

INSTITUTIONAL BETRAYAL:
STUDENTS' EXPERIENCES WITH FORMALLY REPORTING A COLLEGE SEXUAL
ASSAULT

by

Kayla E. Sall

December 2020

Director of Thesis: Heather Littleton, Ph.D.

Major Department: Psychology

Nearly one in five U.S. college women will experience a sexual assault while enrolled in college (Cantor et al., 2015; Jordan et al., 2014; Muehlenhard et al., 2017; Zinzow et al., 2010). Following a sexual assault, many survivors experience negative mental health outcomes and adjustment issues, such as depression, posttraumatic stress disorder (PTSD), heavy episodic drinking, suicidality, and poor academic performance (Eisenberg et al., 2016; Jordan et al., 2014; Littleton, 2010; Zinzow et al., 2010). The pervasive issue of sexual assault on college campuses prompted the Office for Civil Rights and then Vice President Joe Biden to issue the Dear Colleague Letter (DCL) in 2011. The DCL detailed specific guidelines for U.S. colleges and universities with regards to sexual assault prevention and response efforts, including designated “responsible employees,” or mandated reporters, who are obligated to report all instances of sexual violence to the campus Title IX Office. However, extant research has demonstrated that when college victims report their assaults, representatives from their university may respond inadequately or harmfully, such as by blaming them, not protecting them, and minimizing the assault. These experiences give rise to institutional betrayal, defined as the failure of an institution to adequately prevent or respond to wrongdoings that occur within that institution

when an individual is dependent upon them (Smith & Freyd, 2013, 2017; Smith et al., 2016). Although prior research has found that victims of sexual assault who experience institutional betrayal may develop negative mental health outcomes, it is unclear which university resources or representatives are receiving disclosures of sexual assault, thus giving rise to betrayal experiences. Therefore, this thesis aimed to address current gaps in the literature by examining college women's help-seeking from formal sources on their campus following a sexual assault, including the extent to which women experienced institutional betrayal when they sought help. Participants included 28 women who experienced a sexual assault while a college student and reported it to a university resource (e.g., confidential source, mandated reporter, Title IX/campus police). Participants were recruited via an email advertisement sent to all currently enrolled college women at East Carolina University (ECU) and completed an online survey of unwanted sexual experiences, campus resource use, and psychological adjustment. Further, participants provided narratives of their help-seeking experience and its impact on their well-being. Results suggested that college women who disclosed to a confidential source experienced greater institutional support and less institutional betrayal than those who reported to Title IX/ campus police. Additionally, experiences of institutional betrayal were found to predict symptoms of posttraumatic stress. Finally, review of victims' help-seeking narratives revealed three broad themes (e.g., disclosure process, institutional response, and impact on well-being) each of which appeared to involve supportive or betraying experiences that arose from interactions with university resources. These findings suggest that college women who formally report their college sexual assault are at risk for experiencing institutional betrayal and developing negative mental health outcomes. Implications for these findings suggest that colleges and universities

should strive to provide adequate sexual assault prevention and response efforts to reduce experiences of institutional betrayal.

INSTITUTIONAL BETRAYAL:
STUDENTS' EXPERIENCES WITH FORMALLY REPORTING A COLLEGE SEXUAL
ASSAULT

A Thesis

Presented to the Faculty of the Department of Psychology

East Carolina University

In Partial Fulfillment of the Requirements for the Degree of

Master of Arts in Psychology

Kayla Sall, B.S. & B.A.

December 2020

© Kayla E. Sall, 2020

INSTITUTIONAL BETRAYAL:
STUDENTS' EXPERIENCES WITH FORMALLY REPORTING A COLLEGE SEXUAL
ASSAULT

by
Kayla Sall

APPROVED BY:

DIRECTOR OF THESIS

Heather L. Littleton, Ph.D.

COMMITTEE MEMBER

Lisa Campbell, Ph.D.

COMMITTEE MEMBER

Christyn Dolbier, Ph.D.

DEPARTMENT OF PSYCHOLOGY CHAIR

Alan Christensen, Ph.D.

DEAN OF THE GRADUATE SCHOOL

Paul J. Gemperline, Ph.D.

ACKNOWLEDGEMENTS

I would like to extend my sincerest gratitude to Dr. Heather L. Littleton who has been an exceptional mentor throughout this process. Dr. Littleton has provided extraordinary guidance and a great deal of support; her expertise has been invaluable to the development and implementation of this project. I greatly appreciate her immense patience, even in times of great stress. I would also like to thank Dr. Lisa Campbell and Dr. Christyn Dolbier for their contributions to this thesis. Their feedback and assistance have been vital to the success of this project.

TABLE OF CONTENTS

TITLE PAGE.....	i
COPYRIGHT.....	ii
SIGNATURE PAGE.....	iii
ACKNOWLEDGMENTS.....	iv
LIST OF TABLES.....	viii
CHAPTER 1: INTRODUCTION.....	1
Sexual Assault Prevalence on American College Campuses.....	1
The Impact of Sexual Assault among College Women.....	2
Feminist Routine Activities Theory.....	4
Overview of Title IX Policy and Procedures.....	5
Availability of Sexual Assault Resources and Help-Seeking Behaviors.....	8
Students' Experiences of Formally Reporting a Sexual Assault.....	10
Summary of Current Literature on Institutional Betrayal.....	13
Limitations of Institutional Betrayal Literature.....	16
The Current Study.....	18
CHAPTER 2: METHODS.....	21
Participants.....	21
Procedures.....	21
Measures.....	22
Demographics.....	22
Sexual Assault Experiences.....	22

Assault Characteristics.....	23
Disclosure and Reporting Experiences.....	25
Institutional Betrayal and Support.....	26
Posttraumatic Stress Symptoms.....	27
Psychological Distress.....	27
Felt Stigma.....	28
Qualitative Questions.....	28
Analysis Plan.....	29
Aim 1: Differences in IB Among University Resources.....	29
Aim 2: Differences in Mental Health Outcomes.....	30
Aim 3: Thematic Analysis.....	30
CHAPTER 3: RESULTS.....	31
Demographics and Sexual Assault Characteristics.....	31
Post-assault Outcomes.....	34
Aim 1: Relation between Help-seeking Experiences and Institutional Betrayal.....	35
Aim 2: Institutional Betrayal as a Predictor of Mental Health Outcomes.....	36
Aim 3: Thematic Analysis of Help-seeking Experiences.....	38
Disclosure process.....	40
Institutional response.....	44
Impact on well-being.....	47
CHAPTER 4: DISCUSSION.....	49
Differences in Institutional Betrayal Experiences by University Resource.....	52
Institutional Betrayal as a Predictor of Mental Health.....	55

Themes Present in Help-seeking Narratives.....	56
Limitations.....	60
Future Directions.....	61
Implications.....	63
REFERENCES.....	66
APPENDIX A: IRB APPROVAL.....	79
APPENDIX B: EMAIL ADVERTISEMENT.....	80
APPENDIX C: CONSENT DOCUMENT.....	81
APPENDIX D: DEBRIEF DOCUMENT.....	84
APPENDIX E: MEASURES.....	89

LIST OF TABLES

1. Demographics of Victims who Sought Help/Reported to a University Resource.....	31
2. Assault Characteristics.....	32
3. Descriptive Statistics of Continuous Variables.....	34
4. Comparison of Institutional Betrayal and Support by University Resource.....	36
5. Institutional Betrayal as a Predictor of Mental Health Outcomes.....	37
6. Help-seeking Themes.....	42

CHAPTER 1: INTRODUCTION

Sexual Assault Prevalence on American College Campuses

Approximately one-third of women worldwide, and about 44% of women in the United States, have experienced some form of sexual violence, defined as unwanted and nonconsensual sexual experiences, including childhood sexual abuse, sexual harassment, and sexual assault (Breiding et al., 2011; World Health Organization, 2013). On American college campuses specifically, sexual assault has been recognized as a significant educational, safety, and health issue (Muehlenhard et al., 2017). Sexual assault includes several forms of unwanted and nonconsensual sexual acts, including unwanted sexual contact, defined as kissing or fondling of the private areas of an individual's body, such as the breasts, buttocks, or genitals, as well as rape, defined as nonconsensual and unwanted penetration of an individual's mouth, vagina, or anus with fingers, a penis, or other object. Sexual assault is differentiated from other forms of unwanted sexual contact by the fact that they are perpetrated using physical force, threats of physical violence, or the assault of an individual not capable of consenting, such as someone impaired by use of substances (Littleton et al., 2018).

The concerning rates of sexual assault occurring on America's college campuses has led to recognition of college women as a highly vulnerable group. Correspondingly, in the United States (U.S.), sexual violence on campus is often mentioned through discussion of the famous "one-in-five" statistic of sexual assaults among American college women (Muehlenhard et al., 2017). Several studies evaluating college campus sexual assault prevalence rates have generated results that fall in line with the one-in-five statistic, with a range of 23 to 25% of women reporting attempted or completed nonconsensual sexual experiences that meet the previously stated definition of sexual assault (Cantor et al., 2015; Jordan et al., 2014; Muehlenhard et al.,

2017; Zinzow et al., 2010). Within the context of a single academic year, it is estimated that between 3 and 10% of college women experience a completed rape, with highest risk occurring during the first year of college (Decker & Littleton, 2018). This prevalence is five times higher than the national prevalence (Decker & Littleton, 2018).

The Impact of Sexual Assault among College Women

A substantial body of literature has accumulated confirming the serious issues that can arise from experiencing sexual assault, such as psychological and adjustment issues, health risk behaviors, poor academic performance, and physical health symptoms (Eisenberg et al., 2016; Jordan et al., 2014; Littleton, 2010; Zinzow et al., 2010). For example, Zinzow and colleagues (2010) collected data from a national sample of college women and found that 11% reported a history of rape. Of the women who reported a history of rape, 45% met criteria for posttraumatic stress disorder (PTSD) and 38% met criteria for a major depressive episode (MDE), far higher than the prevalence of PTSD (18%) and MDE (16%) in the entire sample (Amstadter et al., 2010). Furthermore, in a national sample of college sexual assault victims, 6.4% had received a diagnosis of PTSD and 20% had received a diagnosis of an anxiety-related disorder (Eisenberg et al., 2016).

In this thesis, I am choosing to use the term victim(s) throughout to denote the seriousness of criminal acts of sexual assault. The choice to use victim(s) in no way attempts to detract from individuals who have experienced sexual assault and self-identify as survivors.

Extant research has demonstrated that women with a sexual assault history are also more likely to engage in heavy episodic drinking (HED) with 35 to 40% of victims engaging in hazardous drinking following their assault, while some studies show that nearly two-thirds of college women who engage in HED experience a sexual assault (Decker & Littleton, 2018;

Gilmore & Bountress, 2016; Littleton et al., 2017; Norris et al., 2019; Testa & Livingston, 2009). Additionally, Littleton and colleagues (2014) found that adolescent/adult sexual assault victims are more likely to engage in HED and substance use than non-victims, suggesting that alcohol and other drug use is being used as a coping mechanism following assault. It is likely that this reflects a bidirectional relationship such that sexual assault history influences the occurrence of HED behaviors and HED has been known to increase risk of sexual assault. Moreover, college students who have experienced sexual victimization are more likely to engage in several forms of risky sexual behaviors compared to college women without a sexual assault history. Indeed, research has shown that women with a sexual assault history are almost five times more likely to have multiple sexual partners and to engage in sexual activities to aid their regulation of negative emotional affect post-assault (Gidycz et al., 2008; Littleton et al., 2012). Notably, engaging in both sexual risk behavior and heavy episodic drinking increase women's risk for sexual re-victimization in college (Messman-Moore et al., 2014).

Bearing in mind the associated psychopathology and health risk behaviors college students engage in following a sexual assault experience, it is likely unsurprising to discover that suicidal ideation and attempts are common among college victims. Research in non-college samples have shown that women with a sexual assault history are at increased risk for suicidal ideation and attempts (Ullman & Brecklin, 2002; Ullman & Najdowski, 2009). This research translates to college sexual assault victims as well. For example, Leone and Carroll (2016) found that a history of emotional, physical, or sexual victimization in college women was associated with suicidality risk (suicidal ideation or attempts) after controlling for psychopathology, with victims being eight times more likely to report suicidality than non-victims. Chang and colleagues (2015) found a similar association between history of sexual assault specifically and

suicidal behaviors, with students with a sexual assault history being almost three times more likely to engage in suicidal behaviors than students without a sexual assault history.

Experiencing a sexual assault on campus is also associated with reduced academic performance and school dropout. For example, Jordan and colleagues (2014) found that women who experienced a sexual assault in their first college semester ended the year with a significantly lower GPA than women who did not, with 14% attaining a GPA below 2.5 as compared to 6% of non-victimized women. Similarly, Baker and colleagues (2016) evaluated academic performance among college women who had experienced sexual victimization and found that GPA was significantly lower for students who had experienced sexual assault, even after controlling for other predictors of academic performance. Of note, colleges and universities often have academic policies that place students with GPAs below a specific threshold on academic probation or suspension, thus, sexual assault victims' academic performance issues could result in difficulties in completing their degrees. Thus, it is not surprising that Baker and colleagues (2016) also found that, sexual violence predicted college dropout after controlling for well-known predictors of drop out, including standardized test scores, performance while in high school, and personality traits like conscientiousness.

Feminist Routine Activities Theory

Schwartz and Pitts' (1995) developed feminist routine activities theory to explain the high rates of sexual assault on college campuses. This theory posits that three factors contribute to this problem. The first is the existence of all-male peer support groups which define masculinity in terms of sexual conquests, as well as hold negative and hostile attitudes towards women. The second factor is availability of "suitable targets," that is, large numbers of women socializing at parties, bars, and in other social contexts, often while drinking alcohol. The third

factor is inadequate guardianship provided by universities to effectively reduce or prevent sexual assault. Furthermore, there is inadequate institutional responses to sexual assault incidents, which reinforces the notion that sexual assault can continue to be perpetrated as there are no repercussions (Franklin et al., 2012; Schwartz & Pitts, 1995). Overall, this framework provides a comprehensive model for explaining the high rates of sexual assault on college campuses. The current thesis will focus on college students' experiences with sexual assault reporting and formal disclosure, as well as their perceptions of institutional responses to sexual assault on campus. First, I will delineate the federal mandates which govern college and university responses to sexual assault.

Overview of Title IX Policy and Procedures

Extant research repeatedly demonstrates the pervasive issue of sexual assault on America's college campuses. In order to address these issues, the federal government has mandated policies related to sexual assault under Title IX of the Education Amendment of 1972, which bars discrimination based on sex in educational settings. Title IX expects schools to take immediate action and implement effective protocols in order to respond to and reduce instances of sexual violence, while also protecting the complainant (i.e. individual who was the victim of sexual violence and filed a Title IX report) once the report is made. Title IX policies and procedures also aim to provide and carry out grievance procedures for the respondent (i.e. individual who Title IX report was filed against) and for the complainant following a report of sexual violence using a "preponderance of evidence standard." This means that both the complainant and respondent have equal opportunity to state their case and that the Title IX decision will be based on the most likely events to have occurred (Office of Civil Rights, 2011). Taken together, these policies strive to prevent and effectively intervene in cases of sexual

violence that occur in the nation's school systems. However, there is evidence that Title IX policies may not be as effective as they set out to be (Amar et al., 2014; Decker & Littleton, 2018; Newins et al., 2018; Office of Civil Rights, 2011; Smith & Freyd, 2013). As such, a thorough exploration into the nation's current college campus sexual assault policies and procedures is warranted.

Almost 50 years ago the United States' Department of Education implemented Title IX of the Education Amendment (1972), a federal law which prohibits sex-based discrimination at any institution or program that receives federal funds, such as public educational institutions (e.g. K-12 schools, colleges, and universities). Within this law exists a clause that details the need to address sexual harassment and violence as part of this prohibition of sex-based discrimination (Wiersma-Mosley & DiLoreto, 2018). However, with mounting evidence demonstrating the pervasiveness of sexual violence in the nation's schools, including colleges and universities, it became apparent that Title IX policies were poorly adhered to by many educational institutions.

In 2011, the Dear Colleague Letter (DCL) issued by the Office of Civil Rights (OCR) and Vice President Joe Biden created specific guidelines to address sexual violence in the nation's schools. On college campuses specifically, a Title IX coordinator was required to maintain visibility in the campus community, and university employees were expected to become "responsible employees," that is, employees who are legally mandated to report disclosures of sexual assault on campus to Title IX officials. This was due in part to the recurrently low frequency of sexual assault reports, with national survey data suggesting only 28% of victims filed a formal report with the Title IX office or campus police (Cantor et al., 2015). Furthermore, the mandate stated that Title IX investigations must be resolved within 60 days of the filing (Weiss & Lasky, 2017; Wiersma-Mosley & DiLoreto, 2018). Although the Dear Colleague

Letter intended to provide guidance to universities and colleges across the nation regarding Title IX and serve to eliminate sexual violence on campus, recent research has demonstrated that this letter has not resulted in substantive changes in many cases.

As an example of the issues with implementation of Title IX policies, Wiersma-Mosley and DiLoreto (2018) evaluated Title IX coordinators' training, professional backgrounds, and how they are implementing current university policies. They found that 88% of Title IX coordinators felt they were trained to carry out Title IX policies appropriately, but that only 57% followed recommendations from the 2011 DCL to conduct a campus climate survey to address the issue of sexual violence at their university. Even more, out of the 485 Title IX coordinators surveyed, 15% stated that an average investigation lasted more than the recommended 60 days, with some investigations lasting up to 270 days (Wiersma-Mosley & DiLoreto, 2018).

Additionally, a study published by Edwards and colleagues (2018) used a "mystery shopper paradigm" to speak to either Title IX offices or campus police at universities across the nation with results showing the majority of institutions (72%) did not provide students information about Title IX (either through phone or email) and several campus police respondents were unaware of who their current Title IX coordinator was or which campus members qualified as confidential reporters (i.e., university employees who are excluded from the "responsible employee" mandate and therefore are not required to report incidences of sexual violence). Fundamentally, there seems to be a considerable amount of variability in implementation of Title IX mandates across the nation.

Not surprisingly, in 2016 the United States' federal government had 305 open investigations of universities for possible mishandling of Title IX reports specifically related to incidents of sexual violence (The Chronicle of Higher Education, 2016). These federal

investigations often have unclear beginnings – some develop due to anonymous tips, while other cases begin with local news reports. In any case, the government has continued to find significant issues with universities violating Title IX policies and procedures. These Title IX complaints often revolve around victim accusations of wrongfully terminating the investigation process or failing to follow Title IX guidelines for protecting complainants (Newman & Sander, 2014). Overall, there is a recurrent issue within these investigations of universities' lack of appropriate implementation of Title IX policies (Newman & Sander, 2014).

Availability of Sexual Assault Resources and Help-Seeking Behaviors.

Because of the incidence of sexual assault on college campuses, federal policies in addition to Title IX, including the Campus Sexual Violence Act (SaVE Act), which falls under the Violence Against Women Act (VAWA), requires universities to implement policies to provide education about sexual and intimate partner violence, including prevention and awareness programs, bystander intervention programs, and warning signs of abusive relationships (American Council on Education, 2014). As such, universities have begun to provide a variety of sexual assault prevention and intervention resources to educate the campus on sexual violence, dispel myths, reduce rates of sexual assault, and provide assistance to sexual assault victims (Eisenberg et al., 2016). Indeed, when comparing rates from a 2002 national study that evaluated how institutions of higher education (IHEs) handled college sexual assault, a 2015 study found that IHEs have increased their prevention and intervention efforts to reduce instances of college sexual assault, a feat that was likely galvanized by federal policies such as the OCR's 2014 DCL and the Campus SaVE Act (Richards, 2019). These prevention and intervention strategies include providing more information pertaining to Title IX policies, implementing bystander intervention programming, describing the process for Title IX

investigations and disciplinary actions, as well as providing on and off campus resources for victims following a sexual assault. For example, as of 2015, 92% of 4-year public institutions provided some form of sexual assault prevention programming (Richards, 2019).

More specific examples of university resources and services include a “safe walk” or escort service, sexual assault hotline or 24/hour contact person/advocate, and paid university staff who have designated roles to address sexual violence issues on campus (e.g., hosting activities to raise awareness of sexual violence, running support groups or counseling for sexual assault victims, and disseminating pamphlets and posters on campus; Eisenberg et al., 2016). However, the availability of these resources and services vary by campus, with some research supporting the idea that accessibility may influence sexual assault incident rates (Moylan & Javorka, 2018). Furthermore, Eisenberg and colleagues’ (2016) found that availability of sexual assault resources influenced college victims’ emotional health. Specifically, sexual assault victims from campuses with greater resources had lower rates of mental health conditions (e.g., anxiety, depression, panic attacks, and PTSD) in comparison to victims at universities with fewer resources.

However, if students are not aware of what resources are available, they will not use them. Therefore, it is important to understand students’ awareness of resources, which speaks to an institution’s prevention and intervention efforts. In 2010, Hayes-Smith and Levett conducted a study to investigate whether college students received sexual assault resource information, if the information was considered informative, and if the dissemination of this information was successful in dispelling commonly held rape myths. Results broadly showed that only about half of students (54%) remembered receiving information regarding sexual assault-related resources, though only 39% of those students reported knowing where to seek information on campus.

Furthermore, even when students were aware of resources on campus, they reported not knowing enough about them to clarify whether they provide helpful information or not. Similarly, Franklin and colleagues' (2019) surveyed college students to gain an understanding of their familiarity of university and community resources related to sexual assault. About two-thirds (68.1%) of students were unaware of sexual assault resources on campus. Notably, research also consistently shows that college sexual assault victims typically do not utilize university resources when available, with some estimating that only approximately 1-5% of victims utilize them (Halstead et al., 2017; Walsh et al., 2010). Together, this work suggests that on many college campuses there is inadequate prevention and intervention efforts related to sexual violence. Further, there is a seemingly pervasive inability on the part of institutions of higher education to appropriately implement standardized Title IX policies, including those outlined by the DCL (Richards, 2019). Additionally, many students are unaware of campus resources related to sexual violence, and even fewer utilize them. With that in mind, it is essential to delve further into Title IX processes and evaluate college students' experiences with formally reporting their sexual assaults.

Students' Experiences of Formally Reporting a Sexual Assault

Institutional efforts to address sexual assault through Title IX procedures have made some adjustments since the Dear Colleague Letter, but extant research continues to show a considerable amount of variability and confusion among implementation of policy procedures and mandated reporter roles. Not surprisingly, a vast majority (72%) of college students do not file a formal report with university officials or law enforcement after experiencing sexual assault, often citing perceived barriers that include fear of victim blaming, self and felt stigma, feeling that their sexual assault was not serious enough to warrant a formal report, and a fear of not

being believed (Beavers & Halabi, 2017; Cantor et al., 2015). Additionally, many college victims do not seek formal help from confidential resources either, such as health care providers, counselors/therapists or victim advocates, with research finding that only 1-5% disclose to these resources (Halstead et al., 2017; Walsh et al., 2010). Instead, most victims (70-95%) disclose to friends or family members, and thus are unlikely to come to the attention of university officials (Decker & Littleton, 2018; Orchowski et al., 2009).

Generally, extant research has shown that responsible employees (i.e., mandated reporters) are unsure at best when deciding whether to contact Title IX offices after a student discloses a sexual assault experience to them. Holland and Cortina (2017b) conducted a study of undergraduate resident assistants (RAs) on their opinions of reporting sexual assaults to Title IX if they were to receive a disclosure from a student. Results varied in whether RAs felt comfortable in formally reporting a sexual assault based on their knowledge of Title IX procedures and policies, and whether they trusted their administrators to handle these formal reports appropriately. In contrast, Newins and colleagues (2018) administered a survey to university employees and students to determine their understanding of Title IX reporting requirements and found both employees and students felt confident in understanding the reporting procedures and policies. However, university employees were much more likely (84.5%) to say they would report an incident to Title IX if a student disclosed to them. Of note, 17.2% of students reported being unsure as to whether they would want to disclose a sexual assault to a university employee, specifically because of their awareness of reporting procedures and responses.

Of students who report to Title IX offices or campus police, multiple university survey studies have found that about only one-third (33.1%) said reporting was very useful to them,

although 89.5% rated the program as very good to excellent. In contrast, 27.6% of victims who reported said they were dissatisfied with their campus' explanation and understanding of victim options during the reporting process (Cantor et al., 2015). Similarly, a campus wide survey among students attending a large Western U.S. university found that victims frequently reported negative reporting experiences. For instance, fewer than 50% of victims said the university gave them any say in how their report and investigation was handled. Even more concerning, fewer than one in three victims said a university official apologized to them for experiencing a sexual assault on their campus. In sum, victims cited several reasons for labeling their reporting experience as negative, including the university not adequately preventing their assault, creating an environment that normalized sexual assault and made it appear that it was a likely occurrence, having policies that make it difficult to report their assault, and lastly, responding poorly to their disclosure when they came forward to report (UW Sexual Misconduct Task Force, 2018).

An unfortunate trend involving poorly articulated Title IX policies, lack of suitable training for responsible and mandated employees, and poorly served sexual assault victims appears to be forming on American college campuses. This apparent trend of mass disorganization of policy implementation yet mandated reporting has the potential to cause further harm towards college sexual assault victims. Indeed, Holland et al. (2018) explored the issue of compelled disclosure (i.e., mandatory reporting) further and found there is minimal extant research on its effects. When examining several university policies across 150 U.S. institutions, results showed that most universities include compelled disclosure in their policies, even with little research showing that it increases reports of sexual violence and minimizes harm to victims and the university as a whole. Furthermore, the study showed that there may be negative consequences for victims when they are forced to file a complaint with Title IX

following disclosure of their assault, which may include re-traumatization, lack of victim autonomy, and increased psychological distress, including posttraumatic stress, depression, and anxiety (Holland et al., 2018).

With extant research demonstrating the mounting evidence of inefficient Title IX policies and inadequate implementation of procedures, it comes as no surprise that the last decade has seen growing research exploring why college students who have experienced sexual assault rarely choose to make a formal report and file a Title IX investigation. Platt and colleagues (2009) coined the term institutional betrayal (IB), derived from betrayal trauma theory (BTT), defined as an institution's inadequate or failed attempt to prevent and respond to wrongdoings (e.g., sexual assault) that have occurred within the institutional domain. Currently, there are a handful of studies that examine the concept of institutional betrayal related to sexual assault on college campuses.

Summary of Current Literature on Institutional Betrayal

The concept of institutional betrayal developed from betrayal trauma theory (BTT) which posits that the extreme violation of trust from an authority figure an individual depends on (e.g., among children who experience sexual abuse by a caregiver) constitutes a particularly damaging form of trauma by virtue of the betrayal of fundamental trust such trauma entails (Freyd, 1994). Later, Freyd and colleagues (2005) expanded BTT to encompass failed institutional responses to trauma, described as "institutional betrayal." Specifically, institutional betrayal refers to an institution's failure to prevent or respond to wrongdoings that occur within the context of the institution and are perpetrated against individuals who depend upon said institution. Subsequently, Freyd and colleagues conducted several studies of the relations among betrayal trauma, institutional betrayal, psychological distress, and physical health symptoms, with the

majority focusing on failed institutional responses to trauma, including sexual harassment and assault, in higher education (Freyd et al., 2005; Goldsmith et al., 2012; Smith & Freyd, 2013, 2017; Smith et al., 2016).

Five of these studies on IB and betrayal trauma were conducted at a large, Pacific Northwest university and predominantly focused on undergraduate students' experiences of betrayal (Goldsmith et al., 2012; Rosenthal et al., 2016; Smith & Freyd, 2013, 2017; Smith et al., 2016). All were cross-sectional and most measured either betrayal trauma with the Brief Betrayal Trauma Survey (BBTS) or institutional betrayal with variants of the Institutional Betrayal Questionnaire (IBQ). The BBTS assesses 11 categories of traumatic experiences (yes/no response) and scores are summed to yield no, low, or high betrayal trauma score. If an individual responds to all 11 items with an answer of "no" they are scored as having experienced no betrayal traumas. Low and high betrayal traumas are differentiated by severity of betrayal; for example, items referring to natural disasters or victimization experiences perpetrated by strangers are coded as low betrayal whereas traumatic experiences involving sexual victimization in which the participant was interpersonally close with the perpetrator would yield high betrayal. The IBQ includes 12 items pertaining to institutional prevention and response efforts that may occur leading up to and following a traumatic experience, such as a sexual assault (e.g. "creating an environment in which this type of experience seemed common or normal" or "punishing you in some way for reporting the experience") and is generally scored dichotomously where individuals are characterized as having experienced IB or not experienced IB in their interactions with an institution (Goldsmith et al., 2012; Smith & Freyd, 2013). Although these studies have been produced with similar methodology, they each contribute individually to the growing recognition of IB.

Smith and Freyd (2013) published the first study of institutional betrayal among a sample of 345 college sexual assault victims and found 46% reported at least one instance of institutional betrayal; these students were also more likely to have experienced more severe posttraumatic symptoms (e.g. dissociation, anxiety, and issues with sexual functioning) compared to victims who did not experience IB. Smith and colleagues (2016) examined institutional betrayal as a mediator of the relation between sexual trauma and poor psychological adjustment following an assault among 299 heterosexual and lesbian, gay, and bisexual (LGB) college students. Findings supported that minority sexual identity (LGB) college students are at greater risk for experiencing sexual assault, institutional betrayal, and poor psychological outcomes in comparison to heterosexual college students, with IB partially mediating symptoms of posttraumatic stress and depression in LGB individuals, but not their heterosexual counterparts.

Rosenthal and colleagues (2016) examined the role of sexual harassment in predicting posttraumatic symptoms and institutional betrayal among 525 graduate students. They found that female graduate students' experiences of sexual harassment from faculty or staff members significantly predicted institutional betrayal even when controlling for other traumatic victimization experiences (e.g. sexual assault, dating violence). More recently, Smith and Freyd (2017) published a study that examined 302 college students' experiences of betrayal trauma (e.g. interpersonal betrayal) followed by institutional betrayal and their associated link to physical health issues and dissociative symptoms. About 58% of participants reported experiencing a traumatic event and 50% of those participants endorsed institutional betrayal related to that event. Of the individuals who reported IB, 50% cited their university or school as the source of their IB. Overall, results showed that participants who endorsed high betrayal (HB)

traumas on the BBTS along with institutional betrayal had significantly poorer physical health symptoms and more dissociative symptoms than participants with HB traumas who did not endorse institutional betrayal.

Clearly, the relationship between sexual assault victims' campus reporting experiences and development of institutional betrayal is worth exploring further. However, the field of IB is relatively young, and in order to increase our understanding of the impact of IB on sexual assault victims' experiences replicated studies are sorely needed and methodological issues require rigorous evaluation. Although extant literature of IB has demonstrated enough depth to warrant further research, several limitations must be addressed.

Limitations of Institutional Betrayal Literature

Overall, extant research has demonstrated several limitations and methodological issues across studies focused on IB which points to the need for further research. First, with the exception of one study that specifically looked at LGB individuals, participants in this research have been predominantly White, heterosexual women from a single university in the Pacific northwest. Thus, little is known about the experiences of racial, ethnic, and sexual minorities, as well as individuals attending multiple campuses. Additionally, no extant studies included men who had reported a sexual assault on campus. All studies are also cross-sectional in nature, with no available longitudinal data demonstrating a causal link between sexual assault and institutional betrayal. Furthermore, these studies did not include qualitative data, which is necessary to evaluate the nature of the experiences students have with reporting their sexual assaults, and the extent to which these experiences are adequately captured by extant measures of institutional betrayal.

Additionally, extant research consistently demonstrates that only about 5 to 15% of college sexual assault victims have a formal interaction with a university resource following sexual assault, yet close to 50% of college sexual assault victims who have been surveyed with the IBQ identify a university, school organization, or student related services as the source of their IB. Specifically, the IBQ provides no true link between a specific sexual assault that occurred on campus and an experience of IB tied to that campus sexual assault experience; instead it broadly asks about participants' feelings toward the institution, rather than assessing experiences with representatives of the university. Thus, it is unclear if individuals completing the IBQ are responding regarding their actual experiences with reporting/disclosing a sexual assault or their perceptions of what individuals think would occur if they were to report their assault.

Working under this assumption, it is possible that vague wording and a lack of clarification within the IBQ items may cause many individuals endorsing IB in these studies to not refer to actual interactions they had with university representatives (e.g., university police, faculty, Title IX staff), but instead may be referring to their impressions of the university environment or informal interactions (e.g., disclosing the experience to classmates or members of a campus organization). Furthermore, occurrence of institutional betrayal is typically dichotomized into yes or no responses, with a response of "no" to all items coded as no IB and endorsement of "yes" to one or more items coded as having experienced IB. Considering the nature of the items administered, it is likely that IB should be viewed as a continuous phenomenon, with multiple indications of "yes" likely to have an increased negative impact on an individual's experience of IB.

As previously described, research on IB following campus sexual assault suffers from a number of limitations. Extant research lacks specificity when evaluating college sexual assault victims' experiences of disclosing and reporting, using vague descriptions of to whom and where victims are disclosing and reporting. This is unfortunate considering the vast research efforts to examine victims' help-seeking behaviors and universities' attempts to increase availability and accessibility of sexual assault resources on campuses. This suggests a need for a rigorous evaluation of victims' experiences with sexual assault reporting to gain a fuller understanding of how an institution's prevention and intervention responses affect college sexual assault victims' post-assault psychological health outcomes.

The Current Study

The current study seeks to address some of the limitations of the institutional betrayal (IB) literature by examining whether students who formally report a sexual assault to a university official or resource experience differing levels of IB depending on to whom they report, and if IB predicts negative psychological health outcomes and felt stigma. To accomplish these goals, a mixed-methodological study was conducted with 28 college students recruited via a mass email who experienced a sexual assault while enrolled in college and who reported that experience to a university official or resource. Participants completed both a quantitative online survey and a written description of their reporting/help seeking experience on campus. The overall goal was to examine the relationship between formally interacting with a university resource when disclosing/reporting a sexual assault and its effect on perceived institutional betrayal and mental health outcomes in a sample of college sexual assault victims. Additionally, qualitative data analysis addressed the extent to which student experiences of reporting corresponded with

institutional betrayal as a construct and how students believe their reporting experience affected their post-assault adjustment. Specific aims and hypotheses are as follows:

Aim 1: Examine the relationship between university resource (confidential source, mandated reporter, Title IX/campus police) and level of reported institutional betrayal in a sample of college sexual assault victims who have formally interacted with a university official in disclosing or reporting their assault.

Hypothesis 1: College sexual assault victims who reported to Title IX or campus police will report greater institutional betrayal than participants who reported to a confidential source.

Hypothesis 2: College sexual assault victims who reported to Title IX or campus police will report greater institutional betrayal than participants who reported to a mandated reporter.

Hypothesis 3: College sexual assault victims who reported to Title IX or campus police will report less institutional support than participants who reported to a confidential source.

Hypothesis 4: College sexual assault victims who reported to Title IX or campus police will report less institutional support than participants who reported to a mandated reporter.

Aim 2: Examine the relationship between level of institutional betrayal and mental health outcomes in a sample of college sexual assault victims.

Hypothesis 5: Higher levels of institutional betrayal will predict greater posttraumatic stress symptoms among college sexual assault victims.

Hypothesis 6: Higher levels of institutional betrayal will predict greater anxiety and depression symptoms among college sexual assault victims.

Hypothesis 7: Higher levels of institutional betrayal will predict greater felt stigma among college sexual assault victims.

Aim 3: Examine via thematic analysis the extent to which students found their reporting experience to be helpful or betraying, and the extent to which students believe their reporting experiences affected their well-being negatively or positively. Another goal of the thematic analysis is to understand how students' experiences correspond with, or deviate from, the research definition of institutional betrayal.

CHAPTER 2: METHODS

Participants

Participants were 28 female college students who had a formal interaction with university resources when disclosing or reporting their sexual assault that occurred while they were enrolled as a student at East Carolina University, a large Southeastern U.S. university. Participants were individuals aged 18 to 24 years and endorsed having both experienced a sexual assault while enrolled as a college student and having reported that experience to some type of university official (e.g., police officer, Title IX office) employee (e.g., resident assistant, professor), or confidential source (e.g., victim advocate, student health employee, university counseling center staff). Participants were drawn from a larger sample of 182 college women who completed an online survey assessing help-seeking and unwanted sexual experiences on campus. Within the larger sample, participants had a mean age of 20.1 years ($SD = 1.4$). Of the initial sample, 89 (49%) reported a sexual assault while a college student; 58% ($n = 52$) of these victims had experienced a completed rape, 26% ($n = 23$) had experienced an attempted rape, and 16% ($n = 14$) experienced unwanted sexual touching. A total of 28 (31%) reported seeking help from a university resource following their sexual assault that occurred while a college student. Since it was possible that participants interacted with multiple university resources, they were asked to identify the university resource they interacted with the most. As such, 16 victims sought help from a confidential source, 6 from a mandated reporter, and 6 from a Title IX source/officer or campus police.

Procedures

IRB approval was obtained from East Carolina University (ECU; See APPENDIX A). Participants were recruited via a mass email sent to all currently enrolled female college students using a university-sponsored student listserv and aimed to seek out a diverse sample of female

participants. The email provided a brief description of the study purpose, eligibility and a survey link to participate (See APPENDIX B). If students chose to participate in the study, they clicked on the anonymous Qualtrics link. Before beginning the survey, participants were asked to provide their electronic consent via a form that explained the purpose of the current study and provided the principal investigator and faculty sponsor's contact information (See APPENDIX C). After they consented, they completed a series of online measures including demographic questions, sexual assault experiences and characteristics, psychological distress (anxiety, depression, and posttraumatic stress symptoms) and felt stigma. Skip logic and survey branching was utilized to ensure that participants only completed relevant measures. The online survey took an average of 30 minutes to complete. All participants were provided with a resource form which included information about campus, local, and national resources for sexual assault victims and mental health (See APPENDIX D).

Measures

Demographics. A 11-item demographic measure (See APPENDIX E) was administered, assessing age, gender, race/ethnicity, academic standing, university organization/club affiliation, religious affiliation, parental education, and sexual orientation.

Sexual Assault Experiences. The Sexual Experiences Survey-Revised (SES-R) was originally designed to assess and screen for sexual victimization and perpetration experiences that meet legal and research definitions from a gender-neutral perspective (Koss et al., 2007). A modified version of the victimization experiences version was utilized for the purposes of this study (See APPENDIX E). Specifically, participants were asked to answer questions about unwanted and nonconsensual sexual experiences that occurred during their enrollment at East Carolina University. Items assessed nonconsensual and unwanted sexual experiences perpetrated

through the use of one of three tactics: use of physical force, threats of harm, or those that occurred when the participant was unable to give consent due to impairment/incapacitation from substances. Participants were asked to answer nine yes or no behaviorally specific questions regarding nonconsensual and unwanted sexual experiences perpetrated using the three aforementioned tactics, including unwanted sexual contact (e.g. touching of one's private parts such as the breasts, buttocks, and genitals) and attempted or completed rape (e.g. anal, vaginal, or oral sex).

In a psychometric study evaluating the SES Short Form Revised (victimization and perpetration versions) across two administrations with 433 female and 136 male college students, 70% of college women endorsed the same unwanted sexual experience across both administrations, suggesting moderate support for test-retest reliability (Johnson et al., 2017). Additionally, in a sample of 263 college women who endorsed a sexual victimization history, kappa values were fair ($\kappa = .33$) to moderate ($\kappa = .60$) for consistency in endorsement of specific types of sexual victimization experiences across two administrations, including unwanted sexual contact, attempted, and completed rape (Littleton et al., 2019).

Assault Characteristics. Participants who endorsed having a sexual victimization experience in college completed a 15-item Assault Characteristics Questionnaire (See APPENDIX E; Littleton & Breitkopf, 2006). This measure was originally developed by Koss (1985) and modified by Layman and colleagues (1996) and then expanded by Littleton and Breitkopf (2006) and is designed to assess specific characteristics of sexual assault experiences. For the purpose of this project, participants were asked how many of these unwanted sexual experiences they have had during their current enrollment at their university and asked to complete the questionnaire with their worst nonconsensual experience in mind. They were then

asked how old they were when their experience occurred and the gender of their perpetrator(s), coded as male, female, involving both males and females, or other. Participants also indicated the number of perpetrators involved, coded as one or more than one.

Participants were asked about the status of their relationship with the perpetrator, coded as stranger (e.g. perpetrator unknown), acquaintance (e.g. just met, associate/peer), or romantic (e.g. dating casually, steady date, romantic partner). They were also asked about perpetration tactics used to obtain sexual contact from a provided list with responses coded into several tactics: non-verbal threats or intimidation, verbal threats, moderate physical force including using their body weight or twisting the participant's arm, and severe physical force including hitting or slapping, choking or beating, or use of a weapon. Likewise, participants were asked to indicate which tactics they used to indicate they did not want to engage in sexual activity with the perpetrator from a provided list, coded as: low assertive resistance (turned cold or cried), moderate assertive resistance (tried to reason, plead or say no), or strong assertive resistance (screamed, ran, physically struggled or fought back). Participants also indicated which of nine listed terms best describes their experience, with terms being coded as representing an acknowledged assault (e.g. rape, sexual assault) or unacknowledged assault (e.g. miscommunication, bad sex, hook-up, seduction).

Participants were also asked to indicate how many standard alcoholic drinks they consumed at the time of their assault; participants who indicated four or more drinks were coded as binge drinking. They were also asked about other substances used during the assault and items were scored dichotomously as yes or no. Lastly, participants were asked to indicate the ways in which they were impaired from substances from a provided list coded as: unimpaired, asleep, impaired (speech or motor impairment evidenced by difficulty with speaking, moving limbs, or

walking), and incapacitated (unconscious). Supporting the validity of this measure, studies have demonstrated that reports of impairment and incapacitation among victims on this measure is associated with more self-blame and felt stigma than victims who do not endorse impairment. Additionally, endorsement of greater violence perpetrated during the assault (i.e., physical force and resistance) is associated with more severe PTSD symptomology (Littleton, Grills-Taquechel, & Axsom, 2009; Littleton & Henderson, 2009).

Additional assault characteristic items specific to this project were generated by the researcher. In particular, participants were asked to identify whether the perpetrator was a student, faculty or staff member, or non-student and to broadly identify the location of the assault from a provided list, coded as on-campus (e.g. student housing, Greek Life, campus building, car or other vehicle parked on-campus), off-campus (e.g. student apartments/housing, Greek Life, bar or restaurant, off-campus building, car or other vehicle parked off-campus), or somewhere else. Finally, participants were asked if their experience resulted in a Title IX investigation or in a legal investigation separate from their institution.

Disclosure and Reporting Experiences. Before completing the Institutional Betrayal and Support Questionnaire (IBSQ), participants were presented with several examples of resources where they may have formally disclosed or reported their sexual assault (See APPENDIX E). The resources were coded into three main groups: confidential sources (i.e., resources that do not require university officials to contact Title IX and file a formal complaint such as counseling center staff member, sexual assault awareness/prevention center, student health center), mandated reporters (i.e. resources that do require university officials to contact Title IX and file a formal complaint such as women's resource center, faculty member, resident assistant [RA]), and Title IX/campus police (i.e. the main institutional resources that handle formal complaints

and investigations pertaining to instances of sexual assault). Title IX and campus police were coded as one group due to the likelihood that university procedures recommend both departments are present and work in tandem when investigating a Title IX complaint.

Institutional Betrayal and Support. Participants completed the 20 institutional support and betrayal items of the Institutional Betrayal and Support Questionnaire (IBSQ) to assess their experiences interacting with a university official when disclosing or reporting their sexual assault (See APPENDIX E). These items assessed an institution's supportive (i.e. items 1 through 8) or betraying responses (i.e. items 9 through 20) to an incident of sexual assault. Items on the institutional betrayal and support subscales were scored and summed as a continuous variable using a 5-point Likert scale bounded 1 (*Strongly disagree*) and 5 (*Strongly agree*). Institutional support items were scored such that higher scores indicate more supportive reactions. Relatedly, higher scores on betraying items indicated more betrayal.

To account for participants who may have reported to more than one of the three resource groups, participants were instructed to complete the IBSQ in relation to the resource they interacted with the most. Depending on which resource participants selected as the one they interacted with the most, the IBSQ included the name of the resource (i.e. confidential source, mandated reporter, or Title IX/campus police) within the questionnaire (e.g. if a student selected "counseling center," the IBSQ instructions stated, "*In thinking about your experience of telling the **counseling center** about your unwanted sexual experience, please indicate whether you had these following experiences or not.*"). The IBSQ betrayal subscale demonstrated acceptable internal consistency (Cronbach's $\alpha = .96$) in a sample of 525 graduate students who had experienced sexual harassment or sexual assault, however there is no study to date that has calculated internal consistency for the institutional support subscale (Rosenthal et al., 2016).

Further, prior studies have utilized a dichotomous yes/no response option for the items on the IBSQ, rather than a Likert scale.

Posttraumatic Stress Symptoms. Participants were administered the PTSD Checklist for DSM-5 (PCL-5), a 20-item questionnaire that assesses posttraumatic symptoms in relation to criteria for PTSD in the DSM-5 (Blevins et al., 2015). Participants in this study were asked to respond to this questionnaire in reference to their unwanted sexual experience that occurred during their current college enrollment. They were asked to respond based on how often they experienced each symptom within the past month using a rating scale with anchor items of 0 (*not at all*) to 4 (*extremely*) respectively (See APPENDIX E). Sample items included “Avoiding memories, thoughts, or feelings related to your unwanted sexual experiences” or “Having strong negative feelings such as fear, horror, anger, guilt, or shame about your unwanted sexual experience”

The PCL-5 has consistently demonstrated good reliability and validity in samples that have been exposed to traumatic experiences. In a 2015 study conducted by Blevins and colleagues of 278 college students exposed to traumatic events, the PCL-5 demonstrated excellent internal consistency (Cronbach’s $\alpha = .94$) and convergent validity ($r_s = .74$ to $.85$) with other measures of posttraumatic stress disorder. It also demonstrated good discriminant validity ($r_s = .40$ to $.60$) with related constructs (e.g., depression and anxiety) and test-retest reliability across the first administration and an optional second part of the study that occurred one week later ($r = .82$).

Psychological Distress. The Depression Anxiety Stress Scales (DASS-21) was administered to assess current psychological distress. The DASS-21 is a 21-item measure of depression (e.g. “I was unable to become enthusiastic about anything”), anxiety (e.g. “I felt

scared without any good reason”), and stress symptoms (e.g. “I tended to over-react to situations”) divided into three subscales of seven items each (Lovibond & Lovibond, 1995). For the purposes of this study, participants answered the depression and anxiety subscales which yields 14 total questions (See APPENDIX E). Items are rated on a 4-point scale bounded by 0 (*did not apply at all*) and 3 (*applied to me very much or most of the time*). Item scores of 14, 10, and 19 indicate moderate levels of depression, anxiety, and stress, respectively. Item scores are summed then doubled on the DASS-21 to yield a final score because it is a shortened version of the DASS, which includes 42 items. Norton (2007) demonstrated good internal consistency across depression, anxiety, and stress symptoms (Cronbach’s $\alpha = .83, .78, \text{ and } .87$ respectively) in a sample of 895 college students spanning four racial groups (African American, Asian, Caucasian, and Hispanic/Latinx).

Felt Stigma. Participants were administered the Stigma Scale, a 9-item questionnaire originally developed by Coffey and colleagues (1996) and expanded upon by Gibson and Leitenberg (2001). The scale assessed felt stigma following a negative sexual experience (See APPENDIX E). For the purpose of this project, participants indicated the degree to which they endorsed each item in relation to their unwanted sexual experiences on a 5-point rating scale bounded by 1 (*not at all*) and 5 (*very much*). Sample items include “How much do you think others would blame you for what happened?” and “How concerned are you about people not respecting you as much if they were to find out what happened?” The Stigma Scale demonstrated good internal consistency (Cronbach’s $\alpha = .93$) in a sample of 1,050 college women (Gibson & Leitenberg, 2001).

Qualitative Questions. The qualitative items included eight open-ended questions regarding participants’ experiences disclosing or formally reporting their unwanted sexual

experience to a university official (See APPENDIX E). These questions were generated by the researcher and included questions regarding expectations of the reporting process, benefits to reporting their experience, how helpful the university resource was during their experience, whether the university resource could have done something differently, whether they would recommend someone else report their experience, and how they believe the reporting experience affected their adjustment or wellbeing.

Analysis Plan

Participants were drawn from a total sample of 182 female college students recruited from ECU over the course of a single academic semester. Participants consisted of women who 1) experienced a sexual assault and 2) disclosed or reported their sexual assault to a university resource (i.e., confidential source, mandated reporter, Title IX/campus police). Of the initial sample, 28 women endorsed both a sexual assault history and seeking help from an on-campus resource while a college student. Each hypothesis was tested individually and will be discussed in order.

Aim 1. The first aim of this thesis was to examine differences in institutional betrayal following help-seeking experiences from a university resource. Independent samples *t*-tests were conducted to determine if there were statistically significant mean score differences on the IBSQ betrayal subscale between those 1) disclosing to a confidential source or Title IX/campus police and 2) disclosing to a mandated reporter or Title IX/campus police. Additionally, due to the negative skew of the institutional support subscale scores, Mann-Whitney U tests were conducted to examine median score differences in institutional support between those 1) disclosing to a confidential source or Title IX/campus police and 2) disclosing to a mandated reporter or Title IX/campus police.

Aim 2. The second aim of this thesis was to evaluate the extent to which institutional betrayal was related to negative mental health outcomes by conducting four separate linear regressions. To address hypothesis five through seven a series of linear regressions were performed to evaluate the institutional betrayal scale score as a predictor of four continuous dependent variables (posttraumatic stress symptoms, depression symptoms, anxiety symptoms, and felt stigma). It was hypothesized that higher levels of institutional betrayal would predict greater levels of the four continuous dependent variables.

Aim 3. To evaluate aim 3, analysis of the qualitative data took place in multiple steps. Qualitative coding was based upon 19 participant narratives of their experiences formally disclosing or reporting their sexual assault to a university resource. Several reviews of the narratives by myself and a trained research assistant initially took place to identify narrative elements. These elements were then organized into groups, and preliminary themes were derived from review and grouping of these elements. Themes were then added, collapsed, and revised, as necessary, to appropriately capture the narrative data offered by participants. Throughout the coding process, the coding pair met with each other and the thesis chair to discuss coding progress and obstacles to agreement. If an agreement was not reached by the coders, the thesis chair made the final coding decision. Coding was completed when coders arrived at 100% agreement.

CHAPTER 3: RESULTS

Demographics and Sexual Assault Characteristics

Participants were 89 traditional college-aged women who experienced a sexual assault while a student and were drawn from a larger group of 182 participants attending a large Southeastern U.S. university ($M = 20.2$; $SD = 1.4$; range 18-24). Of these 89 participants, 58% ($n = 52$) experienced a completed rape, 26% ($n = 23$) an attempted rape, and 16% ($n = 14$) unwanted sexual touching. Of these participants, 39% ($n = 35$) sought help/reported to a university resource (e.g., confidential source, mandated reporter, Title IX or campus police). Comparisons of those who sought help/reported and those who did not supported that victims who sought help/reported were older ($M = 20.71$; $SD = 1.41$) compared to those who did not ($M = 19.91$; $SD = 1.38$), $t(87) = 2.68$, $p < .01$; $g = 0.57$. Further, a chi-square analysis revealed that those who sought help/reported were disproportionately more likely to experience a completed rape than those who did not, $\chi^2(2, N = 89) = 21.69$, $p < .001$. Additional demographics and sexual assault characteristics were not collected from these participants for other comparisons to be made.

Of the participants who sought help/reported, 80% ($n = 28$) completed all measures and made up the sample for the current thesis. Demographics for college victims who sought help from a university resource/reported are summarized in Table 1.

Table 1

Demographics of Victims who Sought Help/Reported to a University Resource

	%	<i>n</i>
Ethnicity		
Non-Hispanic/Latina	85.2	23
Hispanic/Latina	14.8	4
Race*		
European American/White	64.3	18

Black/African American	21.4	6
Middle Eastern/North African	3.6	1
Multi-Ethnic/Other	10.7	3
Academic Standing		
First Year	11.1	3
Second Year	14.8	4
Third Year	18.5	5
Fourth year/Other	55.6	15
Sexual Orientation		
Heterosexual/Mostly Heterosexual	71.4	20
Bisexual	17.9	5
Lesbian/Queer	7.1	2

**Note.* Participants had the option of selecting more than one racial/ethnic identity.

Assault characteristics are summarized in Table 2. Most victims (85.7%; $n = 24$) reported their assailant used moderate force during their assault (e.g., using bodyweight, holding them down). Similarly, 75.0% ($n = 21$) of victims reported using low assertive resistance (e.g., turning cold, crying), while 71.4% ($n = 20$) used moderate assertive resistance (e.g., saying no) during their assault. A majority of victims also reported being impaired as a result of substance use during their assault (53.6%; $n = 15$) and that their assailant was an acquaintance (57.1%; $n = 16$) and a fellow student (78.6%; $n = 22$). Notably, 92.9% ($n = 26$) of participants experienced a completed rape, and acknowledged their assault as either rape, attempted rape, or sexual assault. Moreover, 82.1% of participants had a history of multiple assaults. Further, the majority of participants reported that their assault occurred off-campus. Additionally, 40.0% ($n = 10$) reported that their disclosure resulted in a formal Title IX investigation and only 10.7% ($n = 3$) said their disclosure resulted in a legal investigation.

Table 2

Assault Characteristics

Characteristic	%	<i>n</i>
Types of force used by perpetrator		

Nonverbal threats/intimidation	25.0	7
Verbal threats	14.3	4
Moderately severe force	85.7	24
Severe force	25.0	7
Types of resistance used by victim		
Low assertive resistance	75.0	21
Moderately assertive resistance	71.4	20
Strongly assertive resistance	53.6	15
Victim binge drinking during the assault	50.0	14
Substance-related impairment		
Impaired	53.6	15
Incapacitated	21.4	6
Relationship with perpetrator		
Stranger	7.1	2
Acquaintance	57.1	16
Friend	28.6	8
Romantic	7.1	2
Description of perpetrator(s)*		
Student	78.6	22
Staff	3.6	1
Non-student	25.0	7
Other	10.7	3
More than one perpetrator	17.9	5
Location of SA		
On-campus	39.3	11
Off-campus	60.7	17
Acknowledgment of assault		
Rape	60.7	17
Attempted rape	3.6	1
Sexual assault	28.6	8
Not sure	7.1	2
Disclosure resulted in Title IX Investigation	40.0	10

Disclosure resulted in legal investigation	10.7	3
Completed rape	92.9	26
History of multiple assaults	82.1	23

*Total does not add to 100% because participants could select multiple categories

Post-assault Outcomes

All continuous variables, including institutional betrayal, institutional support, depression, anxiety, posttraumatic stress, and felt stigma, were examined to assess variable distribution and issues relate to skew and kurtosis (see Table 3). All measures showed acceptable internal consistency ($\alpha = .88 - .97$). For the institutional betrayal, posttraumatic stress symptoms, depressive and anxiety symptoms, and felt stigma variables, skew and kurtosis were acceptable suggesting no data transformation was needed (see Table 3). For institutional support, scores were not normally distributed, instead displaying a negative skew (displayed in Table 3). Log and square root transformations were attempted to normalize data, but ultimately did not reduce skew.

Table 3

Descriptive Statistics of Continuous Variables

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	Min	Max	α	Skew	Kurtosis
Institutional Betrayal	28	27.71	13.84	12.0	54.0	.97	0.73	-0.78
Institutional Support	28	31.18	9.24	8.0	40.0	.94	-1.22	0.67
PTSD	28	43.93	20.78	8.0	78.0	.96	-0.23	-1.00
Depression	28	17.36	11.84	0.0	40.0	.92	0.58	-0.49
Anxiety	28	15.79	11.01	0.0	40.0	.88	0.72	0.03
Felt Stigma	28	33.25	8.61	16.0	44.0	.89	-0.65	-0.69

Note. Institutional Betrayal and Institutional Support = Institutional Betrayal and Support Scale (IBSQ); PTSD = PTSD Checklist for DSM5 (PCL-5); Depression and Anxiety Symptoms = Depression, Anxiety, and Stress Scale (DASS-21); Felt Stigma = Stigma Scale.

Correlation analyses were conducted among continuous measures. Among the independent predictors, institutional betrayal was strongly negatively correlated with institutional

support ($r = -.90$). Similarly, among the dependent variables, PTSD symptoms were strongly positively correlated with depression ($r = .73$) and with anxiety ($r = .72$) symptoms. Institutional support was moderately negatively correlated with felt stigma ($r = -.40$). Participants reported substantial psychological distress, with 71.4% ($n = 20$) scoring above the cutoff for current sexual assault-related PTSD and 78.6% ($n = 22$) above the cutoff for both current depression and anxiety, with the bulk of symptoms falling in the moderate to extremely severe range. Additionally, age of participant was moderately negatively correlated with depression ($r = -.40$) and anxiety ($r = -.38$). Similarly, academic standing was moderately negatively correlated with PTSD ($r = -.42$) and depression ($r = -.48$).

Aim 1: Relation between Help-seeking Experiences and Institutional Betrayal

The final sample included 16 participants who indicated they predominantly interacted with a confidential source, six who interacted with a mandated reporter, and six who interacted with Title IX/Campus police. A post-hoc power analysis was performed to evaluate the power to detect differences in institutional betrayal and support between Title IX/Campus police and a confidential source and was 26.2% for a medium sized effect and 48.7% for a large effect. The power to detect differences in institutional betrayal and support between Title IX/Campus police and a mandated reporter was 20.1% for a medium-sized effect and 36.2% for a large effect.

Independent samples t -tests were used to test the hypotheses that participants who sought help from Title IX/campus police experienced greater IB than those who sought help from a confidential source (Hypothesis 1) or a mandated reporter (Hypothesis 2) (see Table 6). An examination of mean scores indicated that victims who reported to Title IX/Campus police compared to a confidential source reported significantly greater IB, $t(20) = 2.00, p = .030; g = 0.96$. Similarly, victims who reported to Title IX/Campus police compared to a mandated

reporter reported significantly greater IB, $t(10) = 2.29, p = .023; \text{delta} = 2.09$. Thus, hypotheses 1 and 2 were supported.

Table 4.

Comparison of Institutional Betrayal and Support by University Resource

	<i>n</i>	Institutional betrayal	Institutional support
		<i>M (SD)</i>	<i>M (SD)</i>
Confidential source	16	25.13 (14.0)	33.06 (10.3)
Mandated reporter	6	23.67 (7.17)	31.50 (2.35)
Title IX/Campus police	6	38.67 (14.39)	25.83 (9.64)

Further, participants reported moderate levels of institutional support, as summarized in Table 6. As the mean scores for institutional support were negatively skewed, a Mann-Whitney test was conducted to test the hypotheses that participants who sought help from Title IX/campus police would experience less institutional support than those who sought help from a confidential source (Hypothesis 3) or a mandated reporter (Hypothesis 4). Results indicated that institutional support was not significantly greater for victims who disclosed to a confidential source (Mdn = 37.50; mean rank = 13.13) than for victims who disclosed to Title IX/Campus police (Mdn = 26.00; mean rank = 7.17), $U = 22.00, p = .054$. Relatedly, victims who disclosed to a mandated reporter (Mdn = 32.00; mean rank = 7.58) compared to Title IX/Campus police (Mdn = 26.00; mean rank = 5.42) also reported greater institutional support, $U = 11.50, p = .294$, but this difference was not statistically significant. Thus, hypotheses 3 and 4 were not supported.

Aim 2: Institutional Betrayal as a Predictor of Mental Health Outcomes

A post-hoc power analysis was performed to evaluate the study’s power to detect whether institutional betrayal predicts negative mental health outcomes and was determined to be 50.5% for a medium-sized effect and 85.4% for a large effect. As such, the second thesis aim was to examine whether institutional betrayal predicted poor mental health outcomes, specifically

posttraumatic stress symptoms, depression, and anxiety symptoms along with felt stigma. Four linear regressions were conducted to test the hypotheses that higher levels of institutional betrayal would predict greater posttraumatic stress (Hypothesis 5), depression and anxiety (Hypothesis 6), and felt stigma (Hypothesis 7). Because both measures of depression and anxiety were highly correlated with PTSD ($r = .73$ and $.72$, respectively), regressions were run separately. The results of the regression analyses indicated that, as hypothesized, institutional betrayal predicted PTSD (See Table 7). Thus, hypothesis five was supported.

Table 5.

Institutional Betrayal as a Predictor of Mental Health Outcomes

Source	Institutional Betrayal			
	<i>b</i>	<i>SE(b)</i>	β	<i>p</i>
Constant	24.98*	8.09		
PTSD	0.68*	0.26	.46	.015
R^2	0.21			
F	6.80*			
Constant	8.97	4.84		
Depression	0.30	0.16	.35	.065
R^2	0.13			
F	3.72			
Constant	9.61*	4.63		
Anxiety	0.22	0.15	.28	.149
R^2	0.08			
F	2.21			
Constant	26.94*	3.51		
Felt stigma	0.23	0.11	.37	.056
R^2	0.13			
F	4.02			

* $p < .05$

Next, two linear regressions were conducted to determine if institutional betrayal predicted depression and anxiety symptomology. The results of the regression analyses indicated that institutional betrayal was not predictive of depression or anxiety, such that greater levels of IB did not indicate greater levels of depression or anxiety (see Table 7). The fourth and final linear regression was conducted to determine if institutional betrayal predicted levels of felt

stigma. The results of the regression analyses indicated that institutional betrayal was not predictive of felt stigma, as displayed in Table 7. Therefore, while hypothesis 5 was supported, hypotheses 6 and 7 were not.

Aim 3: Thematic Analysis of Help-seeking Experiences

Those participants who provided a description of their help-seeking experience ($n = 19$) were similar to those who did not, with one exception. Individuals who were binge drinking during the assault were more likely to provide a description than those who were not binge drinking, $X^2(1, N = 28) = 4.09, p = .04, 63\%$ versus 22% . There were no significant differences in demographics (age, race/ethnicity, academic standing, sexual orientation), history of multiple assaults, or post-assault factors (institutional betrayal and support, PTSD, depression, anxiety, or felt stigma) between those who provided a description of their help seeking experience and those who did not.

All 19 help-seeking narratives were coded by the thesis author and a trained undergraduate research assistant. First, we reviewed the narratives to formulate initial impressions of potential themes and identify relevant narrative elements. These narrative elements were then discussed with the faculty advisor, and a combined list of 59 narrative elements was created. The help-seeking narratives were reread with these elements in mind to ensure that all narrative elements were meaningful, that no notable elements were overlooked, and to begin grouping these narrative elements by theme. The coders discussed the saliency of the identified narrative elements and grouped them into 13 categories, or themes: positive help-seeking experience, negative help-seeking experience, disclosed to multiple campus resources, autonomous disclosure, pressured disclosure, institutional betrayal, enacted stigma, investigation ruled as inconclusive, underwhelming campus prevention and response, negative impact on

mental health and well-being, newfound understanding of campus negligence, institutional support, empowerment.

After reviewing narrative elements as a team, themes were collapsed further into seven categories (autonomous disclosure, pressured disclosure, disclosure had a negative impact on victim's well-being, disclosure caused newfound perception of campus negligence, institutional betrayal, institutional support, and empowerment). A few cases generally representative of the majority of help-seeking narratives were chosen for element and thematic coding by the thesis author and the undergraduate research assistant. Coding began by practicing with the first two narratives for refinement of thematic understanding. Following this round of practice coding, the institutional betrayal theme was combined with the disclosure caused newfound perception of campus negligence theme and subsequently divided into three separate themes (institution minimized or dismissed sexual assault, institution failed to provide adequate support, victim felt betrayed by institution). Existing themes were also adjusted slightly. Disclosure had a negative impact on victim's well-being was expanded to include that reported adjustment difficulties were attributed to the victim's help-seeking experience. Additionally, empowerment was changed to disclosure process led to empowerment. Autonomous disclosure, pressured disclosure, and institutional support were retained as themes. The first few cases were then coded by the thesis author and the research assistant with these eight refined themes:

- Autonomous disclosure
- Pressured disclosure
- Institutional support
- Institution minimized or dismissed sexual assault
- Institution failed to provide adequate support

- Victim felt betrayed by institution
- Disclosure had negative impact on victim's well-being
- Disclosure process led to empowerment

At this stage, the coders reviewed help-seeking narratives again to ensure the coding appropriately captured all overriding themes. Any differences in coding between coders were discussed until full agreement was reached.

Three overarching thematic types were identified: disclosure process, institutional response, and impact on well-being. With regard to disclosure process, two themes were identified (e.g., autonomous disclosure, pressured disclosure). There were four themes identified related to institutional response, including institutional support, institution minimized or dismissed assault, institution failed to provide adequate support, and victim felt betrayed by institution. Finally, two themes were identified related to the disclosure's impact on victim well-being: disclosure had a negative impact on well-being and disclosure process led to empowerment. Themes in the help-seeking narratives are described below and summarized in Table 8.

Disclosure process. There were two types of disclosure processes described within the help-seeking narratives (see Table 8a). The first and most common was an autonomous disclosure, described by 9 (47.4%) participants and involved seeking help/reporting independently and freely from the university resource(s). Review of the narratives supported that an autonomous disclosure generally occurred when the participant acknowledged their unwanted sexual experience. Within their narratives, participants stated that they sought counseling to cope with the assault's aftermath, to complete a rape kit, or to report the incident to Title IX or campus police. Participants frequently reported their intention of seeking help, though their experiences

varied considerably. A total of 66.7% ($n = 6$) of victims who described an autonomous disclosure process disclosed to a confidential source, while 22.2% ($n = 2$) disclosed to a mandated reporter, and 11.1% ($n = 1$) to Title IX/campus police.

Table 6.

Help-seeking Themes

Theme	Description	Narrative example	% (n)
(a) Disclosure process			
Autonomous disclosure	Victim sought help independently and freely	I...did a rape kit, ...then made an appointment to speak to a victims advocate – (21-year-old heterosexual White woman)	47.4 (9)
Pressured disclosure	Victim felt coerced, intimidated, or compelled to disclose	I didn't want to do an investigation, but I was talked into it by the university – (20-year-old heterosexual White woman)	21.1 (4)
(b) Institutional response			
Institutional support	Positive help-seeking experience where campus resources fostered supportive environment	I at least got the support I needed...– (22-year-old heterosexual White woman)	47.4 (9)
Institution minimized or dismissed sexual assault	Negative help-seeking experience where campus resources blamed them for their assault or conveyed there was not enough evidence	The campus police told me I should've said "no" more clearly, even though I was highly intoxicated – (20-year-old heterosexual White woman)	36.8 (7)
Institution failed to provide adequate support	Help-seeking experience characterized by limited access to resources or lack of prevention efforts	I reached out and didn't feel like I got the support I needed – (19-year-old lesbian Black woman)	36.8 (7)
Victim felt betrayed by institution	Victim developed cynical views and lack of trust in institution	Because of my experience, I don't ever want to tell anyone... I feel uncomfortable with ecu and don't want their help – (19-year-old heterosexual White woman)	42.1 (8)
(c) Impact on well-being			
Disclosure process led to empowerment	Victim gained confidence, felt comfortable sharing or in control of their experience, victim reports improved mental health	It improved my mental wellbeing by helping me to cope further with my past – (22-year-old heterosexual White woman)	42.1 (8)

Disclosure had a negative impact on victim's well-being

Victim reported adjustment difficulties resulting from help-seeking experience

After my situation happened, I was diagnosed with depression and an eating disorder – (22-year-old heterosexual Black woman)

47.4 (9)

The second disclosure type was a pressured disclosure, described by 4 (21.1%) participants and involved a situation in which the victim felt coerced, intimidated, or compelled to disclose their experience. Review of narratives supported that they generally occurred when the victim had an exchange with a mandated reporter (e.g., resident assistant) or the Title IX office, as opposed to a confidential source (e.g., victim advocate, counselor). Participants with pressured disclosures described situations in which the Office of Institutional Equity contacted them to report their experience or insisted that they file a formal investigation. Interestingly, 75.0% ($n = 3$) of victims who described a pressured disclosure process indicated that the resource they interacted with the most was a confidential source, while 25.0% ($n = 1$) disclosed to Title IX/campus police.

Office of equity reached out multiple times to me and I finally just went... Too many people contacted me like all the time and it was emotionally draining to have to repeat my stories. (21 year old, heterosexual White woman)

Institutional response. There were four types of institutional responses described within the help-seeking narratives, displayed in Table 8b. The most common type was institutional support, described by nine (47.4%) participants and characterized by a generally positive help-seeking experience where one or more campus resource(s) fostered a supportive environment. Review of the narratives supported that victims received help from the institution including receipt of academic accommodations, counseling, or advocacy throughout the investigation. Participants frequently described that they interacted with a confidential source (55.6%, $n = 5$), such as a counselor, victim advocate, or healthcare professional at the student health center, and sometimes interacted with all three. Indeed, a few participants noted connectedness among the

resources they spoke with and found it to be helpful. Further, many reported that their counseling experience gave them peace of mind, validation, and a safe space to process their assault (88.9%, $n = 8$), and two victims specifically thanked the university for providing helpful resources. The following excerpt demonstrates this perspective:

They always provided many resources and helped me make other appointments with other offices for those resources. A lot of them connected with each other about me to all be on the same page with my plan of action... The first victim advocate i got paired with, I didn't really feel the connection with. Luckily i was able to meet with another and that made me reassured that I could seek the help I needed and not have to stress about finding therapy from an off-campus source. (21-year-old, heterosexual White woman)

The second institutional response type was minimization or dismissal of the victim's sexual assault, described by seven participants (36.8%). Review of the narratives supported that this form of institutional response was generally characterized by a negative help-seeking experience in which one or more campus resources engaged in victim-blaming or conveyed that there was little evidence to support the victim's report that they experienced a sexual assault. Participants frequently described feeling shame or blame following their disclosure. These feelings often coincided with the perception that they were not taken seriously, or a lack of empathy from the resource. Two participants described incidents where university resources advised victims on what would have made their sexual assault more believable/credible (e.g., drinking more heavily or saying 'no' more clearly). Within the narratives, participants described situations in which Title IX cited inadequate evidence to go forth with an investigation. Alternatively, other participants reported that Title IX decided to go forward with an investigation despite telling the victim they thought the lack of physical evidence would result in an inconclusive case. Lastly, two participants claimed that the university's sexual assault

response efforts were deliberately lacking because they did not want to draw attention to the issue of sexual violence on campus. The following excerpt displays aspects of this perspective:

I stopped going to counseling because the counselor didn't seem to Believe me or really seem interested in my case from the beginning and once i told her i was lesbian it seemed worse... They could've made me feel like they believed me and actually cared. Or they could've punished him... I couldn't go through with the investigation after they told me prior to it even starting that he probably wouldn't get in trouble since there was no evidence. (19-year-old, lesbian Black woman)

A total of seven participants (36.8%) described an experience where their institution failed to provide adequate support. Review of the narratives supported a help-seeking experience characterized by limited access to existing resources (e.g., lack of academic accommodations, inadequate counseling or advocacy) or disappointment in lack of prevention efforts. This type of institutional response often involved inadequate trauma-aftercare including failure to check in on victims' well-being, few available appointments at the counseling center, and a lack of knowledgeable staff at the student health center. Participants expressed indignation at the university's inability to provide adequate safety measures following disclosure, such as residing in a dorm a safe distance from their perpetrator or swiftly arranging a no contact order. Participant narratives also expressed surprise that sexual assault resources were not easily accessible on campus or that the existing prevention efforts were ineffective (e.g., Tea as Consent video). The following excerpt exemplifies this type of institutional response:

I believe there weren't enough resources available to me after my assault. The University made it seem like I could get all the help I needed from the counseling center but I couldn't. They were understaffed, had long waiting periods for appointments, and limited the amount of group sessions I could attend. I had to seek outside help from many private therapists which caused undue financial hardship on me and my family. (21-year-old, heterosexual White woman)

Finally, eight participants (42.1%) described feeling betrayed by their institution. This institutional response was characterized by victims feeling their institution did not care for their well-being paired with instances where victims developed cynical views and a lack of trust in their institution. Review of narratives supported that a lack of action on the part of the institution led victims to believe their help-seeking experience was fruitless. Victims' narratives suggested that institutional support was unreliable, and victims stated that they believed that remaining silent is preferable to speaking out about their experience. The following excerpt depicts institutional betrayal:

There was no benefit to seeking action through ECU. It did nothing other than make me feel like there was a sense of hope that maybe SOMEONE could help me but they didn't. Instead, I have to walk around campus with this burden on my chest knowing that he's still here and is a free man... Title IX doesn't prosecute predators on this campus because they don't want ECU to look bad from an outside perspective. But if you actually listened to victims and EXPELLED rapists, the crime wouldn't be as prevalent on campus as it is. (22-year-old, heterosexual Black woman)

Impact on well-being. Two distinct themes related to impact on well-being emerged from the help-seeking narratives: disclosure process led to empowerment and disclosure had a negative impact on victim's well-being, displayed in Table 8c. The latter theme occurred most frequently, with nine (47.4%) participants reporting adjustment difficulties following their help-seeking experience. Review of the narratives supported that many participants generally described their help-seeking experience as stressful, with a few victims reporting they thought they were a burden to the investigative process, thus exacerbating their adjustment difficulties. Indeed, many victims reported experiencing symptoms of shame, blame, guilt, and embarrassment along with depression, disordered eating, and academic difficulties (e.g., lowered grade point average or inability to attend classes). Many reported seeking counseling following

their assault, with some clarifying they believed the on-campus counseling they received had a negative impact on them. Others sought counseling following their negative experience with formally reporting their unwanted sexual experience. Overall, several victims appeared to link their resultant adjustment difficulties with the perception that their help-seeking efforts were futile. The following excerpt displays the negative impact many victims experienced:

The reporting process was very stressful on me and was a great disadvantage to my mental health, especially because i felt so alone... It negatively affected my wellbeing. I felt like a burden throughout the process, and felt ashamed and guilty once the process was over and it hadn't made a difference. (20-year-old heterosexual White woman)

The second theme related to impact on well-being was the disclosure process led to empowerment, described by eight (42.1%) participants. This theme was characterized by victims describing that they gained a sense of confidence, felt comfortable sharing their unwanted sexual experience, felt like they were in control of their help-seeking experience, and experienced improved mental health. Review of the narratives supported that although victims acknowledged the difficulties they experienced with seeking help on campus, they frequently felt that the process provided them with new coping mechanisms to process their trauma and progress forward with healing. Further, one participant described her help-seeking experience as the reason she remained in school to continue with her academic career. The following excerpt is an example of feeling empowered:

[Campus victim advocate] taught me coping mechanisms for calming myself down that I still use to this day... I felt like my voice was heard... [in reference to coping mechanisms] I am able to do the things I learned and realize that I will be okay...It has helped me so much. It gave me the tools to find the peace of mind I needed... ECU has a wonderful staff of people that help students through these unfortunate events. Thank you for all you do. (21-year-old heterosexual White woman)

CHAPTER 4: DISCUSSION

The purpose of this thesis was to examine college women's help-seeking from formal sources on their campus following a sexual assault, including the extent to which women experienced institutional betrayal when they sought help. A total of 89 women who had experienced a sexual assault in college responded to a recruitment email for the study, however, only 28 (31%) had sought help/reported their sexual assault to a university resource, with 16 disclosing primarily to a confidential source, six to a mandated reporter, and six to the campus Title IX office and/or campus police. Thus, the ability to comprehensively evaluate the aims of this thesis was limited as a result of this small sample size. However, given estimates that only 1% to 5% of college women formally report their sexual assault, the small sample size obtained is not surprising (Halstead et al., 2017; Walsh et al., 2010).

Regarding the make-up of the sample, participants were predominantly White and heterosexual, reflecting the campus demographics, although the majority were students in their later years in college (e.g., senior or above). However, most (64.3%) of the women's sexual assaults occurred when they were between 18 and 19 years old. Thus, most of the sexual assaults had occurred in students' first year, the time of greatest risk for sexual assault among college women (Decker & Littleton, 2018). Thus, the majority of participants were in their fourth or fifth year of college but were discussing experiences that occurred primarily in their first or second year. One likely reason for this pattern is that many college women in this study delayed their formal help-seeking following the assault. Several participant narratives alluded to this possibility; although, time elapsed between the assault and participants' formal help-seeking was not assessed. Delay in help-seeking could be attributed a variety of reasons, with one possibility being structural barriers, such as difficulty in accessing resources which led to a delay in help seeking, although no participants described having difficulty obtaining at least some level of

access to resources on campus. A second possibility is that participants' acknowledgment status changed over time, meaning that participants may not have initially acknowledged their assault but later did, thus resulting in them delaying help-seeking until after they acknowledged the assault. Prior research with college women has supported that acknowledged victims are older and their assaults less recent than unacknowledged victims, suggesting that women may shift from being an unacknowledged to acknowledged victim over time (Littleton, Axsom, & Grills-Taquechel, 2009; Littleton et al., 2017; Zinzow & Thompson, 2011). Indeed, 92.9% of women in this study were acknowledged, which is a far greater percentage than typically found in college samples (around 50 to 60% of survivors; Wilson & Miller, 2015). A third possibility may be that participants whose assaults occurred earlier in their college career initially sought informal help but did not recover and therefore sought formal help in response to experiencing continued distress. Finally, it is possible that women felt more comfortable responding to the study advertisement and completing the survey if they had more time to adjust following their sexual assault, as well as had greater distance from their experiences with the formal help seeking process.

Examination of the assault characteristics and current adjustment reported by participants suggested that college women who seek formal help from a university resource experience assaults that differ in several ways from the majority of college sexual assault victims, as reported in other research. These differences included relationship with perpetrator, assault violence, acknowledgment, and psychological distress. For example, participants who sought help overwhelmingly reported having a non-romantic relationship with the perpetrator, with only 7.1% stating the perpetrator was a romantic or sexual partner. Further, 25.0% indicated their perpetrator used severe force (e.g., hitting them, showing a weapon) during the assault. In

contrast, studies of sexual assault experiences of college women have found that about one-third are perpetrated by a romantic partner and many involve no or minimal use of physical force (Littleton, 2010; Littleton, Axsom, & Grills-Taquechel, 2009; Zinzow & Thompson, 2011). Indeed, in a recent study of 319 female college rape victims attending two large Southeastern US universities, Littleton and colleagues (2017) found that 29.5% reported having a romantic relationship with their perpetrator and only 7.8% indicated their perpetrator used severe force. As previously stated, 92.9% of college women in this sample acknowledged their assault, with only two participants labeling their assault as “not sure.” However, studies have repeatedly found that approximately 60.0% of college sexual assaults are unacknowledged (Wilson & Miller, 2015).

Relatedly, it is common for college sexual assault victims to report psychological distress following their assault. College women in the current study experienced substantial psychological distress, with 71.4% ($n = 20$) scoring above the cutoff for current assault-related PTSD and 78.6% ($n = 22$) above the cutoff for both current depression and anxiety, with the bulk of symptoms falling in the moderate to extremely severe range. It should be noted that these rates are much higher than found among college rape victims overall. For example, in a nationally representative sample of 3,001 college women, Zinzow and colleagues (2012) found a current prevalence of PTSD of 21.0% among women with a forcible rape history and 16.0% among women with a drug-or-alcohol facilitated/incapacitated rape history. Additionally, 22.0% of women with a forcible rape history and 18.0% of women with a drug-or-alcohol facilitated/incapacitated rape history screened positive for current depression.

Taken together, these results suggested that college women who report their sexual assault are more likely to have had a non-romantic relationship with their perpetrator and experienced a violent assault that resulted in significant and persistent psychological distress.

Indeed, extant research has shown that victims are most likely to seek help when their sexual assault is similar to societal rape scripts regarding a “real rape” (e.g., stranger rapes involving severe force and resistance) which aides in acknowledgment of the assault (Holland & Cortina, 2017a; Ullman & Filipas, 2001; Walsh et al., 2015). Additionally, college victims who experience greater posttraumatic stress symptoms and engage in minimal self-blame are more likely to seek help post-assault (Starzynski et al., 2005; Ullman & Filipas, 2001). Therefore, it is likely that college women in this sample sought help both because their experience “matched” societal scripts for a “real rape” and because they were experiencing significant and persistent distress in connection to their assault experience. However, it is important to note that given the small sample size, it is unknown the extent to which the current sample is representative of college women who seek help for their sexual assault.

Differences in Institutional Betrayal Experiences by University Resource

There is a substantial gap in the literature regarding college victims’ experiences of institutional betrayal when reporting their sexual assault. Therefore, the first aim of this thesis was to examine differences in institutional betrayal and support based on the resource from which students predominantly sought help. A few prior studies have found a connection between formally reporting a college sexual assault and experiencing institutional betrayal, with approximately 50.0% of college students endorsing institutional betrayal following formal disclosure of their sexual assault to a university representative (Rosenthal et al., 2016; Smith & Freyd, 2013; Smith et al., 2016). However, the thesis author is unaware of any studies that have evaluated college students’ experiences of institutional support following formal help-seeking. In this study, all college women endorsed some extent of both institutional betrayal and support, with approximately one-third reporting high levels of betrayal and the majority (86.0%)

reporting high levels of support. As hypothesized, those who sought help from Title IX/campus police experienced significantly greater institutional betrayal than those who sought help from either a confidential source or a mandated reporter. Relatedly, as delineated in hypothesis 3, college women who sought help from Title IX/ campus police reported less institutional support in comparison to women who sought help from a confidential source. Similarly, as predicted by hypothesis 4, those who sought help from Title IX/ campus police reported less institutional support in comparison to women who sought help from a mandated reporter. However, because the only significant difference existed between disclosing to a confidential source and Title IX/ campus police for institutional support, hypothesis 3 was supported whereas hypothesis 4 was not.

Overall, college women in this sample endorsed greater institutional betrayal if they sought help from Title IX/campus police, whereas women who sought help from a confidential source reported greater institutional support. There are a number of possible explanations for these results, with particular emphasis on the nature of how these university resources operate following disclosure of a sexual assault. One explanation for the finding that institutional betrayal was most severe among women who reported to Title IX/campus police is that a sexual misconduct investigation can be adversarial in nature, with many institutions prioritizing their own interests due to the associated public implications for the university (e.g., publicly reporting number of Title IX investigations conducted and their outcomes). As a result, Title IX rulings depend on information provided by the complainant (i.e., victim) and respondent (i.e., perpetrator), with many investigations being ruled as inconclusive and often leaving the victim feeling betrayed and unheard (Ellman-Golan, 2017; Holland et al., 2018; Smith & Freyd, 2013). Another possible explanation is that women who reported to Title IX/campus police experienced

negative social reactions to their sexual assault disclosure, which may have caused them to feel blamed or at fault for their assault. Indeed, extant research has demonstrated that both victims and non-victims would prefer to use confidential sexual assault support services as opposed to filing a formal investigation with the Title IX office. These reporting preferences are frequently attributed to a fear of victim blaming, not being believed, and discomfort with a perceived lack of autonomy during the reporting process (Holland, 2020; Holland & Cortina, 2017a; Walsh et al., 2010). A final explanation could be that college women strongly expected reporting to Title IX or campus police to lead to sanctions/punishment of the perpetrator, thus leading to a greater sense of betrayal if they received negative disclosure reactions or if their cases were ruled inconclusive.

Consequently, there are a few explanations as to why college women who reported to a confidential source endorsed greater institutional support than those who reported to Title IX/campus police. One possibility may be due to the perception that confidential sources (e.g., counselors, SANE nurses, victim advocates) are better equipped to respond with positive rather than negative social reactions when receiving a sexual assault disclosure. Indeed, staff in these roles are often trained in treating sexual assault survivors, and therefore may be less likely to respond negatively by blaming or invalidating a victim's sexual assault (Arttime & Buchholz, 2016). Additionally, it is important to consider the experiences of women who disclosed to a mandated reporter. It is possible that women disclosed to a specific mandated reporter due to an existing relationship with that individual based on trust or a perception that they would respond positively to the disclosure (e.g., a professor they knew well or perceived as supportive), thus speaking to the reports of less institutional betrayal among those who disclosed to a mandated reporter in comparison to those who reported to Title IX/campus police or a confidential source.

Generally, these results provide further evidence that college sexual assault victims have more supportive experiences with confidential sources and are most likely to have betraying experiences with reporting to the Title IX office or campus police.

Institutional Betrayal as a Predictor of Mental Health

The second aim of this thesis was to examine whether experiencing institutional betrayal predicted worse mental health outcomes among college women who sought help from a university resource. Results from these analyses indicated that greater endorsement of institutional betrayal predicted PTSD. Interestingly, institutional betrayal was not predictive of depressive or anxious symptomology or felt stigma. Given that only a few key studies have examined the link between institutional betrayal and mental health outcomes, this study provides evidence demonstrating the relation between posttraumatic stress and institutional betrayal. Indeed, in their seminal study, Smith and Freyd (2013) found that college women who reported institutional betrayal following a college sexual assault experienced increased levels of posttraumatic stress, anxiety, and dissociation. Subsequent studies examining institutional betrayal following experiences of sexual assault and harassment found a link between institutional betrayal and both PTSD and depression (Smith et al., 2016; Rosenthal et al., 2016). However, it should be noted that no prospective research currently exists examining the extent to which institutional betrayal leads to more severe or persistent PTSD symptomology.

Given the strong correlation between PTSD and both depression and anxiety, it is interesting that institutional betrayal was not predictive of these mental health outcomes. It is important to note that the majority of participants reported moderate to severe psychological distress, and thus the lack of variability in reported distress makes it difficult to evaluate predictors with a small sample size. Indeed, there was limited power to detect these differences.

For example, the power to detect whether institutional betrayal predicts negative mental health outcomes was only 50.5% for a medium sized effect. Therefore, it is possible that a larger sample size would have displayed these anticipated relationships across all mental health outcomes, including felt stigma, given that sexual assault victims frequently report symptoms of all three mental health disorders (Littleton et al., 2018; Zinzow et al., 2010; Zinzow et al., 2012).

Themes Present in Help-seeking Narratives

To date, no prior research has utilized qualitative methods to evaluate college sexual assault victims' experiences of institutional betrayal. As such, a third aim of this thesis was to utilize thematic analysis to examine the extent to which college women found their formal help-seeking experience to be supportive or betraying, affected their well-being positively or negatively, and to understand how college women's help-seeking experiences parallel the research definition of institutional betrayal.

Review of participants' qualitative responses revealed two distinct help-seeking paths: one that was generally positive or supportive and a second help-seeking path characterized by negative experiences. Positive help-seeking experiences were most often characterized by autonomous disclosures. Indeed, approximately half of participants described help-seeking experiences in which they actively sought help from a university resource. Overall, 26.3% ($n = 5$) of women who provided qualitative responses described situations in which they sought help from a counselor or victim advocate and thus were given a confidential space to openly discuss their sexual assault. Further, 36.8% ($n = 7$) described situations in which they deliberately sought help from Title IX or a mandated reporter in the hopes of filing a formal Title IX investigation. Participants also described supportive university response efforts (i.e., institutional support). Indeed, 31.6% ($n = 6$) of women described help-seeking characterized by university resources

that provided compassionate responses to their disclosure, oriented them to the investigation process, coordinated other university resources for them, and provided academic accommodations if needed. Consequently, these positive help-seeking descriptions mirrored three out of the eight items on the IBSQ's support subscale (i.e., actively supporting the person with either formal or informal resources; meeting needs for support or accommodations; and creating an environment where this type of experience was safe to discuss). Finally, college women who had a positive help-seeking experience frequently described feeling empowered following their help-seeking/reporting experience, generally characterized by having improved mental health or a newfound sense of confidence in recognizing and sharing their story with others (42.1%; $n = 8$). Participants with positive help-seeking experiences sought mental health treatment from a counselor, learned coping skills from a victim advocate, or received support from a mandated reporter (e.g., faculty member, RA). Generally, these women appeared to have experienced positive disclosure reactions to their sexual assault, therefore laying the groundwork for recovery following their traumatic experience.

In contrast to a positive and supportive help-seeking experience, other participants described an overall negative help-seeking experience. Indeed, approximately one-fifth (21.1%) of women described experiencing a pressured disclosure where they encountered situations where a mandated reporter or the Title IX Office became aware of a possible incident of sexual misconduct, either from the victim personally disclosing their assault or someone else (e.g., faculty member, RA) reporting their assault without their permission. Specifically, two college women described the Title IX Office as persisting in wanting them to file a formal investigation. As such, it is likely these university resources believed it was the right course of action or were fulfilling their obligation to follow university policy regarding reporting sexual misconduct.

Several participants (36.8%; $n = 7$) described help-seeking experiences that encompassed three notable unsupportive responses: the institution minimized or dismissed their sexual assault experience, the institution failed to provide adequate support, and the victim felt betrayed by the institution. These three themes generally mapped onto the definition of institutional betrayal (i.e., the failure of an institution to adequately prevent or respond to wrongdoings that occur within that institution when an individual is dependent upon them). Indeed, with regard to the institutional response aspect of IB, 36.8% ($n = 7$) participants described situations in which the university resource(s) they interacted with responded inadequately to their sexual assault disclosure, either by blaming them for their assault or denying their experience by giving the impression that their sexual assault was not serious or credible. This occurred within reporting contexts that involved mandated reporters or Title IX/ campus police, and participants described being told they should have said ‘no’ more clearly or had not been drinking enough alcohol for the incident to constitute a sexual assault. It is likely that experiencing these negative disclosure reactions colored their perception of the university’s response.

Regarding the prevention aspect of IB, a few participants (21.1%; $n = 4$) expressed dissatisfaction in their university’s ability to provide adequate prevention efforts for sexual assault, while 10.5% ($n = 2$) believed that the university did not make suitable accommodations following their formal report and investigation. This may have occurred due to a lack of funding sources for programming (e.g., evidence-based bystander intervention programs, healthy relationship workshops, therapy services for survivors), lack of expertise in how to respond to sexual assault survivors, or an inability to provide certain accommodations due to university policies and practices around sexual assault (e.g., failure to provide accommodations to victims whose cases were ruled inconclusive). Finally, it is certainly possible that representatives of

these university resources did not regard providing sexual assault prevention programming or accommodation to the needs of sexual assault victims to be a high priority amongst their various responsibilities. Of note, 21.1% ($n = 4$) participants specifically mentioned their frustration and disappointment in their university's response to their sexual assault, often endorsing cynical views of their university's commitment to ending sexual violence and questioning whether they could trust their university.

Taken together, these responses by the university encompass institutional betrayal at its core, with several college women left wondering why their university was unable to prevent their sexual assault, could not comprehensively respond to their assault with empathy and sufficient accommodations, or provide them with the impression that their university cares about the issue of sexual assault and is committed to ending sexual violence on campus. However, it should be noted that response efforts were much more salient within this sample, with few college women naming prevention efforts within their qualitative responses. Indeed, with regard to the betrayal subscale of the IBSQ, these qualitative responses reflect six of the 12 items (e.g., not doing enough to prevent this type of experience; making it difficult to report the experience; creating an environment in which this type of experience seemed common or normal; mishandling the case; creating an environment where they no longer felt like a valued member; and covering up the experience)

Lastly, negative help-seeking experiences were characterized by a negative impact on college women's well-being. Overall, 47.4% ($n = 9$) of women reported that seeking help was not beneficial or supportive to them, negatively affected their trauma recovery, or caused challenges in their psychosocial adjustment (e.g., social withdrawal, poor academic performance). Further, given that 42.1% of women described receipt of negative disclosure

reactions, it is possible that these negative disclosures exacerbated existing traumatic symptoms; indeed, as noted previously, institutional betrayal was found to be predictive of posttraumatic stress disorder symptoms within this sample.

Limitations

Limitations of this study should be noted. First, given significant issues with recruitment the overall sample size was small, thus limiting the ability to fully evaluate the extent to which experiences differed by university resource as well as to evaluate the extent to which institutional betrayal was predictive of negative mental health outcomes. Second, the sample was primarily made up of White, heterosexual, fourth- and fifth-year U. S. college students attending a single large Southeastern U.S. university, so it is also unclear the extent to which current findings are representative of the experiences of women attending college more broadly or will generalize to more diverse samples of college women. Third, although age at time of sexual assault was assessed as well as acknowledgment status, it is unclear why the majority of the sample were in their later years in college (e.g., senior or above), further creating difficulty in generalizability with larger samples of college sexual assault victims. Fourth, our determination of university resources (e.g., confidential source, mandated reporter, Title IX/ campus police) was researcher-generated and based on the resource each participant interacted with the most. As a result, it is possible that the items may not have accurately captured college women's help-seeking experiences with university resources, or that their perception of a university resource differed from its actual role (e.g., mistaking a faculty member for a confidential source; associating the victim advocate with Title IX). Relatedly, participants first indicated all resources they interacted with and then narrowed their selection down to the one resource they interacted with the most, which could have affected experiences of institutional betrayal and mental health outcomes.

Given the small sample size, it was not possible to account for demographic characteristics (e.g., racial/ethnic identity, sexual orientation, or assault characteristics) when examining the extent to which institutional betrayal is related to negative mental health outcomes. Further, this thesis was cross-sectional in design and therefore could not evaluate the extent to which institutional betrayal affects mental health outcomes and recovery over time.

Additionally, not all women provided a help-seeking/reporting narrative. Although participants were encouraged to answer all qualitative questions and provide a detailed narrative of their help-seeking/reporting experience, narratives varied in the level of detail provided. It should be noted that although women were quantitatively categorized based on the university resource they interacted with the most, not all of their narratives reflected their experience with this resource, with some women reporting both positive and negative experiences from multiple university resources. This resulted in differences between participants' responses on measures and their narratives. For example, a few women who provided a narrative reported they interacted with a confidential source the most, however their narratives described experiencing a pressured disclosure from a separate university resource.

Future Directions

Bearing these limitations in mind, findings support an urgent need for more work focused on the help-seeking/reporting experiences of college women and their potential for experiencing institutional betrayal. First, future empirical work should focus on the experiences of diverse groups, particularly racial/ethnic and sexual and gender minority individuals, who may be more likely to experience sexual assault and encounter unique barriers to help-seeking, including structural forms of stigma. Second, future studies should plan to utilize a longitudinal methodology to evaluate the impact of sexual assault among victims over time, including

assessing the impact of acknowledgment status, factors that act as facilitators or barriers to seeking help, and the impact of institutional betrayal. Third, given that this study evaluated college women's experiences based on three types of university resources, it will be critical to examine students' patterns of help-seeking more broadly, potentially by separately evaluating university resources such as counselors, faculty members, coaches, academic advisors, victim advocates, Title IX officials, and campus police officers. Fourth, although women in this study were more likely to experience severe assaults (e.g., use of force or a weapon) and generally speaking women who experience more severe assaults are more likely to disclose to formal university resources, it would be important to build upon this work by examining help-seeking/reporting following different types of assault, including less severe forms.

Additionally, being mindful of the relatively recent development of institutional betrayal theory, there is a dearth of research utilizing the institutional betrayal measure within the context of college sexual assault. As such, further developing the theoretical relation between institutional betrayal and post-assault outcomes is paramount. It is also crucial to examine the degree to which institutional betrayal occurs systemically or in isolated incidents, as well as the degree to which institutional betrayal experiences are acts of omission or commission. For example, research could examine instances of suspected university cover-ups of sexual assault (e.g., isolated commission) or the extent of accommodations provided to sexual assault victims who file a formal Title IX investigation (e.g., systemic omission). Further, future research should explore the role of beliefs about sexual assault, particularly rape myth acceptance, and how these factors interact with acknowledgment status or influence formal help-seeking and experiences of institutional betrayal. Specifically, it is likely that survivors who endorse strong rape myth

acceptance are less likely to acknowledge their sexual assault or seek help from formal resources.

Future work should also examine institutional characteristics that are related to or increase the likelihood of instances of institutional betrayal (Smith & Freyd, 2014). These institutional characteristics include membership requirements (e.g., high profile athletic teams, active and large Greek Life on campus), sense of prestige of the institution, prioritization of institutional reputation, institutional denial of sexual misconduct, or barriers to creating positive change (e.g., lack of clearly defined language used to describe sexual misconduct). Indeed, the U.S. Department of Education recently relaxed previously existing Title IX policies and procedures, which removed the need for universities to provide resources for sexual assault prevention and response. This national policy change certainly will affect the help-seeking process and outcome of sexual assault investigations, likely giving rise to instances of institutional betrayal.

Implications

This thesis provides foundational evidence for universities' need to systematically address issues of institutional betrayal at a structural and individual level. Despite the fact that an increasing number of universities and college campuses are equipped with resources for sexual violence prevention and response, experiences of institutional betrayal are largely ignored within higher education. For clinicians and advocates working with college students who have experienced a sexual assault, these data support the need for specific clinical interventions. Research has demonstrated that victims who seek formal help from university resources are likely to have experienced more severe assaults and typically present as highly distressed (Holland & Cortina, 2017a; Littleton, Axsom, & Grills-Taquechel, 2009; Peter-Hagene &

Ullman, 2014; Ullman & Filipas, 2001; Walsh et al., 2015). However, many victims encounter negative disclosure reactions and blame when they seek help, and this may be worsened by formal university resources, particularly if they lack training in handling sexual assault disclosures, such as mandated reporters, or if they must remain neutral throughout a reporting process, such as in the case of Title IX officials.

Consequently, it is likely that the formal university reporting process often places victims at risk for experiencing institutional betrayal which may exacerbate existing trauma symptoms or cause the development of negative mental health outcomes. As a result, deficits in prevention and response efforts should be addressed at both a structural and individual level. In reference to the former, college campuses should be expected to mandate annual student engagement opportunities in evidence-based sexual assault prevention and education programs (e.g., Green Dot). Further, there should be clearly identifiable sexual assault resources on campus that are transparent about their confidentiality status. Universities may also consider implementation of a centralized reporting process that is led by specially trained personnel who have extensive knowledge of college sexual assault. The reporting process should also involve stringent measures to protect anonymity of both complainant and respondent, including disciplinary action for instances of retaliation. Universities should also offer trauma recovery resources, including counseling centers that offer individual and group therapy with clinicians specifically trained in sexual assault recovery, and victim advocates who may aid in the sexual assault reporting process at the university and legal level. A final recommendation to universities is to offer an avenue for restorative justice (i.e., a process by which the respondent accepts responsibility for their actions of sexual misconduct and works to repair the harm that was caused). Indeed, many survivors of sexual assault wish to experience validation when sharing their stories and know

their assailant has demonstrated or shown remorse for their actions. As such, restorative justice processes such as conferencing, victim-offender dialogue, sentencing circles, and circles of support have been shown to be effective in criminal justice proceedings outside of higher education, but would likely serve to strengthen current Title IX guidelines (Koss et al., 2014).

As previously mentioned, victims also face negative outcomes following a formal reporting process at the individual level. Within a college setting, victims may be susceptible to further ostracization, especially if it becomes known within their social circles that they filed a formal Title IX investigation against their perpetrator. Thus, victims of college sexual assault may benefit from treatment that specifically addresses the institutional component of betrayal trauma within a university setting in order to enhance the recovery process. This may include providing education on the formal reporting process to victims who are considering filing a formal report with the Title IX office, helping the client discuss these experiences or feelings with their loved ones, and discussing ways to improve mental health and cope with adjustment difficulties while likely having to remain on campus within the same environment with their perpetrator. As a result, college women who have experienced a campus sexual assault may feel more empowered following treatment, and thus more comfortable and confident on campus following their help-seeking process. Though research supporting institutional betrayal remains in its infancy, the findings of this research suggest that formally seeking help following a college sexual assault can lead to experiences of institutional betrayal for a number of survivors, and subsequently negative health outcomes and poor adjustment. Therefore, these findings continue to lay the groundwork for future research to examine intervention strategies at both the structural and individual level to prevent betrayal and ensure that victims receive adequate support.

REFERENCES

- Amar, A. F., Strout, T.D., Simpson, S., Cardiello, M., & Beckford, S. (2014). Administrators' perceptions of college campus protocols, response, and student prevention efforts for sexual assault. *Violence and Victims, 29*(4), 579–593. <http://dx.doi.org/10.1891/0886-6708.VV-D-12-00154>
- American Council on Education. (2014). New requirement imposed by the violence against women reauthorization act. Retrieved from <https://www.acenet.edu/news-room/Documents/VAWA-Summary.pdf>
- Amstadter, A. B., Zinzow, H. M., McCauley, J. L., Strachan, M., Ruggiero, K. J., Resnick, H. S., & Kilpatrick, D. G. (2010). Prevalence and correlates of service utilization and help seeking in a national college sample of female rape victims. *Journal of Anxiety Disorders, 24*(8), 900–902. <http://dx.doi.org/10.1016/j.janxdis.2010.06.014>
- Arttime, T. M., & Buchholz, K. R. (2016). Treatment for sexual assault survivors at university counseling centers. *Journal of College Student Psychotherapy, 30*(4), 252-261. <http://dx.doi.org/10.1080/87568225.2016.1219610>
- Baker, M. R., Frazier, P. A., Greer, C., Paulsen, J. A., Howard, K., Meredith, L. N., Anders, S. L., & Shallcross, S. L. (2016). Sexual victimization history predicts academic performance in college women. *Journal of Counseling Psychology, 63*(6), 685–692. <http://dx.doi.org/10.1037/cou0000146>
- Beavers, J. M., & Halabi, S. F. (2017). Stigma and the structure of Title IX compliance. *Journal of Law, Medicine and Ethics, 45*(4), 558–568. <https://doi.org/10.1177/1073110517750596>

- Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. *Journal of Traumatic Stress, 28*(6), 489–498.
<http://dx.doi.org/10.1002/jts.22059>
- Breiding, M. J., Smith, S. G., Basile, K. C., Walters, M. L., Chen, J., & Merrick, M. T. (2011). Prevalence and characteristics of sexual violence, stalking, and intimate partner violence victimization – National intimate partner and sexual violence survey, United States. *Morbidity and Mortality Weekly Report: Surveillance Summaries, 63*(8), 1–18.
- Cantor, D., Fisher, B., Chibnall, S., Townsend, R., Lee, H., Bruce, C., & Thomas, G. (2015). Report on the AAU campus climate survey on sexual assault and sexual misconduct. Association of American Universities. Retrieved from
<http://www.upenn.edu/ir/surveys/AAU/Report%20and%20Tables%20on%20AAU%20Campus%20Climate%20Survey.pdf>
- Chang, E. C., Yu, T., Jilani, Z., Fowler, E. E., Yu, E. A., Lin, J., & Hirsch, J. K. (2015). Hope under assault: Understanding the impact of sexual assault on the relation between hope and suicidal risk in college students. *Journal of Social and Clinical Psychology, 34*(3), 221–238. <http://dx.doi.org/10.1521/jscp.2015.34.3.221>
- Coffey, P., Leitenberg, H., Henning, K., Turner, T., & Bennett, R. T. (1996). Mediators of the long-term impact of child sexual abuse: perceived stigma, betrayal, powerlessness, and self-blame. *Child Abuse & Neglect, 20*(5), 447–455. [https://doi.org/10.1016/0145-2134\(96\)00019-1](https://doi.org/10.1016/0145-2134(96)00019-1)

- Decker, M., & Littleton, H. L. (2018). Sexual revictimization among college women: A review through an ecological lens. *Victims & Offenders, 13*(4), 558–588.
<https://doi.org/10.1080/15564886.2017.1390514>
- Edwards, K. M., Sessarego, S. N., & Schmidt, M. H. (2018). The kids are alright (mostly): An empirical examination of Title IX knowledge in institutions of higher education. *Psychology of Violence, 9*(4), 431-441. <http://dx.doi.org/10.1037/vio0000203>
- Eisenberg, M. E., Lust, K. A., Hannan, P. J., & Porta, C. (2016). Campus sexual violence resources and emotional health of college women who have experienced sexual assault. *Violence and Victims, 31*(2), 274–284. <http://dx.doi.org/10.1891/0886-6708.VV-D-14-00049>
- Ellman-Golan, E. (2017). Saving Title IX: Designing more equitable and efficient investigation procedures. *Michigan Law Review, 116*(1), 155-186.
- Franklin, C. A., Bouffard, L. A., & Pratt, T. C. (2012). Sexual assault on the college campus: Fraternity affiliation, male peer support, and low self-control. *Criminal Justice and Behavior, 39*(11), 1457–1480. <https://doi.org/10.1177/0093854812456527>
- Franklin, C. A., Menaker T. A., & Jin, H. R. (2019). University and community resources for sexual assault survivors: Familiarity with and use of services among college students. *Journal of School Violence, 18*(1), 1–20. <https://doi.org/10.1080/15388220.2017.1358641>
- Freyd, J. J. (1994). Betrayal trauma: Traumatic amnesia as an adaptive response to childhood abuse. *Ethics & Behavior, 4*(4), 307–329. https://doi.org/10.1207/s15327019eb0404_1
- Freyd, J. J., Klest, B., & Allard, C. B. (2005). Betrayal trauma: Relationship to physical health, psychological distress, and a written disclosure intervention. *Journal of Trauma & Dissociation, 6*(3), 83–104. https://doi.org/10.1300/J229v06n03_04

- Gibson, L. E., & Leitenberg, H. (2001). The impact of child sexual abuse and stigma on methods of coping with sexual assault among undergraduate women. *Child Abuse & Neglect*, 25(10), 1343–1361. [https://doi.org/10.1016/S0145-2134\(01\)00279-4](https://doi.org/10.1016/S0145-2134(01)00279-4)
- Gidycz, C. A., Orchowski, L. M., King, C. R., & Rich, C. L. (2008). Sexual victimization and health-risk behaviors: A prospective analysis of college women. *Journal of Interpersonal Violence*, 23(6), 744–763. <http://dx.doi.org/10.1177/0886260507313944>
- Gilmore, A. K., & Bountress, K. E. (2016). Reducing drinking to cope among heavy episodic drinking college women: Secondary outcomes of a web-based combined alcohol use and sexual assault risk reduction intervention. *Addictive Behaviors*, 61, 104–111. <http://dx.doi.org/10.1016/j.addbeh.2016.05.007>
- Goldsmith, R. E., Freyd, J. J., & DePrince, A. P. (2012). Betrayal trauma: Associations with psychological and physical symptoms in young adults. *Journal of Interpersonal Violence*, 27(3), 547–567. <http://dx.doi.org/10.1177/0886260511421672>
- Halstead, V., Williams, J. R., & Gonzalez-Guarda, R. (2017). Sexual violence in the college population: A systematic review of disclosure and campus resources and services. *Journal of Clinical Nursing*, 26(15-16), 2137–2153. <http://dx.doi.org/10.1111/jocn.13735>
- Hayes-Smith, R. M., & Levett, L. M. (2010). Student perceptions of sexual assault resources and prevalence of rape myth attitudes. *Feminist Criminology*, 5(4), 335–354. <https://doi.org/10.1177/1557085110387581>
- Holland, K. J. (2020). Correlates of college women’s intentions to use formal campus supports for sexual assault. *Psychology of Violence*, 10(2), 245 – 254. <http://dx.doi.org/10.1037/vio0000240>

- Holland, K. J., & Cortina, L. M. (2017a). "It happens to girls all the time": Examining sexual assault survivors' reasons for not using campus supports. *American Journal of Community Psychology*, 59(1-2), 50-64. <http://dx.doi.org/10.1002/ajcp.12126>
- Holland, K. J., & Cortina, L. M. (2017b). The evolving landscape of Title IX: Predicting mandatory reporters' responses to sexual assault disclosures. *Law and Human Behavior*, 41(5), 429–439. <http://dx.doi.org/10.1037/lhb0000253>
- Holland, K. J., Cortina, L. M., & Freyd, J. J. (2018). Compelled disclosure of college sexual assault. *American Psychologist*, 73(3), 256–268. <http://dx.doi.org/10.1037/amp0000186>
- Johnson, S. M., Murphy, M. J., & Gidycz, C. A. (2017). Reliability and validity of the sexual experiences survey—short forms victimization and perpetration. *Violence and Victims*, 32(1), 78–92. <http://dx.doi.org/10.1891/0886-6708>
- Jordan, C. E., Combs, J. L., & Smith, G. T. (2014). An exploration of sexual victimization and academic performance among college women. *Trauma, Violence, & Abuse*, 15(3), 191–200. <http://dx.doi.org/10.1177/1524838014520637>
- Koss, M. P. (1985). The hidden rape victim: Personality, attitudinal, and situational characteristics. *Psychology of Women Quarterly*, 9(2), 193–212. <http://dx.doi.org/10.1111/j.1471-6402.1985.tb00872.x>
- Koss, M. P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly*, 31(4), 357–370. <https://doi.org/10.1111/j.1471-6402.2007.00385.x>

- Koss, M. P., Wilgus, J. K., & Williamsen, K. M. (2014). Campus sexual misconduct: Restorative justice approaches to enhance compliance with Title IX guidance. *Trauma, Violence, & Abuse, 15*(3), 242 – 257. <https://doi.org/10.1177/1524838014521500>
- Layman, M. J., Gidycz, C. A., & Lynn, S. J. (1996). Unacknowledged versus acknowledged rape victims: situational factors and posttraumatic stress. *Journal of Abnormal Psychology, 105*(1), 124. <http://dx.doi.org/10.1037/0021-843X.105.1.124>
- Leone, J. M., & Carroll, J. M. (2016). Victimization and suicidality among female college students. *Journal of American College Health, 64*(6), 421–428. <http://dx.doi.org/10.1080/07448481.2016.1179197>
- Littleton, H. L. (2010). The impact of social support and negative disclosure reactions on sexual assault victims: A cross-sectional and longitudinal investigation. *Journal of Trauma & Dissociation, 11*(2), 210–227. <http://dx.doi.org/10.1080/15299730903502946>
- Littleton, H., Abrahams, N., Bergman, M., Berliner, L., Blaustein, M., Cohen, J., Dworkin, E., Krahé, B., Pereda, N., Peterson, Z., Pina, A., Rizvi, S., Weaver, T., Ybarra, M., & Zinzow, H. (2018). Sexual assault, sexual abuse, and harassment: Understanding the mental health impact and providing care for survivors. *International Society for Traumatic Stress Studies, Sexual Violence Briefing Paper Work Group*. Retrieved from www.istss.org/sexual-assault
- Littleton, H., Axsom, D., & Grills-Taquechel, A. (2009). Sexual assault victims' acknowledgement status and revictimization risk. *Psychology of Women Quarterly, 33*(1), 34 – 42. <https://doi.org/10.1111/j.1471-6402.2008.01472.x>
- Littleton, H., Grills-Taquechel, A., & Axsom, D. (2009). Impaired and incapacitated rape victims: Assault characteristics and post-assault experiences. *Violence and Victims, 24*, 439-457. <http://dx.doi.org/10.1891/0886-6708.24.4.439>

- Littleton, H. L., Grills-Taquechel, A. E., Buck, K. S., Rosman, L., & Dodd, J. C. (2012). Health risk behavior and sexual assault among ethnically diverse women. *Psychology of Women Quarterly, 37*(1), 7–21. <http://dx.doi.org/10.1177/0361684312451842>
- Littleton, H. L., Grills, A. E., & Drum, K. B. (2014). Predicting risky sexual behavior in emerging adulthood: Examination of a moderated mediation model among child sexual abuse and adult sexual assault victims. *Violence and Victims, 29*(6), 981–998. <http://dx.doi.org/10.1891/0886-6708.VV-D-13-00067>
- Littleton, H., Grills, A., Layh, M., & Rudolph, K. (2017). Unacknowledged rape and re-victimization risk: Examination of potential mediators. *Psychology of Women Quarterly, 41*(4), 437–450. <https://doi.org/10.1177/0361684317720187>
- Littleton, H., & Henderson, C. E. (2009). If she is not a victim, does that mean she was not traumatized? Evaluation of predictors of PTSD symptomatology among college rape victims. *Violence Against Women, 15*(2), 148–167. <http://dx.doi.org/10.1177/1077801208329386>
- Littleton, H. L., Layh, M., Rudolph, K., & Haney, L. (2019). Evaluation of the Sexual Experiences Survey-Revised as a screening measure for sexual assault victimization among college students. *Psychology of Violence, 9*(5), 555-563. <http://dx.doi.org/10.1037/vio0000191>
- Littleton, H. L., & Radecki Breitkopf, C. (2006). Coping with the experience of rape. *Psychology of Women Quarterly, 30*(1), 106–116. <https://doi.org/10.1111/j.1471-6402.2006.00267.x>
- Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression

- and Anxiety Inventories. *Behavioral Research and Therapy*, 33(3), 335–343.
[https://doi.org/10.1016/0005-7967\(94\)00075-U](https://doi.org/10.1016/0005-7967(94)00075-U)
- Messman-Moore, T., Ward, R. M., Zerubavel, N., Chandley, R. B., & Barton, S. N. (2014). Emotional dysregulation and drinking to cope as predictors and consequences of alcohol-involved sexual assault: Examination of short-term and long-term risk. *Journal of Interpersonal Violence*, 30(4), 601–621. <http://dx.doi.org/10.1177/0886260514535259>
- Moylan, C. A., & Javorka, M. (2018). Widening the lens: An ecological review of campus sexual assault. *Trauma, Violence, & Abuse*, 21(1), 179-192.
<https://doi.org/10.1177/1524838018756121>
- Muehlenhard, C. L., Peterson, Z. D., Humphreys, T. P., & Jozkowski, K. N. (2017). Evaluating the one-in-five statistic: Women’s risk of sexual assault while in college. *The Journal of Sex Research*, 54(4-5), 549–576. <https://doi.org/10.1080/00224499.2017.1295014>
- Newins, A. R., Bernstein, E., Peterson, R., Waldron, J. C., & White, S. W. (2018). Title IX mandated reporting: The views of university employees and students. *Behavioral Sciences*, 8(106), 1–19. <http://dx.doi.org/10.3390/bs8110106>
- Newman, J., & Sander, L. (2014, May 9). A promise unfulfilled. *The Chronicle of Higher Education*. Retrieved from https://president.uoregon.edu/sites/president2.uoregon.edu/files/chronicle_article-a_promise_unfulfilled.pdf
- Norris, A. L., Carey, K. B., Walsh, J. L., Shepardson, R. L., & Carey, M. P. (2019). Longitudinal assessment of heavy alcohol use and incapacitated sexual assault: A cross-lagged analysis. *Addictive Behaviors*, 93, 198–203.
<http://dx.doi.org/10.1016/j.addbeh.2019.02.001>

- Norton, P. J. (2007). Depression Anxiety and Stress Scales (DASS-21): psychometric analysis across four racial groups. *Anxiety, Stress, and Coping*, 20(3), 253–265.
<http://dx.doi.org/10.1080/10615800701309279>
- Office for Civil Rights (2011). Dear Colleague Letter. U.S. Department of Education, Office for Civil Rights. Retrieved from <http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201104.pdf>
- Orchowski, L. M., Meyer, D. H., & Gidycz, C. A. (2009). College women's likelihood to report unwanted sexual experiences to campus agencies: Trends and correlates. *Journal of Aggression, Maltreatment & Trauma*, 18(8), 839–858.
<https://doi.org/10.1080/10926770903291779>
- Peter-Hagene, L. C., & Ullman, S. E. (2014). Sexual assault-characteristics effects on PTSD and psychosocial mediators: A cluster-analysis approach to sexual assault types. *Psychological Trauma: Theory, Research, Practice, and Policy*, 7(2), 162 – 170.
<http://dx.doi.org/10.1037/a0037304>
- Platt, M., Barton, J., & Freyd, J. J. (2009). A betrayal trauma perspective on domestic violence. In *Violence against women in families and relationships* (Vol. 1, pp. 185–207). Greenwood Press.
- Relyea, M., & Ullman, S. E. (2015). Unsupported or turned against: Understanding how two types of negative social reactions to sexual assault relate to postassault outcomes. *Psychology of Women Quarterly*, 39(1), 37- 52.
<https://doi.org/10.1177/0361684313512610>

- Richards, T. N. (2019). An updated review of institutions of higher education's responses to sexual assault: Results from a nationally representative sample. *Journal of Interpersonal Violence, 34*(10), 1983–2012. <https://doi.org/10.1177/0886260516658757>
- Rosenthal, M. N., Smidt, A. M., & Freyd, J. J. (2016). Still second class: Sexual harassment of graduate students. *Psychology of Women Quarterly, 40*(3), 364–377. <https://doi.org/10.1177/0361684316644838>
- Schwartz, M. D., & Pitts, V. L. (1995). Exploring a feminist routine activities approach to explaining sexual assault. *Justice Quarterly, 12*(1), 9–31. <https://doi.org/10.1080/07418829500092551>
- Smith, C. P., Cunningham, S. A., & Freyd, J. J. (2016). Sexual violence, institutional betrayal, and psychological outcomes for LGB college students. *Translational Issues in Psychological Science, 2*(4), 351–360. <http://dx.doi.org/10.1037/tps0000094>
- Smith, C. P. & Freyd, J. J. (2013). Dangerous safe havens: Institutional betrayal exacerbates sexual trauma. *Journal of Traumatic Stress, 26*(1), 119–124. <https://doi.org/10.1002/jts.21778>
- Smith, C. P. & Freyd, J. J. (2014). Institutional betrayal. *American Psychologist, 69*(6), 575-587. <http://dx.doi.org/10.1037/a0037564>
- Smith, C. P., & Freyd, J. J. (2017). Insult, then injury: Interpersonal and institutional betrayal linked to health and dissociation. *Journal of Aggression, Maltreatment & Trauma, 26*(10), 1117–1131. <https://doi.org/10.1080/10926771.2017.1322654>
- Starzynski, L. L., Ullman, S. E., Filipas, H. H., & Townsend, S. M. (2005). Correlates of women's sexual assault disclosure to informal and formal support sources. *Violence and Victims, 20*(4), 417-432. <http://dx.doi.org/10.1891/0886-6708.20.4.417>

- Testa, M., & Livingston, J. A. (2009). Alcohol consumption and women's vulnerability to sexual victimization: Can reducing women's drinking prevent rape? *Substance Use and Misuse*, 44(9-10), 1349–1376. <http://dx.doi.org/10.1080/10826080902961468>
- The Chronicle of Higher Education. (2016). Campus sexual assault under investigation. Retrieved from <http://projects.chronicle.com/titleix/>
- Ullman, S. E., & Brecklin, L. R. (2002). Sexual assault history and suicidal behavior in a national sample of women. *Suicide and Life-Threatening Behavior*, 32(2), 117–130. <https://doi.org/10.1521/suli.32.2.117.24398>
- Ullman, S. E., & Filipas, H. H. (2001). Correlates of formal and informal support seeking in sexual assault victims. *Journal of Interpersonal Violence*, 16(10), 1028-1047. <https://doi.org/10.1177/088626001016010004>
- Ullman, S. E., & Najdowski, C. J. (2009). Correlates of serious suicidal ideation and attempts in female adult sexual assault survivors. *Suicide and Life-Threatening Behavior*, 39(1), 47–57. <http://dx.doi.org/10.1521/suli.2009.39.1.47>
- UW Sexual Misconduct Task Force. (2018). University of Wyoming Sexual Misconduct Climate Survey. Retrieved from http://www.uwyo.edu/stop/_files/_documents/climate-survey/campus-climate-report-final-2018_no-open-ended.pdf
- Walsh, W. A., Banyard, V. L., Moynihan, M. M., Ward, S., & Cohn, E. S. (2010). Disclosure and service use on a college campus after an unwanted sexual experience. *Journal of Trauma and Dissociation*, 11(2), 134–151. <http://dx.doi.org/10.1080/15299730903502912>
- Walsh, K., Zinzow, H. M., Badour, C. L., Ruggiero, K. J., Kilpatrick, D. G., & Resnick, H. S. (2015). Understanding disparities in service seeking following forcible versus drug- or

- alcohol-facilitated/incapacitated rape. *Journal of Interpersonal Violence*, 31(14), 2475 – 2491. <https://doi.org/10.1177/0886260515576968>
- Weiss, K. G., & Lasky, N. V. (2017). Mandatory reporting of sexual misconduct at college: A critical perspective. *Journal of School Violence*, 16(3), 250–270. <https://doi.org/10.1080/15388220.2017.1318575>
- Wiersma-Mosley, J. D., & DiLoreto, J. (2018). The role of Title IX coordinators on college and university campuses. *Behavioral Sciences*, 8(38), 1–14. <http://dx.doi.org/10.3390/bs8040038>
- Wilson, L. C., & Miller, K. E. (2015). Meta-analysis of the prevalence of unacknowledged rape. *Trauma, Violence, & Abuse*, 17(2), 149-159. <https://doi.org/10.1177/1524838015576391>
- World Health Organization. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. Retrieved from <https://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>
- Zinzow, H. M., Resnick, H. S., McCauley, J. L., Amstadter, A. B., Ruggiero, K. J., & Kilpatrick, D. G. (2010). The role of rape tactics in risk for posttraumatic stress disorder and major depression: Results from a national sample of college women. *Depression and Anxiety*, 27(8), 708–715. <http://dx.doi.org/10.1002/da.20719>
- Zinzow, H. M., Resnick, H. S., McCauley, J. L., Amstadter, A. B., Ruggiero, K. J., & Kilpatrick, D. G. (2012). Prevalence and risk of psychiatric disorders as a function of variant rape histories: results from a national survey of women. *Social Psychiatry and Psychiatric Epidemiology*, 47, 893-902. <http://dx.doi.org/10.1007/s00127-011-0397-1>

Zinzow, H. M., and Thompson, M. (2011). Barriers to reporting sexual victimization: Prevalence and correlates among undergraduate women. *Journal of Aggression, Maltreatment & Trauma*, 20(7), 711-725. <https://doi.org/10.1080/10926771.2011.613447>

APPENDIX A: IRB APPROVAL



EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review Board
4N-64 Brody Medical Sciences Building· Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office **252-744-2914** · Fax **252-744-2284** · rede.ecu.edu/umcirb/

Notification of Initial Approval: Expedited

From: Social/Behavioral IRB

To: [Kayla Sall](#)

CC: [Heather Littleton](#)

Date: 9/9/2019

Re: [UMCIRB 19-001537](#)
Help-Seeking Following Unwanted Sex

I am pleased to inform you that your Expedited Application was approved. Approval of the study and any consent form(s) occurred on 9/9/2019. The research study is eligible for review under expedited category # 7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a Final Report application to the UMCIRB prior to the Expected End Date provided in the IRB application. If the study is not completed by this date, an Amendment will need to be submitted to extend the Expected End Date. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace). The approval includes the following items:

Name	Description
Sall_Informed Consent v2	Consent Forms
Sall_Thesis Measures Packet v2	Surveys and Questionnaires
Sall_Thesis Proposal	Study Protocol or Grant Application
Sall_Thesis Recruitment Materials	Recruitment Documents/Scripts
Sall_Thesis Resource Form	Additional Items

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

APPENDIX B: EMAIL ADVERTISEMENT

College Students' Help-seeking Following an Unwanted Sexual Experience

Hello <student name>,

We are seeking to learn more about college students' experiences with seeking help on campus after an unwanted sexual experience. If you have sought help on campus following an unwanted sexual experience, we would like to learn about your experience. Click below to start the anonymous and confidential research study.

<http://go.ecu.edu/helpseeking>

- This study seeks to understand both positive and negative aspects of college students' experiences disclosing or reporting an unwanted and nonconsensual sexual experience to someone at their university (like a faculty member, counselor, physician/medical staff, RA, Title IX coordinator, or campus police)
- You must be a **female undergraduate at East Carolina University between the ages of 18 and 24** to participate.
- Participating in this study should take about 30 minutes.

<http://go.ecu.edu/helpseeking>

If you have any questions about this research study or would like to speak with someone before participating, please contact the study PI at sallk18@students.ecu.edu or faculty sponsor at littletonh@ecu.edu.

ECU UMCIRB 19-001537

APPENDIX C: CONSENT DOCUMENT



Informed Consent to Participate in Research

Information to consider before taking part in research that has no more than minimal risk.

Title of Research Study: College Students' Help-Seeking Experiences Following an Unwanted Sexual Experience

Principal Investigator: Kayla Sall

Faculty Sponsor: Heather Littleton, Ph.D.

Institution, Department or Division: Department of Psychology, East Carolina University

Office: RAWL 305

Telephone #: (252) 328-6488

Researchers at East Carolina University (ECU) study issues related to society, health problems, environmental problems, behavior problems and the human condition. To do this, we need the help of volunteers who are willing to take part in research.

Why am I being invited to take part in this research?

The purpose of this research is to evaluate college students' experiences of disclosing an unwanted and nonconsensual sexual experience to someone at their university, such as a faculty member, counselor, physician/medical staff, or campus police. You are being invited to take part in this research because you are at least 18 years old and no more than 24 years old. The decision to take part in this research is yours to make. By doing this research, we hope to learn about college students' experiences with disclosing or reporting their unwanted and nonconsensual sexual experience.

If you volunteer to take part in this research, you will be one of up to 100 people to do so from East Carolina University.

Are there reasons I should not take part in this research?

I understand I should not volunteer for this research if I am under 18 years of age or over the age of 24 years. You must be a female college student who is currently enrolled and between the ages of **18 and 24 to participate**.

What other choices do I have if I do not take part in this research?

You can choose not to participate in this research.

Where is the research going to take place and how long will it last?

The research will be conducted online and will involve completing one survey. The total amount of time you will be asked to volunteer for this study is approximately 30 minutes.

What will I be asked to do?

You will be asked to complete a number of online questionnaires and answer several open-ended questions related to your experience disclosing your unwanted and nonconsensual sexual experience to someone at your university. These will include measures assessing your psychological adjustment as well as questions about the characteristics of your unwanted and nonconsensual sexual experience.

What might I experience if I take part in the research?

We do not know of any risks (the chance of harm) associated with this research. Any risks that may occur with this research are no more than what you would experience in everyday life. Thinking about personal experiences with unwanted and nonconsensual sexual experiences may be upsetting. Most people report that these negative feelings do not last very long if they experience them. You can choose to not answer any questions for any reason. We will provide you with information about counseling and support services that are available to students as part of this study.

We do not know if you will benefit from taking part in this study. Some college students report that they enjoy participating in research because it can help others. However, there may not be any personal benefit to you for participating, but the information gained by doing this research may help us to understand college students' experiences of disclosing an unwanted and nonconsensual sexual experience.

There are resources at East Carolina University and locally in Greenville that can help you. If you would like to review a list of these resources please click here: [ECU Resource List](#).

Will I be paid for taking part in this research?

We will not be able to pay you for the time you volunteer while being in this study.

Will it cost me to take part in this research?

It will not cost you any money to be part of the research.

Who will know that I took part in this research and learn personal information about me?

This research is overseen by the University and Medical Center Institutional Review Board (UMCIRB) at East Carolina University. Therefore, some of the UMCIRB members or the UMCIRB staff may need to review your research data. However, the information you provide will not be linked to you. Therefore, your responses cannot be traced back to you by anyone, including me.

How will you keep the information you collect about me secure? How long will you keep it?

No identifying information will be collected as part of this study. The survey will be completely anonymous. All study data will be stored in a secure lab space for 7 years.

What if I decide I don't want to continue in this research?

You can stop at any time after it has already started. You can close your browser at any time. You can choose not to complete any study items.

Who should I contact if I have questions?

The people conducting this study will be able to answer any questions concerning this research, now or in the future. You may contact the Faculty Sponsor, Dr. Heather Littleton, at (252) 328-6488 (9:00am to 5:00pm EST Monday – Friday).

If you have questions about your rights as someone taking part in research, you may call the Office of Research Integrity & Compliance (ORIC) at East Carolina University at phone number 252-744-2914 (days, 8:00 am-5:00 pm EST). If you would like to report a complaint or concern about this research study, you may call the Director for Human Research Protections of East Carolina University, at 252-744-2914.

I have decided I want to take part in this research. What should I do now?

Please read the following and if you agree, you should check the box below:

- I have read (or had read to me) all of the above information.
- I have had an opportunity to ask questions about things in this research I did not understand and have received satisfactory answers.
- I know that I can stop taking part in this study at any time.
- By consenting to participate in this study, I am not giving up any of my rights.
- I can print a copy of this consent document, and it is mine to keep.

I consent to participate in this research.

APPENDIX D: DEBRIEF DOCUMENT

Thank you for your participation in this research. If you are wanting to learn more about the topics covered in this study or are considering seeking help, the resources listed below are available to you for free or at low-cost.

Confidential resources on campus and in Greenville:

ECU Center for Counseling and Student Development
(252) 328-6661
137 Umstead building
Office hours: 8-5 M-F

All ECU students can be seen for free; call the center to schedule an appointment. The ECU Center for Counseling and Student Development provides services for a variety of mental health issues.

Emergency walk-ins are seen on first come, first serve basis M-F 10-4. After regular business hours, you can reach the On-Call Counselor by contacting the ECU Police Department at 328-6150. The on-call counselor is available 365 days/year.

ECU PASS Clinic
(252) 737-4180
311 Rawl building
Office hours: 10-5pm M, 10-7pm T-Th; 10-2pm F

The ECU PASS clinic provides counseling for a variety of mental health issues on a sliding scale fee based on financial need.

ECU Victim Advocate
(252) 737-1466
137 Umstead Building
Services are available 24 hours, seven days a week

ECU's Victim Advocates serv ECU students of all genders who are victims/survivors of sexual assault, intimate partner violence, stalking, and other violent crimes. All services are free and confidential. They offer crisis intervention and emergency assistance, ongoing victim-centered and trauma-focused psychotherapy, accompaniment to medical exams, court proceedings, police reporting procedures and more, as well as assistance with safety planning and protection orders.

ECU's Student Health Services
(252) 328-6841
1000 East 5th Street
Hours: 8 – 5pm M-F

ECU's Student Health Services is comprised of dedicated healthcare professionals who offer comprehensive healthcare to enrolled students. They specialize in the well-being of ECU students by providing affordable, convenient, and high quality services. They are a confidential resource on campus.

Navigate Counseling Clinic
(252) 744-0328
4410 Health Sciences Building
Fourth floor, Allied Health Sciences Building, Brody School of Medicine

The Navigate Counseling Clinic provides substance use services on a sliding scale fee based on financial need.

Center for Family Violence Prevention
(252) 758-4400
24-hour emergency line (252) 752-3811
150 E Arlington Blvd, Suite D
Greenville, NC 27858
Office hours: 8:30-5pm M-F

The Adult Counseling Program provides free individual and group counseling for victims of abuse.

REAL Crisis Intervention
(252) 758-HELP (4357)
1011 Anderson St.
Greenville, NC 27858

The REAL Crisis center provides several types of services: A 24-hour free and confidential hotline offering crisis counseling; a six-week support group for survivors of sexual assault; and support services for other mental health concerns including depression, suicidality, loneliness, and interpersonal issues.

Non-confidential resources located on campus:

Office for Equity and Diversity/Title IX Coordinator
(252) 328-6804
Old Cafeteria Building Suite G-406

The Office for Equity and Diversity provides leadership in the university's efforts to foster a welcoming and inclusive environment for all. Their department includes ECU's Title IX Coordinator, who provides members of the campus community with services, resources, and support related to sexual misconduct. The Title IX Coordinator, LaKesha Alston Forbes, can be reached at the phone number listed above.

The Office of Student Rights and Responsibilities
(252) 328-6824
364 Wright Building

The Office of Student Rights and Responsibilities staff fosters student growth by promoting students' awareness and understanding of their rights and responsibilities, addressing student conduct and creating developmental learning opportunities, and engaging students in ethical decision-making.

ECU Police Department
(252) 328-6787; Emergencies dial 911
609 East 10th Street
24 hours/7 days a week

The ECU Police Department, located in Blount House, is a professional police department providing the same level of service offered by a municipal police department, as well as other services unique to an academic institution. The department is responsible for the well being of everyone at the University 24 ours a day, 365 days per year.

ECU CARES
(252) 737-5555
Case Manager: 8-5pm M-F
Online Report: 24 hours/7 days a week

ECU CARES was developed to offer assistance to distressed individuals, connecting them to appropriate campus resources, and reporting concerning behavior to professionals on campus. This can be a critical first step in helping the individual(s) improve and ensuring a safer campus for everyone.

Student Legal Services
(252) 737-1067
Jeff Blick, JD

Student Legal Services (SLS) was established by the Student Government Association at ECU as a service to provide for students. SLS is registered with the NC State Bar as a pre-paid legal services plan. Services are advisory and do not represent students in court on legal matters. They are available for fee paying students.

Confidential Resources in North Carolina:

North Carolina Coalition against Domestic Violence
(919) 956-9124
<https://nccadv.org/>

The NCCADV can help you find your local domestic violence agency.

North Carolina Coalition against Sexual Assault
(919) 871-1015
<http://www.nccasa.org/cms/>

The NCCASA can assist you find a rape crisis center in your area.

National Resources:

LGBT National Youth Talkline
1-800-246-PRIDE (7743)
<http://www.glbthotline.org/>

The LGBT National Help Center offers free and confidential peer counseling and information on local resources for lesbian, gay, bisexual, transgender and questioning youth up to age 25.

The National Domestic Violence Hotline
1-800-799-SAFE (7233)
<http://www.thehotline.org/help/>

The National Domestic Violence hotline offers free, confidential and immediate support by trained volunteers via phone and online chat to victims of family and dating abuse.

Trevor Lifeline
1-866-4-U-TREVOR (866-488-7386)
<http://www.thetrevorproject.org/pages/get-help-now>

The Trevor Project runs the nation's only 24/7 crisis intervention and suicide prevention hotline for lesbian, gay, bisexual, transgender and questioning people ages 13 to 24.

National Sexual Assault Hotline
1-800-656-HOPE (4673)
<https://www.rainn.org/>

RAINN (Rape, Abuse & Incest National Network) operates the National Sexual Assault Hotline by partnering with local sexual assault service providers across the country. It is the nation's largest anti-sexual violence organization.

National Suicide Prevention Lifeline
1-800-273-TALK (8255)
<https://suicidepreventionlifeline.org/>

The National Suicide Prevention Lifeline is a network of local crisis centers that offer free and confidential emotional support to people considering suicide or who are in emotional distress. The hotline is available 24 hours a day, 7 days a week.

APPENDIX E: MEASURES

This survey is for individuals between the age of 18 to 24 who are currently enrolled at East Carolina University. Participants must have had an unwanted sexual experience while enrolled in college and told someone at their university about that experience, such as a faculty or staff member, their resident advisor (RA), a student health center staff member, the university police/Title IX coordinator, or a counselor or therapist at their university.

Demographic Screener Questions

We would like to know a little bit more about you. Please answer these questions to the best of your ability.

1. How old are you?

- 17 years or younger
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years or older

**Note.* Exclusion criterion: Participants will exit the survey if under the age of 18 or over the age of 24.

2. Are you currently enrolled as an undergraduate student at East Carolina University?

- Yes
- No

**Note.* Exclusion criterion: Participants will exit the survey if they are not current students at ECU.

3. What is your gender?

- Male
- Female
- Other _____

**Note.* Exclusion criterion: Participants will exit the survey if they are not female-identified.

Disclosure and Reporting Experiences

Please indicate which of the following university resources you interacted with following your nonconsensual and unwanted sexual experience that occurred while a college student (select all that apply):

- College or University Counseling Center (e.g. mental health counselor)
- College or University Sexual Assault Awareness/Prevention Center or Victim/Survivor Advocate
- Student Health Center
- College or University Women's Resource Center/Office
- College or University LGBTQ+ or Pride Center/Office
- Faculty member (e.g. lecturer, professor, teaching assistant, instructor)
- College or University Staff member (e.g. academic counselor, resident assistant [RA], etc)
- Campus Administrator (e.g. chancellor, dean of students, department chair, etc)
- College or University Title IX Office
- Campus police
- Other, please write _____

Select the **one resource** you interacted with the most while you were a college student:

- College or University Counseling Center (e.g. mental health counselor)
- College or University Sexual Assault Awareness/Prevention Center or Victim/Survivor Advocate
- Student Health Center
- College or University Women's Resource Center/Office
- College or University LGBTQ+ or Pride Center/Office
- Faculty member (e.g. lecturer, professor, teaching assistant, instructor)
- College or University Staff member (e.g. academic counselor, resident assistant [RA], etc)
- Campus Administrator (e.g. chancellor, dean of students, department chair, etc)
- College or University Title IX Office
- Campus police
- Other, please write _____

Sexual Assault Characteristics Questionnaire

Please take a few minutes to think about your experience or experiences with nonconsensual and unwanted sexual contact that occurred while you were a college student at your university.

1. First, how many of these experiences have you had while you were a college student at your university? _____

If you have had more than one such experience, please complete the following questions regarding what you would consider to be your worst experience with nonconsensual and unwanted sex.

2. How old were you when this experience occurred?

Age when this experience occurred: _____

___ I don't want to answer

3. What was the gender of the other person(s) involved?

___ Male

___ Female

___ Involved both males and females

___ Other, please write

___ I don't want to answer

4. What was your relationship with the other person or persons at the time of this experience?

___ Stranger

___ Just met

___ Acquaintance (classmate, member of brother fraternity/sister sorority, friend of a friend, etc.)

___ Friend

___ Dating casually/hook-up partner/friend with benefits

___ Steady date

___ Romantic partner/boyfriend/girlfriend/spouse

___ Relative (cousin, sibling, stepsibling, parent, aunt/uncle, etc.)

___ I don't want to answer

5. Please indicate which of the following description fits the other person(s) involved (select all that apply):

___ Student/peer

___ Faculty member/professor/instructor/teaching assistant

___ Staff member

___ Non-student

___ Other, please write

___ I don't want to answer

6. Please indicate the location of the nonconsensual and unwanted sex:

___ On-campus dormitory, apartment, or student housing

___ On-campus Greek Life (e.g. sorority house/apartment, fraternity house/apartment)

- Campus building (e.g., classroom building, library, dining facility, student center)
- Campus parking lot/walkway/sidewalk/lawn etc.
- Car or other vehicle in an on-campus parking lot or structure
- Off-campus apartment or housing
- Off-campus Greek Life (e.g. sorority house, fraternity house)
- Off-campus bar or restaurant
- Car or other vehicle off-campus
- Off-campus building
- Off-campus parking lot/walkway/sidewalk/lawn etc.
- Somewhere else, Please write _____
- I don't want to answer

7. How much alcohol had you consumed at the time of the experience (1 drink = 1 pint of beer, 1 shot or 1 small mixed drink)? *Please estimate.*

- None
- Number of drinks: _____
- I don't want to answer

8. Were you using other drugs at the time of the experience?

- No
- Marijuana
- Other drugs. Please write _____
- I don't want to answer

9. In what ways were you "out of it" during the experience *as a result of drinking alcohol or using drugs?* (mark all that apply)

- Asleep
- Unconscious (blacked out)
- Had difficulty speaking
- Had difficulty moving limbs (arms, legs)
- Had difficulty walking
- Other, Please write _____
- This doesn't apply to me
- I don't want to answer

10. What did the other person (s) do during the experience to try to get you to engage in sexual activity with him/her/them (mark all that apply)?

- Engage in non-verbal threats, intimidation
- Engage in verbal threats to harm you or others
- Use his or her body weight
- Twist your arm or hold you down
- Hit or slap you
- Choke or beat you
- Show or use a weapon
- Other,. Please write _____

11. What did you do during the experience to show that you did not want to engage in that sexual activity (mark all that apply)?

- Turned cold
- Tried to reason or plead with the person
- Said “no” or “stop”
- Cried
- Screamed for help
- Ran away
- Physically struggled
- Hit/kicked/punched/scratched/bit the other person
- Other, Please write _____
- None of these apply to me
- I don't want to answer

12. How many people were involved in this experience?

- One
- More than one. Please write how many. _____
- I don't want to answer

13. What term do you think best describes your experience?

- Rape
- Attempted rape
- Sexual assault
- Some other type of crime
- Not sure
- Other, Please write _____
- I don't want to answer
- Miscommunication
- Bad sex
- Hook-up
- Seduction

14. Did your nonconsensual and unwanted sexual experience result in a Title IX investigation?

- Yes
- No
- I don't want to answer

15. Did your nonconsensual and unwanted sexual experience result in a legal investigation separate from your institution?

- Yes
- No
- I don't want to answer

We have a few more questions we would like to ask you about yourself. Please answer to the best of your ability.

1. Please describe your ethnicity.

- Hispanic/Latino/a
- Non-Hispanic/Latino/a

2. Tell us what you consider yourself (Mark all that apply).

- White (Caucasian/ European or European American)
- Asian or Pacific Islander
- Black or African American
- Caribbean Islander
- North African/Middle Eastern
- Native American/ Alaskan Native
- Multi-ethnic
- Other

3. What is your current academic standing?

- Freshman
- Sophomore
- Junior
- Senior
- Graduate/professional student
- Other, please write in _____

4. Please indicate which of the following university-affiliated clubs or organizations you belonged to while a student at your university (mark all that apply):

- Academic organization (e.g. accounting club, art history club, pre-professional society)
- Political organization (Young Republicans, College Democrats)
- Diversity or Cultural organization (e.g. Black Student Union, Alliance for Disability Services, Pride Alliance, etc)
- Honor Society
- Service organization (Gamma Sigma Sigma, Alpha Phi Omega, Habitat for Humanity)
- Greek organization (e.g. fraternity, sorority)
- Leisure activities (e.g. Glee club, cooking club, photography club)
- Recreational sports (intramural sports, etc)
- Athletic team (e.g. D1-3 team sports, dance team)
- Religious or spiritual organizations
- Student-led event planning or businesses (planning guest speakers, movie screenings, leading the university radio station, yearbook, student newspaper)
- Leadership organization/club
- Student tutoring (volunteer tutor)
- University ambassador/tour guide
- Other, please write _____
- I did not participate in any of these university-affiliated clubs or organizations.

5. Please describe your religious affiliation or faith. _____

6. Please indicate the highest level of education obtained by your primary caregiver (e.g., mother, father, grandmother, stepmother, foster/adoptive parent):

- No formal schooling
- Completed elementary school

- Completed middle/junior high school
- Completed high school/earned GED
- Some college/associates degree
- Completed college (e.g. B.A., B.S.)
- Completed graduate school (e.g. M.A., J.D., Ph.D., M.D., etc)
- I don't know/I don't want to answer

7. Please indicate the highest level of education obtained by your secondary caregiver (e.g., mother, father, grandmother, stepmother, foster/adoptive parent):

- No formal schooling
- Completed elementary school
- Completed middle/junior high school
- Completed high school/earned GED
- Some college/associates degree
- Completed college (e.g. B.A., B.S.)
- Completed graduate school (e.g. M.A., J.D., Ph.D., M.D., etc)
- I don't know/I don't want to answer

8. Please describe your sexual orientation.

- Heterosexual/straight
- Mostly heterosexual/straight
- Bisexual/pansexual
- Mostly homosexual/gay/lesbian/queer
- Homosexual/gay/lesbian/queer
- Other _____

Qualitative Questions

1. Tell us about your experience seeking help from your college/university following your unwanted sexual experience (e.g., your expectations, or to what extent your experience matched those expectations).
2. When you sought help from your college/university, what did people at your college/university do that was helpful to you? What did people at your college/university do that was not so helpful to you?
3. What could your college/university have done differently during your reporting/disclosure process?
4. Did you feel like there were any benefits to seeking help at your college/university? Were there any disadvantages to seeking help at your college/university? What were the advantages and disadvantages?
5. Do you think your college/university could have done something differently to prevent your unwanted sexual experience? If so, what?
6. Was there a formal Title IX or criminal investigation of your unwanted sexual experience by your college/university? Did your disclosure to a college/university resource (e.g. faculty, staff, Title IX official) result in a formal Title IX investigation? If so, what was your reaction to that?
7. Do you think your experience seeking help at your college/university affected your wellbeing? If so, how?
8. Is there anything else you would like us to know about seeking help/disclosing your experience at your university?

