

Barriers to Reporting Sexual Assault for Women and Men: Perspectives of College Students

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Abstract. The authors asked college students to rate the importance of a list of barriers to reporting rape and sexual assault among male and female victims. The authors' findings indicate that barriers prevalent 30 years ago, prior to efforts by the rape reform movement, continue to be considered important among college men and women. The barriers rated as the most important were (1) shame, guilt, embarrassment, not wanting friends and family to know; (2) concerns about confidentiality; and (3) fear of not being believed. Both genders perceived a fear of being judged as gay as an important barrier for male victims of sexual assault or rape and fear of retaliation by the perpetrator to be an important barrier for female victims.

Key Words: barriers to reporting, college students, rape, sexual assault

The 1970s marked the beginning of the rape reform movement, an era in which feminists partnered with law enforcement to secure the passage of numerous federal and state laws that broadened the definition of rape and altered rape trial procedures.¹ The credibility of rape allegations had been weighed previously against the time that elapsed between the crime and its report, by whether the story could be corroborated, by the extent of personal resistance to the attack, and by a review of the victim's prior sexual encounters.² This focus on the victim had contributed to a blame-the-victim mentality, characterized by survivors and advocates as a revictimization by the criminal justice system.³

During the past 30 years, legal reforms have been initiated to help reduce the psychological and systems barriers

that have discouraged rape and sexual assault victims from reporting the crime. These changes, in turn, have helped support victims' participation in the prosecution of offenders. Efforts have included a reorientation toward prosecuting perpetrators, rather than discrediting victims.^{3,4} In addition, public education campaigns and rape awareness activities on college campuses have been undertaken.⁵⁻⁶ The legal system now classifies sexual offenses by severity (ie, aggravated sexual abuse, abusive sexual contact, etc.), with progressively harsher penalties and a focus on the perpetrator's actions.

This reorientation also has extended the definitions of rape and sexual assault. Rape is a term generally used to indicate an act of forced or coerced oral, anal, or vaginal penetration.⁷ The terms sexual assault and sexual abuse are often used interchangeably and refer to "unwanted sexual acts — ranging from exhibitionism to penetration — that involve threats of physical force, intimidation and deception."^{7(p53)} Whereas laws differ by state, nearly all states have enacted rape shield laws that disallow interrogating the victims about their sexual history.⁸ Several states also provide privacy protection by excluding or limiting public exposure of the victim's identifying information (such as name, address, and telephone number).⁹ Most laws are now gender and relationship neutral.¹⁰

Despite this progress, rape and sexual assault continue to be major public health and criminal justice concerns in the general population, as well as on college campuses. The National Violence Against Women Survey (NVAWS) found that 17.6% of adult women experienced a completed or an attempted rape during a lifetime.¹¹ The National College Women Sexual Victimization Survey (NCWSVS) reports the rate for college women to be 27.7 rapes per 1000 female students.¹² With recent attention on the clergy abuse scandals, sexual violence against men is receiving more notice. Estimates of the lifetime prevalence of sexual assaults against men range from 3% to 10% of all sexual assault victims.^{11,13,14} Researchers in one study of a large urban area

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approximate that 5% to 10% of rape victims are male.¹⁵ Contrary to the common belief that male rape occurs only in a prison setting, one community study indicated 19% of all male victims reporting assault to be from the community.¹⁶

Despite legal reform and education efforts, rape and sexual assault remain among the more underreported crimes across the country,¹⁷ for male and female victims. In 1995, an estimated 260,300 attempted or completed rapes were reported among persons aged 12 years or older.¹⁸ However, during that same year, the number of rapes reported to law enforcement was only 97,460,¹⁸ or less than half of all the sexual crimes that had occurred. According to the NCWSVS, fewer than 5% of completed or attempted rapes against college-age women are reported to law enforcement; a majority of victims (66%) tell friends but not family or school officials.¹² In one study of 650 college-age women, 42% reported that they had been victims of sexual coercion, but only 28% of the victims sought help. Among those who did seek help, most (75%) sought it from a friend rather than from a professional.^{19,20} Koss similarly found that 42% of college female rape victims had never told anyone about the incident.²¹

Men are perhaps more likely than are women not to report a rape or sexual assault.²² Researchers in a UK study found that among 115 men who eventually sought services from a special counseling service for male victims of rape, 79% sought no help after the incident and only 15% reported it to the police; the mean time that elapsed in seeking care was 7.3 years for those assaulted at age 16 years or older.²³ The lack of attention to male sexual assault victimization has allowed society to dismiss the problem as a behavior that occurs in the gay community or prison environment. Study results suggest, however, that men might be more likely to report assaults if they can prove they could not have protected themselves from bodily injury.¹⁴

The most common barriers to reporting rape and sexual assault have been characterized by the following survivor sentiments: "it was a private matter, took care of it informally," "afraid of reprisal from offender or other," "reported to another official," "minor incident," "not clear it was a crime," "did not want the offender to get in trouble," "police would not think it was important or would be inefficient or ineffective," "police would be biased or cause the respondent trouble," and "could not identify the offender."²⁴ (p. 21) Among women, lack of confidentiality also has appeared to be another important issue in rape reporting.²⁴ In a study of 236 female victims of acquaintance rape, researchers found guilt and self-blame to be significant reasons for not reporting the incident.²⁴ Furthermore, a victim's decision-making process can be influenced heavily by the relationship to the offender.^{21,25-27}

Exploring gender differences about the perceived importance of barriers could broaden our understanding of factors that contribute to underreporting and could help to distinguish commonalities as well as differences in barriers to reporting. Some studies examined the impediments to men reporting rape and sexual assault.²⁸⁻³¹ Similarities in per-

ceived barriers, regardless of the victim's gender, as well as differences in barriers dependent upon the victim's gender, could inform policy and program development that would help eliminate these barriers.

In this study, we sought to extend the knowledge about the perceived importance of barriers to reporting sexual assaults and rapes and to explore gender differences within a group of college students. We conducted the research during the fall of 1999, at a large, midwestern university, under contract from the state Department of Health, as part of a needs assessment to improve sexual assault prevention and intervention efforts. The focus of this article is the perceived importance among barriers to reporting rape and sexual assault for college women and men. How important are potential barriers to the reporting of rape and sexual assault? What differences, if any, exist between men and women's ratings of the importance of particular barriers? What differences might there be in the perceived importance of barriers by gender of the victim?

METHOD

Instrument and Procedure

The survey instrument, The Rape and Sexual Assault Awareness Campus Survey, consisted of 76 structured items formulated by the authors from qualitative research and a review of similar instruments. The instrument did not include any published or standardized scales that would have provided benchmarks for reliability and validity. An advisory committee comprising experts in the field of sexual assault criminology and officials from the State Department of Health reviewed the instrument for face and content validity. This committee included researchers, masters' level practitioners (social workers and counselors) in the field of sexual assault and rape, and representatives from rape crisis centers. The survey consisted of 6 sections with questions, scenarios, and statements designed to provide information about the participants' perceptions and attitudinal beliefs about rape and sexual assault. In addition, the survey included a series of questions used to gather social and demographic data. The University Institutional Review Board approved the survey.

Male and female respondents rated the level of perceived importance for 13 barriers to reporting for women and 14 barriers to reporting for men, using a 5-point Likert-type scale. We computed frequency distribution, mean scores, and chi-square statistics to examine gender differences regarding perceived importance of barriers to reporting rape and sexual assault. In this study, we examine respondents' perceptions of the importance of factors that prevent victims from seeking help; 27 factors in total were provided to the respondents.

Survey respondents were recruited through the Department of Psychology, Psychology I course, a general education core course that requires students to participate in 5 hours of university-based research. Over the course of 1 month, respondents self-selected to complete the survey;

male and female respondents completed the survey at separate times. The participants received instructions to complete the survey to the best of their ability. Each respondent received contact information for local sexual assault and counseling services upon completion of the survey. Participants gave written consent prior to completing the survey. We did not query participants about their history of sexual assault, nor did we exclude survivors.

Sample

Two hundred and fifteen students participated in the survey. More than half (54.7%) of the respondents were female, and 45.3% were male. Most (83%) were 18 or 19 years old. The majority of respondents were Caucasian (83.6%), with the remainder of African-American descent (10.3%) or of other ethnicities (6.1%). Most respondents (81.8%) were single, with 17.5% identifying themselves as an unmarried partner, and 0.9% as a married partner.

RESULTS

Table 1 shows the relative ratings of importance among a list of 13 barriers to female victims reporting a sexual assault crime, and among a list of 14 barriers to male victims reporting a sexual assault crime. Respondents rated "shame, guilt and embarrassment," "confidentiality concerns," and "fear of not being believed" as the leading perceived barriers to reporting rape for both male and female victims, but these barriers scored significantly higher for men than they did for women ($p < .01$). Respondents perceived the barriers of "fear of retaliation" and "financial dependence on perpetrator/perpetrator interference in seeking help" to be significantly greater for women than for men ($p < .001$). Likewise, the barriers of "does not want family

member or friend to be prosecuted," "lack of resources to obtain help," and "cultural or language barriers to obtaining help" were found to be significantly greater for women than for men ($p < .05$). We compared the scores for female and male respondents to examine whether there were differences by gender regarding their perceptions of barriers to reporting for male and female victims (not shown). Compared with male respondents, female respondents rated "insufficient resources to obtain help" significantly higher as a perceived barrier to reporting for female rape victims ($p < .05$). Compared with female respondents, male respondents rated "shame, guilt, or embarrassment" significantly higher as a perceived barrier for men reporting rape ($p < .01$). Table 2 highlights those barriers that were perceived by the students to be more important for the respective gen-

TABLE 2. Relative Importance of Perceived Barriers to Reporting Rape and Sexual Assault for Female and Male Victims

Group	Barrier perceived as more important
Women	Fear of retaliation by perpetrator Financial dependence on perpetrator/ perpetrator not allowing victim to obtain help Not wanting family member or friend to be prosecuted Lack of resources to obtain help, such as transportation, childcare, money, insurance
Men	Cultural or language barriers to obtaining help Shame, guilt, embarrassment Concerns about confidentiality Fear of not being believed

TABLE 1. College Students' Perceived Importance of Barriers to Reporting Rape and Sexual Assault for Female and Male Victims

Barrier to reporting	Women	Men	<i>p</i>
Shame, guilt, embarrassment	4.0	4.8	<.001
Fear of being judged gay	NA	4.3	NA
Fear of retaliation	4.0	2.4	<.001
Confidentiality concerns	3.8	4.2	<.01
Fear of not being believed	3.7	4.2	<.01
Financial dependence on perpetrator/ perpetrator not allowing help	3.6	2.3	<.001
Does not want family member or friend to be prosecuted	3.4	3.1	<.05
Disbelief in successful prosecution	3.3	3.5	NS
Unaware of importance of treatment	3.3	3.2	NS
Lack of knowledge about how to get help	3.0	3.1	NS
Lack of resources to obtain help	2.9	2.3	<.001
Lack of available services	2.7	2.6	NS
Dislike or distrust of police and justice system	2.4	2.6	NS
Cultural or language barriers to obtaining help	2.3	2.0	<.05

Note. Mean scores for Likert scale: 5 = extremely important; 1 = not important ($n = 215$).
NS = not significant.

ders. Issues that related to lack of resources, fear, and protection of the perpetrator—"fear of retaliation," "financial dependence and insufficient resources," and "does not want perpetrator to be prosecuted," respectively—scored significantly higher for female victims than for male victims. Issues that related to personal dignity—"shame, guilt, embarrassment," "confidentiality concerns," and "fear of not being believed"—scored significantly higher for male victims than for female victims.

COMMENT

The barriers to reporting crimes of rape and sexual assault, historically, have included personal shame, concern for privacy, distrust of criminal justice proceedings, and fear of perpetrator retaliation. Our findings would suggest that dilemmas inherent prior to the rape reform movement remain, despite rape reform research and legislation. Shame, guilt, and embarrassment—not wanting friends and family members to know about the rape or sexual assault—continue to dominate victims' concerns. The failure to report a rape or sexual assault can result from victims' self-blame, with its concomitant feelings of fear, guilt, and shame.^{25,32,33} Although both female and male victims experience self-blame and shame, often the reason for this reaction has a gendered contextual meaning. Society has stereotypes about seductive and vindictive women,³⁴ (p174) which may continue to interfere with women's reporting. Indeed, defense attorneys have used stereotypes about women to prejudice juries against victims, resulting in a reduced chance of prosecution and conviction.³⁵ Many female victims know their attacker, and those who do are less likely to report the assault.^{12,17,36} This fact may be supported by their rating shame and fear of retaliation as of high importance. College women are more likely to be raped or sexually assaulted by a known individual; indeed, 9 in 10 college women who were victims of rape have known their offender.¹² Many female college victims may fail to report because they fear retaliation by the perpetrator.¹² In our study, both male and female respondents rated this fear as a significantly more important barrier for women than for men.

Our report supports literature that differentiates why college-age men do not report rape.²² Compared with women, men may fail to report because reporting is perceived to jeopardize their masculine self-identity. Our respondents perceived "shame, guilt, embarrassment, not wanting friends and family to know about the rape or sexual assault" to be a barrier of significantly greater importance for male victims than for female victims. The high score that fear of being judged as gay received by the respondents may acknowledge society's consideration that male rape occurs in the gay, not the general, community. Research on male rape and the barriers to reporting for men could strengthen rape theory as a crime of power, rather than as an expression of unmet sexual needs^{31, 37} and could increase our knowledge about rape for women and men.¹⁴

Study Limitations

Our study population was a convenience sample of college freshmen who were required to participate in "experiments" as part of their Psychology 1 class assignment. These students are not necessarily representative of all college freshmen, nor of all people in this age group. Furthermore, because our sample was largely white and middle class, we are unable to use our data to understand how class and ethnicity may impact perceived differences. Nevertheless, the barriers identified by this sample represent universal barriers to rape reporting, and we doubt that the students' age made a difference in their perceptions of these barriers.

In this study, we did not ascertain the barriers to reporting sexual assault from the victims themselves, in part, because of the logistical difficulties inherent in recruiting sexual assault victims who did not report. We did not query participants about past history of sexual assault, and it can be expected that some of the participants may have been survivors. We surveyed college students to ascertain their perceptions of barriers to assisting the development of rape and sexual assault awareness education, as requested by the State Department of Health. Our findings identified barriers similar to those noted in the literature.^{22,23,25} Additional research to identify the barriers to reporting from actual victims would be beneficial for further understanding the complexity of these barriers.

Implications and Recommendations

There are a number of reasons to encourage survivors to report assaults. For society, the major benefit would be to heighten awareness of the consequences of the crime, which might result in preventing rape or sexual assault. For survivors, the major benefit may be an increased opportunity to receive the medical and psychological first aid to assist in recovering from an event with significant psychological and physical trauma. When sexual assaults are reported to police or other authorities, women are 9 times more likely to receive timely medical care than are men.³⁸

The results of this study indicate a need for education about the cultural influences on rape and rape reporting.³⁵ Although the majority of victims of rape and sexual assault are women, efforts to dispel the existing myths about rape and its causes for male and female victims must continue.¹³ Although focus on the victim has seemed to prevail, we would do well to continue efforts to educate the populace about rape as crime of violence, rather than as a sexual expression. Education could include comprehensive information about levels of intense violence in our society. Prevention strategies need to be developed for young men who might become perpetrators or victims.³⁰

Our findings indicate the need for greater sensitivity toward male rape victims and confirm the need for recommendations elucidated by others.³⁹ Even though victims are primarily women, services could be tailored to the male victims and their different needs. Our data reflect statistically

significant differences by gender for perceived barriers for men (ie, "shame, guilt, embarrassment," "not wanting friends and family to know about the rape or sexual assault," "confidentiality concerns," and "fear of not being believed"). Men scored higher for the barrier that related to distrust of the police and judicial systems, which, although not significantly greater for men than for women, suggests that rape is still perceived as a female issue. In addition, the barrier of "unawareness about where to obtain help," which scored higher for male victims than for female victims, may be related to the tendency of education and resources to target women. Donnelly and Kerryon³⁰ suggested the inclusion of more resources for men and a continued look at the development of safe reporting environments. Little is known, for example, about the types of environments and services most conducive to men reporting the crime. Resource availability and safe reporting environments for men merit further study.

Colleges and universities have played an important role in educating young people about the health care services for rape and sexual assault.^{5,6,40} Their efforts are strengthened when messages about drug and alcohol use—contributing factors in rape and sexual assault—are integrated into the programs. Furthermore, campus-based rape and sexual assault prevention strategies could develop from collaboration among professional counselors, students, faculty, student health center workers, and campus police; these partners could review local rape statistics and formulate policy specifically designed to make the campus a safe place to learn. By coordinating the efforts of interested campus-based organizations, date rape could be diminished. Any efforts to reduce homophobia among college students, as well as in the society at large, also could minimize the fear of being judged gay as a barrier to reporting sexual assault for male victims.

In this era of HIV/AIDS and other sexually transmitted diseases (STDs), the services that rape crisis counselors provide—emotional first aid, access to healthcare screening and treatment, and information about available emergency contraception—are helpful in ameliorating trauma related to rape and sexual assault. Their services can help rape victims make more informed decisions about reporting. It is possible that student health centers may be the first service contact for rape victims who have not reported the incident. This possibility would support the need for sexual assault and rape crisis education and training among health care providers in student health centers. Such training could include methods for sensitively screening students for rape, as well as information about reporting and counseling. Student health centers also could offer rape awareness programming; they may be recognized as a non-threatening venue for education and support among those reticent to attend such a program outside of a health setting.

Men and women in our study similarly perceive the importance of barriers to reporting rape. A careful design of treatment and intervention modalities, mindful of the persis-

tent attitudinal barriers to their use, may help diminish barriers to reporting the crime of rape. Such a design would do well to incorporate approaches particular to the male victim.

This study has supplied data to support the development of a more informed and proactive approach for our public education efforts. We advise that research in this arena target male and female subjects to inform prevention and intervention policy, thus ensuring that victims of this crime receive the most sensitive and protective treatment we can offer. Further research to identify the participants' preferred methods of education and which educational interventions were most effective in reducing these barriers is recommended. We conclude that research into the perceived importance of barriers to reporting is an important agenda item for the rape reform movement.

NOTE

This study was funded by the Missouri Department of Health. For comments and further information, please address correspondence to Dr. Marjorie R. Sable, University of Missouri-Columbia-School of Social Work, 726 Clark Hall, Columbia, MO 65211-4470 (e-mail: sablem@missouri.edu).

REFERENCES

1. Goldberg-Ambrose C. Unfinished business in rape law reform. *J Soc Issues*. 1992;48:173-185.
2. Bachman R. Predicting the reporting of rape victimizations: have rape reform laws made a difference? *Crim Justice Behav*. 1993;20:254-271.
3. Tomz JE, McGillis D. *Serving Crime Victims and Witnesses*, 2nd ed. Washington, DC: Office of Justice Programs & National Institute of Justice, US Dept of Justice; 1997.
4. Spohn CC, Horney J. The impact of rape law reform on the processing of simple and aggravated rape cases. *J Crim Law Criminol*. 1996;86:861-884.
5. Vickio CJ, Hoffman BA, Yarris E. Combating sexual offenses on the college campus: keys to success. *J Am Coll Health*. 1999;47:283-286.
6. Meilman PW, Haygood-Jackson D. Data on sexual assault from the first 2 years of a comprehensive campus prevention program. *J Am Coll Health*. 1996;44:157-166.
7. Reilly MA. Drawing the Line. *National Rape and Sexual Assault Prevention Project*. Washington, DC: The American College of Obstetricians and Gynecologists; 2000.
8. Soshnick AZ. The rape shield paradox: complainant protection amidst oscillating trends of state judicial interpretation. *J Crim Law Criminol*. 1987;78:644-698.
9. National Center for Victims of Crime. *1996 Victims' Rights Sourcebook: A Compilation and Comparison of Victims' Rights Laws*. Washington, DC: National Center for Victims of Crime; 1996. Available at <http://www.ncvc.org/law/sbook/toc.htm>. Accessed October 4, 2006.
10. Bienen L. Rape III: National developments in rape reform legislation. *Women's Rights Law Report*. 1980;6:170-213.
11. Tjaden P, Thoennes N. *The Full Report on the Prevalence, Incidence, and Consequences of Violence Against Women: Findings From the National Violence Against Women Survey*. Washington, DC: National Institute of Justice and Centers for Disease Control and Prevention, US Dept of Justice; 2000.
12. Fisher B, Cullen C, Turner M. The sexual victimization of college women. Washington, DC: National Institute of Justice & Bureau of Justice Statistics, US Dept of Justice; 2000.

13. Kassing LR, Prieto LR. The rape myth and blame-based beliefs of counselors-in-training toward male victims of rape. *J Couns Dev*. 2003;81: 455-461.
14. Pino NW, Meier RF. Gender differences in rape reporting. *Sex Roles*. 1999;40:979-990.
15. Stermac L, Sheridan P, Davidson A, Dunn S. Sexual assault on male adults. *J Interpers Violence*. 1996;11:52-64.
16. Lipscomb G, Muram D. Male victims of sexual assault. *JAMA*. 1992;267:3064-3066.
17. Rennison CM. *Criminal victimization 1999: Changes 1998-99 with trends 1993-99*. Washington, DC: Bureau of Justice Statistics, National Crime Victimization Survey, US Dept of Justice; 2000.
18. Greenfield LA. *Sex offenses and offenders: an analysis of data on rape and sexual assault*. Washington, DC: Bureau of Justice Statistics Executive Summary, US Dept of Justice; 1997.
19. Ogletree R. Sexual coercion experience and help-seeking behavior of college women. *J Am Coll Health*. 1993;41:149-153.
20. Ullman SE. Social support and recovery from sexual assault: A review. *Aggress Violent Behav*. 1999;4:343-358.
21. Koss MP, Gidycz CA, Wisniewski N. The scope of rape: incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *J Consult Clin Psychol*. 1987;55:162-170.
22. Isley PJ. Sexual assault of men: college-age victims. *NASPA J*. 1998;35:305-317.
23. King M, Woollett E. Sexually assaulted males: 115 men consulting a counseling service. *Arch Sex Behav*. 1997;26:579-588.
24. Bachman R. The factors related to rape reporting behavior and arrest. *Crim Justice Behav*. 1998;25:8-29.
25. Wiehe VR, Richards AL. *Intimate Betrayal: Understanding and Responding to the Trauma of Acquaintance Rape*. Thousand Oaks, CA: Sage; 1995.
26. Koss MP. The underdetection of rape: methodological choices influence incidence estimates. *J Soc Issues*. 1992;48:61-75.
27. Bondurant B. University women's acknowledge of rape. *Violence Against Women*. 2001;7:294-314.
28. Isley PJ, Gehrenbeck-Shim D. Sexual assault of men in the community. *J Community Psychol*. 1997;25:159-166.
29. Hillman R, O'Mara N, Tomlinson D, Harris JRW. Adult male victims of sexual assault: an underdiagnosed condition. *BMJ*. 1991;302:179.
30. Donnelly DA, Kenyon S. "Honey, we don't do men": gender stereotypes and the provision of services to sexually assaulted males. *J Interpers Violence*. 1996;11:441-448.
31. Scarce M. *Male on Male Rape: The Hidden Toll of Stigma and Shame*. New York: Plenum Press; 1997.
32. Hecht Schafron L. Writing and reading about rape: a primer. *St. Johns Law Rev*. 1993;66:979-1061.
33. Hecht Schafron L. Topics of our times: rape is a major public health issue. *Am J Public Health*. 1996;86:15-17.
34. O'Toole LL, Schiffman JR. Sexual harassment. In: O'Toole LL, Schiffman JR, eds. *Gender Violence: Interdisciplinary Perspectives*. New York: New York University Press; 1997:131-137.
35. Shepherd J. Reflections on a rape trial: the role of rape myths and jury selection in the outcome of a trial. *Affilia*. 2002;17:69-92.
36. Gartner R, MacMillan R. The effect of victim-offender relationship on reporting crimes of violence against women. *Can J Criminol*. 1995;37: 393-429.
37. Brownmiller S. *Against Our Will: Men, Women and Rape*. New York: Penguin Books; 1975.
38. Resnick HS, Holmes, M, Kilpatrick DG, et al. Predictors of post-rape medical care in a national sample of women. *Am J Prev Med*. 2000;19:214-219.
39. Scarce M. Same-sex rape of male college students. *J Am Coll Health*. 1997;45:171.
40. Konradi, A, DeBruin, PL. Using a social marketing approach to advertise sexual assault nurse examination (SANE) services to college students. *J Am Coll Health*. 2003;52:33-39.



In Memoriam

Douglas J. Kirkpatrick

The board of the Helen Dwight Reid Educational Foundation is saddened to announce the death of Douglas J. Kirkpatrick, executive director and general counsel of Heldref Publications.

Inspired by the example of his father, political scientist and publisher Evron M. Kirkpatrick, Douglas was long committed to the support of scholarly publishing. As a young man, he began at Heldref as an intern to learn all aspects of the company, and he carried his enthusiasm for international law and intellectual property issues into his studies at Georgetown University. During his eleven years as executive director, he was a champion of fair copyright agreements for academic authors and a steadfast friend to learned periodicals experiencing financial and other difficulties.