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Prevalence and Correlates of Service Utilization and Help Seeking in a National College Sample of Female Rape Victims

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Abstract

This study examines prevalence and correlates of help seeking for emotional problems among undergraduate female rape victims. A national college sample of women endorsing a lifetime history of rape (n=228) interviewed in 2006 to assess demographic characteristics, rape history, rape characteristics, psychopathology, and substance abuse. Participants were asked if they ever sought help for emotional problems, and what type(s) of services were sought (medical professional, religious figure, or mental health professional). Prevalence of help seeking was 52%. Of help-seekers, 93% went to a mental health professional, 48% went to a medical doctor, and 14% sought religious counsel. Only PTSD was related to ever seeking help (OR=2.35). Findings suggest that university-based mental health and medical facilities should be well prepared to identify and treat PTSD and other rape-related sequelae. Health promotion campaigns are needed to target substance abusing and depressed rape victims, who were less likely to seek help.

Keywords

posttraumatic stress disorder; help seeking; college; rape

Data from epidemiologic studies published over the last two decades suggest that a high percentage of adults with mental health disorders do not utilize mental health services (Narrow, Regier, Rae, Manderscheid, & Locke, 1993; Wang et al., 2005). A similar pattern has been found among rape victims, despite the fact that sexual assault is associated with increased risk of psychiatric disorder (Ullman, 2007).

Although researchers estimate that as many as 3% of college women as are sexually assaulted on campus each academic year (Fisher, 2000), no studies have examined correlates of post-assault help seeking behavior in a national sample of college women. Investigations of this nature are important because: a) women ages 18 to 34, which covers the average age of college students, are at higher risk of sexual assault than women from other age groups (Kilpatrick, Edmunds, & Seymour, 1992), b) college women are less likely to report sexual assault to authorities than women in the general population; this may be because victimized

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college women report high rates of alcohol-facilitated rape which is associated with reduced likelihood of disclosure to authorities (Kilpatrick et al., 1992; Fisher, Daigle, Cullen, & Turner, 2003), and c) educational attainment is associated with higher likelihood of help seeking (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000) and therefore accurate estimates of forms of help seeking behavior in college students has the potential to inform policy and practice at the national level.

The present study examined prevalence of distinct categories of help seeking behavior using a national college sample of female rape victims. We also examined demographic, rape history, incident characteristics, psychopathology, and substance abuse variables in relation to formal help seeking.

1. Method

1.1. Participants

The list sample for college women was purchased from the American Student List (ASL). Respondents were stratified by region of the country, randomly selected, then released to be dialed via random digit dial methodology in proportion to the national census representation of college women. In 2006, two thousand interviews were conducted via telephone by a national surveying firm, SRBI (Schulman, Ronca, Bucuvalas, Incorporated). Of these women, those endorsing history of at least one rape experience were included in analyses ($N = 228$, M age = 21.40, $SD = 5.47$)

1.2. Measures¹

A 20 minute survey was used to assess basic demographic information, attitudes towards disclosure, assault prevalence and characteristics, mental health history, and healthcare utilization behaviors. The format and content of the current survey was modeled after surveys used in similar epidemiological investigations of the prevalence and correlates of interpersonal violence (Kilpatrick et al., 2003). All measures are described in more detail in prior publications (Amstadter et al., in press; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007).

Help Seeking was assessed by asking, "Have you ever contacted a professional for help with emotional problems?" If yes, they were asked to indicate type of service provider (e.g., mental health, medical)

We assessed women's most recent/only and, if applicable, first incident of rape. Rape was defined as penetration of the victim's vagina, mouth or rectum without consent. Cases were defined as *forcible* rape (FR) if the perpetrator used force or threat of force, as *incapacitated* rape (IR) if the victim perceived the perpetrator to have raped her when she was impaired via voluntary intake of drugs or alcohol, and as *drug- or alcohol-facilitated rape* (DAFR) if the victim perceived that the perpetrator had deliberately attempted to produce incapacitation by administering drugs or alcohol to them. Questions were closed-ended and behaviorally specific. Classification of individuals into rape categories was based on history of each type of rape; classification was non-mutually exclusive. For example, a majority of DAFR and IR cases involved forcible elements (ranging from 38% to 67%), whereas approximately 10-20% of FR cases involved IR/DAFR elements.

Rape characteristics assessed included fear of death or injury, physical injury, and whether they knew the perpetrator (yes/no). Data were based on the most recent incident.

¹Interview measures are available upon request.

PTSD and major depressive episode were assessed using the psychometrically well-established National Women's Study (NWS) PTSD and major depressive episode modules (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993), structured interviews based on *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 1994) criteria, including assessment of functional impairment.

Past year binge drinking was defined as consumption of five or more drinks of an alcoholic beverage with at least monthly frequency. Past year substance abuse was assessed using the substance use module from the NWS interview, approximating the criteria set forth by the DSM-IV.

1.3. Procedure

Trained female interviewers used a computer-assisted telephone interviewing system to conduct interviews in either English or Spanish. This study was approved by the Institutional Review Board and oral consent was obtained. More details on the procedure may be found in previous reports (Kilpatrick et al., 2007).

1.4. Statistical Analyses

Descriptive statistics were conducted to determine the prevalence of forms of help seeking. Logistic regression analyses were conducted to identify variables within each predictor set that were associated with ever seeking help. Significant predictors emerging from these analyses were entered into a final multivariable logistic regression analysis.

2. Results

Sample characteristics for the subsample of rape victims extracted from the national sample are described in Table 1. More than half of the sample endorsed lifetime help seeking (52%). Regarding specific types of help sought, the most common form of help seeking was from a mental health specialist (93%). The next common type of help seeking was from a medical doctor (48%), followed by religious counsel (14%).

None of the demographic characteristics (age, race/ethnicity, year in school, income) related to likelihood of help seeking. Similarly, no rape history variables or rape characteristics were related to help-seeking. For the psychopathology analysis, only PTSD was related to increased odds of ever seeking help (OR=2.35; 95% CI= 1.24-4.45, $p<.01$). Finally, although past year substance abuse was prevalent (41%), it was not associated with seeking help, nor was binge drinking.

3. Discussion

This study discovered relatively high rates of help-seeking (52%) among a national sample of undergraduate female rape victims, similar to rates among a comparable community sample (4). Interestingly, 93% of help-seekers sought help from a mental health specialist, a rate much higher than that within the community (54%) (4), perhaps reflecting higher family income and education levels, greater access to mental health care, and lower levels of stigma related to mental health treatment among this sample. The fact that PTSD was the primary predictor of help-seeking suggests that rape victims particularly sought help addressing significant mental health symptoms.

It is possible that PTSD mediates the relationship between rape characteristics and help seeking, thereby accounting for the insignificant relationship between rape characteristics and help-seeking. Further research is necessary to test this assumption. Depression was also unrelated to overall help-seeking, perhaps due to the greater likelihood of depressed rape

victims seeking help from medical service providers, as opposed to other types of service (4). Future studies examining the relation between depression and medical help seeking for emotional problems may help elucidate these patterns. Limitations of this study include its cross-sectional design and use of retrospective self-report data, preventing conclusions about temporal directionality and introducing potential recall bias.

Findings from this study imply that university counseling and healthcare providers should be trained to identify and treat PTSD and other rape-related sequelae given the high rates of service seeking in this population. Unfortunately, although much of the research supporting the gold standard treatments for PTSD has relied on samples of sexually-assaulted college women who received PTSD treatment within an academic mental health care setting, no studies have examined whether these evidence-based treatments are routinely offered by college counseling centers. Given that variables associated with the academic year (i.e., nine month duration) may undermine the effectiveness of treatments that require numerous and consecutive sessions, college healthcare administrators may consider allocating resources to train counseling center therapists in the provision of exposure-based, early intervention programs for PTSD; these programs are typically brief in duration and have demonstrated effectiveness in the literature (Foa, Heart-Ikeda, & Perry, 1995).

Although rates of mental health help seeking were highest, medical help seeking was also significant, underscoring the importance of rape-related psychoeducation among the medical community. Furthermore, the high rates of substance abuse and depression in this sample, coupled with lack of relation between these disorders and help seeking, highlight the need for health promotion efforts that increase awareness and decrease barriers to help seeking among undergraduate female rape victims with these mental health symptoms that may also increase their risk for revictimization.

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