



Start by Believing: **Evaluating the Impact of a Public Awareness Campaign Designed to Change the Community Response to Sexual Assault**

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The impact of sexual violence is severe and long-lasting. Victims suffer a range of damaging outcomes including Post Traumatic Stress Disorder (PTSD), depression, drug and alcohol abuse, suicidal behavior, and chronic physical health problems (Kilpatrick & Acierno, 2003; Koss, Bailey, Yuan, Herrera, & Lichter, 2003; for review, see Campbell, 2008). Yet one of the most tragic aspects of sexual victimization is that it serves as a primary risk factor for being sexually victimized again in the future. Research estimates that women who have been sexually assaulted before their 18th birthday are twice as likely as others to be sexually assaulted after age 18 (Black et al., 2011; Tjaden & Thoennes, 2006).

The question is therefore how we can prevent this cascade of devastating impacts. Using the multidisciplinary scientific approach of the public health field, the most direct answer is to launch interventions at the level of primary prevention, and this work is indeed ongoing (for review, see Banyard, Eckstein & Moynihan, 2010; Lonsway et al., 2009). Yet efforts are also underway at the tertiary level to assist victims in their recovery.

Sources of Support

Research clearly documents that victims reap a variety of benefits in mitigating the negative impact of sexual trauma if they access formal support services, such as primary care by a physician (Felitti & Anda, 2010), forensic medical care by a specially trained nurse (Campbell, Patterson, & Lichty, 2005), victim advocacy services (Campbell, 2006; Wasco, Campbell, Barnes, & Ahrens, 1999), and other services such as counseling, therapy, and support groups (Foa, Hearst-Ikeda & Perry, 1995; Foa, Keane, & Friedman, 2000; Russell & Davis, 2007; Wasco et al., 2004). By accessing the services of just one professional, this can also increase the likelihood that victims will engage others.

To illustrate, reporting to police is more likely for victims who have already contacted another formal source of support. In one study of sexual assault victims who had already contacted a rape crisis center, as many as 44% also reported to law enforcement (Ménard, 2005). In a similar study of victims who were seen at a sexual assault treatment center, over 70% reported to police; in fact, over half had been referred to the sexual assault treatment center by a law enforcement officer (Ruch, Davidson-Coronado, Coyne, & Perrone, 2000). Research also finds that victims who work with an advocate experience less distress, are less likely to experience certain

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negative outcomes (such as self-blame or feeling bad about themselves, guilty, or depressed), and are *less reluctant to seek further help* (Campbell, 2006; Wasco et al., 1999).

Victims can also benefit from the support of loved ones, such as family members, friends, and intimate partners (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001; Filipas & Ullman, 2001; Ullman, 1996). When victims disclose to such informal support providers, they often receive emotional support, information, and help with tangible needs (for review, see Ménard, 2005), and these can assist with recovery. For example, in one study of female sexual assault victims, those who received positive reactions from their romantic partners had fewer PTSD symptoms than other women (Filipas & Ullman, 2001). In another study, “emotional support from a friend was related to significantly better recovery” (Ullman, 1996, p. 152). Clearly, positive reactions of informal support providers can be one of the most powerful factors in improving the recovery of sexual assault victims.

Yet positive social support is not only critical for assisting in victim recovery, it is also a key requirement for victims to engage the criminal justice system – and stay engaged – to hold offenders accountable for their crimes. In a recent study, for example, Dr. Rebecca Campbell and colleagues (Campbell, Bybee, Ford, & Patterson, 2009) found that two elements must come together for a sexual assault case to have a chance for prosecution. First, there has to be a thorough, evidence-based investigation. Second, the victim has to be willing and able to participate in the criminal justice process. As the researchers concluded, “Our interviews with both survivors and police revealed that victims can give more detailed statements to law enforcement, remember more information, and can otherwise engage more fully with the investigation when they are not so traumatized and have adequate support” (p. 121). This may be especially true for adolescent victims, for whom the support of professionals as well as friends and family members determines in large part whether they will become engaged, and remain engaged, with the criminal justice system (Campbell, Greeson, Bybee, Kennedy, & Patterson, 2011).

Positive Support

What does this positive social support look like? Victims in one study were asked to indicate which responses were helpful, and they described receiving emotional support, being listened to, not being blamed, being encouraged to talk about the sexual assault, and not being distracted with other things. Victims who received such reactions from friends and family members exhibited better psychological adjustment than those who did not (Filipas & Ullman, 2001). In fact, the two specific behaviors that seem to have the most significant positive effect on victim well-being in the aftermath of a sexual assault are *having someone to talk to* and *being believed*. Victims who are believed and encouraged to talk about their experience – and who view these responses positively – have fewer physical and psychological symptoms than victims who do not receive such reactions or consider them to be negative (Campbell, Ahrens et al., 2001).

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Patterson (2011) also documented that the way in which detectives interview victims can have an impact not only on the way victims feel, but also on the quality of information that is gained and even the likelihood of prosecution. Based on in-depth interviews with 20 sexual assault victims, analysis revealed that cases were more likely to be prosecuted when the detective took time to build rapport with the victim, making sure the victim felt safe in the interview situation, and then asking questions at a pace that was comfortable for the victim and responsive to their distress. Many of the women whose cases were prosecuted “described their detectives’ style of questioning as gentle by encouraging them to ‘tell more,’ instead of ‘demanding’ answers” (Patterson, 2011, p. 1358). Victims also described positive reactions to the feeling that they were believed by the detective interviewing them, either because the detective explicitly said so or because it was clear from the level of investigative effort being expended. As one victim described:

The detectives, they believed me; they never said, I believe you. But just their work ethic and how they handled themselves and how they talked to me and treated me is you can tell. ... they just made me feel so good and that I was doing the right thing, and I mean to me there was no doubt that they ever thought for a minute that I was lying, never for a minute (p. 1360).

Yet these benefits will only be seen if victims first disclose their sexual assault to either formal or informal support providers, *and* if these individuals respond in positive ways to the disclosure. Unfortunately, both of these steps are fraught with risk.

Reactions to Disclosure

In the aftermath of a sexual assault, victims make a variety of decisions, including whether and how to seek help. Most seek help informally from friends and family members. Estimates range from 58-94% (Filipas & Ullman, 2001; Starzynski, Ullman, Filipas, & Townsend, 2005; for review, see Ménard, 2005), although the number of adolescent victims who reach out for help may be lower than for adults (Campbell et al., 2011). A smaller but still substantial percentage of sexual assault victims also access formal support systems. For example, social scientific research using community samples suggests that only about 5-20% of victims report the crime to law enforcement (e.g., Fisher, Cullen, & Turner, 2000; Frazier, Candell, Arikian, & Tofteland, 1994; Kilpatrick, Edmunds, & Seymour, 1992; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007; Tjaden & Thoennes, 2000). Less than half of sexual assault victims seek medical care or obtain a medical forensic exam, and estimates range from 16% to 60% for the percentage who use mental health services (for a review, see Campbell, 2008). Informal support providers such as friends and family members play a critical role in determining whether victims will access these services.

The tragedy is this: If the response to such a disclosure is negative, it creates an additional, measurable and decidedly negative impact on the victim – over and above

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the traumatic effects of the rape. Negative social reactions have a detrimental impact on the psychological adjustment of sexual assault victims, including increased psychological symptomology such as post traumatic stress, delayed recovery, and poorer perceived health (Campbell, Ahrens et al., 2001; Filipas & Ullman, 2001; Ullman, 1999; Ullman & Filipas, 2001).¹ Self-blame is particularly destructive; it is associated with poorer psychological adjustment (for a review, see Ullman, 1999), and it can be fueled by the negative reactions of doubt or blame that victims receive from friends and family members, as well as responding professionals. In fact, research demonstrates that the level of emotional distress victims experience is determined in large part by their degree of self-blame (Koss & Figueredo, 2004; Koss, Figueredo, & Prince, 2002). Therefore, as the number of negative reactions increase, the emotional and physical health of sexual assault victims deteriorates (Campbell, Ahrens et al., 2001).²

Indeed, such negative reactions to a disclosure of sexual assault victimization can be worse than no reaction at all. As Campbell, Ahrens et al. (2001) conclude, "Victims may be better off receiving no support at all than receiving reactions they consider to be hurtful" (p. 300). Yet it is not enough to simply prevent such negative reactions. The goal must be to replace them with positive responses:

Refraining from negative reactions may be enough to protect victims from additional harmful psychological consequences ... this does not substitute for the added positive impact of overtly positive responses such as belief, listening, and emotional support (Filipas & Ullman, 2001, p. 689).

When the reaction to a disclosure is positive, victims benefit not only directly from the contact but also indirectly by increasing the likelihood that they will access other resources (as previously described). To illustrate, in one study of rape survivors, Filipas and Ullman (2001) found that almost everyone (94%) disclosed their victimization to friends or relatives. Of these, about one-third told *only* these informal support providers, whereas almost two-thirds also sought help from formal support systems such as rape crisis centers, police officers, or health care providers. Only 3% of the rape survivors in this study sought formal sources of support but *did not disclose to their informal support people* (e.g., family, friends). In other words, "social support networks serve as a bridge between survivors and the criminal justice system" (Patterson & Campbell, 2010, p. 202). There is evidence that the same can be said for community services as well (Feldman-Summers & Norris, 1984; Ruch et al., 2000).³

Indeed, one of the strongest predictors of victims accessing community resources – and remaining engaged over time – is the emotional support of a loved one. Patterson and Campbell (2010) describe how this process unfolds, based on the findings of their study of rape survivors who reported to police:

"... rape survivors contacted on average two to three informal (e.g., friend, family) or formal supports (e.g., hotline) before making a report. Their support people believed them, offered emotional support, validated their

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experience as rape, and encouraged them to report. In some cases the support systems offered the survivors hope that they could seek justice through prosecution” (p. 197).

Role of Societal Beliefs

This process of help-seeking is profoundly influenced, however, by the societal beliefs and stereotypes of sexual assault. For victims to report their sexual assault to police, they must first label the event a crime, decide whether it is serious enough to do something about, and choose a course of action (Greenberg & Ruback, 1992). As previously described, victims typically consult with family members and friends throughout this process (Greenberg & Ruback, 1992; Kilpatrick et al., 2007). Yet victims and their support people are often affected in their decision making process by societal beliefs that define what sexual assault is and proscribes how they should respond. Thus it is not surprising that a considerable body of research suggests that victims are more likely to access support systems if their sexual assault resembles the cultural stereotype of a “real rape” (Estrich, 1987). In other words, victims are more likely to report a sexual assault to police if it was committed by a stranger, using a weapon and/or physical force, and if they were physically injured and/or sought medical treatment (e.g., Bachman, 1998; Campbell, Wasco et al., 2001; Felson & Paré, 2005; Kaukinen, 2002; Ménard, 2005). On the other hand, they are less likely to report if they used drugs and/or alcohol (e.g., Clay-Warner & Burt, 2005; Felson & Paré, 2005; Finkelson & Oswald, 1995; Fisher et al., 2003; Kilpatrick et al., 2007).

The same pattern is seen with help-seeking from other sources of informal and formal support, including medical care (Campbell, Ahrens et al., 2001; Starzynski et al., 2005). To illustrate, Ménard (2005) demonstrated with a hypothetical scenario study that respondents were more likely to consider encouraging a victim to report a sexual assault if it was committed by a stranger, using a weapon, and resulting in injury. This is likely related to the finding that victims are more likely to report to law enforcement if they attribute less blame to themselves for the sexual assault (Ruch et al., 2000). Research thus highlights the critical role that friends and family members play in determining whether victims of sexual assault will report the crime to police or seek out other sources of assistance, such as health care, victim advocacy, and other social services. The literature also underscores the powerful influence of societal beliefs throughout that process, which can be a daunting barrier to help-seeking.

Overcoming Barriers

As previously indicated, most victims do not report their sexual assault to the police, and when they do it is typically only after some period of time has elapsed.⁴ Clearly, barriers to reporting exist, and Kilpatrick et al. (1992) conducted research to find out what they were by asking a sample of female rape victims who did not report the crime to police to explain why not. The most common reason cited was fear of the perpetrator (22%), although another frequent reason was because they did not see the incident as serious

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enough, or they did not view it either as a crime or as a police matter (18%). Similarly, 13% of the victims believed that the law enforcement agency could not do anything about their sexual assault. These barriers can be seen as stemming directly from the damaging societal beliefs cited above.

The other most common reason for not reporting is fear of how others will react. For example, 18% of the victims said they did not report their sexual assault to law enforcement because they were too embarrassed or ashamed, and 12% were concerned that police officers would not believe or would blame them (Kilpatrick et al., 1992). Similar barriers prevent victims from accessing other community services (Campbell, 2008), and as demonstrated with the research reviewed above, these fears are tragically well grounded. Public education is critically needed to overcome these barriers.

In fact, the need for public education on sexual violence was cited as one of the highest priority objectives at the *Roundtable on Sexual Violence* hosted at the White House on October 27, 2010 by the U.S. Department of Justice, Office on Violence Against Women, the White House Council on Women and Girls, and the White House Advisor on Violence Against Women. This was the first-ever roundtable discussion hosted at the White House on the topic of sexual violence. Yet despite this call for public education very few campaigns have been created specifically to increase awareness of sexual violence.

Public Awareness Initiatives

Some educational campaigns have been thoughtfully developed, with carefully crafted themes and well designed materials. These include the *MyStrength*, *Red Flag*, *Green Dot*, and *White Ribbon Campaigns*, as well as *Coaching Boys Into Men*, *Mentors in Violence Prevention*, and *Bringing in the Bystander*.⁵ Some of these campaigns focus on raising public awareness of sexual violence, invoking empathy for victims, and/or shifting public norms to enhance the negative stigma associated with perpetration. Others, particularly those focused on bystander intervention, target specific behaviors in response to a dangerous situation or a victim disclosure. Yet most are directed toward college students or other young adults, and many are not integrated into a larger communication strategy, with other interventions and messages, despite the fact that this approach is most likely to have a significant impact.

In the related field of intimate partner violence, there is at least one example of a comprehensive public education campaign that has been evaluated to determine its impact on community members. The campaign included television advertisements that were developed by the Family Violence Prevention Fund (FVPF) in collaboration with the Advertising Council. Surveys conducted by telephone with community members over a two-year time period revealed an improvement in attitudes toward domestic violence and awareness of local resources (Klein et al., 1997; cited in Wolfe & Jaffe, 2003).

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A similar example was seen in the field of sexual assault with the *Dangerous Promises* campaign. Woodruff (1996) describes this media advocacy campaign designed to reach community members with a message against sexist images in alcohol advertising and promotions. Another campaign goes by the tagline: “*This is not an invitation to rape me.*” It was originally launched by the Los Angeles Commission on Assaults Against Women (now called Peace Over Violence),⁶ and has since been used by Rape Crisis Scotland and others to create posters challenging the notion that women “ask for” or deserve to be raped. The posters display an array of women, often wearing sexually provocative clothing or engaged in sexual behaviors, with the tagline printed beneath. Rape Crisis Scotland even created a humorous video clip to portray the campaign message.⁷ Temkin & Krahé (2008) mention other public awareness campaigns in Britain as well, including one by the Portman group and another in the Greater Manchester area designed to highlight the risk of sexual assault while intoxicated. However, no data is available to evaluate the impact of either of these campaigns on their target audience within the U.K.

Evaluation Research

Perhaps the most systematic evaluation of an awareness campaign directed toward the general public is the poster campaign that was created by the British Home Office and implemented in England and Wales. The primary objective was to reduce the incidence of rape “by ensuring that men know they need to gain consent before they have sex.”⁸ The campaign included radio broadcasts, magazine advertisements, stickers on condom machines, and posters in the men’s bathroom of pubs and clubs. In a study of its impact on the general public, the Home Office found reasonably high levels of recognition and recall for the campaign message (Home Office, 2006; cited in Temkin & Krahé, 2008). However, Temkin and Krahé (2008) sought to determine whether it influenced the targeted beliefs and attitudes.

The researchers used two posters from the campaign and displayed them for a month in eight cities in England and Wales along with “extensive press coverage” (p. 109). They then asked over 2,000 members of the general public in the U.K. to respond to a measure of rape myth acceptance and to make a variety of judgments in a hypothetical rape scenario. Some were asked to do so while one of the consent campaign posters were in view and/or when they were first presented with a paragraph explaining the legal definition of rape and the importance of consent. Contrary to expectations, the authors found none of the hypothesized effects of the poster and/or the written paragraph on attitudes or judgments in the rape scenario. They did, however, find one effect in the opposite direction as hypothesized. It was seen among participants who viewed the poster depicting an intimidating man in the upper bunk of a prison bed, with an empty lower bunk. The message read: “If you don’t get a ‘yes’ before sex, who’ll be your next sleeping partner?” Temkin and Krahé found that participants viewing this poster actually provided more lenient ratings of defendant culpability in the hypothetical rape scenario:

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Participants may have asked themselves whether they would want the defendant in the scenario to end up as shown on the poster and may have tuned down their liability ratings in order to protect him from a fate. The caption on the poster ... might even be read as suggesting that the man might himself be subjected to sexual aggression once in prison, thus shifting the focus from consent to punishment and revenge. In fact, 5 percent of those interviewed in the Home Office's own evaluation of the campaign that the poster message was that if you rape you will get raped in prison (Home Office, 2006) (Temkin & Krahe, 2008, p. 119).

Unfortunately, few programs have been evaluated as rigorously as Temkin and Krahe have done, to determine what impact they have on the target audience. This is partly because it is difficult to isolate the effect of a public awareness campaign. Research designs to evaluate such a community-wide initiative can be complex, and it can be difficult to implement the campaign and evaluation research in the context of logistical challenges and practical considerations. Moreover, to be meaningful, outcome measures must be reliable and valid, and they must truly serve as indicators for the behavior change that the campaign was designed to promote. None of these issues are straightforward, nor are they easily overcome (for a review of the challenges facing evaluation of rape prevention education, see Lonsway et al., 2009).

The primary exception is seen in the programs designed to promote bystander intervention, a strategy that appears to be particularly promising in terms of increasing both proactive and reactive responses to sexual violence.⁹ For example, Banyard and colleagues evaluated their *Bringing in the Bystander* program and found that participants demonstrated significant positive changes on a range of outcomes, including: sexual assault knowledge, rape myth acceptance, efficacy related to being an active bystander, and actual bystander behaviors. All changes persisted at the 2-month follow-up and many were still seen at a 4- and even 12-month follow-up (Banyard et al., 2007). Other evaluations of the program similarly demonstrate a positive impact on knowledge and attitudes regarding how to respond positively to sexual and relationship violence, and even an increase in reported instances of intervening where such violence was occurring (Banyard, Moynihan, & Crossman, 2009; Moynihan, Banyard, Arnold, Eckstein, & Stapleton, 2010; Potter & Stapleton, 2013).

The promising impact of the bystander intervention strategy is consistent with decades of psychological research documenting that persuasive communications are most likely to influence behaviors if they are narrowly focused with a clear match between the content level of the message and the target behavior (for review, see Eagly & Chaiken, 1993; Rhodes, 1997). To influence beliefs, attitudes, and ultimately behaviors, persuasive messages must also: break through the “clutter” of other competing messages; grab and hold the attention of the target audience; and provide information in clear terms that can be readily understood and easily recalled in a situation where they can potentially be applied. Furthermore, recipients will only change their attitudes

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and behaviors if they are motivated to do so. This means that any attempt at persuasion must either inspire the motivation for change among message recipients or tap into an existing motivation. Finally, the message must be seen as credible and personally relevant (Eagly & Chaiken, 1993; Rhodes, 1997). All of these factors were taken into account when we began designing a public awareness campaign at End Violence Against Women International.

Start by Believing

The *Start by Believing* campaign was created to meet the desperate need for public awareness of sexual violence. It was designed to improve the reactions of professionals and other support people in response to a disclosure of sexual assault victimization, as outlined in the brochure for the campaign:

Because a friend or family member is typically the first person a victim confides in after an assault, each individual's personal reaction is the first step in a long path toward justice and healing. Knowing how to respond is critical – a negative response can worsen the trauma and foster an environment where sexual assault predators face zero consequences for their crimes.¹⁰ Moreover, because rapists attack an average of six times, one failed response can equal five more victims.¹¹ The goal of the 'Start by Believing' campaign is to lead the way toward stopping this cycle, by creating a positive community response, informing the public, uniting allies and supporters, and improving individual reactions. The vision is to change the way our society responds to sexual violence, and improve outcomes for victims, one response at a time.

Start by Believing was created by End Violence Against Women International (EVAWI), in partnership with FSA Management Group. The campaign was launched in April 2011 during Sexual Assault Awareness Month, at the *International Conference on Sexual Assault, Domestic Violence and Stalking* hosted by EVAWI. Drawing from the psychological literature on attitude formation and behavioral change, the campaign was not designed to target generalized attitudes, awareness, or empathy. Rather, the campaign was designed to narrowly target a single behavior – responding to a disclosure of sexual assault victimization with an initial orientation of belief, rather than doubt, blame, or shame. The goal was for communities to use campaign materials to develop their own comprehensive local initiatives, utilizing a variety of communication methods and alternative media strategies for maximal impact.

To encourage communities across the country and around the world to use campaign materials to host a public awareness initiative, EVAWI developed a number of educational materials that can be used to launch a local campaign. These include print materials such as brochures, posters, and postcards, as well as promotional items (e.g., mugs, scarves, candles, and bracelets). A website is also available to provide information on the campaign, to supply campaign materials, and to offer opportunities

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for individuals to make a personal commitment and join the effort. Best of all, *Start by Believing* was designed to be cost-effective. For the cost of printing and/or shipping materials, as well as the purchase of roadside billboards or other paid advertising, communities have a chance to potentially reduce the traumatic impact of sexual assault victimization. By improving community reactions to victim disclosures, the hope is to encourage victims to access as many sources of support as possible.

Communities across the country have taken advantage of the opportunity, and thousands of *Start by Believing* materials have been requested by professionals from 25 U.S. states and territories; the posters and postcards have even been translated into Spanish.¹² In 21 months following the launch of the *Start by Believing* website (www.startbybelieving.org), it has seen over 24,000 unique visitors and over 100,000 page views. More than one thousand people have even made their own personal commitment to *Start by Believing* when someone tells them they have been sexually assaulted. These appear on the website, providing a sense of the campaign's momentum:

My name is JJ Hulsebus, SANE RN. I am a Sexual Assault Nurse Examiner. I am one of the first people a victim comes into contact with. I am a vehicle on their road to healing. When someone tells me they were raped or sexually assaulted, I Start by Believing.

My name is Rob. I am a criminal investigator with a sheriff's office in Colorado. When someone tells me they were raped or sexually assaulted, I Start by Believing.

My name is Lorie. I am a C.N.A and was married to a man who hurt my children for many years. When they told me, I believed them and supported them. When someone tells me they were raped or sexually assaulted, I Start by Believing.

My name is Patti. I am Shelter Manager for the Rape and Domestic Violence Program. The most important first step in healing is for someone to believe you... When someone tells me they were raped or sexually assaulted, I Start by Believing.

My name is Nancy. I am a survivor and a sexual assault prosecutor. When someone tells me they were raped or sexually assaulted, I Start by Believing.

My name is Nestor. I am a Dean of Judicial Affairs at a Community College and an advocate for victims, so they don't have to stand alone. When someone tells me they were raped or sexually assaulted, I Start by Believing.

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My name is Brianna. I am almost sixteen and I am a survivor of sexual assault I don't want anyone who has already had to suffer the pain I have to feel as alone as I feel. When someone tells me they were raped or sexually assaulted, I Start by Believing.

Local Campaigns

Communities use the *Start by Believing* campaign materials in a variety of ways. Individual agencies have used them for training programs (such as the Domestic Violence Services and Sexual Assault Program in Murfreesboro, Tennessee), while others have adapted them for community-wide initiatives (such as the Abused Adult Resource Center in Bismarck, North Dakota). State coalitions have launched coordinated efforts, such as the West Virginia Foundation for Rape Information and Services (WVFRIS). Creative individuals have even found particularly innovative ways to spread the word, like a Detective Sergeant with the Buffalo (NY) Police Department who promoted the campaign before a Buffalo Bills game while fans were tailgating. The *Start By Believing* campaign promotion operated out of a space donated by a vendor on the busiest corner of the stadium property.

In Arizona, the Governor's Commission to Prevent Violence Against Women has joined the movement, by formally resolving to participate in the *Start by Believing* campaign. The resolution officially supports "*collaborative efforts, communities, and victims of sexual assault by participating in the Start by Believing campaign offered by End Violence Against Women International.*" Meanwhile, Lamar Advertising in Kansas City donated space on 17 billboards, to display a *Start by Believing* message across the entire metropolitan area. The message later expanded to other locations across the state, including the popular tourist destination of Branson, Missouri. In addition to the billboards, Captain Mark Folsom and Detective Catherine Johnson of the Kansas City Police Department (KCPD) worked together with other community partners to push the campaign message to the media. In addition, Captain Folsom briefed the command staff of KCPD and ensured that campaign posters were placed in the roll call rooms at all 6 patrol divisions as well as locations within the Special Victims Unit.

Preliminary Evidence

Tantalizing evidence suggests that the Kansas City campaign may have had a significant impact on victims' help-seeking behaviors. Preliminary data provided by the Metropolitan Organization to Counter Sexual Assault (the local rape crisis center) indicate that there was a dramatic increase in the number of hospital callouts while the billboards were up, but this figure declined over time once they were removed.¹³ The Kansas City Police Department also saw an increase in the number of rape reports when the billboards were up, in a period of time during which law enforcement agencies across the country generally reported declining figures for rape reports.¹⁴ They also declined over time when the billboards were removed. However, this data collection

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effort was not designed in any systematic way so other factors might have contributed to the observed pattern. More rigorous evaluation is needed.

A formal evaluation of the *Start by Believing* campaign could help to determine whether it increases the likelihood that someone who is sexually assaulted will disclose this fact (to both formal and informal support providers), whether this will yield a positive reaction in response to the disclosure, and whether this positive reaction, in turn, will lead to an increase in the victim's help-seeking behaviors. For example, outcome measures could include agency statistics on the number of victims who seek medical treatment, report to law enforcement, obtain a medical forensic exam, or access rape crisis services. In addition, a random sample of the community population could be surveyed to evaluate their level of understanding and recall of the campaign message. We are currently looking for funding to support such an evaluation, by selecting individual communities to launch a campaign and measure such outcomes.

Conclusion

If evaluation research confirms what the pilot data suggest – that the *Start by Believing* public awareness campaign can have a measurable positive impact on help-seeking behaviors by sexual assault victims – then it has the potential to improve societal response on a national, and indeed international, level. Moreover, these benefits can potentially be achieved for minimal cost. In a recent evaluation of a social marketing campaign for bystander intervention, Potter and Stapleton (2013) note that the total cost for the 4-week program was approximately \$15,000.¹⁵

Clearly, the \$15,000 price tag for the saturation of a campus with 12,000 undergraduate students for a four-week period represents only a fraction of the mental, social and physical health costs (including lost work and schooling) that are incurred by victims of sexual and relationship violence. With benefits including the reduction of participants' acceptance of common rape myths and an increase in the actions taken to prevent such violence, it is clear that the modest cost of such social marketing efforts are worthwhile (Potter & Stapleton, 2013, p. 76).

Of course, a comprehensive media campaign can no longer be seen as including only public service messages on the radio and television. New venues and formats must be explored such as social networking, interactive media, and creative strategies for generating “buzz” and sustaining interest in the campaign message. We believe the *Start by Believing* campaign has potential for achieving this goal, as evidenced by the fact that it was recommended by the White House Roundtable on Sexual Violence in their final report. In that report, only one U.S. campaign was mentioned by name: *Start by Believing*.¹⁶

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Endnotes

¹ Recent research is documenting that the same pattern is true for other traumatic events as well; both humans and rats may be generally resilient in the wake of traumatic events if they receive a positive and normalized social response; whereas a negative social response exacerbates the trauma and hinders recovery (Dobbs, 2012).

² Such negative reactions from informal support providers include being blamed or patronized (Campbell, Ahrens et al., 2001). They can also include being doubted, stigmatized, or shamed. From formal support providers such as police, negative reactions can take the form of being discouraged from reporting or questioned about what they were wearing, their prior sexual history, or whether they “responded sexually” to the assault (for review, see Campbell, 2008). From health care providers, negative reactions can include treatment that is experienced by victims as “cold, impersonal, and detached” (Campbell, 2008). At the prosecution stage, negative reactions can include being provided inadequate information or preparation, and being forced to “go through a punishing process of reliving the assaults and defending their characters” (Koss & Achilles, 2008; cited in Campbell, 2008, p. 704). In general, worse physical and psychological outcomes are seen among victims who perceive their contact with the criminal justice system and/or medical professionals as having been hurtful (Campbell, Wasco et al., 2001). The percentage of victims rating their experience with the criminal justice system as unhelpful and/or hurtful ranges from 43-52% (for a review, see Campbell, 2008).

³ A similar process also takes place when victims decide whether to access other formal sources of support, such as medical care, rape crisis centers, and mental health services; friends and family members play a central role (e.g., Feldman-Summers & Norris, 1984). To illustrate, a Hawaii study demonstrated that victims are typically referred to the sexual assault treatment center by police officers, but a significant percentage (16%) first heard about the service through friends or family (Ruch et al., 2000).

⁴ Large-scale national research studies suggest that only about 5-20% of sexual assault victims report the crime to law enforcement (Fisher et al., 2000; Frazier et al., 1994; Kilpatrick et al., 1992; Kilpatrick et al., 2007; Tjaden & Thoennes, 2000). Of these, only one-quarter report the crime within 24 hours (Kilpatrick et al., 1992). Studies with convenience samples (i.e., those recruited from specific agencies or communities, rather than using a sample that is designed to be representative) find higher rates of reporting, but they still indicate that a majority of victims do not notify law enforcement about their sexual assault (e.g., 39% in Campbell, Wasco, et al., 2001).

⁵ For more information on the media campaigns mentioned here, please see the following websites: MyStrength Campaign (<http://www.mystrength.org/>), Red Flag Campaign (<http://www.theredflagcampaign.org/>), White Ribbon Campaign (<http://www.whiteribbon.ca/>), Coaching Boys Into Men (<http://www.coaches-corner.org/>),

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Mentors in Violence Prevention (<http://www.jacksonkatz.com/aboutmvp.html>), and Bringing in the Bystander (<http://www.know-your-power.org/>).

⁶ For more information on Peace Over Violence, visit their website at <http://peaceoverviolence.org/>.

⁷ For more information on the campaign implemented by Rape Crisis Scotland, see <http://www.thisisnotaninvitationtorapeme.co.uk/the-campaign/>.

⁸ This description was taken from campaign materials cited by Temkin and Krahé (2008). For media coverage of the consent campaign launched by the Home Office in the U.K., see web archives for *BBC News* (http://news.bbc.co.uk/2/hi/uk_news/4803878.stm) or the *Guardian* (<http://www.guardian.co.uk/uk/2006/mar/07/gender.ukcrime>).

⁹ See Banyard et al., 2007; Foubert & Newberry, 2006; Foubert & Perry, 2007; Katz, 2007; Schewe, 2006.

¹⁰ Of the sexual assaults that are reported to law enforcement, very few work their way through the funnel of attrition within the criminal justice system to result in a conviction and a sentence of incarceration. In fact, based on a variety of sources of data within social science research and archival criminal justice statistics, Lonsway and Archambault (2012) have recently estimated that “of 100 forcible rapes that are committed, approximately 5-20 will be reported, 0.4 to 5.4 will be prosecuted, and 0.2 to 5.2 will result in a conviction. Only 0.2 to 2.9 will yield a felony conviction. Then an estimated 0.2 to 2.8 will result in incarceration of the perpetrator, with 0.1 to 1.9 in prison and 0.1 to 0.9 in jail” (p. 157).

¹¹ For research on rape perpetration, see Lisak & Miller (2002) and McWhorter et al. (2009).

¹² To date, orders have come in for over 18,000 postcards, 9,000 brochures, 3,900 bookmarks, 2,300 wristbands, 2,100 posters, 1,000 shirts, 1,000 pens, and 500 Spanish language materials. People have also purchased hundreds of campaign items that are for sale from EVAWI, including mugs, scarves, and candles.

¹³ Thanks to Melanie Austin, Program Services Coordinator at the Metropolitan Organization to Counter Sexual Assault (MOCSA) in Kansas City, Missouri for providing this data, which is available upon request.

¹⁴ Thanks to Captain Mark Folsom and Captain David Lindaman of the Kansas City Police Department for providing this data, which is available upon request. For national statistics, please see the latest data published by the FBI through the Uniform Crime Reports (UCR) Program at <http://www.fbi.gov/about-us/cjis/ucr/crime-in-the->

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[u.s/2011/crime-in-the-u.s.-2011/tables/table_12_crime_trends_by_population_group_2010-2011.xls](http://www.evawintl.org/2011/crime-in-the-u.s.-2011/tables/table_12_crime_trends_by_population_group_2010-2011.xls).

¹⁵ The authors note that this \$15,000 price tag “included poster printing, bus image printing and set-up, product costs, student labor and cash prizes for the lottery drawing for research participants. Image production was completed on a minimal budget as university photographers and graphic artists were employed. Students served as actors, directors and photographic assistants. An outside graphic design firm worked with researchers to design the original image frame” (Potter & Stapleton, 2013, p. 76).

¹⁶ This report is available at <http://www.ovw.usdoj.gov/sexual-violence-report-march.pdf>. The *Start by Believing* public awareness campaign is cited on p. 23: “*Start by Believing* – This campaign, recently launched by End Violence Against Women International, includes a universal message at the local, state, and national levels, designed to encourage public discourse on sexual violence and to promote support for survivors when they disclose. This message challenges myths about rape by confronting the reality that most sexual violence is perpetrated by someone the victim knows, and that many victims do not get the support they need when they do disclose. More information can be found at <http://www.evawintl.org>.” The report also notes that such a campaign has the potential to increase help-seeking by sexual assault victims: “If the sexual violence field embarks on a public awareness campaign, there will be an increase in people needing community-based services, which will require expanding the capacity of the current infrastructure to handle an influx of requests” (p. 23).

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