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Characteristics and Life Experiences Associated with Receiving a Rape Disclosure within a National Telephone Household Probability Sample of Women

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Abstract

Disclosure of rape to informal support sources is relatively common, but not well understood. This study expands our limited knowledge of disclosure recipients' experience by examining associations between their socio-demographic and life experiences with receipt of a rape disclosure and encouragement of the victim to formally report her assault. Over 35% of the 3,001 community-residing women in this national sample reported receiving a rape disclosure. Women who had a personal history of sexual assault, met lifetime diagnostic criteria for posttraumatic stress disorder or depression, met past-year diagnostic criteria for substance abuse, engaged in monthly binge drinking and non-experimental substance use, and sought help for emotional concerns were significantly more likely to be recipients. Approximately two-thirds (69%) of disclosure recipients encouraged the victim to formally report the rape, and encouragement was also significantly associated with these characteristics. Implications of these findings for improving the disclosure process are provided.

National surveys show that nearly one in five (18%) US women will be victims of an attempted or completed rape in their lifetimes (Black et al., 2011; Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007). The majority of victims disclose to at least one other person. Disclosure differs between samples, with approximately two-thirds of victims in a national survey of college students (Fisher, Daigle, Cullen, & Turner, 2003), and over 80% of victims from self-selecting community samples of women (Ahrens, Cabral, & Abeling, 2009; Starzynski, Ullman, Filipas, & Townsend, 2005; Ullman & Filipas, 2001), reporting disclosure. Although extensive research exists regarding the effects of disclosure on victims and its potential benefits (Ruggiero et al., 2004; Smith et al., 2000; Ullman, 2000; Ullman & Filipas, 2001a), little work has examined the experience and reactions of disclosure recipients. Research targeting this population is important because disclosure recipients are in a unique position to affect the level of formal and informal support (e.g., medical care, support) received by victims, as well as the likelihood of reporting the crime to law enforcement.

The limited research in this area has focused on college students; approximately one-third of surveyed students report receiving a sexual assault disclosure in both single-school (Banyard, Moynihan, Walsh, Cohn, & Ward, 2010; Dunn, Vail-Smith, & Knight, 1999) and national samples (Paul, Walsh, McCauley, Ruggiero, Resnick, & Kilpatrick, 2012). The

majority of recipients reported positive disclosure experiences, but a substantial proportion experienced distressing emotions (Ahrens & Campbell, 2000; Banyard et al., 2010). Although research describing these experiences is important, more research is needed to learn more about relevant characteristics and histories of disclosure recipients and how they relate to the experience of receiving a sexual assault disclosure. Such information may be used to inform development of targeted educational initiatives intended to prepare individuals for the experience of receiving a disclosure. Previous research by our group (Paul, Walsh, McCauley, Ruggiero, Resnick & Kilpatrick, 2013) identified meaningful differences between disclosure recipients and non-recipients within a national sample of female undergraduates, with disclosure recipients more likely to report a personal history of sexual assault, posttraumatic stress disorder (PTSD), substance abuse and regular binge drinking, as well as current employment. No information is available to corroborate the presence of these characteristics, or suggest others, among community-residing disclosure recipients.

As noted, disclosure recipients are in a unique position to facilitate formal reporting of rape (Kilpatrick et al., 2007; Patterson & Campbell, 2010; Paul, Resnick, Zinzow, McCauley, & Kilpatrick, 2013), in addition to providing victims with emotional support and connection to formal services (e.g., medical and mental health care; Ahrens, Campbell, Ternier-Thames, Wasco, & Sefl, 2007; Filipas & Ullman, 2001; Ullman, 1999; 2010). Formal reporting is necessary to initiate legal process involvement, including identification and prosecution of the perpetrator, which may prevent the commission of future rapes (Bachman, 1998; Kilpatrick, Edmunds, & Seymour, 1992; Wolitzky-Taylor, Resnick, McCauley, Amstadter, Kilpatrick, & Ruggiero, 2011). One study showed that over 60% of men who reported engaging in, but were not prosecuted for, rape were repeat rapists, perpetrating an average of 5.8 assaults (Lisak & Miller, 2002), underscoring the importance of this process. Unfortunately, formal reporting rates are notably low, with only 15.8% of victimized participants in the National Women's Study-Revised (NWS-R) responding that they reported their only, or most recent, rape experience to the police (Wolitzky-Taylor et al., 2011), consistent with a previous national survey (e.g., Kilpatrick et al., 1992). However, little is known about disclosure recipients' potential role in this process, making it important to identify characteristics of those recipients who encourage formal rape reporting.

This study extends prior work by describing the characteristics of disclosure recipients in a national telephone household probability sample of women. It is an important next step in this line of research, as the extant literature only reflects disclosure receipt experiences among college women, and more generalizable information about community populations is needed. The characteristics of disclosure recipients are assessed with respect to two research questions: (a) What socio-demographic and life experience characteristics are associated with receiving a rape disclosure?; and (b) What socio-demographic and life experience characteristics are associated with encouraging the rape victim to formally report her assault?

Method

Participants and Procedure

Participants in the study were 3,001 women who responded to the NWS-R, a random-digital telephone survey of the prevalence and characteristics of forcible rape (FR; i.e., rape that involves force, threat of force, or injury during the assault), drug- and alcohol-facilitated rape (DAFR; i.e., the perpetrator deliberately gives the victim drugs or alcohol without her permission or tries to get her intoxicated, and then rapes her when she is passed out, or awake but too drunk or high to know what she is doing or to control her behavior) and incapacitated rape (IR; i.e., the victim voluntarily uses drugs or alcohol and is raped when she is passed out, or awake but too drunk or high to know what she is doing or to control her behavior). The study sample was comprised of two population samples: a national cross-section of 1,998 women aged 18-34 and a national cross-section of 998 women aged 35 and older; 5 additional participants did not confirm age. The overall completion rate (completed interviews / [completed interviews + qualified refusals + qualified callbacks]) was 78.6%. The samples were geographically stratified to account for population distribution and weighted to be consistent with 2006 US Census estimates. The mean weighted age was 46.58 ($SD = 17.87$), with a range of 18-76. The 20-minute structured phone survey was conducted by trained female interviewers at SRBI, Inc. For a detailed description of the methodology, see previous research published using the NWS-R (e.g., Kilpatrick et al., 2007; Wolitzky-Taylor et al., 2011).

Measures

Socio-demographics—Participants' provided information about socio-demographic characteristics including age, ethnicity, education, marital status, household income and employment (full- or part-time versus unemployed).

Disclosure history—Participants were asked whether or not they had received a FR disclosure and a DAFR/IR disclosure in separate questions. Participants were categorized as rape disclosure recipients if they endorsed either or both of those experiences. Encouragement of reporting was assessed following both of these questions by asking participants if they encouraged the rape victim to report the assault to “the police or other authorities.”

Life experiences—Participants were asked to provide information about their FR and DAFR/IR history using closed-ended behaviorally-specific questions. Lifetime PTSD and depression diagnoses were assessed using the structured interviews from the original NWS (Kilpatrick et al., 2003; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). These questions are based on the diagnostic criteria set forth in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association [APA], 1994). These interviews are psychometrically sound and have empirical support for their concurrent validity and reliability (e.g., temporal stability, internal consistency, diagnostic reliability; Kilpatrick et al., 2003; Resnick et al., 1993). Participants' lifetime mental health services seeking was assessed using a single item that asked about ever seeking professional help for

emotional problems. Coefficient alphas within this sample were .92 and .89 for the PTSD and depression modules, respectively.

Participants' past-year substance abuse was assessed using questions from the NWS, consistent with DSM-IV criteria. Participants' frequency of use of alcohol, marijuana and other illicit drugs (e.g., cocaine, club drugs) in the past year was assessed, along with possible negative consequences (e.g., legal problems, difficulties at work). With respect to other risky substance use behaviors in the past year, participants were asked whether they engaged in binge drinking (i.e., 5 or more drinks in one sitting) at least 12 times in the last year, used marijuana on 4 or more occasions or used illicit drugs on 4 or more occasions, approximating the criteria for non-experimental and significant drug use, per the Diagnostic Interview Schedule (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997; Robins, Helzer, Cottler, & Goldring, 1988).

Statistical Analyses

Chi-square analyses were used to describe disclosure recipients with respect to two important domains: socio-demographic characteristics (e.g., age, ethnicity) and life experiences (e.g., personal rape history, mental health history). The variable domains were assessed with respect to two outcomes: receipt of a rape disclosure and encouragement of formal rape reporting. Encouragement of reporting was used as an outcome to provide additional context regarding the disclosure experience, particularly given the valuable role that informal support providers may play in encouraging rape reporting (e.g., Kilpatrick et al., 2007; Patterson & Campbell, 2010).

Results

Descriptive and Bivariate Analyses for Disclosure Recipients

Overall, 35.1% ($n = 1054$) of women in the sample reported receipt of disclosure. Among the disclosure recipients, 92.8% ($n=978$) reported receipt of an FR disclosure, whereas only 39.2% ($n=413$) of women reported receiving a DAFR/IR disclosure. Receipt of FR and DAFR/IR disclosures was not mutually exclusive, in that women could report receiving separate FR and DAFR/IR disclosures, or a single disclosure could contain elements of both FR and DAFR/IR. Thus, analyses were conducted on disclosure receipt overall.

Bivariate analyses revealed statistically significant differences in age, marital status, education level, and employment status, such that disclosure recipients were significantly more likely to be younger, an ethnic minority, unmarried, employed and college-educated or beyond when compared to non-recipients. Disclosure recipients were also more likely than non-recipients to have a lifetime history of PTSD and depression, past-year substance abuse, past-year non-experimental marijuana use, past-year non-experimental other illicit drug use, past-year monthly binge drinking, a lifetime history of rape, and a history of ever seeking professional help (see Table 1).

Descriptive and Bivariate Analyses for Encouragement to Report Rape to Authorities

Over two-thirds of disclosure recipients (69%; $n = 724$) reported encouraging the victim to report her rape to authorities. Among the 978 FR disclosure recipients, 69% ($n = 675$) encouraged the victim to report the incident, whereas among the 413 DAFR/IR disclosure recipients, 77% ($n = 317$) encouraged reporting the incident; encouragement of reporting FR and DAFR/IR incidents was not mutually exclusive, thus analyses were conducted on encouragement of reporting overall. Bivariate analyses indicated that women who encouraged reporting of any type of rape to the authorities were significantly more likely to be younger, an ethnic minority, unmarried, employed, college-educated or beyond, and making more than \$100,000 annually when compared to those who did not encourage reporting. Participants who encouraged any type of reporting also were more likely to have a lifetime history of PTSD and depression, past-year substance abuse, past-year non-experimental marijuana use, past-year non-experimental other illicit drug use, past-year monthly binge drinking, a lifetime history of rape, and ever seeking professional help.

Discussion

Approximately one-third of women in this study reported that they were recipients of a rape disclosure. This estimate is consistent with those from the available research on college samples (Banyard et al., 2010; Dunn et al., 1999; Paul et al., 2012) and highlights the relevance of the disclosure experience to a sizeable proportion of American women. The majority of disclosure recipients (92.8%) reported receiving FR disclosures, which may be a function of the higher prevalence of FR than DAFR/IR in this population (Kilpatrick et al., 2007). Although less common, a significant minority (39.2%) of recipients reported receiving a disclosure of a DAFR/IR incident, suggesting that, although formal reporting of DAFR/IR is low (Kilpatrick et al., 2007; Wolitzky-Taylor et al., 2011), many victims turn to informal sources for support.

Disclosure recipients were more likely than non-recipients to be younger, ethnic minorities, unmarried, college-educated and employed. These findings may reflect a selection process by which victims seek out individuals whom they perceive as stable and secure, or with access to, or knowledge of, available resources. With respect to life experiences, recipients were more likely than non-recipients to have their own rape history, their own mental health history (PTSD and depression), report past year abuse and/or misuse of alcohol, marijuana, and illicit drugs, and have sought professional help for mental health problems in the past. These findings may, at least in part, be attributable to shared high-risk environs (e.g., bars; Buddie & Parks, 2003) and/or behaviors that may increase risk for rape (e.g., drug use; Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997). For example, selection of disclosure recipients may be a function of joint engagement in substance use, which may lower inhibitions and result in disclosure (e.g., drinking; Dunn et al., 1999), or the victim's perception of some quality about the recipient that may increase the likelihood of a positive response to disclosure (e.g., mental health treatment history). These disclosures also may occur in a context in which the victim and recipient are both seeking care for similar concerns (e.g., group therapy for sexual assault victims, substance use treatment groups). Alternately, but also consistent with the findings, victims may disclose to someone that they

see engaging in risky behaviors to provide a cautionary tale in hopes of preventing future victimization. The current study is limited in its ability to assess mechanisms involved in disclosure recipient selection and is unable to speak to these hypothesized mechanisms; however, future research should assess the process of disclosure recipient selection.

A significant majority (69%) of disclosure recipients indicated encouraging formal reporting of the incident to police or other authorities. Characteristics of disclosure recipients who encouraged victims to report were identical to those for disclosure recipients more generally, with the addition of an income of \$100,000 or greater, thus giving some direction with respect to variables that may affect the behavior of recipients with respect to formal rape reporting. Whereas the high rates of this encouragement is promising, future research should assess the extent to which this formal reporting was encouraged and specific assault-related characteristics associated with encouragement to report to evaluate how these experiences may factor into recipients' encouragement of formal rape reporting. Although research with college populations demonstrates that victims of alcohol-related assaults are significantly more likely to disclose to informal recipients (e.g., family, friends) in both single-school (Orchowski & Gidycz, 2012) and national (Fisher et al., 2003) samples, victims of alcohol-related assaults in a self-selected community sample were significantly less likely to disclose to anyone compared to victims of non-alcohol-related assaults (Ullman & Filipas, 2001b). Connection to formal reporting is important given its potential value for some victims, making further study of rape tactics and their association with encouragement of reporting a valuable direction for future research.

In interpreting these findings, several important limitations must be noted. The current study focused on women's victimization experiences; receipt of a disclosure and encouragement of reporting were assessed, but broadly and with limited follow-up assessment regarding characteristics of the disclosed assault, recipient reactions to the disclosure, and the extent of recipient's encouragement of reporting the incident to authorities. Further, women interviewed for the current study were required to have a landline telephone, thus limiting the generalizability of findings. Finally, all data were self-reported and cross-sectional, introducing the potential for inaccuracy due to recall bias and the influence of social desirability, and preventing examination of causal relations between variables.

The current study is an important step toward describing the characteristics and life experiences of disclosure recipients. Importantly, this survey extends previous research among women in the community by going beyond self-selected samples to a national telephone household probability sample. However, further research is needed to more clearly assess the rape disclosure experience from the perspective of both the victim and the disclosure recipient. Future research would benefit from concurrent assessment of information about the rape disclosed (e.g., relationship to the perpetrator, perpetrator use of force) and disclosure recipients' response to the disclosure, including how the recipient interacted with the victim (e.g., positive vs. negative reactions) and the recipients' personal reaction to the disclosure (e.g., distress, personal concern for safety, change in the way the victim is viewed). This information, in combination with knowledge of this population's characteristics, can then be used to inform efforts to provide support to potential disclosure recipients, including what groups to target with such an intervention, and how to best tailor

content for them. It is hoped that these efforts will not only help those in the audience, but also indirectly help rape victims who may benefit from the information and support provided to potential disclosure recipients.

References

- Ahrens CE, Cabral G, Abeling S. Healing or hurtful: Sexual assault survivors' interpretations of social reactions from support providers. *Psychology of Women Quarterly*. 2009; 33:81–94.
- Ahrens CE, Campbell R. Assisting rape victims as they recover from rape: The impact on friends. *Journal of Interpersonal Violence*. 2000; 15:959–986.
- Ahrens CE, Campbell R, Ternier-Thames NK, Wasco SM, Sefl T. Deciding whom to tell: Expectations and outcomes of rape survivors' first disclosures. *Psychology of Women Quarterly*. 2007; 31:38–49.
- American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 4th ed. Author; Washington, DC: 1994.
- Bachman R. The factors related to rape reporting behavior and arrest: New evidence from the National Crime Victimization Survey. *Criminal Justice and Behavior*. 1998; 25:8–29.
- Banyard VL, Moynihan MM, Walsh WA, Cohn ES, Ward S. Friends of victims: The community impact of unwanted sexual experiences. *Journal of Interpersonal Violence*. 2010; 25:242–256. [PubMed: 19506165]
- Black, MC.; Basile, KC.; Breiding, MJ.; Smith, SG.; Walters, ML.; Merrick, MT.,; Stevens, MR. The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; Atlanta, GA: 2011.
- Buddie AM, Parks KA. The role of the bar context and social behaviors on women's risk for aggression. *Journal of Interpersonal Violence*. 2003; 18:1378–1393. [PubMed: 14678612]
- Dunn PC, Vail-Smith K, Knight SM. What date/acquaintance rape victims tell others: A study of college student recipients of disclosure. *Journal of American College Health*. 1999; 47:213–219. [PubMed: 10209915]
- Filipas HH, Ullman SE. Social reactions to sexual assault victims from various support sources. *Violence and Victims*. 2001; 16:673–692. [PubMed: 11863065]
- Fisher BS, Daigle LE, Cullen FT, Turner MG. Reporting sexual victimization to the police and others: Results from a national-level study of college women. *Criminal Justice and Behavior*. 2003; 30:6–38.
- Kilpatrick DG, Acierno R, Resnick HS, Saunders BE, Best CL. A 2-year longitudinal analysis of the relationships between violent assault and substance use in women. *Journal of Consulting and Clinical Psychology*. 1997; 65:834–847. [PubMed: 9337502]
- Kilpatrick, DG.; Edmunds, CN.; Seymour, AK. Rape in America: A report to the nation. National Victim Center and Medical University of South Carolina; Arlington, VA: 1992.
- Kilpatrick, DG.; Resnick, HS.; Ruggiero, KJ.; Conoscenti, LM.; McCauley, J. Drug-facilitated, incapacitated, and forcible rape: A national study. U.S. Department of Justice, National Institute of Justice; Washington, DC: 2007. NCJ 219181
- Kilpatrick DG, Ruggiero KJ, Acierno R, Saunders BE, Resnick HS, Best CL. Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey for Adolescents. *Journal of Consulting and Clinical Psychology*. 2003; 71:692–700. [PubMed: 12924674]
- Lisak D, Miller PM. Repeat rape and multiple offending among undetected rapists. *Violence and Victims*. 2002; 17:73–84. [PubMed: 11991158]
- Orchowski LM, Gidycz CA. To whom do college women confide following a sexual assault? A prospective study of sexual assault disclosure and social reactions. *Violence Against Women*. 2012; 18
- Patterson D, Campbell R. Why rape victims participate in the criminal justice system. *Journal of Community Psychology*. 2010; 38:191–205.

- Paul, LA.; Resnick, HS.; Zinzow, HM.; McCauley, JL.; Kilpatrick, DG. The role of consultation regarding whether to report a rape to police in actual reporting behaviors within a national sample of women. 2013. Manuscript submitted for publication
- Paul, LA.; Walsh, K.; McCauley, JL.; Ruggiero, KJ.; Resnick, HS.; Kilpatrick, DG. College women's experiences with rape disclosure: A national study. 2013. Manuscript accepted for publication by Violence Against Women
- Resnick HS, Kilpatrick DG, Dansky, B S, Saunders BE, Best CL. Prevalence of civilian trauma and posttraumatic stress disorder in a representative national sample of women. *Journal of Consulting and Clinical Psychology*. 1993; 61:984–991. [PubMed: 8113499]
- Robins, L.; Helzer, J.; Cottler, L.; Goldring, E. NIMH Diagnostic Interview Schedule. Washington University Press; St. Louis, MO: 1988. Version 3, revised
- Ruggiero KJ, Smith DW, Hanson RF, Saunders BE, Kilpatrick DG, Resnick HS, Best CL. Is disclosure of childhood rape associated with mental health outcome? Results from the National Women's Study. *Child Maltreatment*. 2004; 9:62–77. [PubMed: 14870998]
- Smith DW, Letourneau EJ, Saunders BE, Kilpatrick DG, Resnick HS, Best CL. Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*. 2000; 24:273–287. [PubMed: 10695522]
- Starzynski LL, Ullman SE, Filipas HH, Townsend SM. Correlates of women's sexual assault disclosure to informal and formal support sources. *Violence and Victims*. 2005; 20:417–432. [PubMed: 16250409]
- Ullman SE. Social support and recovery from sexual assault: A review. *Aggression and Violent Behavior*. 1999; 4:343–358.
- Ullman SE. Psychometric characteristics of the Social Reactions Questionnaire: A measure of reactions to sexual assault victims. *Psychology of Women Quarterly*. 2000; 24:257–271.
- Ullman, SE. Talking about sexual assault: Society's response to survivors. American Psychological Association; Washington, DC: 2010.
- Ullman SE, Filipas HH. Predictors of posttraumatic stress disorder symptom severity and social reactions in sexual assault victims. *Journal of Traumatic Stress*. 2001a; 14:369–389. [PubMed: 11469163]
- Ullman SE, Filipas HH. Correlates of formal and informal support seeking in sexual assault victims. *Journal of Interpersonal Violence*. 2001b; 16:1028–1047.
- Wolitzky-Taylor K, Resnick HS, McCauley JL, Amstadter AB, Kilpatrick DG, Ruggiero KJ. Is reporting of rape on the rise? A comparison of women with reported versus unreported rape experiences in the National Women's Study-Replication. *Journal of Interpersonal Violence*. 2011; 26:807–832. [PubMed: 20522886]

Table 1
Logistic Regression Analyses Predicting Any Disclosure Receipt or Encouragement of Reporting

Characteristic	Receipt of Disclosure (n = 1054)			Encouraged Reporting (n = 724)		
	Yes M (SD)	No M (SD)	p	Yes M (SD)	No M (SD)	p
Age	41.2 (15.0)	49.5 (18.6)	<.001	39.5 (14.1)	48.8 (18.4)	<.001
Characteristic	% Yes (n)	% No (n)	p	% Yes (n)	% No (n)	p
Race			<.001			<.001
White	76.0 (802)	79.5 (1547)		74.8 (541)	79.4 (1807)	
Black	13.3 (140)	194 (10.0)		15.1 (109)	9.9 (225)	
Hispanic	6.2 (65)	4.8 (93)		6.4 (46)	5.0 (113)	
Native American	2.5 (26)	1.6 (31)		1.9 (14)	1.9 (43)	
Asian	1.4 (15)	1.8 (35)		1.4 (10)	1.8 (40)	
Married	50.9 (535)	59.0 (1145)	<.001	49.2 (355)	58.4 (1326)	<.001
Employed	67.9 (714)	54.6 (1062)	<.001	70.5 (509)	55.7(1268)	<.001
Education			<.001			<.001
Less than HS	6.3 (66)	9.4 (183)		7.6 (55)	8.5 (194)	
High School Diploma	20.9 (220)	30.6 (595)		21.4 (155)	29.0 (660)	
College and Beyond	72.9 (768)	60.0 (1158)		71.0 (514)	62.5 (1422)	
Income			.17			<.05
<20K	20.9 (208)	21.9 (383)		21.1(145)	21.7 (446)	
20K-60K	39.8 (396)	42.9 (749)		39.1 (268)	42.7 (876)	
60K-100K	25.3 (252)	23.0 (401)		23.9 (164)	23.8 (488)	
>100K	14.1 (140)	12.1 (212)		15.9 (109)	11.8 (243)	
PTSD (ever)	28.1 (296)	10.7 (209)	<.001	29.6 (214)	12.8 (291)	<.001
Major Depression (ever)	21.9 (231)	7.8 (152)	<.001	24.6 (178)	9.0 (205)	<.001
Substance Abuse (past year)	11.1(117)	4.4 (85)	<.001	11.5 (83)	5.2 (119)	<.001
Marijuana Use (4+ past year)	7.7 (81)	1.9 (37)	<.001	8.3 (60)	2.5 (58)	<.001
Other Illicit Drug Use (4+ past year)	2.0 (21)	0.3 (6)	<.001	2.3 (17)	0.4 (10)	<.001
Binge Drinking (12+)	6.7 (70)	3.0 (57)	<.001	6.1 (44)	3.7 (83)	<.01

Characteristic	Receipt of Disclosure (<i>n</i> = 1054)			Encouraged Reporting (<i>n</i> = 724)		
	Yes <i>M</i> (<i>SD</i>)	No <i>M</i> (<i>SD</i>)	<i>p</i>	Yes <i>M</i> (<i>SD</i>)	No <i>M</i> (<i>SD</i>)	<i>p</i>
Age	41.2 (15.0)	49.5 (18.6)	<.001	39.5 (14.1)	48.8 (18.4)	<.001
Characteristic	% Yes (<i>n</i>)	% No (<i>n</i>)	<i>p</i>	% Yes (<i>n</i>)	% No (<i>n</i>)	<i>p</i>
times past year						
Sexual Assault (ever)	39.6 (417)	9.4 (183)	<.001	39.6 (287)	13.8 (314)	<.001
Sought Professional Help (ever)	55.8 (587)	29.2 (567)	<.001	56.1 (405)	33.0 (749)	<.001