poster has to say, and NOT on what your poster looks like.

Submissions will be accepted until **October 30, 2008**

Please forward this email to anyone you think would be interested!!!

Appendix B: The PowerPoint presentation shown to Poster Contest Judges

Agenda

•Introductions

•Presentation & Judging Instructions

•Questions re: Top 30 judging?

•Pick Top 30

•Questions re: Individual Rankings?

Poster Contest Background:

•An online poster contest, open to people across North America, was held from October 2008 to November 14, 2008 (www.uwindsor.ca/postercontest).

•The following agencies received an invitation to submit entries to this contest:

–35 Ontario sexual assault crisis centres

–Faculty in the women's studies and marketing departments of 11 Ontario universities (Brock University, Carleton, McMaster University, Queens University, York University, Trent University, University of Guelph, University of Ottawa, University of Toronto, University of Waterloo, University of Windsor) for a total of 138 emails

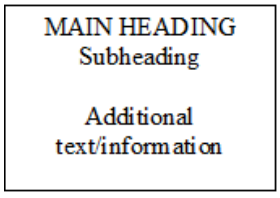
–A mass email invited all University of Windsor students to submit to this contest.

Poster Contest Rules

•Contestants were asked to submit a poster which would encourage women who have experienced sexual assault to seek help.

•They were asked to make their poster fit the general theme talk to someone until you feel better. Contestants were asked What messages / slogans / information / sayings do YOU think would best encourage women who have been sexually assaulted to seek help?

• Each submission was composed entirely of text and fits this general format:



•First prize winner for this contest will receive $100, second and third prize winners will receive $50.

Poster Contest Results

•A total of 120 submissions have been selected to be judged:

•86 contest entries

•34 from old SACC posters

Why are we doing this?

•Once the best posters are chosen by the judging panel, the top posters will be used in my online dissertation study. Each participants will be randomly assigned to ONE of the

winning posters, and will receive that poster through email for five consecutive days. The impact of each poster will be measured via pre- and post- questionnaires. This will help us understand a little bit more about what is and is not effective advertising encouraging women who have experienced sexual assault to seek help.

Instructions for the Poster Contest JUDGING PANEL
What we need you to do:
•TONIGHT: As a group, narrow down the 120 poster submissions to the TOP 30
•LATER: Individually, using the standardized form, RANK the top 30 and email your rankings to me.

How are we going to do this?

While narrowing down to the TOP 30 please consider the following:
➢The audience: women who have experienced sexual assault
➢The message: The winning posters should effectively convince women who have experienced sexual assault to talk to *someone* (counsellor, friend, family, member, police, etc.) about their experiences.
➢The barriers: some barriers that sometimes need to be overcome in order for sexual assault survivors to seek help are: Blame & Secondary Victimization, Rape Myths, Difficulty Labelling the Assault, Self Blame/Shame, Perception of Need
➢Where the posters will be viewed?: people will be exposed to the posters through their email.

Appendix C: Evaluation Form for Poster Contest Judges

Please evaluate the TOP 14 selection of posters based on the following 4 criteria:

POSTER ID_____

1. Does the message in this poster address *at least one* of the following categories (please check all that apply)?:
   - ☐ Blame / Secondary Victimization
   - ☐ Questions and/or Dispels Rape Myths
   - ☐ Not Labelling the Sexual Assault as Sexual Assault
   - ☐ Self Blame
   - ☐ Perception of Need of Help
   - o OTHER (please describe):_____

2. Do you feel that the poster might encourage **women who have experienced sexual assault** to **break their silence and seek help?**

NO				**Maybe**		**Absolutely**
1	2	3	4	5	6	7

3. Is there another poster that you feel addresses this category substantially better than this poster?
   - ☐ YES (If yes, which one?) ☐NO

   Comments:_____
   _____

4. Is there anything about this poster (racist, sexist, offensive content) that warrants excluding it from consideration?
   - ☐ Racist
   - ☐ Offensive
   - ☐ Sexist
   - ☐ Other_____

   Comments:_____
   _____
   _____

Based on the above criteria, **Should this poster be used to encourage sexual assault survivors to seek help?**

- ☐ YES ☐NO

Comments:_____
_____

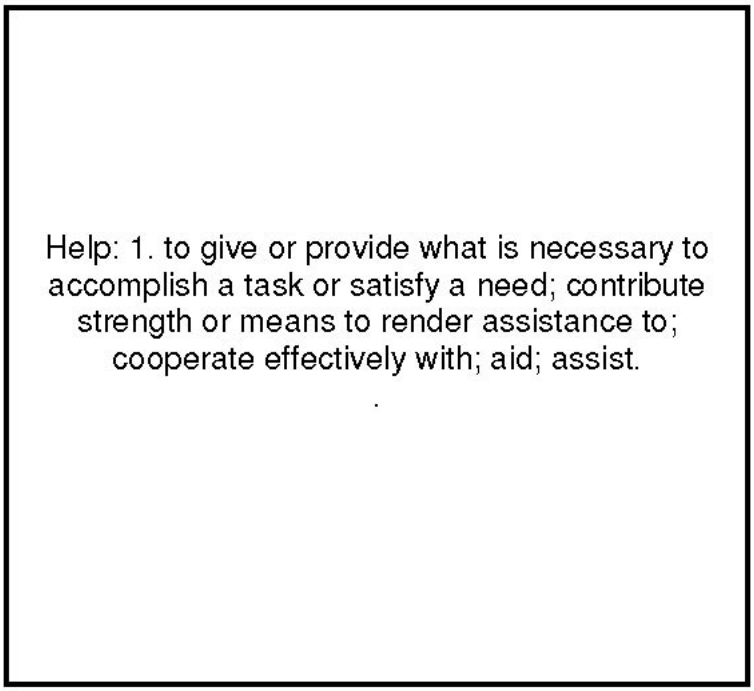
RANK ORDER NUMBER OF THIS POSTER: _____ OF _____

Appendix D: Poster Rankings from each Poster Contest Judge

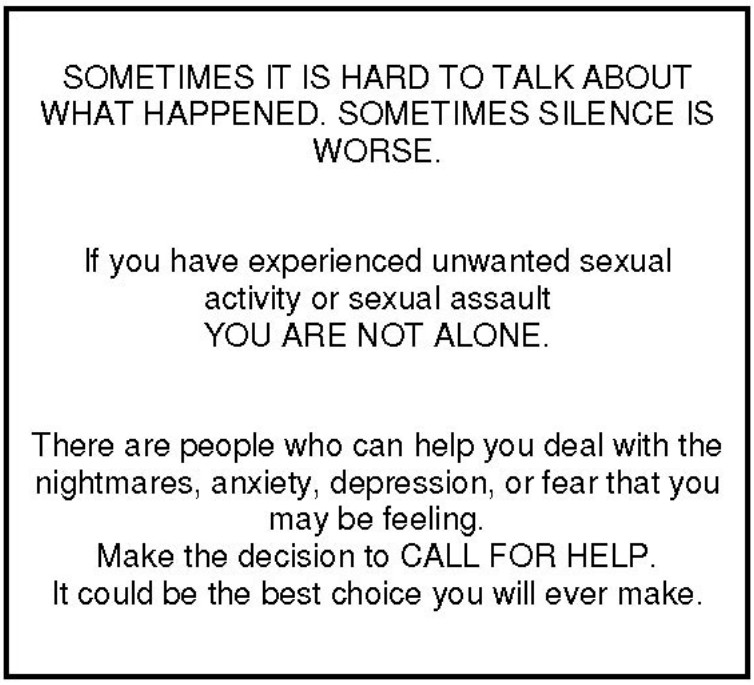
	Judge #1 Counsellor at SCC	**Judge #2 Graduate Student**	**Judge #3 Advertising Executive**	**Judge #4 UofW Professor**	**average score**	**Top rankings**
Poster ID						
03aG120206 (poster two)	1	1	4	1	**1.75**	**1**
06aD050806 (poster three)	2	6	1	9	**4.5**	**3**
07AZ033408	3	9	12	2	*6.5*	
07eZ034513	4	8	10	8	7.5	
07hZ033729	10	10	14	6	10	
07iZ034659 (poster four)	5	2	2	5	**3.5**	**2**
07uZ033830	9	11	13	13	11.5	
9102215	13	13	3	14	10.75	
10095319	12	14	9	12	11.75	
20072111	6	4	6	4	5	
20aZ072921	11	3	11	7	8	
20mZ070026	14	12	5	10	10.25	
20oZ071730	7	7	7	11	8	
21iG124415	8	5	8	3	6	

Appendix E: control group Poster & Winning Posters from Contest

Poster 1 (control group)



poster two



poster three

WHO WILL YOU TELL ABOUT YOUR UNWANTED SEXUAL EXPERIENCE?

Your Family
Your Friends
Your Doctor
The Police
Your Therapist
A Mental Health Professional
A Sexual Assault Crisis Centre Worker

Often talking about your unwanted sexual experience is the only way to help you feel better about what happened. If the first person you tell responds in a way that you find unhelpful or even hurtful, tell someone else. Keep telling people until you feel better.

poster four

HAVE YOU EXPERIENCED UNWANTED SEXUAL ACTIVITY? DO YOU NEED SOMEONE TO TALK TO?

Often when people experience unwanted sexual activity they feel angry, sad, scared, and/or confused. It can become hard to concentrate and take care of yourself. Sometimes people find it hard to talk to others about what happened.

If any of this sounds familiar to you it may help to talk to someone who understands. We will listen, We can help.
CALL A COUNSELLOR or TALK TO A FRIEND YOU TRUST

Appendix F: Demographic Questions

Please complete the following:
Age: _____
Gender: Female
Please note that only women aged 17-30 are eligible to participate in this study.

Which ethnic or cultural group do you identify with?

Asian
Black or African American
Hispanic or Latino
White / Caucasian
First Nations / Metis / Inuit
Other

Other, Please explain:

What is your sexual orientation?

Heterosexual
Bisexual
Gay
Lesbian
Queer
2-spirited
Other

Other, Please explain:

What is the highest level of education you have currently completed?

Less than high school
High school or equivalent
Vocational/technical school
College
Bachelor's degree
Master's degree
Doctoral degree
Professional degree (e.g., MD)

What is your current employment status?

Full time
Part time
Student
unemployed

Appendix G: Supplementary SES questions

Have you ever been sexually assaulted? Yes ❒ No ❒

Have you ever been raped? Yes ❒ No ❒

For any of the unwanted sexual activity that you identified in the above questionnaire, **what was your relationship with the assailant at the time of the experience? (Choose all that apply)**

Stranger	Yes ❒	No ❒
Just met	Yes ❒	No ❒
Acquaintance	Yes ❒	No ❒
Friend	Yes ❒	No ❒
Dating casually	Yes ❒	No ❒
Dating steadily/seriously	Yes ❒	No ❒
Romantic partner	Yes ❒	No ❒
Relative	Yes ❒	No ❒
I did not indicate experiencing any unwanted sexual activity	Yes ❒	No ❒

Appendix H: Attitudes towards help seeking

1. It would be good to …

Strongly disagree						**Strongly agree**
1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a friend about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a family member about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a significant other (i.e., husband, wife, girlfriend, or boyfriend) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a mental health professional (e.g., therapist, counsellor) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a rape crisis counsellor about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to someone else not listed above about unwanted sexual experiences (who?_____)

1	**2**	**3**	**4**	**5**	**6**	**7**

2. It would be useful to…

Strongly disagree						**Strongly agree**
1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a friend about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a family member about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a significant other (i.e., husband, wife, girlfriend, or boyfriend) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a mental health professional (e.g., therapist, counsellor) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a rape crisis counsellor about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to someone else not listed above about unwanted sexual experiences (who?_____)

1	**2**	**3**	**4**	**5**	**6**	**7**

3. It would be helpful to…

Strongly disagree						**Strongly agree**
1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a friend about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a family member about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a significant other (i.e., husband, wife, girlfriend, or boyfriend) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a mental health professional (e.g., therapist, counsellor) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a rape crisis counsellor about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to someone else not listed above about unwanted sexual experiences (who?_____)

1	**2**	**3**	**4**	**5**	**6**	**7**

4. I would like to…

Strongly disagree						**Strongly agree**
1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a friend about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a family member about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a significant other (i.e., husband, wife, girlfriend, or boyfriend) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a mental health professional (e.g., therapist, counsellor) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a rape crisis counsellor about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to someone else not listed above about unwanted sexual experiences (who?_____)

1	**2**	**3**	**4**	**5**	**6**	**7**

5. It would be unpleasant to…

Strongly disagree						**Strongly agree**
1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a friend about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a family member about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a significant other (i.e., husband, wife, girlfriend, or boyfriend) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a mental health professional (e.g., therapist, counsellor) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a rape crisis counsellor about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to someone else not listed above about unwanted sexual experiences (who?_____)

1	**2**	**3**	**4**	**5**	**6**	**7**

Appendix I: Subjective Norms Towards Help Seeking

1. Most people who are important to me would *disapprove* if I…

Strongly disagree						**Strongly agree**
1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a friend about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a family member about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a significant other (i.e., husband, wife, girlfriend, or boyfriend) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a mental health professional (e.g., therapist, counsellor) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a rape crisis counsellor about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to someone else not listed above about unwanted sexual experiences (who?_____)

1	**2**	**3**	**4**	**5**	**6**	**7**

2. People who are important to me think I should…

Strongly disagree						**Strongly agree**
1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a friend about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a family member about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a significant other (i.e., husband, wife, girlfriend, or boyfriend) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a mental health professional (e.g., therapist, counsellor) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a rape crisis counsellor about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to someone else not listed above about unwanted sexual experiences (who?_____)

1	**2**	**3**	**4**	**5**	**6**	**7**

3. The people who I listen to could influence me to…

Strongly disagree						**Strongly agree**
1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a friend about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a family member about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a significant other (i.e., husband, wife, girlfriend, or boyfriend) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a mental health professional (e.g., therapist, counsellor) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a rape crisis counsellor about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to someone else not listed above about unwanted sexual experiences (who?_____)

1	**2**	**3**	**4**	**5**	**6**	**7**

4. Close friends and family members think it is a good idea for me to …

Strongly disagree						**Strongly agree**
1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a friend about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a family member about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a significant other (i.e., husband, wife, girlfriend, or boyfriend) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a mental health professional (e.g., therapist, counsellor) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a rape crisis counsellor about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to someone else not listed above about unwanted sexual experiences (who?_____)

1	**2**	**3**	**4**	**5**	**6**	**7**

5. Important people in my life want me to …

Strongly disagree						**Strongly agree**
1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a friend about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a family member about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a significant other (i.e., husband, wife, girlfriend, or boyfriend) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a mental health professional (e.g., therapist, counsellor) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a rape crisis counsellor about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to someone else not listed above about unwanted sexual experiences (who?_____)

1	**2**	**3**	**4**	**5**	**6**	**7**

Appendix J: Intentions Towards Help Seeking

I intend to…

Strongly disagree						**Strongly agree**
1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a friend about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a family member about unwanted sexual experiences.

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a significant other (i.e., husband, wife, girlfriend, or boyfriend) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a mental health professional (e.g., therapist, counsellor) about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to a rape crisis counsellor about unwanted sexual experiences

1	**2**	**3**	**4**	**5**	**6**	**7**

☐ talk to someone else not listed above about unwanted sexual experiences (who?_____)

1	**2**	**3**	**4**	**5**	**6**	**7**

Appendix K: Help Seeking Behaviour Question for Participants with Experiences of Sexual Assault

Time one: Have you ever told any of the following people about your unwanted sexual experience(s)? (Please check all that apply).

- ☐ I told no one about these experiences
- ☐ a friend
- ☐ a family member
- ☐ a significant other (i.e., husband, wife, girlfriend, or boyfriend)
- ☐ a mental health professional (e.g., therapist, counsellor)
- ☐ crisis hotline
- ☐ a rape crisis counsellor
- ☐ doctor
- ☐ police
- ☐ leader at a place of worship
- ☐ trusted authority figure (i.e., employer)
- ☐ other _____ (please list)

Approximately how many people have you told about any of the unwanted sexual activity you have experienced? _____

Time 2: In the **last five days** have you told any of the following people about your unwanted sexual experience(s)?

- ☐ I told no one about these experiences
- ☐ a friend
- ☐ a family member
- ☐ a significant other (i.e., husband, wife, girlfriend, or boyfriend)
- ☐ a mental health professional (e.g., therapist, counsellor)
- ☐ crisis hotline
- ☐ a rape crisis counsellor
- ☐ doctor
- ☐ police
- ☐ leader at a place of worship
- ☐ trusted authority figure (i.e., employer)
- ☐ other _____ (please list)

In the last five days, approximately how many people have you told about any of the unwanted sexual activity you have experienced? _____

Time 3: In the **last four weeks** have you told any of the following people about your unwanted sexual experience(s)?

- ☐ I told no one about these experiences
- ☐ a friend
- ☐ a family member
- ☐ a significant other (i.e., husband, wife, girlfriend, or boyfriend)
- ☐ a mental health professional (e.g., therapist, counsellor)
- ☐ crisis hotline
- ☐ a rape crisis counsellor
- ☐ doctor
- ☐ police
- ☐ leader at a place of worship
- ☐ trusted authority figure (i.e., employer)
- ☐ other _____ (please list)

In the last four weeks, approximately how many people have you told about any of the unwanted sexual activity you have experienced? _____

Appendix L: Helpfulness of people's responses when approached for help

When you told your <person they indicated telling> was their reaction helpful?

- ☐ Yes
- ☐ No

Additional Comments?:

Appendix M: Help Seeking Behaviour Question for Participants with no history of Sexual Assault

Hypothetically, if you experienced sexual assault, would you tell any of the following people about the unwanted sexual experience? (Please check all that apply).

- ☐ I would tell no one about these experiences
- ☐ a friend
- ☐ a family member
- ☐ a significant other (i.e. husband, wife, girlfriend, or boyfriend)
- ☐ a mental health professional (e.g. therapist, counsellor)
- ☐ crisis hotline
- ☐ a rape crisis counsellor
- ☐ doctor
- ☐ police
- ☐ leader at a place of worship
- ☐ trusted authority figure (i.e. employer)
- ☐ would you talk to someone not mentioned above? Who_____

Other reactions?_____

Appendix N: Advice to a Friend

If a friend told you that they had been sexually assaulted, how would you react? (Please check all that apply):

I would tell them to…

- ☐ Tell no one else about these experiences
- ☐ Talk to other friends too
- ☐ Talk to a family member
- ☐ Talk to a significant other (i.e., husband, wife, girlfriend, or boyfriend)
- ☐ Talk to a mental health professional (e.g., therapist, counsellor)
- ☐ Talk to crisis hotline
- ☐ Talk to a rape crisis counsellor
- ☐ Talk to a doctor
- ☐ Talk to the police
- ☐ Talk to a leader at a place of worship
- ☐ Talk to a trusted authority figure (i.e., employer)
- ☐ Talk to someone not mentioned above _____ (please list)
- ☐ Other reactions?: _____

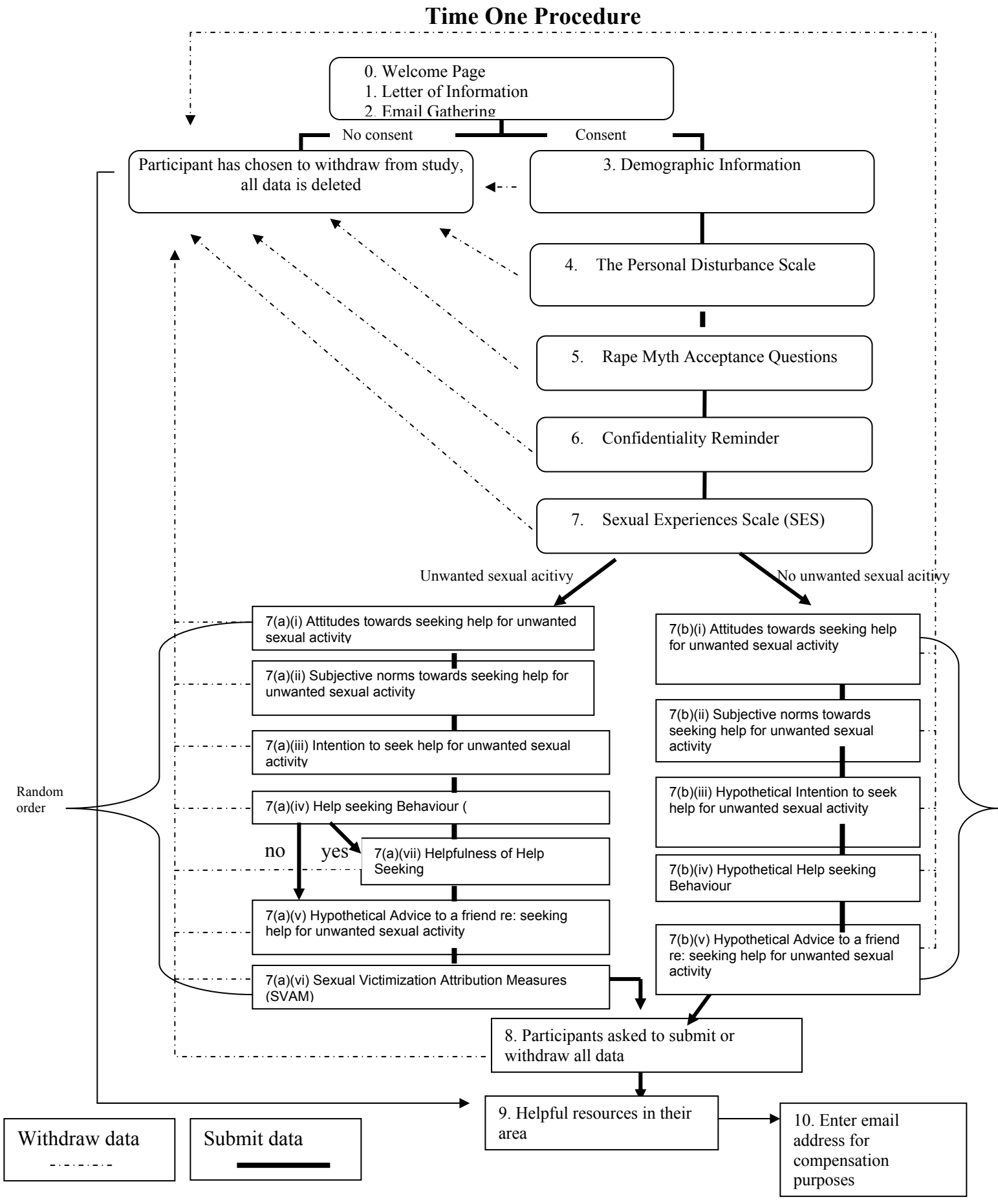
Appendix O: Perception of the Poster

What did you think of the message in the poster we emailed you?

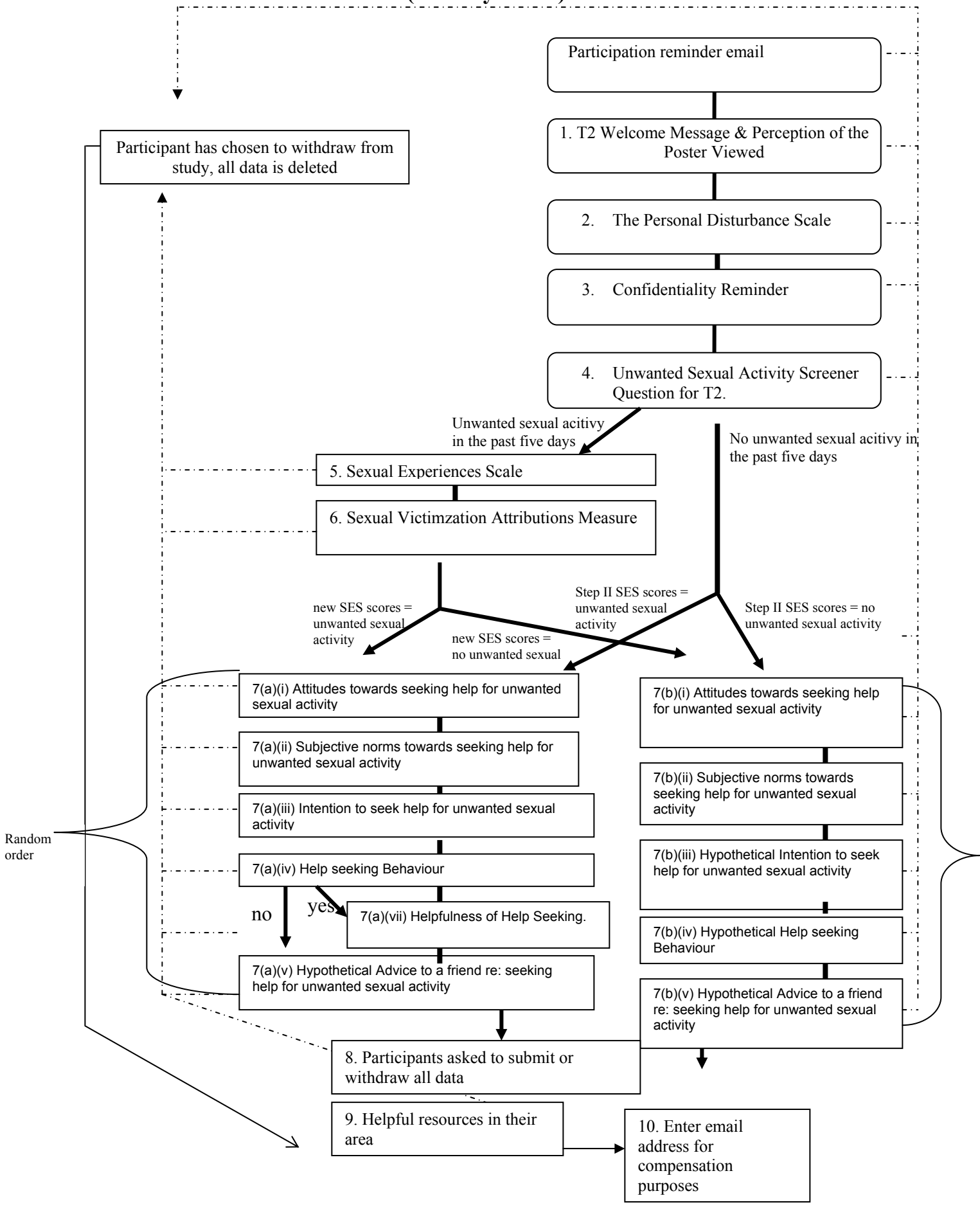
I really **hated** it!			It was **average**			I really **liked** it!
1	**2**	**3**	**4**	**5**	**6**	**7**

Comments:

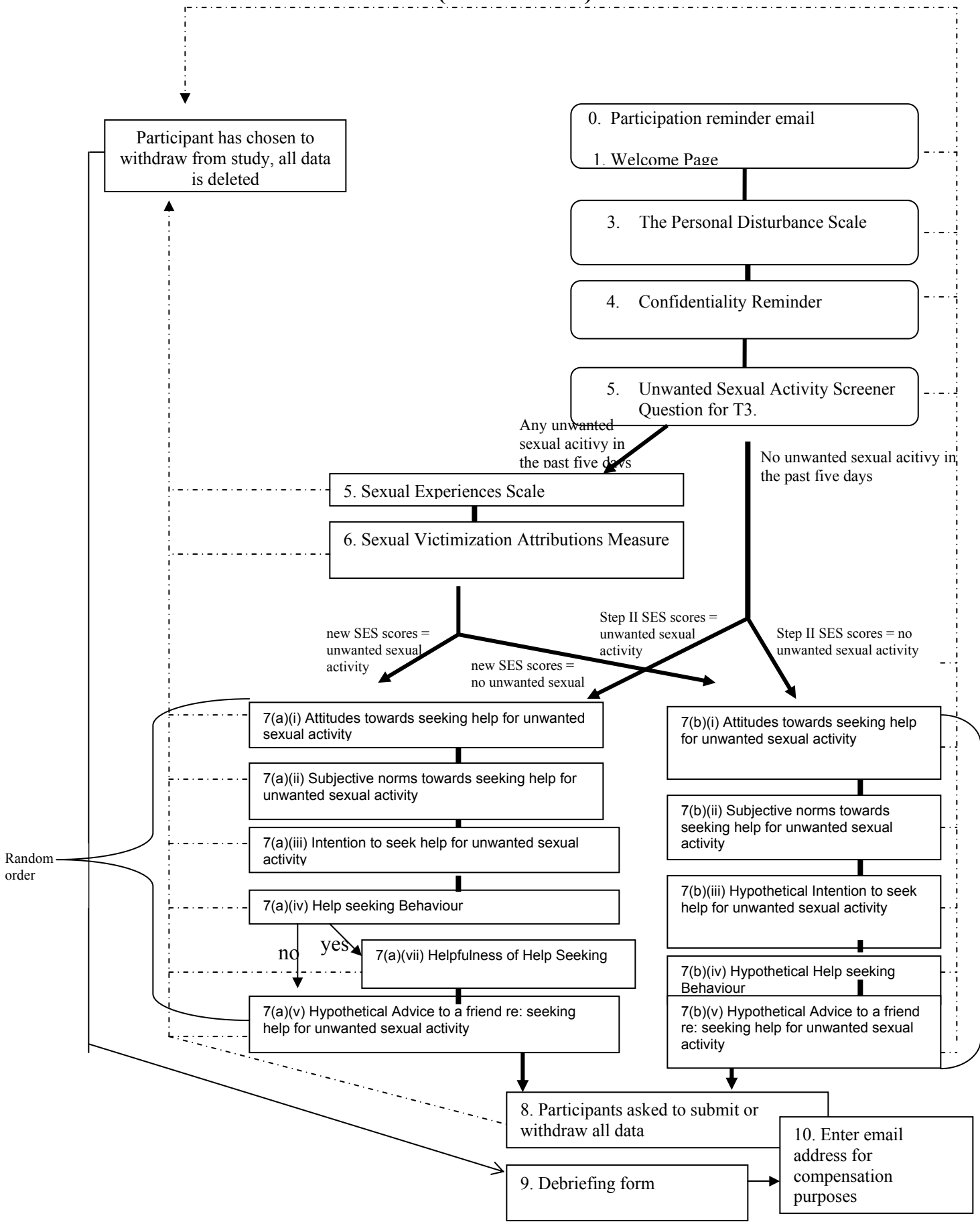
Appendix P: Procedural Flow Charts


Time One Procedure
0. Welcome Page
1. Letter of Information
2. Email Gathering
No consent
Consent
Participant has chosen to withdraw from study, all data is deleted
3. Demographic Information
4. The Personal Disturbance Scale
5. Rape Myth Acceptance Questions
6. Confidentiality Reminder
7. Sexual Experiences Scale (SES)
Unwanted sexual acitivy
No unwanted sexual acitivy
Random order
7(a)(i) Attitudes towards seeking help for unwanted sexual activity
7(a)(ii) Subjective norms towards seeking help for unwanted sexual activity
7(a)(iii) Intention to seek help for unwanted sexual activity
7(a)(iv) Help seeking Behaviour (
no
yes
7(a)(vii) Helpfulness of Help Seeking
7(a)(v) Hypothetical Advice to a friend re: seeking help for unwanted sexual activity
7(a)(vi) Sexual Victimization Attribution Measures (SVAM)
7(b)(i) Attitudes towards seeking help for unwanted sexual activity
7(b)(ii) Subjective norms towards seeking help for unwanted sexual activity
7(b)(iii) Hypothetical Intention to seek help for unwanted sexual activity
7(b)(iv) Hypothetical Help seeking Behaviour
7(b)(v) Hypothetical Advice to a friend re: seeking help for unwanted sexual activity
8. Participants asked to submit or withdraw all data
9. Helpful resources in their area
10. Enter email address for compensation purposes
Withdraw data
Submit data

Time Two (five days later) Procedure



Time Three (4 weeks later) Procedure



Appendix Q: Help resources displayed at the top of each online survey question.

Who do you talk to for help?
www.uwindsor.ca/helpresources
(519) 253-9667
1-800-387-8603 (Cross Canada Crisis Line, 24 hours)
1-800-799-7233 (USA, 24 hours)google.ca

Appendix R: Recruitment Poster

Welcome to the Study:
Who Do You Talk to For Help?

You are invited to participate in a research study conducted by a doctoral student in the Psychology department at the University of Windsor**.** If you are a **woman between the ages of 17-30 and have an email address,** you are **eligible** to participate in this study!!

Please Note: Participation in this study will involve answering some questions regarding sexual experiences, some of which contain explicit language.

Your will be asked to **fill out some online surveys** and **check your email every day for five days** then **fill out some more online surveys.**
Every time you complete one of these tasks you will receive a chance to win $250!!!!
OR, if you are enrolled in a psychology class that offers bonus points and are contacted through the participant pool you will be eligible to receive up to 3 bonus points instead!

For more information please contact
Laura Garcia-Browning at help@uwindsor.ca

This survey works best with Netscape or Explorer. Please do not use firefox to run this survey. If you have opened this page using firefox, please close this page and return using a different browser.

CLOSE
(I do not wish to participate)

NEXT--->
(Continue on to survey)

Appendix S: Letter of Information for Consent to Participate in Research

LETTER OF INFORMATION FOR CONSENT TO PARTICIPATE IN RESEARCH

PLEASE PRINT THIS PAGE FOR YOUR RECORDS

Title of Study: **Who do you talk to for help?**

You are asked to participate in a research study conducted by Laura Garcia-Browning (PhD student) under the supervision of Dr. Jill Jackson (faculty) from the Psychology department at the University of Windsor. Results of this study will be used to contribute towards a doctoral dissertation.

If you have any questions about the research, please feel to contact Laura Garcia-Browning at help@uwindsor.ca, or Dr. Jill Jackson (Faculty Supervisor) at (519) 253-3000 ext. 4706.

PURPOSE OF THE STUDY
This study is designed to examine who university aged women talk to when they need help regarding sexual experiences.

PROCEDURES
If you volunteer to participate in this study, we will ask you to do the following:
Fill out 3 On-line surveys, the first of which will take approximately 60 minutes. Please note that some of these questions will be of a highly personal nature, and some of these questions contain sexually explicit wording. After you fill out the first questionnaire, you will be asked to check your email every day for five days, because we will be sending you an email each day. Please make sure that you check your email each day, because we will be keeping track of whether or not you open the emails we send you! Next you will be asked to fill out another set of On-line surveys (it should take about 30 minutes this time). A month later we will ask you to fill out a final round of On-line surveys (another 30 minutes).

POTENTIAL RISKS AND DISCOMFORTS
It is possible that answering some of these questions may lead to psychological discomfort (such as feeling worried, upset, etc.). Please be aware that some of the questions in this survey contain explicit language. Please ONLY answer questions that you feel comfortable answering. If at any point you feel distressed please don't hesitate to use the resources displayed on the top of the screen, or to inform the primary researcher at help@uwindsor.ca. If you wish to see the resource list right now please click on www.uwindsor.ca/helpresources .

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY
This study may help you think about who you talk to for help. Also, as a society we need to do a better job providing assistance to people who are distressed. This study may allow for a better understanding of how to do that.

PAYMENT FOR PARTICIPATION
For participants NOT contacted via the University of Windsor participant pool, every time you fill out a round of surveys you will be entered in a draw to win $250. Plus, if you check your email every day for five days you will get another ballot for that draw. For students contacted through the University of Windsor psychology participant pool you will be eligible to earn bonus points to put towards an eligible course as follows: you will be eligible to receive 1 bonus point for completing the first set of surveys, eligible to receive 0.5 bonus points for completing the second and third sets of surveys and eligible for another bonus point for opening all five e-mails (for an eligibility of 3 bonus points)."
CONFIDENTIALITY
Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. **Any identifying information (email address, student number) will be kept COMPLETELY SEPARATE from all responses.** A secret code will be used to connect your information to your responses during the course of the study, and ONLY ONE PERSON (the primary researcher) will ever know that secret code**. At the end of the study, all identifying information will be destroyed.** ALL information will be encrypted and kept in a locked area, or in the case of electronic information, on a secure server.

PARTICIPATION AND WITHDRAWAL
You can choose whether or not you would like to participate in this study. If you volunteer to be in this study, you may withdraw at any time without penalty or consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS
Results from this research will be available in September 2010 at www.uwindsor.ca/reb

SUBSEQUENT USE OF DATA
This data may be used in subsequent research studies.

RIGHTS OF RESEARCH PARTICIPANTS
You may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research participant, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

Laura Garcia-Browning

December 1, 2008

Signature of Investigator Date

I AGREE TO PARTICIPATE IN THE STUDY

I DO NOT WISH TO PARTICIPATE IN THIS STUDY

Appendix T: Webpage asking for active email address

Please remember:
Any information that is obtained in connection with this study that can be identified with you will remain confidential. **Any identifying information (e.g., email address, student number) will be kept COMPLETELY SEPARATE from all responses.** A secret code will be used to connect your information to your responses during the course of the study, and ONLY ONE PERSON will ever know that secret code**. At the end of the study, all identifying information will be destroyed.** ALL information will be encrypted and kept in a locked area, or in the case of electronic information, on a secure server. **If you have any questions or concerns please feel free to contact the primary researcher, Laura Garcia-Browning at help@uwindsor.ca**

But we need to collect your email address so we can email you a message related to this study every day for five days, and so that we can remind you of your 2nd and 3rd survey. *Your email address will be kept separate from all the other information you fill out.*

Please enter your email address.

E-mail Address:

03/13/2010 05:44:01 PM

*Please remember to check your email every day for the next five days! You will be receiving an email from this email address **help@uwindsor.ca***

Submit

Withdraw Data

Appendix U: Confidentiality Reminder

Please remember: Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. **Any identifying information (email address, student number) will be kept COMPLETELY SEPARATE from all responses.** A secret code will be used to connect your information to your responses during the course of the study, and ONLY ONE PERSON will ever know that secret code**. At the end of the study, all identifying information will be destroyed.** ALL information will be encrypted and kept in a locked area, or in the case of electronic information, on a secure server.

If you have any questions or concerns please feel free to contact the primary researcher, Laura Garcia-Browning at help@uwindsor.ca

Save & Continue to Next Section

(Please do not use the 'back' button on your web browser)

Withdraw Data

Appendix V: List of helpful resources presented to participants upon completion of each set of surveys

Sexual Assault Resources

If you have experienced unwanted sexual activity and would like to speak to someone about it, the following resources may be helpful. These resources can also be found at www.uwindsor.ca/helpresources

24 hour Crisis Lines

1-800-387-8603 (SOS Femmes located in Toronto, Cross Canada Crisis Line)
(519) 253-9667 (Windsor Sexual Assault Crisis Centre)
1-800-799-SAFE (7233) (United States National Resource Center on Domestic Violence

Windsor Resource List

Sexual Assault Crisis Centre
1407 Rue Ottawa St., Unit G
Windsor, Ontario
N8X 2G1
519 253-3100
24 hour Crisis Line: 253-9667

Sexual Assault Treatment Centre
Metropolitan Campus, 4th Floor
1995 Lens Avenue
Windsor, Ontario
N8W 1L9
(519) 255-2234
satc@wrh.on.ca

Hiatus House
(519) 252-7781
http://www.hiatushouse.com/

Ontario Resources

519 Community Resources Toronto
http://www.the519.org/programs/counselling/telesupp.shtml
-519 Anti-Violence Programme (includes same-sex domestic violence): (416) 392-6878 ext. 117
-Assaulted Women's Helpline: (416) 863-0511
-Toronto Rape Crisis Centre/Multicultural Womyn Against Rape: (416) 597-8808

Two Spirited People of the First Nations
Specialize in same-sex partner abuse
(416) 944-9300
www.2spirits.com/DomViolenceBrochure.pdf

Canadian Mental Health Association
EARS for men distress line
(519) 570-EARS
www.cmhawrb.on.ca

Sexual Assault Crisis Centre, Kingston
(613) 544-6424
(877) 544-6424

Family Service, London
(519) 433-0183

Family Service Centre of Ottawa
Support groups for women who have experienced abuse
(613) 725-3601
www.familyserviceottawa.org

Niagara Region Sexual Assault Centre
(905) 682-7258
www.sexualassaultniagara.org/

Ontario Association of Interval and Transition Houses (OAITH)
Several links to shelters and women's services, coalitions/social action groups, research & information for women, directories, etc.
http://www.oaith.ca/

Across Canada Resources:

http://www.casac.ca/english/avcentres/avcentres.htm

http://www.shelternet.ca/splashPage.htm

http://www.hotpeachpages.net/canada/canada1.html

World Wide Resources:
http://www.distel.ca/womlist/womlist.html
A list of women's organizations across the world, including rape crisis centres and women's shelters. Search by country.

http://www.hotpeachpages.net/
Global list of abuse hotlines, shelters, refuges, crisis centres and women's organizations, plus domestic violence information in over 80 languages.

Appendix W: Reminder emails Sent to Participants Prior to Time 2 and Time 3

Dear "who do you talk to for help" participant,

Please proceed to the second link below within the next 48 hours to complete the second round of surveys (this will take approximately 15-20 minutes)!
userID: whohelp
password: help123

Completion of this survey will result in either: 0.5 bonus points (only available to University of Windsor Students from the participant pool) **or** a chance to win $250 (only available to participants not associated with the University of Windsor participant pool).

Much thanks,
Laura Garcia-Browning
This study has received clearance from the Research Ethics Board at the University of Windsor. If you have any questions or concerns regarding this study you are welcome to contact Laura Garcia-Browning (help@uwindsor.ca) or Dr. Jill Jackson (jjackson@uwindsor.ca) of the University of Windsor Psychology Department. If you have questions regarding your rights as a participants please contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario, N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

Dear "who do you talk to for help" participant,

You have currently participated in two rounds of surveys for the "Who Do You Talk to For Help" study, which means you are almost done! You are invited to finish the final round of surveys, which will talk approximately 15-20 minutes.
userID: whohelp
password: help123

Completion of this survey will result in either: 0.5 bonus points (only available to University of Windsor Students from the participant pool) **or** a chance to win $250 (only available to participants not associated with the University of Windsor participant pool).

Please go to the link below within the next 48 hours to complete the final round of surveys!

Much thanks,
Laura Garcia-Browning
This study has received clearance from the Research Ethics Board at the University of Windsor. If you have any questions or concerns regarding this study you are welcome to contact Laura Garcia-Browning (help@uwindsor.ca) or Dr. Jill Jackson (jjackson@uwindsor.ca) of the University of Windsor Psychology Department. If you have questions regarding your rights as a participants please contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario, N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

Appendix X: Debriefing Letter

DEBRIEFING LETTER
PLEASE PRINT FOR YOUR RECORDS

Dear Participant,

Thank you very much for taking the time to participate in this study! The purpose of this study was to better understand who women talk to about upsetting experiences, specifically experiences such as unwanted sexual activity or sexual assault. This study was also designed to examine the impact of a number of help-seeking messages, in order to determine what messages successfully encouraged women to seek help regarding unwanted sexual activity. You were randomly assigned to receive a poster about sexual assault or to a control poster about friendship. Your responses will be compared to women who got other help-seeking messages.

Currently, many women who experience unwanted sexual activity tell no one about what happened, which often contributes to feelings of fear, self blame, anxiety, depression and difficulty trusting others. Remember, most survivors of sexual assault find ways to heal from these experiences, but it is completely normal to be upset after experiencing sexual assault. Often, women who seek help and talk about their experiences with supportive people feel better, and find it easier to cope with experiencing unwanted sexual activity. As such, finding messages that are effective in encouraging women to seek help and talk to others about unwanted sexual experiences is essential.

Remember: if you have experienced unwanted sexual activity, *you are not alone*: 18 of the women on the University of Windsor campus reported experiencing sexual assault, and 56 of the women on the University of Windsor campus reported experiencing sexual coercion. Also remember, if you have experienced sexual assault *you are not to blame:* what happened was the fault of the perpetrator. Just as a pedestrian is not to blame if they are hit by a drunk driver, you are not to blame for someone else's decision to break the law. One of the most effective ways to feel better if you experience a sexual assault is to **talk to someone supportive until you feel better,** be it a friend, family member, counsellor or someone else in your life, talking about painful experiences with someone you trust helps us heal.

Please feel free to explore the following information:

Information for survivors:
http://www.sacc.to/gylb/getlife.htm
http://www.queensu.ca/humanrights/publications/guideforwomen/page11.htm

Information for family and friends:
http://www.sacc.to/sya/canhelp/friendhelp.htm

http://www.stanford.edu/group/svab/friend.shtml#sex-assault

This study has received clearance from the Research Ethics Board at the University of Windsor. If you have any questions or concerns regarding this study you are welcome to contact Laura Garcia-Browning (help@uwindsor.ca) or Dr. Jill Jackson (jjackson@uwindsor.ca) of the University of Windsor Psychology Department. If you have questions regarding your rights as a participants please contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario, N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

If you have experienced unwanted sexual activity and would like to speak to someone about it, please contact:

24 hour Crisis Lines
1-800-387-8603 (SOS Femmes located in Toronto, Cross Canada Crisis Line)
(519) 253-9667 (Windsor Sexual Assault Crisis Centre)
1-800-799-SAFE (7233) (United States National Resource Center on Domestic Violence

Windsor Resource List

Sexual Assault Crisis Centre
1407 Rue Ottawa St., Unit G
Windsor, Ontario
N8X 2G1
519 253-3100
24 hour Crisis Line: 253-9667

Sexual Assault Treatment Centre
Metropolitan Campus, 4th Floor
1995 Lens Avenue
Windsor, Ontario
N8W 1L9
(519) 255-2234
satc@wrh.on.ca

Hiatus House
(519) 252-7781
http://www.hiatushouse.com/

Ontario Resources
519 Community Resources Toronto
http://www.the519.org/programs/counselling/telesupp.shtml
-519 Anti-Violence Programme (includes same-sex domestic violence): (416) 392-6878 ext. 117
-Assaulted Women's Helpline: (416) 863-0511
-Toronto Rape Crisis Centre/Multicultural Womyn Against Rape: (416) 597-8808

Two Spirited People of the First Nations
Specialize in same-sex partner abuse
(416) 944-9300
www.2spirits.com/DomViolenceBrochure.pdf

Canadian Mental Health Association
EARS for men distress line
(519) 570-EARS
www.cmhawrb.on.ca

Sexual Assault Crisis Centre, Kingston
(613) 544-6424
(877) 544-6424

Family Service, London
(519) 433-0183

Family Service Centre of Ottawa
Support groups for women who have experienced abuse
(613) 725-3601
www.familyserviceottawa.org

Niagara Region Sexual Assault Centre
(905) 682-7258
www.sexualassaultniagara.org/

Ontario Association of Interval and Transition Houses (OAITH)
Several links to shelters and women's services, coalitions/social action groups, research & information for women, directories, etc.
http://www.oaith.ca/

Across Canada Resources:

http://www.casac.ca/english/avcentres/avcentres.htm

http://www.shelternet.ca/splashPage.htm

http://www.hotpeachpages.net/canada/canada1.html

World Wide Resources:
http://www.distel.ca/womlist/womlist.html
A list of women's organizations across the world, including rape crisis centres and women's shelters. Search by country.
http://www.hotpeachpages.net/
Global list of abuse hotlines, shelters, refuges, crisis centres and women's organizations, plus domestic violence information in over 80 languages.

Appendix Y: Outliers identified in data set

Table 43
Outliers identified on the X and Y axes, n = 21

	control group		poster two		poster three		poster four		Total	
	n	%	*N*	%	*n*	%	*n*	%	*n*	%
No SES items endorsed	0	0.00	0	0.00	1	1.37	0	0.00	1	4.76
Rape	2	8.70	3	7.32	2	5.00	4	26.67	11	52.38
Attempted Rape	0	0.00	1	6.67	1	6.42	0	0.00	2	9.52
Sexual Coercion	3	10.00	1	1.54	1	1.52	2	5.56	7	33.33
Total	5	3.13	5	2.76	5	2.76	6	6.06	21	100.00

Appendix Z: Results with and without outliers

Table 44

Summary of the differences when outliers are included versus excluded from analysis

Outliers EXCLUDED	Outliers INCLUDED	Summary
Factor structure analysis (i.e. to combine or not combine categorical variables)		
Same	same	No differences at all in observed factor structure
Hypotheses 1-3 MANCOVA		
There was a significant interaction between time and sexual victimization history. No SES participant's intention to seek help slightly increased over time, while rape / attempted rape participants intentions slightly decreased over time. Measures of effect size suggest that this was not a practically significant reaction, with only a small effect size (η^2 = .03).	Poster Group*Time is significant in the multivariate analysis, but none of the univariate tests were significant.	Excluding outliers resulted in one unique significant finding (although this finding has no practical or meaningful significance)
Hypothesis 4: Chi square for behaviour		
No SES: Poster Group X Community Leader, *p*= .057	The percentage of No SES participants who would hypothetically seek help from a **Community Leader** at Time 3 significantly differed by poster group, $\chi^2(3, n = 126) = 7.86$, $p = .047$.	Including outliers resulted in a significant difference in poster group among No SES participants.
Hypothesis 5: Predicted interaction between distress and poster group		
Same	Same	No differences
Hypothesis 6: Predicted interaction between rape myth acceptance and poster group		
Same	Same	No differences
Hypothesis 7: Predicted interaction between self blame and poster group		
No significant results from binary logistic regressions	Among participants who experienced rape or attempted rape, there was a significant interaction between poster group and characterological self blame at Time 2 (poster 1 vs poster2) on seeking help from no one, β = 1.32, $t(89) = 4.57$, $p = .033$.	Including outliers resulted in a significant interaction among rape/attempted rape survivors on seeking help from no one.
Hypothesis 8: Hypothetical advice to a friend		
The percentage of rape /attempted rape participants who would hypothetically advise a friend to seek help from a **Community Leader** at Time 3 significantly differed by poster group, $\chi^2(3, n = 79) = 7.873$, $p = .045$. The percentage of sexually coerced participants who would hypothetically advise a friend to seek help from **the police** ($\chi^2(3, n = 112) = 9.14$, $p = .025$) and from **Helping Professionals** ($\chi^2(3, n = 112) = 9.80$, $p = .020$) at Time 3 significantly differed by poster group,	Rape/Attempted Rape :Poster Group X Community Leader, *p*= .070 The percentage of sexually coerced participants who would hypothetically advise a friend to seek help from **the police** at Time 3 significantly differed by poster group, $\chi^2(3, n = 119) = 7.83$, $p = .047$. Coerced: Poster Group X Helping Professionals, *p*= .076	Excluding outliers resulted in significant differences for advice to a friend about seeking help from community leaders (for rape/attempted rape participants) and helping professionals (among sexually coerced participants).

Appendix AA: Summary of Factor Analysis

Summary of Factory loadings onto each factor structure for categorical variables including all participants analyzed in hypotheses, n=495.

	Structure Matrix					
	Factor 1			Factor 2		
	B2	B3	A3	B2	B3	A3
Factor 1: Frequently used sources of help						
No One	**-.872**	**-.858**	**-.458**	-.179	-.223	.435
Friend	**.801**	**.786**	**.625**	.221	.245	.206
Family Member	**.884**	**.848**	**.791**	.352	.390	.060
Significant Other	**.827**	**.861**	**.785**	.264	.354	.098
Mental Health Professional	**.869**	**.839**	**.816**	.489	.479	.282
Crisis Hotline	.617	**.660**	**.683**	**.646**	.536	.523
Rape crisis counsellor	**.838**	**.842**	.767	.504	.444	.413
Doctor	**.889**	**.875**	**.854**	.462	.387	.191
Police	**.868**	**.878**	**.814**	.440	.428	.215
Factor 2: Infrequently used sources of help						
Leader at a place of worship	.292	.380	.464	**.787**	**.831**	**.739**
Trusted Authority Figure	.322	.339	.471	**.800**	**.786**	**.694**

	Structure Matrix		
	Factor 1	Factor 2	Factor 3
	A2	A2	A2
Factor 1: Formal sources of help			
No One	**-.447**	.264	-.400
Mental Health Professional	**.811**	.145	.460
Crisis Hotline	**.718**	.398	.238
Rape crisis counsellor	**.854**	.182	.384
Doctor	**.816**	.083	.462
Police	**.783**	.050	.487
Factor 2: Infrequently used informal sources of help			
Leader at a place of worship	.384	**.669**	.319
Trusted Authority Figure	.209	**.782**	.169
Factor 3: Frequently used informal sources of help			
Friend	.309	.162	**.788**
Family Member	.547	.048	**.794**
Significant Other	.479	.096	**.846**

Note. Higher factor loadings are highlighted in bold.
Behaviour at Time 2 (B2) Behaviour Time 3 (B3), Advice to a Friend at Time 3 (A3), Advice to a Friend at Time 2 (A2)

Appendix BB: Correlations among categorical variables

Table 45

Pearson correlations among continuous and categorical variables for participants who endorsed no items on the SES

	1	2	3	4	5	6	7	8	9	10	11
1. Poster Group	1	-.017	-.114	-.150*	.164	.142	.201*	.175*	.208*	.130	.132
2. Distress	.072	1	.055	.124	-.084	-.016	-.085	-.006	.110	-.146	-.087
3. Rape Myth	-.114	.051	1	.247**	-.225*	-.166	-.134	-.238**	-.050	-.332**	-.201*
4. No One	-.073	.134	.199**	1	-.392**	-.523**	-.364**	-.448**	-.099	-.447**	-.534**
5. Friend	.045	-.256**	-.249**	-.369**	1	.394**	.384**	.281**	.176*	.291**	.290**
6. Sig. Other	.021	-.226**	-.148	-.449**	.376**	1	.485**	.355**	.189*	.327**	.422**
7. Family	.187*	-.050	-.165*	-.387**	.325**	.365**	1	.339**	.200*	.340**	.334**
8. Helping Profs.	.150	-.033	-.262**	-.396**	.223**	.194*	.360**	1	.122	.292**	.304**
9. Com. Leaders	.156	.025	-.090	.031	.092	.086	.078	.152	1	.134	.190*
10. Doctor	.082	.011	-.265**	-.467**	.181*	.222**	.388**	.439**	.177*	1	.449**
11. Police	.128	-.025	-.214**	-.374**	.204*	.375**	.369**	.419**	.157	.538**	1

Note. Unshaded areas indicated Time 2, n = 171. Shaded areas indicated Time 3, n = 134.

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 46

Pearson correlations among continuous and categorical variables for participants who experienced rape or attempted rape,

	1	2	3	4	5	6	7	8	9	10	11	12
1. Poster Group	1	.113	-.026	-.111	.021	.047	-.087	-.162	.072	.[a]	-.070	.[a]
2. Distress	.134	1	.080	-.069	.004	-.017	.060	-.002	-.054	.[a]	-.002	.[a]
3. Self Blame	-.026	.183*	1	.224**	.025	-.163	.089	-.107	-.173	.[a]	-.116	.[a]
4. Rape Myth	-.111	-.030	.224**	1	-.102	.037	.025	.072	.011	.[a]	-.001	.[a]
5. No One	-.043	.090	.018	-.216*	1	-.825**	-.554**	-.410**	-.201	.[a]	-.286*	.[a]
6. Friend	.073	-.067	.044	.258**	-.788**	1	.205	.346**	.244*	.[a]	.347**	.[a]
7. Sig. Other	-.052	.041	.056	.198*	-.547**	.242*	1	.131	-.035	.[a]	-.050	.[a]
8. Family	-.072	-.065	.092	.080	-.190	.389**	.476**	1	-.026	.[a]	.330**	.[a]
9. Helping Profs.	-.009	.030	.014	.058	-.190	.389**	.296**	.656**	1	.[a]	-.018	.[a]
10. Com. Leaders	-.041	-.057	-.029	-.033	.053	.222*	.272**	.571**	.571**	1	.[a]	.[a]
11. Doctor	-.072	-.065	.092	.080	-.190	.389**	.476**	1.000**	.656**	.571**	1	.[a]
12. Police	-.041	-.057	-.029	-.033	.053	.222*	.272**	.571**	.571**	1.000**	.571**	1

Note. Unshaded areas indicated Time 2, n = 118. Shaded areas indicated Time 3, n = 93.

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Appendix CC: Results for Hypothesis Five Binary Logistic Regressions for rape/attempted rape participants

Table 47

Results from Binary Logistic Regressions for Hypothesis Five for participants who experienced rape and/or attempted rape.

Dependant Variable					
Time 2 Seeking Help from No One					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		2.29	3	.514	
Time 2 Distress	.172	1.42	1	.234	
Interaction 1 vs 2	-.238	2.55	1	.111	
Interaction 1 vs 3	-.101	0.41	1	.522	
Interaction 1 vs 4	.073	0.09	1	.769	
Time 3 Seeking Help from No One					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		0.38	3	.877	
Time 3 Distress	0.035	0.15	1	.697	
Interaction 1 vs 2	-.075	0.51	1	.475	
Interaction 1 vs 3	-.081	0.51	1	.450	
Interaction 1 vs 4	.219	0.97	1	.325	
Time 2 Seeking Help from a Friend					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		3.02	3	.389	
Time 2 Distress	-.108	0.74	1	.390	
Interaction 1 vs 2	.096	0.53	1	.467	
Interaction 1 vs 3	.087	0.39	1	.533	
Interaction 1 vs 4	-.138	0.33	1	.565	
Time 3 Seeking Help from a Friend					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		1.29	3	.732	
Time 3 Distress	-3.98	0.00	1	.997	
Interaction 1 vs 2	3.97	0.00	1	.997	
Interaction 1 vs 3	4.05	0.00	1	.997	
Interaction 1 vs 4	3.73	0.00	1	.997	

Time 2 Seeking Help from a Significant Other

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		0.50	1	.920	
Time 2 Distress	-.395	0.00	3	.996	
Interaction 1 vs 2	3.97	0.00	1	.996	
Interaction 1 vs 3	3.91	0.00	1	.996	
Interaction 1 vs 4	3.94	0.00	1	.996	

Time 3 Seeking Help from a Significant Other

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		0.26	1	.970	
Time 3 Distress	0.00	0.00	3	.999	
Interaction 1 vs 2	0.06	0.00	1	.999	
Interaction 1 vs 3	0.08	0.00	1	.999	
Interaction 1 vs 4	-0.00	0.00	1	.999	

Time 2 Seeking Help from a Family Member

Predictors	β	Wald	Df	S□g.	Exp(β)
Poster Group (categorical)		0.00	1	.999	
Time 2 Distress	-0.02	0.00	3	.999	
Interaction 1 vs 2	-0.07	0.00	1	.999	
Interartion 1 vs 3	0.02	0.00	1	.999	
Interaction 1 vs 4	0.02	0.00	1	.999	

Time 3 Seeking Help from a Family member

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		0.25	1	.970	
Time 3 Distress	0.05	0.00	3	.999	
Interaction 1 vs 2	-0.07	0.00	1	.999	
Interaction 1 vs 3	-0.05	0.00	1	.999	
Interaction 1 vs 4	-0.05	0.00	1	.999	

Time 2 Seeking Help from a Helping Professional

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group		0.00	3	.999	
Time 2 Distress	.009	0.00	1	.999	
Interaction 1 vs 2	-.039	0.00	1	.999	
Interaction 1 vs 3	.057	0.00	1	.999	
Interaction 1 vs 4	-.009	0.00	1	.999	

Appendix DD: Results for Hypothesis Five Binary Logistic Regressions for No SES participants.

Table 48

Results from Binary Logistic Regressions for Hypothesis Five for No SES participants.

Dependant Variable					
Time 2 Hypothetically Seeking Help from No One					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		2.67	3	.445	
Time 2 Distress	.198	3.23	1	**.045**	1.22
Interaction 1 vs 2	.310	1.46	1	.227	
Interaction 1 vs 3	-.280	3.26	1	.062	
Interaction 1 vs 4	-.166	1.16	1	.281	
Time 3 Hypothetically Seeking Help from No One					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		4.16	3	.245	
Time 3 Distress	.135	1.38	1	.241	
Interaction 1 vs 2	.339	2.30	1	.129	
Interaction 1 vs 3	-.131	0.37	1	.546	
Interaction 1 vs 4	-.173	0.88	1	.348	
Time 2 Hypothetically Seeking Help from a Friend					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		3.33	3	.343	
Time 2 Distress	-.156	8.07	1	**.004**	0.855
Interaction 1 vs 2	.078	0.66	1	.416	
Interaction 1 vs 3	-.050	0.35	1	.554	
Interaction 1 vs 4	.053	0.44	1	.509	
Time 3 Hypothetically Seeking Help from a Friend					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		2.178	3	.536	
Time 3 Distress	-.053	0.41	1	.525	
Interaction 1 vs 2	-.083	0.31	1	.580	
Interaction 1 vs 3	-.219	3.13	1	.077	
Interaction 1 vs 4	.765	1.00	1	.318	
Time 2 Hypothetically Seeking Help from a Significant Other					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group		2.57	3	.462	

(categorical)					
Time 2 Distress	-0.20	9.65	1	**.002**	0.82
Interaction 1 vs 2	-0.07	0.31	1	.581	
Interaction 1 vs 3	0.08	0.94	1	.332	
Interaction 1 vs 4	0.20	5.21	1	**.022**	1.93

Time 3 Hypothetically Seeking Help from a Significant Other

Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		3.40	3	.334	
Time 2 Distress	0.00	0.00	1	.994	
Interaction 1 vs 2	-0.13	0.63	1	.427	
Interaction 1 vs 3	-0.13	0.87	1	.350	
Interaction 1 vs 4	0.23	1.27	1	.262	

Time 2 Hypothetically Seeking Help from a Family Member

Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		5.56	3	.135	
Time 3 Distress	0.05	0.16	1	.686	
Interaction 1 vs 2	-0.12	0.70	1	.396	
Interaction 1 vs 3	-0.11	0.62	1	.431	
Interaction 1 vs 4	0.45	1.74	1	.187	

Time 3 Hypothetically Seeking Help from a Family Member

Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		5.95	3	.114	
Time 3 Distress	0.52	1.17	1	.279	
Interaction 1 vs 2	-0.02	0.03	1	.871	
Interaction 1 vs 3	0.05	0.12	1	.730	
Interaction 1 vs 4	0.03	0.04	1	.834	

Time 2 Hypothetically Seeking Help from a Helping Professional

Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		4.57	3	.206	
Time 2 Distress	-.040	0.35	1	.555	
Interaction 1 vs 2	-.247	3.31	1	.069	
Interaction 1 vs 3	.070	0.47	1	.494	
Interaction 1 vs 4	.080	0.54	1	.463	

Time 3 Hypothetically Seeking Help from a Helping Professional

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		4.67	3	.196	
Time 3 Distress	.023	0.04	1	.844	
Interaction 1 vs 2	-.314	9.09	1	.079	
Interaction 1 vs 3	.193	0.62	1	.432	
Interaction 1 vs 4	.114	0.28	1	.597	

Time 2 Hypothetically Seeking Help from a Community Leader

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		3.89	3	.173	
Time 2 Distress	.055	0.49	1	.486	
Interaction 1 vs 2	-.217	1.79	1	.180	
Interaction 1 vs 3	-.019	0.04	1	.839	
Interaction 1 vs 4	-.048	0.26	1	.612	

Time 3 Hypothetically Seeking Help from a Community Leader

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		4.64	3	.200	
Time 3 Distress	.110	1.91	1	.167	
Interaction 1 vs 2	.069	0.17	1	.680	
Interaction 1 vs 3	-.149	1.60	1	.207	
Interaction 1 vs 4	-.009	0.01	1	.979	

Time 2 Hypothetically Seeking Help from the Police

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		3.64	3	.303	
Time 2 Distress	-.023	.181	1	.671	
Interaction 1 vs 2	-.097	.385	1	.321	
Interaction 1 vs 3	-.009	.014	1	.907	
Interaction 1 vs 4	.043	.237	1	.626	

Time 3 Hypothetically Seeking Help from the Police

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group		3.86	3	.279	
Time 3 Distress	-.086	1.74	1	.279	
Interaction 1 vs 2	-.072	1.29	1	.255	
Interaction 1 vs 3	.103	0.32	1	.431	
Interaction 1 vs 4	.135	0.96	1	.328	

Time 2 Hypothetically Seeking Help from a Doctor

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		3.63	3	.304	
Time 2 Distress	.027	0.10	1	.751	
Interaction 1 vs 2	-.214	2.89	1	.089	
Interaction 1 vs 3	.002	0.00	1	.389	
Interaction 1 vs 4	.249	.48	1	.223	

Time 3 Hypothetically Seeking Help from a Doctor

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		3.24	3	.655	
Time 2 Distress	-.139	3.20	1	.074	
Interaction 1 vs 2	-.190	1.45	1	.229	
Interaction 1 vs 3	-.003	0.01	1	.978	
Interaction 1 vs 4	.087	0.43	1	.514	

Appendix EE: Results for Hypothesis Six Binary Logistic Regressions for rape/attempted rape participants.

Table 49

Results from Binary Logistic Regressions for Hypothesis Six for participants who experienced rape and/or attempted rape.

Dependant Variable					
Time 2 Seeking Help from No One					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		4.24	3	.236	
Time 2 RapeMyth	-.054	3.51	1	.061	
Interaction 1 vs 2	-.083	3.09	1	.079	
Interaction 1 vs 3	.007	0.04	1	.844	
Interaction 1 vs 4	.048	0.48	1	.487	
Time 3 Seeking Help from No One					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		1.15	3	.765	
Time 3 Rape myth	-.039	0.95	1	.330	
Interaction 1 vs 2	.021	0.21	1	.643	
Interaction 1 vs 3	.079	2.29	1	.130	
Interaction 1 vs 4	-.139	1.54	1	.214	
Time 2 Seeking Help from a Friend					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		4.94	3	.176	
Time 2 Rape myth	.051	3.13	1	.076	
Interaction 1 vs 2	.038	0.9.	1	.335	
Interaction 1 vs 3	.025	0.38	1	.537	
Interaction 1 vs 4	-.045	0.43	1	.511	
Time 3 Seeking Help from a Friend					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		3.44	3	.329	
Time 3 Rape myth	.049	1.38	1	.239	
Interaction 1 vs 2	-.063	0.34	1	.423	
Interaction 1 vs 3	-.078	1.97	1	.161	
Interaction 1 vs 4	.129	1.33	1	.250	

Time 2 Seeking Help from a Significant Other

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		2.79	3	.439	
Time 2 Rape myth	0.30	0.00	1	.999	
Interaction 1 vs 2	0.01	0.00	1	.999	
Interaction 1 vs 3	0.03	0.00	1	.999	
Interaction 1 vs 4	-0.03	0.00	1	.999	

Time 3 Seeking Help from a Significant Other

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		3.44	3	.329	
Time 3 Rape myth	0.05	1.38	1	.239	
Interaction 1 vs 2	-0.04	0.64	1	.423	
Interaction 1 vs 3	-0.08	1.97	1	.161	
Interaction 1 vs 4	0.13	1.33	1	.250	

Time 2 Seeking Help from a Family Member

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		2.79	3	.439	
Time 2 Rape myth	0.03	0.00	1	.999	
Interaction 1 vs 2	0.01	0.00	1	.999	
Interaction 1 vs 3	0.03	0.00	1	.999	
Iteraction 1 vs 4	-0.03	0.00	1	.999	

Time 3 Seeking Help from a Family Member

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		0.00	3	.848	
Time 3 Rape myth	-0.11	0.81	1	.999	
Interaction 1 vs 2	0.□4	0.00	1	.999	
Interaction 1 vs 3	0.11	0.00	1	.999	
Interaction 1 vs 4	0.11	0.00	1	.999	

Time 2 Seeking Help from a Helping Professional

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		0.21	3	.976	
Time 2 Rape myth	.101	0.00	1	.999	
Interaction 1 vs 2	.039	0.00	1	.999	
Interaction 1 vs 3	-.078	0.00	1	.999	
Interaction 1 vs 4	-.010	0.00	1	.999	

Appendix FF: Results for Hypothesis Six Binary Logistic Regressions for No SES participants

Table 50

Results from Binary Logistic Regressions for Hypothesis six for No SES participants.

Dependant Variable					
Time 2 Hypothetically Seeking Help from No One					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		1.55	3	.670	
Time 2 Rape myth	.072	5.50	1	**.019**	1.07
Interaction 1 vs 2	.010	0.04	1	.846	
Interaction 1 vs 3	.014	0.13	1	.723	
Interaction 1 vs 4	.041	0.29	1	.588	
Time 3 Hypothetically Seeking Help from No One					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		2.04	3	.564	
Time 3 Rape myth	.064	2.79	1	.098	
Interaction 1 vs 2	.016	0.08	1	.774	
Interaction 1 vs 3	-.079	1.22	1	.270	
Interaction 1 vs 4	.079	0.80	1	.370	
Time 2 Hypothetically Seeking Help from a Friend					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		1.81	3	.614	
Time 2 Rape myth	-.042	4.91	1	**.027**	0.96
Interaction 1 vs 2	.012	0.15	1	.107	
Interaction 1 vs 3	-.032	1.23	1	.267	
Interaction 1 vs 4	.021	0.24	1	.621	
Time 3 Hypothetically Seeking Help from a Friend					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		1.74	3	.627	
Time 3 Rape myth	-.021	0.76	1	.385	
Interaction 1 vs 2	-.001	0.00	1	.977	
Interaction 1 vs 3	-.043	1027	1	.241	
Interaction 1 vs 4	.065	1.31	1	.253	
Time 2 Hypothetically Seeking Help from a Significant Other					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		2.29	3	.514	
Time 2 Rape myth	-0.02	0.62	1	.432	
Interaction 1 vs 2	0.02	0.17	1	.679	
Interaction 1 vs 3	0.01	0.06	1	.808	

Interaction 1 vs 4	-0.01	0.01	1	.930	

Time 3 Hypothetically Seeking Help from a Significant Other

Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		1.74	3	.627	
Time 3 Rape myth	-0.02	0.76	1	.385	
Interaction 1 vs 2	-0.00	0.00	1	.977	
Interaction 1 vs 3	-0.04	1.37	1	.241	
Interaction 1 vs 4	0.07	1.31	1	.253	

Time 2 Hypothetically Seeking Help from a Family Member

Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		0.8□	3	.843	
Time 2 Rape myth	-0.03	2.38	1	.123	
Interaction 1 vs 2	-0.00	0.06	1	.801	
Interaction 1 vs 3	-0.04	1.66	1	.197	
Interaction 1 vs 4	0.03	0.67	1	.404	

Time 3 Hypothetically Seeking Help from a Family Member

Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		6.09	3	.108	
Time 3 Rape myth	0.01	0.12	1	.725	
Interaction 1 vs 2	-0.05	2.06	1	.152	
Interaction 1 vs 3	-0.02	0.17	1	.677	
Interaction 1 vs 4	0.09	2.15	1	.143	

Time 2 Hypothetically Seeking Help from a Helping Professional

Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		1.63	3	.651	
Time 2 Rape myth	-.036	3.13	1	.077	
Interaction 1 vs 2	.021	0.42	1	.515	
Interaction 1 vs 3	-.026	0.03	1	.387	
Interaction 1 vs 4	.041	0.04	1	.357	

Time 3 Hypothetically Seeking Help from a Helping Professional

Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		2.27	3	.519	
Time 3 Rape myth	-.019	0.51	1	.475	
Interaction 1 vs 2	.001	0.00	1	.979	
Interaction 1 vs 3	.015	0.10	1	.757	
Interaction 1 vs 4	.027	0.18	1	.664	

Time 2 Hypothetically Seeking Help from a Community Leader

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		7.29	3	.063	
Time 2 Rape myth	-.020	0.88	1	.349	
Interaction 1 vs 2	-.084	2.81	1	.090	
Interaction 1 vs 3	.025	0.76	1	.383	
Interaction 1 vs 4	.028	0.57	1	.452	

Time 3 Hypothetically Seeking Help from a Community Leader

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		7.76	3	.051	
Time 3 Rape myth	.010	0.21	1	.648	
Interaction 1 vs 2	-.038	0.82	1	.367	
Interaction 1 vs 3	.007	0.04	1	.838	
Interaction 1 vs 4	.052	1.25	1	.263	

Time 2 Hypothetically Seeking Help from the Police

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		4.82	3	.185	
Time 2 Rape myth	-.034	9.48	1	.062	
Interaction 1 vs 2	-.037	1.51	1	.219	
Interaction 1 vs 3	-.029	0.8.	1	.364	
Interaction 1 vs 4	.055	1.69	1	.193	

Time 3 Hypothetically Seeking Help from the Police

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		1.48	3	.688	
Time 3 Rape myth	-.040	3.12	1	.077	
Interaction 1 vs 2	-.0196	0.22	1	.639	
Interaction 1 vs 3	.005	0.02	1	.881	
Interaction 1 vs 4	-.012	0.05	1	.829	

Time 2 Hypothetically Seeking Help from a Doctor

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		9.09	3	.378	
Time 2 Rape myth	-.065	10.81	1	**.001**	0.94
Interaction 1 vs 2	.005	0.03	1	.869	
Interaction 1 vs 3	.011	0.15	1	.700	
Interaction 1 vs 4	-.047	0.98	1	.322	

Time 3 Hypothetically Seeking Help from a Doctor

Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		2.34	3	.505	
Time 2 Rape myth	-.072	6.29	1	**.012**	0.93
Interaction 1 vs 2	-.007	0.03	1	.870	
Interaction 1 vs 3	.007	0.00	1	.985	
Interaction 1 vs 4	-.017	0.05	1	.822	

Appendix GG: Results for Hypothesis Seven Binary Logistic Regressions for rape/attempted rape participants

Table 51

Results from Binary Logistic Regressions for Hypothesis Seven for participants who experienced rape and/or attempted rape.

Dependant Variable					
Time 2 Seeking Help from No One					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		3.42	3	.331	
Time 2 Self blame	-.063	1.32	1	.250	
Interaction 1 vs 2	0.13	4.57	1	**.033**	
Interaction 1 vs 3	-.039	0.38	1	.538	
Interaction 1 vs 4	.098	2.05	1	.152	
Time 3 Seeking Help from No One					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		0.69	3	.876	
Time 3 Self blame	.018	0.44	1	.506	
Interaction 1 vs 2	-.008	0.04	1	.846	
Interaction 1 vs 3	.053	1.58	1	.210	
Interaction 1 vs 4	.022	0.17	1	.682	
Time 2 Seeking Help from a Friend					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		2.82	3	.419	
Time 2 Self blame	.174	0.91	1	.339	
Interaction 1 vs 2	-.070	0.14	1	.705	
Interaction 1 vs 3	-.229	1.53	1	.217	
Interaction 1 vs 4	-.210	1.26	1	.263	
Time 3 Seeking Help from a Friend					
Predictors	**β**	**Wald**	**Df**	**Sig.**	**Exp(β)**
Poster Group (categorical)		0.45	3	.929	
Time 3 Self blame	3.66	0.00	1	.990	
Interaction 1 vs 2	-3.68	0.00	1	.990	
Interaction 1 vs 3	-3.73	0.00	1	.990	
Interaction 1 vs 4	-3.70	0.00	1	.990	

Time 2 Seeking Help from a Significant Other

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		1.79	3	.616	
Time 2 Self blame	0.04	0.00	1	.999	
Interaction 1 vs 2	0.02	0.00	1	.999	
Interaction 1 vs 3	-0.07	0.00	1	.999	
Interaction 1 vs 4	-0.04	0.00	1	.999	

Time 3 Seeking Help from a Significant Other

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		0.94	3	.815	
Time 3 Self blame	0.10	0.00	1	.999	
Interaction 1 vs 2	-0.08	0.00	1	.999	
Interaction 1 vs 3	-0.13	0.00	1	.999	
Interaction 1 vs 4	-0.10	0.00	1	.999	

Time 2 Seeking Help from a Family Member

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		1.79	3	.616	
Time 2 Self blame	.041	0.00	1	.999	
Interaction 1 vs 2	.021	0.00	□	.999	
Interaction 1 vs 3	-.067	0.00	1	.999	
Interaction 1 vs 4	-.041	0.00	1	.999	

Time 3 Seeking Help from a Family Member

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		0.36	3	.948	
Time 3 Self blame	.014	0.00	1	.999	
Interaction 1 vs 2	.02□	0.00	1	.999	
Interaction 1 vs 3	-.046	0.00	1	.999	
Interaction 1 vs 4	-.014	0.00	1	.999	

Time 2 Seeking Help from a Helping Professional

Predictors	β	Wald	Df	Sig.	Exp(β)
Poster Group (categorical)		0.00	3	.999	
Time 2 Self blame	-3.12	0.00	1	.993	
Interaction 1 vs 2	3.33	0.00	1	.999	
Interaction 1 vs 3	-9.13	0.00	1	.999	
Interaction 1 vs 4	3.20	0.00	1	.999	

VITA AUCTORIS

NAME:	Laura Garcia-Browning
PLACE OF BIRTH:	Scarborough, Ontario
YEAR OF BIRTH:	1980
EDUCATION	Iroquois Ridge High School, Oakville, Ontario 1994-1999
	Queen's University, Kingston, Ontario 1999-2003 B.A.H.
	University of Windsor, Windsor, Ontario 2003-2005 M.A.