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# Survivors' Advice to Service Providers: How to Best Serve Survivors of Sexual Assault

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**ABSTRACT**

Recognizing the relatively low rate at which sexual assault survivors seek services, researchers in the last decade have turned their attention to better understanding survivors' experiences with victim services. Surprisingly, limited research has directly asked sexual assault survivors for recommendations on how to improve victim services, including both criminal justice and community-based services. The current study builds on the existing literature to gather input from women survivors that can translate into ways to improve victim services. As part of a larger longitudinal study, the current investigation asked 224 ethnically diverse adult (aged 18–62) women survivors of recent sexual assault to provide recommendations for how victim services can best serve survivors of sexual assault at multiple time points. Nearly all women in the study (91%) offered specific recommendations on how to improve victim services. Recommendations included ensuring availability of a female provider, improving communication with survivors as well as within and between service providers, helping survivors obtain resources, believing and not blaming survivors, demonstrating greater understanding of trauma-related responses and approaching survivors with greater compassion, and implementing better training on effectively working with survivors. Implications for victim service provision are discussed.

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Sexual assault affects a significant number of women nationwide (Black et al., 2011) and is associated with pervasive negative health outcomes (e.g., Ullman & Brecklin, 2003). Despite the prevalence of sexual assault and related deleterious outcomes, just under half of women engage with the criminal justice system or community-based services following an assault (Belknap, 2010; Rennison, 2002; Ullman, 2007). Recognizing relatively low rates of engagement and seeking to minimize barriers, researchers have turned attention in the last decade to better understanding women's experiences with criminal justice- and community-based providers (here, broadly referred to as "service providers"). To date, most studies have asked women to respond to specific interactions with service providers to indicate whether those

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experiences were positive (and helpful) and/or negative (and unhelpful) (e.g., Campbell, Wasco, Ahrens, Sefl, & Barnes, 2001; Ericksen et al., 2002; Filipas & Ullman, 2001; Ullman, 2000). Surprisingly little research has directly asked survivors of sexual assault for recommendations on how to improve victim services (e.g., Logan, Evans, Stevenson, & Jordan, 2005; Monroe et al., 2005).

Furthermore, few empirical studies have assessed women's experiences with *both* criminal justice- and community-based providers (e.g., Campbell et al., 2001; Filipas & Ullman, 2001), instead focusing primarily on experiences with criminal justice- *or* community-based agencies. At the same time, many communities are shifting toward community-coordinated responses to sexual assault, in which representatives from both criminal justice- *and* community-based services work together (e.g., Greeson & Campbell, 2013). The field is also moving toward advocating for victim-focused and trauma-informed approaches at all points in a community coordinated response (e.g., Aherns et al., 2000; Campbell et al., 2001). As collaborative protocols are implemented for community-coordinated responses, there is an urgent need for victim-focused research that reflects diverse women's perspectives on interacting with both criminal justice- and community-based agencies. Additionally, Campbell (2005) argued that studies of victim services need to be conducted with survivors, and not just with service providers, as service providers may underestimate behaviors that can be distressing for survivors. Taking up that call, this research focuses on obtaining advice from women survivors directly about ways criminal justice- and community-based agencies can better serve survivors following sexual assault.

### Negative experiences with service providers

Following sexual assault, women may interact with a range of service providers embedded in both criminal justice and community-based service settings. Women's perceptions of their interactions with service providers have been tied to immediate and long-term well-being, including negative feelings (e.g., feeling guilty, depressed, anxious; Campbell, 2006; Campbell & Raja, 2005) as well as trauma-related symptoms (Campbell, 2005, 2006; Campbell & Raja, 2005; Campbell et al., 1999). Further, the quality of interactions with service providers may influence women's ability and/or desire to access additional victim services (Greeson, Campbell, & Fehler-Cabral, 2014). For example, women who had a negative experience with the criminal justice system were reluctant to seek further help with needs related to their sexual assault (Campbell, 2006; Campbell & Raja, 2005). Women survivors report both positive and negative interactions with criminal justice and community-based service providers (e.g., Aherns et al., 2000; Filipas & Ullman, 2001; Frazier & Haney, 1996; Ullman, 1996a). Studies that have focused on women's experiences with the criminal justice system have found that nearly

half of women (46–52%) rated their contact with criminal justice representatives as hurtful and/or unhelpful (Campbell et al., 2001; Monroe et al., 2005). Further, women survivors consistently report that criminal justice representatives were more likely than other service providers (i.e., medical and mental health providers) to engage in behaviors that were distressing for them (e.g., Campbell & Raja, 2005; Campbell et al., 1999; Ullman, 1996a). Specifically, women have reported feeling particularly negative when criminal justice representatives were insensitive to their emotions, rushed through interviews, jumped into talking about the assault, repeatedly asked them to describe the sexual assault, asked questions that could be perceived as victim-blaming, encouraged them not to report, told them their case was not serious enough, or conducted interviews in an intimidating manner (Campbell & Raja, 2005; Campbell et al., 1999; Frazier & Haney, 1996; Greeson et al., 2014; Logan et al., 2005; Ullman, 1996a). Examples of questions perceived as victim-blaming included criminal justice personnel asking about the way women dressed at the time of the assault, asking if they resisted the perpetrator, asking if they had a prior relationship with the perpetrator, and asking about their sexual history. Women have also shared feeling frustrated that they have little control in case proceedings (Frazier & Haney, 1996; Logan et al., 2005), and are not provided with sufficient information about the legal system (Konradi, 1997).

Studies that have evaluated women's experiences with community-based service providers have examined experiences across various service sectors, including with medical representatives, mental health practitioners, community-based victim advocates, and crisis center and shelter staff. Women described negative and unhelpful experiences with community-based service providers, including blaming them in some way or asking questions that they perceived as blaming (e.g., whether they were using drugs or alcohol during the assault), stigmatizing sexual assault, treating them differently following the disclosure of the sexual assault, not providing basic services (e.g., medical personnel not explaining risk of STDs or pregnancy), rushing provision of services, not attending to their emotional state, and acting cold or distant (Campbell & Raja, 2005; Ericksen et al., 2002; Fehler-Cabral, Campbell, & Patterson, 2011; Filipas & Ullman, 2001; Ullman, 2000).

### *Positive experiences with service providers*

In terms of positive experiences with the criminal justice system, a handful of studies point to the importance of the approach taken by detectives (e.g., personable style, slow interviewing pace; Greeson et al., 2014), including ways that detectives demonstrate respect and concern for survivors (e.g., Frazier & Haney, 1996). Women also note the importance of having agency in the criminal justice process (Konradi, 1997) as well as the value of victim advocates for helping them understand their rights and navigate court processes (Campbell et al., 2001;

Golding, Siegel, Sorenson, Burnam, & Stein, 1989; Konradi, 1997; Wasco et al., 2004). Likewise, women describe positive and helpful experiences with community-based service providers, particularly when community-based service providers listened, provided emotional support and tangible help, did not blame them, and communicated clearly (Ericksen et al., 2002; Fehler-Cabral et al., 2011; Filipas & Ullman, 2001; Ullman, 2000).

### *Recommendations for victim services*

Researchers have rarely reported on studies that asked sexual assault survivors for recommendations on how to improve victim services. However, when Monroe and colleagues (2005) asked women, they found that 89% of participants had specific recommendations for improving victim services. Recommendations included making more services available for sexual assault survivors, including different types of therapy, as well as better advertising of existing services (Monroe et al., 2005). Additionally, women participating in focus groups about sexual assault services recommended: education and training both for professionals engaging with survivors as well as for the public and friends or relatives of survivors; having avenues for peer support so survivors could interact with other survivors; making changes to the criminal justice system, specifically to make it easier on survivors, and more broadly to take sexual assaults more seriously; and expanding post-assault resources to be more available, affordable, and visible in communities (Logan et al., 2005). Beyond these studies published more than a decade ago, little is known about women's recommendations for improving victim services.

### *The current study*

The current study builds on the existing literature by systematically gathering input from diverse women on their recommendations to improve victim services. We used open-ended questions to elicit adult women survivors' recommendations on how to improve victim services broadly, including both criminal justice- and community-based victim services. Drawn from a larger longitudinal study that recruited ethnically diverse women following a recent sexual assault, women had multiple opportunities over nine months to share recommendations.

## Methods

### *Participants*

Women were recruited as part of a larger study examining social reactions to sexual assault disclosure (DePrince, Dmitrieva, Gagnon, & Srinivas, 2017). Drawing on data from the larger study of 228 women (DePrince et al., 2017),

the current study used a subset of 224 women who had responded to an open-ended question about service recommendations.[1] Women were between the ages of 18 and 62 (mean age = 34.8 years; *SD* = 11.8) and identified with the following ethnic/racial backgrounds: 69% White/Caucasian, 19% Black/African/American, 17% Hispanic/Latina, 5% Asian/Pacific Islander, 9% Native American/Alaskan Native, 5% other racial/ethnic background (the total percentage exceeds 100% because women could endorse multiple racial/ethnic identities). Twenty-one percent of women in the sample identified as lesbian/bisexual/asexual. Women were also diverse in terms of work status, such that 45% of the women reported being employed (full- or part-time), 44% unemployed, 21% student (full or part-time), and 18% something else (e.g., military, homemaker, seasonal, retired; of note, women could endorse more than one work status category). Women in the sample reported their highest level of education as follows: 9% some high school, 17% high-school graduate or GED, 63% college (some or graduated), 5% post-college, and 6% other (e.g., trade school, specialized training).

## Materials

### Sample characteristics

Demographic information was collected at the first interview, including age, race/ethnicity, sexual orientation, work status, and highest level of education.

### Sexual assault characteristics

Information about the sexual assault experience that occurred within the past year was obtained using the Sexual Experiences Survey–Short-Form Victimization (SES–SFV; Koss et al., 2006). The SES–SFV is a widely used behavioral measure that assesses for a range of unwanted sexual experiences. Women were asked if they experienced a particular behavioral description of an unwanted sexual act and how the offender(s) completed the act (e.g., continual verbal pressure, physical force, etc.). A prevalence score for each sexual assault category was created (i.e., sexual contact, attempted sexual coercion, sexual coercion, attempted rape, rape; Koss & SES Collaboration, 2008). Of note, women could endorse experiencing more than one type of sexual assault category during the incident. Women were also asked the approximate date of the sexual assault incident, which was then used to calculate a variable that captured the approximate time between the sexual assault and women's first interview.

[1]Not all women enrolled in the larger study were asked the open-ended questions due to time constraints. The four women who did not respond to the open-ended questions did not significantly differ on demographics and sexual assault characteristics from the 224 women who did respond to the open-ended questions.

### Open-ended interview questions

Women were asked open-ended questions at each interview that assessed for their experiences with criminal justice- and community-based providers (referred to as "service providers") following sexual assault. Relevant to the current study, women were directly asked for recommendations for ways service providers could best serve survivors of sexual assault. Specifically, women were asked: "What advice would you give to the criminal justice system and community-based service providers about working with people who have experienced an unwanted sexual experience? This could be something you wished they did, or something they did do that was helpful." Women's responses to the open-ended question were collapsed across all four interviews, and then coded for major themes (see "Data Analysis" section for further details regarding the coding).

## Procedures

The larger study was approved by a university Institutional Review Board. Women were recruited using flyers that were widely distributed by community partner organizations. Interested women contacted the research team by either phone or email, and women who were eligible to participate were scheduled for an in-person interview to be held at the university research office. To be eligible to participate in the larger study, women had to be 18 years of age or older, be able to read and write in English, have experienced a sexual assault incident in the last year, and disclosed the sexual assault to a formal support person (e.g., medical doctor, counselor, law enforcement). Interviews were conducted by trained, female graduate-level interviewers following the informed consent protocol. Women were asked to respond to both survey and interview prompts as described above. As relevant to the current study, women were administered demographics questions, the SES–SFV, and then asked the open-ended questions assessing women's experiences and recommendations for criminal justice and community-based service providers. Women were compensated $50 for their time and transportation assistance. Women were invited to participate in follow-up interviews 3-, 6-, and 9-months later. During the follow-up interviews, women responded to survey and interview prompts, similar to the first interview. As relevant to the current study, women were re-administered the open-ended question about recommendations for victim services. Women were compensated $55, $60, and $65 for the second, third, and fourth interview, respectively; and received transportation assistance.

### Data analysis

Women's responses to the open-ended question at each interview were transcribed verbatim using audio recordings from the interviews. Following transcription, the authors developed a coding system for content analysis, using a combined top–down and bottom–up approach. The top–down approach involved pre-identification of relevant thematic categories, as well as collaborative discussion with the Priniciple Investigator and the larger research team, including all graduate research assistants who had been involved in interviewing participants. The bottom–up approach involved inclusion of additional thematic categories and/or additional details regarding already identified thematic categories. Suggestions on additional categories and/or categorical details emerged during preliminary content analysis, when authors read through a randomly selected subset of transcripts with the express purpose of checking and ensuring that the coding system could adequately capture a range of potential themes. Authors discussed possible additional categories and/or categorical details, ultimately settling on thematic categories that met three main criteria: (1) they collectively accounted for the breadth of advice and recommendations provided by participants, (2) they were mutually exclusive, and (3) they represented a balance between nuance (i.e., retaining a high enough number of themes to convey key distinctions among advice/recommendations) and parsimony (i.e., retaining a low enough number of themes as to meaningfully convey overarching patterns within the advice/recommendations). This combined, top–down and bottom–up approach resulted in the identification of six major thematic categories for general advice and recommendations for service providers.

Though the larger study from which these data were drawn was longitudinal, women's recommendations were collapsed across time points during analyses. We made the decision not to look longitudinally at recommendations for several reasons. For example, women were asked at each interview to provide recommendations based on any aspect of their experience since the assault. Thus, women might make an observation at Time 3 about something they wish a service provider had done six months earlier, which would have corresponded with Time 1; thus, it was not meaningful to evaluate recommendations based on the time intervals of the study interviews. Though responses were collapsed across time points, the longitudinal design allowed us to gather diverse perspectives from women at different stages of service seeking, including after multiple interactions with the same agency or organization.

Using the coding system, the primary rater read and coded all of the transcripts. A second rater double coded 25% of the transcripts separately. Both coders coded the transcripts in random sequence within each time

point. There was good agreement between the two raters (kappas ranged from 0.71 to 0.91), with all kappas classified within the range of substantial agreement or greater (Landis & Koch, 1977). Differences between coders were resolved in consensus coding for the final analyses. QRS NVivo qualitative analysis software version 10 was used to assist in the documentation and organization of the qualitative data, and SPSS version 24 was used to calculate inter-rater reliability and frequency of codes.

## Results

### *Sexual assault*

The majority of women in the sample (79%) reported experiencing rape. Women also reported attempted rape (28%), sexual coercion (40%), attempted sexual coercion (14%), and sexual contact (69%) during the sexual assault. The average time between the sexual assault and the first interview was five months.

### *Advice to service providers*

The majority of women (91%) provided specific advice to providers on how to better serve survivors of sexual assault at some point during the four interviews. A total of 678 interviews across 224 women contributed data. Women offered six common recommendations for service providers regarding how to best serve survivors of sexual assault: (1) ensuring availability of a female officer or provider for interacting with survivors, (2) improving communication with survivors as well as within and between criminal justice or community organization departments, (3) providing information about and/or helping survivors obtain resources, (4) believing and not blaming survivors for the sexual assault, (5) demonstrating greater sensitivity to and understanding of trauma-related responses and approaching survivors with greater overall care and compassion, and (6) implementing better training on effectively working with survivors. Examples of specific recommendations are provided. Please note, some interview excerpts have been edited for clarity, as indicated with square brackets.

#### *Ensuring availability of female officers and/or providers*

A subset of women (17%) specifically requested the availability of a female officer and/or provider (or, for non-female survivors, an officer/provider that was the same gender as the survivor). For example, one woman recommended, "If the perpetrator is the opposite sex, to have someone of the same sex work with the victim." Some women elaborated that a female service provider would make survivors feel more comfortable, and therefore,

make it easier for survivors to tell their stories. For example, one survivor shared: "I recommend that a woman always be present. Always a female officer, a female advocate or a female who has experience with this type of situation would be more helpful in getting someone to open up." Another woman suggested that she may have been more likely to proceed with the criminal justice process if a female officer had been part of the team of first responders. She reported: "If it would've been a female officer there, I might have […] went to the, to the station. You know? But because it was all big guys, and I just was scared at that moment, and I was alone." Another woman suggested including a female victim advocate in criminal justice proceedings. She said: "Maybe put a female advocate in there or something. I think they do know things like this."

### *Improving communication with survivors as well as within and between departments*

Forty percent of women described the need for better communication with survivors—from returning phone calls and updating women on the status of their case, to communicating better information about the criminal justice process. Women's recommendations for improved communication began with their first interactions with victim services. Women suggested that organizations should communicate accurate information about their own services. For example, one woman shared:

My girlfriend talked to the emergency department at [hospital], and they told her that they would do the exam there. And then I got there and it turns out that they didn't. They wanted me to talk to law enforcement there and they were going to transport me to another hospital, miles away. And that was really unhelpful.

Women also expressed the desire for improved communication over time. For example, one woman described the need for regular updates from prosecutors: "For the DAs [District Attorneys], I just wish there was—it would be nice to be kept more informed and, I feel like the option of having a face-to-face meeting maybe once a month, or at least once every other month, would be nice." Similarly, another woman suggested community organizations also make regular contact with victims: "It's really hard for someone in that situation to actually reach out for help. And I think if they did something like a check-in, like every three months, just a phone call. Like, 'Do you need resources for counseling?'" Women appreciated when service providers made an effort to stay in contact. Illustrating this, one woman said service providers should "definitely keep contact with the victim and keep up with––like, [community organization], they always call Friday, even if last Friday I didn't pick up they called back the following Friday. […] I know that next Friday they're going to follow up with me."

Many women expressed wishing service providers had offered more information about what to expect from different providers and proceedings across criminal justice and community-based systems. For example, one woman described her experience when she went to the hospital after the assault:

You don't know what's going on. It's like, "Oh the SANE nurse is gonna come examine you." And I'm like, "What does that mean?" "Cause it was two or three in the morning when I went and I was just sitting there", like, "What do I do? Someone talk to me."

Another woman recommended criminal justice representatives provide more information about the process:

[They should] try to explain what is going to happen because I keep having to ask. Like, what's the next step? […] So being more clear about when you're going to do things, first of all. Second of all, how common is it for the DA [District Attorney] to even pick up charges? Like, how much evidence do you need? Stuff like that.

The issue of communication about the process as well as clarity about providers' roles was also raised by a woman who pursued both a criminal case through the justice system and a Title IX case through her university. She stated:

> At the university, they have the internal investigation and possible criminal investigation and they're going in parallel and they have different requirements and different timelines and you think you're doing it––I think that's how I got confused with the victim advocate because you don't really know who you're talking to and which part they apply to and which part of the process––it doesn't come together, ever.

Women also expressed that it seems like victim services are overwhelmed and that women feel forgotten by the system after time passes, and that it is important for victim services to reach out to women to follow up. For example, one woman recommended, "More communication, staying updated and helping us, because after a while, they just forget about you." Another woman specifically described that criminal justice representatives "have other cases they have to do, and you kind of get lost in that, and so they don't have time to call you and let you know, so you have to keep calling them; like, a follow-up would be nice."

Women also advised better communication within and across departments —for example, better communication between victim advocates and detectives, or SANE examiners and medical personnel. Some women shared feeling frustrated because they had to talk to multiple people about their experiences. One woman said: "Maybe there could have been a little bit better communication. I had to tell like five different people in the first five minutes. So maybe if there could be better communication." Another

woman shared that better coordination between victim services might shift the burden of communication from survivors to service providers, saying survivors "shouldn't have to call to get a caseworker if they've been to the police station," but that "they [the police department] should just have somebody on it."

Finally, women suggested improving communication after cases close. One woman put it plainly: "If you gonna drop the case, then reach out and say something." For another woman, the decision to drop the case was communicated, but with insufficient explanation; she shared: "The detective just sa[id], 'Oh, your case is dropped. Okay, bye.' That wasn't cool. I had to call him back for clarification of why." Another woman whose case was successfully prosecuted noted "a follow up would be nice," as she did not "even know what prison [the perpetrator] is at."

### *Help obtaining resources*

Another 40% of women described needing more information and/or help obtaining resources, such as help securing safe housing or victim's compensation, as well as connecting with mental health services following the sexual assault. Some women shared the value of having a central list of agencies to which women could refer. Beyond knowing what resources are available, some women described that it may be hard for survivors to seek out help on their own following a sexual assault, and that it would be helpful for service providers to assist women in navigating the services they need. For example, one woman suggested: If the victim is not in the best situation, help them get resources. It's hard to get that push to do it on your own after something like that, because you want to hide away a bit. I just think that people just kind of need that nudge." Another woman had similar sentiments, saying "there are already resources out there. But maybe just, again, pointing them the way. Because coming out of something like that is really confusing… your whole world is upside down."

Women also described a need for more available victim resources, including more counselors and community-based victim advocates. One woman described the difficulty of wanting counseling services but being unable to access them due to limited availability: "It was just so hard to be waiting for an intake appointment, and it took two more weeks to hear if I got into anything. […] Then I'm still on a waiting list for the big group therapy." Women also expressed feeling like service agencies are "overwhelmed" and "overloaded." For example, one woman reported: "A lot of agencies seem to be so overwhelmed with clients and stuff, that it takes a really long time to get to see anybody, like a counselor. It seems like we need more resources." Another woman stated the need for "more counselors [who are] not so overloaded," especially since "there are so many cases out there that need to be heard."

A subset of women who recommended expanded resources had specific advice that resources shoud account for the ways in which women's needs may differ based on their cultural background. One woman explained the gap: "Everyone gives you the basics and there's not really––let me think. How would you say? You don't have––there's not many culturally-diverse programs." Another woman recommended that providers work to address the barriers to accessing resources that may be related to women's cultural norms:

> I think some cultures, especially black people, don't trust some places like the [community organization]. It's seen as something that women go to to get help. So yeah, just maybe working with making it a little more accessible and a little more freedom. […] So maybe vouchers or just assistance with getting people connected to safe apartments.

Women also had recommendations around Victim Compensation. One woman with a positive experience obtaining Victim Compensation recommended continuing what was, in her experience, an effective process:

> The Victim's Compensation end of this was what was great. Because that's how everything was covered. […] I was really surprised by that whole thing. Like shocked, that I didn't even have to go down to an office and plead my case […] I just spoke to somebody once and I got something in the mail. And then [community organization] handled the rest of it.

Another woman who had a more challenging experience with Victim Compensation suggested the process be streamlined, stating: "I wish that they would set it up so that I didn't have to deal with anything. […] I've constantly had to go back and forth between the therapist and Victim's Comp[ensation] and it's been almost a year now and I haven't received anything."

### *Believing and not blaming survivors for the sexual assault*

Over half of women (54%) recommended that providers believe women's account of their sexual assault experiences. For example: "First of all, believe them. […] You know, if a woman tells a guy no, then it's no. And there should be no reason––don't blame it on the alcohol, don't blame it on the drugs, don't blame it on any of that." Another woman underscored the importance of providers explicitly stating that they believe a survivor. She suggested providers "be supportive," further explaining: "That's pretty much all you can do. You can't really make the process any easier, for the most part, but just be supportive. Say the words, 'I believe you,' because that's very empowering." Another woman stated: "It's easy to blame yourself for what happened […] Labeling what happened was super helpful for me, and so if, when women do go to the police, if they could say, 'Hey this is not your fault, you were raped,' I think that would help a lot of other women."

Women also recommended that service providers not judge women based on their life circumstances (e.g., homelessness, prior criminal history, and/or substance use). One woman suggested: "You should believe. To least give the woman the benefit of the doubt; just because of her past, doesn't make her at fault." Similarly, another woman stated: "No matter what socio-economic or physical way a woman looks or even if they're intoxicated or on drugs, that–– don't invalidate, don't just look at them as one of those, 'Oh they're just a part of the scene.'" Several women who had been victims of sex trafficking, or who were voluntarily involved in sex work, recommended non-judgement. One woman stated "that people, that especially trafficking victims, they shouldn't be treated as criminals afterwards." Another woman felt that "no matter the situation and what I was doing out there anyway– because what happened to me was still wrong," she suggested that providers "shouldn't judge me upon my background and my criminal record or my lifestyle."

Several women recommended that service providers specifically work to curb judgement of women based on race and/or ethnicity. One woman who felt positively about her interactions with providers reflected:

> I really really appreciated the nonjudgementalness of my appearance cause you're dealing with someone who has just been traumatized you cannot read that book by it's cover no way and so I really appreciated that and that they did that and I felt really comfortable that if I came in as any race any background I would have been treated that same way gotten those same explanations and everything so I really appreciated that.

In contrast, other women were judged or had concerns about being judged based on race or ethnicity that kept them from engaging with services. A woman who identified with racial/ethnic minority status explained:

> I think of women are too afraid to report it because they're afraid they're going to be called a liar or something. Because there's times I sometimes feel that way, and being down in [city], being a minority, being a in a heavily dominated black community. Sometimes when I wanted to report something I was afraid.

In addition to not judging women based on their history, some women suggested service providers acknowledge and try to understand how women's current behavior might be linked to sexual assault history. For example, one woman described:

> The most important thing someone could do is not, like, judge the behaviors that, that I was, that I'm having. You know? Like, drinking a lot, having sex with people, instead of coming down on those behaviors, and focusing on those, and you know, judging a person based on those. To try to figure out maybe, why those behaviors are happening.

### *Demonstrating greater sensitivity to and understanding of trauma-related responses and approaching survivors with greater overall care and compassion*

A large portion of women (63%) recommended providers demonstrate greater sensitivity to trauma-related responses, such as understanding common cognitive and emotional reactions to sexual assault. For example, women shared that it is important for investigators to understand that memory disruptions can occur after sexual assault, and that women may not be able to remember all the events leading up to, during, or following the sexual assault. For example, one woman reported:

> I don't remember a lot of things that happened, so I have no idea what I said… it felt frustrating that I had to be explicit about things. I had to give explicit descriptions and I wasn't prepared to give explicit descriptions, nor could I remember anything explicit. I was in shock, so I couldn't remember things. I blocked things out.

Women also shared how service providers should understand and be sensitive to the various emotions that survivors may experience following sexual assault, including anger, guilt, shame. For example one woman shared:

> They need to understand that that person already has thought about this a lot, and might already feel guilty and ashamed, or dirty, or humiliated, embarrassed, or whatever. And you don't need to remind them, 'Oh you could have done this or that,' or, you don't need to put any responsibility on them. They're probably already doing that.

Given the potentially strong emotional reactions survivors may experience, another woman underscored the importance of giving survivors autonomy in talking about their experiences. She stated:

> You can't push them. Let them have their space and time. We have to come to terms with what do we really want to do. Sometimes they push a person to the point where they just don't want to talk. They question you and badger you to the point where you're just like, 'Leave me alone.' That's why a lot of women don't talk about it: either they feel like they're being judged or you're asking questions they don't have answers to.

In addition to greater sensitivity and understanding regarding trauma-related responses, women generally recommended that service providers approach women with greater overall compassion, care, and respect. One woman suggested: "They should be more compassionate. When a woman has been beaten and raped, she isn't just making it up. But I think they should be more compassionate. More caring. More understanding." Another woman had similar advice, saying, "A little bit of compassion goes a long way."

### *Implementing better training on effectively working with survivors*

Finally, one in five women (20%) advised that service providers need specific training on how to work effectively with survivors of sexual assault. Women suggested that all professionals who interact with survivors receive such training, from medical personnel and counselors to legal advocates and law enforcement. Women specified that training should include guidance about how to ask questions and respond to women in ways that are sensitive and validating. For example:

> I definitely think there could be more training. Those first responding law enforcement officers, those deputies, those patrol officers, all need more training. Because they are the ones that are responding to those sexual assaults. More training on sensitivity and questions and how to respond that is not victim-blaming, that is empathetic.

Women also recommended service providers be trained to interact with survivors in a more comforting and sensitive manner. For example, one woman suggested, "I think they need to be a little more prepared to work with victims because the kind of language and the way they handle things can be hurtful, especially when you're going through the shock of rape." Similarly, another woman shared: "Just because charges aren't going to be pressed doesn't mean she can talk to me in like a condescending manner. It doesn't change the fact that it happened. So just maybe some sensitivity training."

Similar to recommending that service providers be more sensitive to trauma-related responses, women suggested that training of service providers include education about these common trauma-related responses. One woman suggested:

> [Providers should] educate themselves about it [sexual assault responses]. One of the big things that I did see at the [police department, while volunteering] is that a lot of women would be in a state of shock so they're not crying or anything and the police would take that as they must be lying. So they need to educate themselves about trauma and also learn to be tactful with what they say.

Women also recommended that service provider training include education about reporting behaviors of survivors of sexual assault. One woman said, "I think more competency training would be helping in that situation, like them realizing that it's extremely rare that women will lie about those kinds of things."

## Discussion

Whereas little research describes women's own recommendations for improving services for sexual assault survivors, the current study asked women directly about their advice for service providers broadly. Strikingly,

nearly all women in the study (91%) offered specific recommendations to improve victim services for survivors of sexual assault, demonstrating the importance of using methods in both research and practice that elicit expertise and ideas from survivors themselves. Six specific recommendations were common among the women who participated in the current study: (1) ensuring availability of a female officer or provider for interacting with survivors, (2) improving communication with survivors as well as within and between criminal justice or community organization departments, (3) providing information about and/or helping survivors obtain resources, (4) believing and not blaming survivors for the sexual assault, (5) demonstrating greater sensitivity to and understanding of trauma-related responses and approaching survivors with greater overall care and compassion, and (6) implementing better training on effectively working with survivors.

A majority of these recommendations are consistent with factors that predict women's well being following sexual assault. For example, women in this sample urged service providers to believe and not blame survivors. Research links believing victims with better recovery and adjustment following the assault (e.g., Ullman, 1996b), and blaming survivors with greater psychological distress and posttraumatic stress symptoms (Campbell & Raja, 2005; Campbell et al., 1999). Additionally, fear of not being believed by providers has emerged in other research as a barrier to accessing services (Sable, Danis, Mauzy, & Gallagher, 2006). Consistent with public awareness campaigns that emphasize believing survivors (e.g., Start By Believing, End of Violence Against Women International, n.d.), this study's findings and the larger literature suggest that by believing and not blaming survivors, service providers may benefit survivors' well-being and increase service utilization.

Women in this study also recommended that a female officer and/or provider be available. This recommendation appeared to underscore women's desires to interact with someone who is understanding, sensitive, and believes women because recommendations for a female responder were generally made along with an overarching recommendation that service providers approach survivors with greater care and compassion. Women in this study also emphasized the need for better education for all service providers on dynamics of sexual assault and trauma consequences. For example, women's comments pointed to the importance of service providers understanding that memory disruptions can occur following sexual assault (Halligan, Michael, Clark, & Ehlers, 2003), and that survivors' recall of sexual assault may appear disorganized or incomplete. Beyond the manner in which providers interact with survivors, understanding the effects of trauma could be particularly relevant to the procedures around cognitively demanding tasks such as police interviews. Being trained in trauma-informed approaches would provide professionals––from both the criminal justice system and community-based agencies––with the tools needed to engage with survivors

in a validating way, which in turn, may support survivors who want to engage in services to do so (see DePrince & Gagnon, in press, for further details on trauma-informed approaches).

Women in this current study also recommended that service providers maintain better communication with survivors. Women described wishing that all service providers (including community- and criminal justice service-based providers) consistently communicated with and checked in on survivors. By communicating with survivors, service providers can better learn about survivors' needs and how to best help in the recovery process. For example, women valued when service providers followed up with them months after the sexual assault to see if they needed any additional resources. Women also recommended that there be better communication within and across departments. For example, better communication among hospital staff would minimize the number of times a woman has to re-tell her story while seeking medical services.

Lastly, women recommended service providers make resources more easily accessible. In line with other studies that have asked women for recommendations on how to improve services (e.g., Logan et al., 2005; Monroe et al., 2005), women in the current study also recommended further funding of victim services for sexual assault survivors, including expanding mental health services. Consistent with the literature on community-coordinated responses, survivors' overall well-being may benefit from connecting with the diverse resources they need following sexual assault––ranging from mental health and medical services to housing options and financial support (e.g., DePrince, Labus, Belknap, Buckingham, & Gover, 2012a; DePrince, Labus, Belknap, Buckingham, & Gover, 2012b). However, survivors frequently do not know how or where to access such services. Service providers, therefore, should be aware of service options beyond their specific domain, and be able to connect survivors with appropriate services. For example, if a woman calls a crisis line following a sexual assault and discusses concerns related to her mental health, that provider could refer her to a mental health professional who specializes in sexual assault recovery. Women in the study also recommended a single website or hotline that provides information for all resources for survivors of sexual assault, which would serve as an alternative route to connecting women with services they need following sexual assault.

## *Limitations and conclusions*

Limitations of the current study should be considered. The sample comprised only women who disclosed their sexual assault to a formal support person. As many women do not disclose their sexual assault experiences (e.g., Tillman, Bryan-Davis, Smith, & Marks, 2010), the generalizability of

recommendations should be considered. That said, the sample included women who did and did not disclose to law enforcement, allowing us to gather recommendations from women who made different decisions about reporting. Future studies should approach qualitative research with survivors of sexual assault who have not disclosed their assault, as these women may have specific recommendations to address barriers to service utilization. Women participating in the current project were recruited in a large metropolitan area, which likely differs from the service-seeking experience of survivors in rural areas. Further, while many of the experiences and recommendations shared during this study likely generalize to male, transgender, or gender-nonconforming survivors of sexual assault, there may be different patterns of experiences or recommendations among survivors who do not identify as women.

With those limitations in mind, the open-ended approach used in this study offers new insight into ways that victim services can better serve survivors of sexual assault. The longitudinal design of the larger project offered a way for us to hear from diverse women about their recommendations at multiple points. The current study adds to the existing literature by learning about women's experiences using a qualitative, open-ended approach, focused on both criminal justice and community-based services. Further, by using an open-ended interview approach with a diverse sample of women, the current study was able to capture women's voices that oftentimes may go unheard.

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