Commissioned by the Nebraska Coalition to End Sexual and Domestic Violence

WHO IS NOT SERVED: BARRIERS TO HELPSEEKING FOR SEXUAL VIOLENCE SURVIVORS IN RURAL NEBRASKA

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1. Acknowledgments

We would first like to express our sincere gratitude to the survivors of sexual violence who participated in this project, without whom the project would not have been possible. We would also like thank the domestic violence and sexual assault program staff who discussed their experiences as part of this effort. Additionally, we would like to thank Kim Carpenter and Michelle Miller for facilitating the focus groups. Lastly, we would like to express our appreciation to the Nebraska Coalition to End Sexual and Domestic Violence for tasking us with this important work.

2. Executive Summary

Throughout this report, we investigate the extent to which Nebraska survivors of sexual violence seek out services from domestic violence and sexual assault (DVSA) programs serving rural communities as well as the factors surrounding survivors' decisions to seek out help.[1]

Our primary conclusion is that the vast majority of sexual violence survivors do not seek out help from local DVSA programs. A comparison of National Intimate Partner and Sexual Violence Survey (NISVS) data with local DVSA data representing clients served suggests less than 14% of annual rape survivors and fewer than 3% of annual contact sexual violence survivors seek out services from their local DVSA program.

Among the barriers to helpseeking identified in focus groups comprised of sexual violence survivors are:

1) Attributes of "small-town" environments (i.e. issues of confidentiality, fears of repercussion and social connections enjoyed by perpetrators).
2) Survivors interpreting their victimization experiences as not relevant to the scope or mission of their local DVSA program.
3) A perceived lack of a relationship between DVSA programs and segments of the Latinx community.

Drawing on these findings, we make the following recommendations aimed at alleviating barriers to helpseeking for Nebraska survivors of sexual violence:

1) Make a concerted effort to highlight that sexual violence is relevant to the mission of DVSA programs.
2) Increase efforts to facilitate privacy and anonymity for those seeking help from DVSA programs.
3) Engage in efforts to better understand perceptions of barriers to helpseeking held by Latinx survivors of sexual violence.

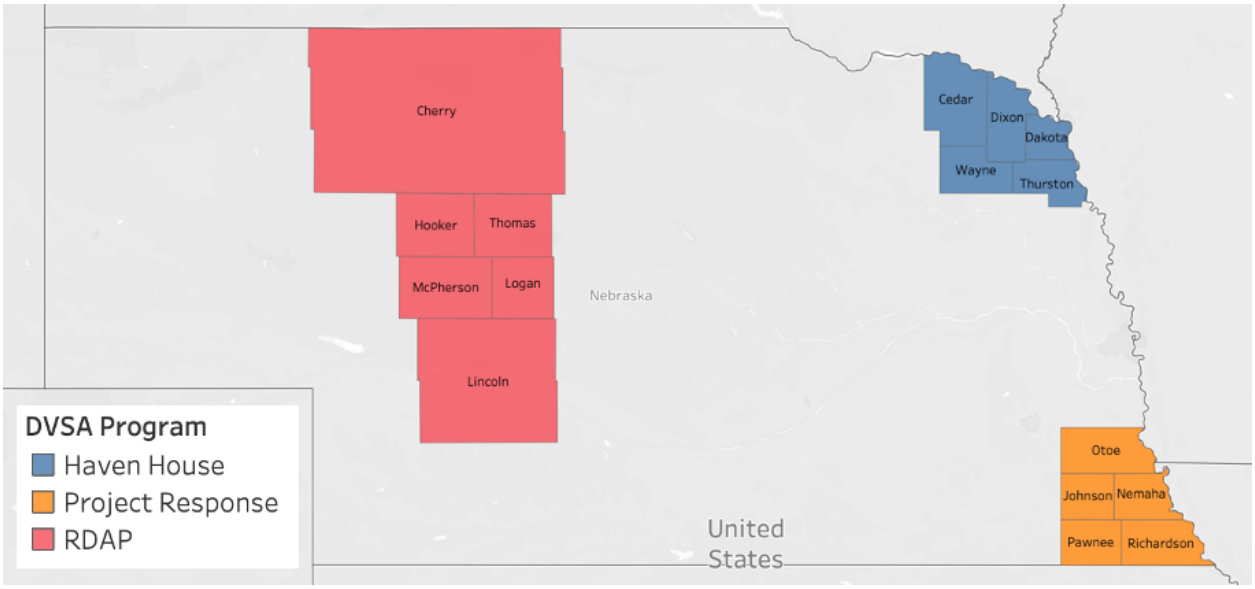
[1] This report considers DVSA program service areas with significant rural populations based on the categories employed by the US Census Bureau. Program service areas include some urban areas.

3. Introduction

To what extent do victim-survivors of sexual violence seek services from domestic violence and sexual assault (DVSA) programs in Nebraska? What factors prevent Nebraska victim-survivors of sexual violence from seeking out help? What factors make it easier? While helpseeking in response to sexual violence is generally understood as significantly underutilized, the extent to which Nebraska victim-survivors of sexual violence seek out help and the factors surrounding their decisions to do so remain poorly understood. Throughout this report, we seek to improve our understanding in this area. Our goals are threefold: 1) provide an estimate regarding the extent to which Nebraska victim-survivors of sexual violence are underserved by DVSA programs in Nebraska, 2) investigate the factors surrounding Nebraska victim-survivors' decisions to seek out help, with an emphasis on what victim-survivors view as potential barriers to helpseeking and 3) provide recommendations for outreach efforts aimed at making it easier for victim-survivors of sexual violence to seek out help from DVSA programs.

To accomplish these goals, we incorporate a range of novel data and existing research. To estimate the extent to which victim-survivors of sexual violence are underserved, we requested and compiled data representing clients served by three Nebraska DVSA programs serving rural populations and compared these numbers to various existing estimates of sexual violence prevalence, including those generated by the Uniform Crime Reports (UCR) program and the National Intimate Partner and Sexual Violence Survey (NISVS). In order to gain an understanding of factors associated with victim-survivors' decisions to seek help in Nebraska, HTI Labs & the Nebraska Coalition to End Sexual and Domestic Violence designed and conducted a total of three focus groups involving 15 victim-survivors who have resided in the service areas of relevant DVSA programs. Five advocates working with the relevant DVSA programs were also interviewed. Additionally, a brief review of existing literature concerning barriers to helpseeking was conducted. The DVSA programs that contributed data, as well as the counties they serve, are summarized below in Figure 1.

Figure 1 - DVSA Programs and Service Areas Considered in this Project



Our recommendations for outreach efforts, then, draw on the perspectives of Nebraska victim-survivors of sexual violence, data provided by DVSA programs, the insights of DVSA program staff and existing research regarding barriers to helpseeking.

The report includes the following sections:

- *4. Existing Work on Barriers to Helpseeking* offers an overview of existing research concerning helpseeking and barriers to helpseeking as they relate to the aims of this project.
- *5. Quantitative Estimates of Survivors within Service Areas* considers the number of sexual violence victim-survivors served by relevant DVSA programs in 2018. These rates are compared to various estimates of sexual violence victimization rate within the service area of each DVSA program.
- *6. Understanding Barriers to Helpseeking in Rural Nebraska* presents the major themes concerning prominent barriers to helpseeking for victim-survivors residing in largely rural Nebraska service areas that emerged during the focus groups and interviews conducted throughout this project.

- *7. Potential Interventions to Serve More Survivors* presents overviews of potential outreach interventions aimed at connecting more sexual violence victim-survivors with services offered by Nebraska DVSA programs.

4. Existing Work on Barriers to Helpseeking

This section offers an overview of existing research concerning helpseeking and barriers to helpseeking as they relate to the aims of this project.[2] The first subsection is a brief description of what is meant by the term helpseeking and what the process typically involves. The second subsection reviews what is known about barriers to helpseeking as perceived by victim-survivors, including general types of barriers as well as specific considerations associated with each type of barrier. The third subsection positions the work of DVSA programs and advocacy work more generally within the context of barriers to helpseeking by reviewing what barriers are relevant to DVSA programs.

What is Helpseeking?

In general, helpseeking refers to a victim-survivor's process of disclosing or seeking services in response to an experience of victimization. Thus, helpseeking may best be understood as a varied and multifaceted process that can occur in a variety of ways (Sabina, Cuevas & Schally, 2012). For example, within the context of sexual violence and intimate partner violence, helpseeking is often conceptualized as three interrelated processes, namely; 1) problem recognition, 2) the decision to seek help and 3) support selection (Cuevas, Sabina and Picard, 2010; Holland, Rabelo & Cortina, 2016; Walsh et al., 2010; Liang et al., 2005). While this is just one particular outline of the helpseeking process, its depiction of the helpseeking process as broad and multifaceted is in agreement with many depictions of helpseeking.[3] Thus, investigations into barriers to helpseeking ought to consider not only the seeking out of formal services (e.g. a victim-survivor reporting their experiences to law enforcement), but the

[2] The majority of research reviewed here is concerned with helpseeking within the context of sexual violence victimization. However, due to the overlap between the two concepts, some helpseeking literature within the context of intimate partner violence was also incorporated.

[3] For reference, see depictions of the helpseeking process in Allaggia et al., 2016; Cho et al., 2017, Easton, Saltzman & Willis, 2014; Smith, 2005; Tilman et al., 2010.

processes and factors surrounding victimization disclosure, reporting, and service seeking more generally.

Helpseeking is often parsed into two broad categories. These include formal helpseeking and informal helpseeking. Formal helpseeking refers to reporting to and seeking services from trained professionals such as law enforcement, mental health care providers and medical staff. Informal helpseeking refers to disclosing and seeking help from social networks such as family and friends (McCart, Smith & Sawyer, 2010).

Helpseeking as potentially harmful

It is important to bear in mind that helpseeking is not always a beneficial process. Both formal and informal helpseeking efforts have the potential to facilitate re-traumatization and exacerbate victimization (Orchowski, Untied & Gidycz., 2013; Ahrens, 2006).

With this in mind, we wish to underscore that helpseeking should be encouraged with the best interest of the victim-survivor in mind and should be facilitated in an empathetic and supportive manner.

Formal helpseeking

As noted, formal helpseeking involves reporting to and seeking services from entities such as law enforcement, mental health care providers and medical staff. Beyond these, a number of other entities may be involved in the formal helpseeking process. These include entities such as campus authorities, first responders, counselors, and welfare or shelter staff (Sabina & Ho, 2014; Borja, Callahan & Long, 2006; Cho et al., 2017; Baker, Cook & Norris, 2003).

Across contexts, formal helpseeking is generally uncommon and underutilized (Walsh et al., 2010). For instance, incidents of sexual assault are notoriously underreported to law enforcement (Cho et al., 2017). Victimization type has also been demonstrated as impacting the prevalence of formal helpseeking. For example, victim-survivors whose experiences do not involve a stranger or severe violence have been noted as especially unlikely to seek out help through formal avenues (Mahoney, 1999; Cho et al., 2017).

Formal helpseeking is often associated with off-putting and harmful experiences for victim-survivors, especially in comparison with informal helpseeking. For instance, negative social reactions such as disbelief, shame, negative judgment and victim-blaming are more common during efforts of formal helpseeking when compared to efforts of informal helpseeking (Villarreal, 2014; Ahrens, Cabral & Abeling, 2009; Ullman & Fillipas, 2001). Despite the potential for negative experiences, formal helpseeking can help facilitate recovery and provide

valuable services when delivered in an empathetic and supportive manner (Campbell, Dworkin & Cabral, 2009).

Informal helpseeking

As noted, informal helpseeking involves disclosing and seeking help from social networks such as family and friends. Beyond these, a number of entities may be involved in the informal helpseeking process. These include entities such as informal counselors, religious relationships and intimate partners (Tillman et al., 2010; Cuevas et al., 2010; Baker et al., 2003; Borja et al., 2006).

In comparison to formal modes of helpseeking, informal helpseeking is more common and more heavily utilized (Walsh et al., 2010; Ullman, 1996; Ullman & Fillipas, 2001). Additionally, informal helpseeking is generally understood as a more positive experience for victim-survivors than formal helpseeking, involving fewer instances of negative experiences such as disbelief, shame, negative judgment or victim-blaming (Villarreal, 2014; Ahrens et al., 2009; Ullman & Fillipas, 2001).

Table 1: Types of Helpseeking

Helpseeking Type	Who is Involved?	Prevalence	Experiences
Formal	Criminal justice system Health care providers Other trained professionals	Severely underutilized across contexts Especially underutilized by survivors of non-stereotypical sexual violence	Prone to resulting in negative experiences (e.g. disbelief, revictimization, victim blaming, etc.)
Informal	Friends & family Intimate partners Other informal social networks	More commonly utilized than formal helpseeking	More associated with positive experiences than formal helpseeking

What is Known about Barriers to Helpseeking?

This subsection offers a review of existing literature regarding barriers to helpseeking as it relates to the purposes of this project. Barriers to helpseeking are presented in three broad categories, namely: prevailing cultural norms as barriers to helpseeking, internalized norms as barriers to helpseeking, and logistical barriers to helpseeking.[4] A brief description as well as context-specific examples are presented for each type of barrier.

Prevailing cultural norms as barriers to helpseeking

Cultural norms as barriers to helpseeking refer to the typical sentiments or standard modes of operation maintained by the community of a victim-survivor that may impair effective service provision or result in a victim's perception of the service provider as unable to offer adequate help. In general, cultural norms have been found to impede helpseeking through mechanisms such as stigma threat and fear of revictimization, wherein a victim-survivor is hesitant to seek help for anticipation of being blamed, not believed, or treated in a demeaning or psychologically damaging manner by service providers (Ahrens, 2006; Logan, et al., 2005; Patterson, Greeson & Campbell, 2009; Miller et al., 2011).

Cultural norms have been shown to act as a barrier to helpseeking in a variety specific of ways depending on context. For instance, barriers to helpseeking associated with cultural norms have been shown to be especially pertinent for rural victim-survivors of sexual violence, occurring through anticipation of not being believed, increased cultural acceptance of sexual violence victimization and lack of anonymity and confidentiality (Lewis, 2003; Logan, Shannon & Walker, 2005; DeKeseredy & Joseph, 2006; Logan et al., 2005).

[4] Within the existing literature concerning barriers to helpseeking there are numerous taxonomies of barrier categories depending on the underlying purpose of the research (e.g. internal vs. external barriers, individual vs. social barriers, etc.). With this in mind, we felt that the proposed categories of barrier types best conveyed the state of existing research on barriers to helpseeking within the context of the current project.

Cultural norms as barriers to helpseeking have been noted as especially relevant for victim-survivors of non-stereotypical sexual violence victimization. For instance, widespread cultural beliefs surrounding the stereotype of marital rape as not real rape may compromise a victim's ability to gain access to services in response to sexual violence committed by an intimate partner (Bennice & Resick, 2003). Relatedly, sexual violence victimization has been shown to be less likely to be reported to the police when there is an absence of characteristics thought to make the experience believable (e.g. stereotypical rape scenarios like presence of a weapon, the assailant being a stranger or the event happening at night) (Fisher et al., 2003). Non-stereotypical sexual violence victimization may also refer to the specific demographics of a victim. For instance, male victims of sexual violence may face unique barriers to helpseeking exacerbated by the relationship between gender and sexual violence (i.e. men not constituting a stereotypical victim) (Ullman & Townsend, 2007; Alaggia, Collin-Vézina & Lateef, 2017).

Internalized norms as barriers to helpseeking

Internalized norms as barriers to helpseeking refers to the process of victim-survivors internalizing negative stereotypes regarding their experiences and the extent to which internalizing these norms deters helpseeking behavior (Overstreet & Quinn, 2013). Across contexts, internalized norms may act as a barrier to helpseeking in a variety of ways. For instance, victims of sexual violence may avoid helpseeking as a result of feeling shame, embarrassment or guilt about their victimization (Zinzow & Thompson, 2011; Walsh et al., 2010; Villarreal, 2014; Sable et al., 2006). Additionally, internalized norms such as diminishing the victimization experience (i.e. not thinking an experience is serious enough to report) play a prominent role in deterring helpseeking (Edwards, Dardis & Gidycz, 2012; Miller et al., 2011; Zinzow & Thompson, 2011). It should be noted that the category of internalized norms as a barrier to helpseeking does not in any way imply that a victim-survivor is responsible for their victimization or culpable for their decision to not seek help.

Internalized norms as a barrier to helpseeking can vary by context. For example, rural victim-survivors may find themselves in communities dismissing the seriousness of sexual violence and as a result be more likely to dismiss their victimizations themselves (DeKeseredy & Joseph, 2006). Relatedly, some internalized norms may be especially relevant to marital rape victims who have come to believe their experiences may not qualify as abuse or be serious enough report as a result of widespread community norms (Bennice & Ressick, 2003).

Logistical barriers to helpseeking

Logistical barriers to helpseeking refers to issues related to shortcomings in offered services, service accessibility, and service appropriateness that prevent victim-survivors from receiving services. Logistical barriers can deter access to services in a variety of ways. For instance, logistical barriers may include prohibitive cost of services, lack of available transportation, lack of services in appropriate language, inability to get time off work to receive services, being unaware of services offered as well as a host of many other issues that prevent victim-survivors from being able to access services (Logan et al., 2005; Sable et al., 2006; Wahab & Olson, 2004; Holland et al., 2016; Crisma et al., 2004).

Particular types of logistical barriers to helpseeking may be especially pronounced depending on the context of victimization. For instance, cultural and language barriers may play a unique role for Latina victims of sexual violence (Cuevas et al., 2010). Similarly, within the context of domestic violence, victim-survivors have been noted as facing a variety of obstacles resulting from living in a rural area. For example, rural victim-survivors have often faced heightened barriers to helpseeking as a result of unavailable transportation and housing services (DeKeseredy & Joseph, 2006; Logan et al., 2005).

Table 2: Categories of Barriers to Helpseeking in Existing Research

Barrier Category	Description	General Examples	Population-Specific Examples
Prevailing Cultural Norms	Anticipated or experienced cultural norms that make helpseeking impossible or result in a victim-survivors' perception of helpseeking as futile	Anticipation of not being believed Anticipated stigma or blame from others Fear of revictimization	Rural survivors may face increased cultural acceptance of sexual violence victimization Survivors of non-stereotypical sexual violence may anticipate being taken less seriously
Internalized Norms	Internalized reactions to victimization experiences that impede helpseeking	Self-blame Shame or embarrassment Discrediting the	Rural survivors of sexual violence may be more likely to dismiss the seriousness of their victimization

		incident as not being serious	Survivors of marital rape may be more likely to dismiss their victimization as not warranting services
Logistical Barriers	Issues of service accessibility and appropriateness that impede or make impossible efforts of helpseeking	Lack of awareness of services Inaccessibility of services	Latina survivors may experience unique barriers related to language Rural survivors may face unique barriers related to transportation and housing

Where do DVSA Programs Fit? - Perceptions of Barriers by Advocates

DVSA programs, and advocacy programs more generally, occupy a unique role in the service provider community, especially when considering barriers to helpseeking. While many context-specific service providers (e.g. law enforcement, health services, psychological services, etc.) operate within a specific and defined scope, advocacy programs often find themselves navigating through a variety of organizational contexts in an effort to serve victim-survivors. Using the term "victim work", Globokar, Erez & Gregory (2019) describe the wide variety of roles advocacy programs may find themselves performing:

"*"Victim Work" is conceptualized here as encompassing any effort to address the legal, financial, emotional, relational, informational, and, in some cases, safety needs related to victimization […] An important aspect of victim work is that it transcends organizational boundaries, affiliations, and specific job descriptions; It occurs wherever a role is generated to address the needs that stem from victimization, including but not limited to providing support through legal processes […] While specifics vary by jurisdiction, collectively victim workers have permeated the system from crime scenes and emergency rooms through police stations prosecutor's offices, courtrooms, parole hearings, and beyond.*"

Given the breadth of the role of advocacy programs, barriers to helpseeking of all kinds may be treated as potentially relevant to the efforts of DVSA programs. Not surprisingly then, barriers to helpseeking related to cultural norms, internalized norms and logistical barriers have been identified and reinforced by advocates themselves.

Cultural norms as barriers to helpseeking are highlighted by advocates in a wide variety of contexts. For instance, advocates and survivors alike have noted the role of anticipated

disbelief, anticipated secondary victimization and the role of institutional racism and prejudice in deterring helpseeking in victim-survivors (Ullman & Townsend, 2007; Hamby, 2008).

Advocates have also reiterated the role of internalized norms as barriers to helpseeking in response to sexual violence. For example, numerous efforts have noted advocates' understanding of the importance of helping to overcome stigmas, self-blame and other internalized negative feelings in an effort to facilitate helpseeking by victim-survivors (Ullman & Townsend, 2007; Kirkner, Lorenz & Ullman, 2017; Bows, 2018). For instance, advocates serving older victim-survivors of sexual violence have noted that internalized beliefs about rape as typically involving younger victims have resulted in older victim-survivors dismissing their experiences as not warranting services (Bows, 2018).

Logistical barriers, too, have been identified by advocates as preventing victim-survivors from connecting with services in a variety of contexts. For instance, advocates have reiterated logistical barriers identified by victim-survivors such as lack of awareness of services, language barriers and lack of available services (e.g. no SANE program in a specific locality) (Gillespie et al., 2019; Payne, 2007; Ullman & Townsend, 2007). Advocates have also noted a variety of logistical barriers associated with the provision of services to victim-survivors experienced from the vantage point of advocates themselves; these include barriers such as lack of funding resources, staff burnout, burden of paperwork, and lack or shortage of qualified staff (Payne, 2007; Ullman &Townsend, 2007; Globokar & Erez, 2018; Gillespie et al., 2019).

5. Quantitative Estimates of Survivors within Service Areas

In this section, we provide evidence that many Nebraska survivors of sexual violence do not seek services from their local DVSA program. We first review number of survivors served by each program and then present quantitative estimates of the number of survivors of sexual violence in each service area using different approaches. While we are not able to estimate the

number of survivors in a given service area with any precision[5], the available data suggest only a minority of sexual violence survivors seek services, with less than 14% of annual rape survivors and less than 3% of annual contact sexual violence survivors seeking out services, as indicated by a comparison of National Intimate Partner and Sexual Violence Survey (NISVS) data with local DVSA data representing clients served. Since we estimate that more than a thousand people experience contact sexual violence annually in each service area, the opportunities to reach more survivors are large, as more than 97% of annual contact sexual violence survivors are thought to not seek help from their local DVSA program.

Survivors of Sexual Assault Served in 2018

As a first step toward estimating how many survivors are not served, we examine the survivors served by each of the DVSA programs in 2018 and their demographics. These figures do not represent the total numbers of individuals each agency served, since DVSA programs also provided services to those who identified as victims of domestic violence. In addition, it is possible that some individuals who were classified as victims of domestic violence also experienced sexual violence that was not captured in records. Nonetheless, these numbers provide a useful first step toward understanding those the programs served explicitly as survivors of sexual violence.

The number of survivors served by Haven House and RDAP represents the number of unique clients served by each agency from January 1st, 2018 through December 31st, 2018. The number and gender of victims served by each agency were similar for the previous year. Project Response transitioned to a new data and record tracking system in 2018. The number of survivors served by Project Response represented here is an estimation based on the number of unique clients the agency served from August 1st, 2018 through March 26th, 2019. Overall, the total number of survivors served ranged from 11 to 94.

[5] Nebraska-centric survey data concerning sexual violence experiences would contribute vastly to precision in estimating the rate and impact of sexual violence victimization in Nebraska. The Nebraska Coalition to End Sexual and Domestic Violence & HTI Labs are currently involved in facilitating the implementation of the Nebraska Intimate Partner and Sexual Violence Survey (Nebraska IPSVS), a survey instrument aimed at producing such data (HTI Labs, 2020).

Table 3: Gender of Sexual Assault Survivors Served by DVSA Programs

Service Provider	Female	Male	Total
Haven House	38 (100%)	0 (0%)	38
Project Response – *Estimated*	10 (90.9%)	1 (9.1%)	11
RDAP	89 (94.7%)	5 (5.3%)	94

Each of the programs served mainly women, with the percent of men served ranging from zero to approximately 10%. The racial / ethnic distributions of survivors served differed more between agencies than gender distributions among the programs. For two of the three programs, white people constituted the majority of those served (100% and 76.6%), whereas for the third program, white people represented the second largest group of survivors (34.2%) after Native American people (36.6%). Two programs also served Latinx survivors (18.4% and 14.9%) and Black survivors (5.3% and 3.2%). One program also saw Hawaiian or Pacific Islander survivors (5.3%).

Table 4: Race / Ethnicity of Sexual Assault Survivors Served by DVSA Programs

Service Provider	White	Hispanic / Latinx	Native American / Alaskan Native	Black / African American	Hawaiian / Pacific Islander	Other / Unknown	Total
Haven House	13 (34.2%)	7 (18.4%)	14 (36.8%)	2 (5.3%)	2 (5.3%)	0 (0%)	38
Project Response – *Estimated*	11 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	11
RDAP	72 (76.6%)	14 (14.9%)	0 (0%)	3 (3.2%)	0 (0%)	5 (5.3%)	94

Estimating the Number of Survivors from Uniform Crime Reports – an Extreme Lower Bound

As a first step, estimates derived from the Uniform Crime Reports (UCR) provide an extreme lower bound of possible numbers of sexual assault victimizations within the relevant service areas. The goal of the UCR is to present a nationwide view of crime based on shared definitions and reporting procedures among all participating agencies. Victimization figures derived from the UCR system should be interpreted as a lower bound of actual victimizations for a number of reasons. First, the UCR includes only crimes reported to the police. Because the majority of sexual assaults are not reported to law enforcement[6], even a perfectly implemented UCR would represent an undercount compared to actual assaults. Second, not all law enforcement agencies contribute to the UCR system. The table below summarizes the Nebraska law enforcement agencies that either did or did not contribute to the 2018 UCR figures (Nebraska Crime Commission, 2018). As table 5 shows, UCR figures are incomplete for all of the three DVSA program service areas. Any victimization reported to one of the agencies that did not contribute complete data in 2018 would be omitted from the figures.

[6] For example, National Crime Victimization Survey (NCVS) data suggest that the majority of rape and sexual assault victims do not report their victimization experiences to the police (Morgan & Kena, 2018; Morgan, Kena & Oudekerk, 2019).

Table 5: Summary of Law Enforcement Agencies Included or Omitted in 2018 UCR Statistics

Service Provider	Counties Served	Agencies Contributing to 2018 UCR Data *Unless otherwise noted, all agencies reported each month*	Agencies Not Contributing to 2018 UCR Data *Agencies listed on NCC Submission Log as not submitting reports*
Haven House	• Cedar • Dakota • Dixon • Thurston • Wayne	• Cedar Co. SO • Dakota Co. SO • South Sioux City PD • Dixon Co. SO • Emerson PD • Thurston Co. SO • Wayne Co. SO	• Randolph PD • Walthill PD • Wayne PD
Project Response	• Johnson • Nemaha • Otoe • Pawnee • Richardson	• Johnson Co. SO • Nemaha Co. SO • Otoe Co. SO – 4 of 12 months submitted • Nebraska City PD • Pawnee Co. SO • Richardson Co. SO – 2 of 12 months submitted • Falls City PD	
RDAP	• Cherry • Hooker • Lincoln • Logan • McPherson • Thomas	• Cherry Co. SO • Valentine PD • Hooker Co. SO • Lincoln Co. SO • North Platte PD	• Logan Co SO • McPherson Co. SO • Thomas Co. SO

Even when crimes are reported to law enforcement agencies which in turn provide reports to the UCR system, definitional concerns make it impossible to get a comprehensive view of victimizations from UCR statistics. In terms of offense numbers, the UCR collects information on "forcible rape", which since 2013 has been defined as "the penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of

another person, without the consent of the victim." (Nebraska Crime Commission, 2020). This definition excludes attempted rape and any other form of sexual assault that does not involve penetration. All other sexual assaults and attempted assaults are classified as Part II sex offenses that "encompasses offenses against chastity, common decency, morals and the like such as adultery and fornication, buggery, incest, indecent exposure, sodomy, statutory rape (no force) and all attempts to commit any of the above." (Nebraska Crime Commission, 2020). Furthermore, despite UCR's aspirations to standardization, there is variation in how Nebraska law enforcement agencies classify crimes (HTI Labs, 2019). This means that reported crimes that should be counted as "forcible rape" under UCR's definition might be counted under other classes.[7]

To attempt to address the fact that many sexual assaults are not reported to the police, we look at estimates of reporting rates and use those to estimate the "missing" assaults not represented in UCR numbers. Unfortunately, estimates of rates of reporting vary widely, even using similar underlying methodologies. For example, estimates drawing on National Crime Victimization Survey (NCVS) data suggest the rate of rape and sexual assault victims who reported their victimization shifted from 23.2% in 2016 to 40.4% in 2018 (Morgan & Kena, 2018; Morgan, Kena & Oudekerk 2019). Variance in methodological differences makes estimates of reporting prevalence even less uniform, with some estimates citing as low as a 6% reporting rate or as high as a 50% reporting rate (Du Mont, Miller & Myhr, 2003). Furthermore, context of sexual violence victimization likely plays a role in the likelihood of reporting. For example, there is evidence that sexual assaults may be particularly underreported in rural areas (Rennison, Dragiewicz & DeKeseredy, 2012). For these reasons, Table 6 presents estimates for the annual numbers of completed first degree sexual assaults (i.e., those involving anal, oral, or vaginal penetration) given varying assumptions about rates of reporting to law enforcement.

[7] Indeed, recent investigative reporting in New York City found that failure to update its definitions of forcible rape to include oral or anal penetration led the New York City Police Department to undercount forcible rape offenses by 38% (Offenhartz, 2019).

Table 6: Number of 2018 "Forcible Rapes" Estimated Based on Varying Assumed Reporting Rates

Service Provider	UCR "forcible rapes"	Estimated "forcible rapes", *based on reporting rates of:*		
		15%	20%	30%
Haven House	11	73	55	37
Project Response	15	100	75	50
RDAP	11	73	55	37

These figures represent offenses and not individual victim-survivors, since the same individual may experience multiple victimizations. Therefore, it is not possible to directly compare these estimates to the number of victims served in the prior subsection. However, because these figures exclude attempted first-degree sexual assaults and other forms of contact sexual violence and represent offenses from a single year (whereas programs can serve survivors at any time after a victimization), they are consistent with the overall finding that there are more victim-survivors of sexual violence in the service areas of the DVSA programs than those who seek services with those programs. Given the many already-discussed limitations of UCR figures, we prefer estimates derived from the NISVS presented in the next section.

Estimates Derived from the NISVS – Preferred Approach

Because of the serious limitations of using figures derived from UCR, we prefer to estimate the number of sexual violence victim-survivors using estimates derived from the National Intimate Partner and Sexual Violence Survey (NISVS). The NISVS, conducted by the Centers for Disease Control (CDC), serves as a gold standard in comprehensively measuring intimate partner and sexual violence through a series of behavior-specific questions. In general, the survey seeks to be nationally representative, but by pooling respondents across survey years, its data can also be used to derive state-specific estimates of certain types of sexual violence (Smith et al., 2017).

To generate estimates of victim-survivors within each DVSA program's service area, we use estimates of rates of sexual violence that are as close to Nebraska-specific as possible and multiply those rates by area populations.[8]

Limitations of NISVS-derived estimates

The estimation methods employed in this section assume that service areas' rates of sexual violence are the same as the state as a whole and do not include quantified measures of uncertainty associated with these estimates.

Throughout this section, we round estimates to remind readers that these figures represent ***imprecise estimates*** *rather than known counts. We urge readers to interpret these estimates as* ***highly uncertain****.*

This approach has two notable limitations. First, even when Nebraska-specific estimates are available, there is no guarantee that rates of victimization within a given service area match those of the state as a whole. For example, Haven House's service area has a higher Native American population than the state as a whole[9] and national estimates indicate that Native American women experience sexual violence at higher rates than other groups (Smith et al., 2017). However, other factors could push the overall victimization rate down. Therefore, without service area-specific victimization data it is not possible to say with confidence whether those in a service area experience sexual violence at higher or lower rates than the state as a whole. Second, we are unable to quantify the uncertainty surrounding these estimates, since confidence intervals from the NISVS cannot be appropriately applied to the smaller service area estimates. Because of the limitations with this approach, all estimates should be

[8] The initial estimation strategy planned for this report would have used statistical methods to allow for a) explicitly modeling the effects of state demographics on estimates for sexual violence and b) appropriately quantifying the uncertainty around resulting estimates. This statistical strategy required additional pieces of data from the CDC to supplement published NISVS figures. Unfortunately, the CDC was unable to provide any of the pieces of data necessary to employ our planned modeling strategy (including standard deviations for state estimates or any of the necessary inputs to calculate these standard deviations).

[9] About 10.3% of the population in Haven House's service area is Native American (US Census Bureau, 2017) whereas the Census' 2019 estimate for the state as a whole was only about 1.5% (US Census Bureau, 2020).

interpreted cautiously. Nonetheless, these estimates support the conclusion that more victim-survivors of sexual violence are present than are served.

What is included? Defining terms

The NISVS employs detailed definitions of each type of sexual violence victimization.

- Rape is defined as any completed or attempted unwanted vaginal (for women), oral, or anal penetration through the use of physical force (such as being pinned or held down, or by the use of violence) or threats to physically harm and includes times when the victim was drunk, high, drugged, or passed out and unable to consent. Rape is separated into three types: completed forced penetration, attempted forced penetration, and completed alcohol- or drug-facilitated penetration. Among women, rape includes vaginal, oral, or anal penetration by a male using his penis. It also includes vaginal or anal penetration by a male or female using their fingers or an object. Among men, rape includes oral or anal penetration by a male using his penis. It also includes anal penetration by a male or female using their fingers or an object.

- Unwanted sexual contact is defined as unwanted sexual experiences involving touch but not sexual penetration, such as being kissed in a sexual way, or having sexual body parts fondled, groped, or grabbed.

- Being made to penetrate someone else includes times when the victim was made to, or there was an attempt to make them, sexually penetrate someone without the victim's consent because the victim was physically forced (such as being pinned or held down, or by the use of violence) or threatened with physical harm, or when the victim was drunk, high, drugged, or passed out and unable to consent.
    - Among women, this behavior reflects a female being made to orally penetrate another female's vagina or anus or another male's anus.
    - Among men, being made to penetrate someone else could have occurred in multiple ways: being made to vaginally penetrate a female using one's own penis; orally penetrating a female's vagina or anus; anally penetrating a male or female; or being made to receive oral sex from a male or female. It also includes male and female perpetrators attempting to force male victims to penetrate them, though it did not happen.

- Sexual coercion is defined as unwanted sexual penetration that occurs after a person is pressured in a nonphysical way. In NISVS, sexual coercion refers to unwanted vaginal, oral, or anal sex after being pressured in ways that included being worn down by someone who repeatedly asked for sex or showed they were unhappy; feeling pressured by being lied to, being told promises that were untrue, having someone threaten to end a relationship or spread rumors; and sexual pressure due to someone using their influence or authority.

- Contact sexual violence (SV) is a combined measure that includes rape, being made to penetrate someone else, sexual coercion, and/or unwanted sexual contact.

Lifetime estimates for victims of sexual violence

We first present estimates for the total number of people in each service area who have experienced sexual violence in their lifetimes. Because victim-survivors can seek help from a DVSA program at any time, even years after a victimization experience, these numbers can be interpreted as the pool of people a DVSA program could potentially serve. Furthermore, Nebraska-specific estimates are available for many of these quantities.

Table 7: Lifetime Estimates of Survivors by Service Area

Victimization and Group	Nebraska Lifetime Victimization Rate	Estimated Survivors *Figures are rounded to indicate uncertainty*		
		Haven House	Project Response	RDAP
Contact Sexual Violence - Women	37.2%	9,570	7,130	8,310
Rape (Any type) - Women	21.8%	5,610	4,180	4,870
Contact Sexual Violence - Men	18.7%	4,790	3,680	4,060
Rape (Any type) – Men*	1.5%*	380	300	330

**This is the estimated national rate because no Nebraska-specific lifetime rate of rape for men is available.*

If we assumed that all those classified as sexual violence survivors by DVSA programs had experienced some type of rape in their lifetimes, these estimates would imply that fewer than

1% of all those survivors sought help from a DVSA agency. While there is some variation in percent of lifetime victims served across genders and programs, no program served more than 2% of victims. Percent of victims served is much smaller when looking at the more comprehensive category of those who experienced any contact sexual violence, which includes rape.

Table 8: Implied Rates of Lifetime Survivors Served Annually

Percentages are rounded to indicate uncertainty

	Haven House	Project Response	RDAP	Total
Total SV Victims Served	38	11	94	143
SV Victims Served / Total Lifetime Survivors of Rape	1%	0%	2%	1%
SV Victims Served / Total Lifetime Survivors of Contact SV	0%	0%	1%	0%

However, since these estimates include all those who have experienced victimizations across their lifetimes, it makes sense that programs' *annual* totals of victims served are much smaller.

12-month estimates for victims of sexual violence

To create a more easily interpreted comparison, next we present estimates for the total number of people who experienced sexual violence annually. This number can be interpreted as the pool of people who have experienced a recent victimization that a DVSA program could serve in a given year. Twelve-month victimization estimates are not available for Nebraska. Therefore, this table uses national 12-month victimization estimates and adjusts them using Nebraska lifetime rates.[10]

[10] Specifically, this table multiplies the national 12-month rate by the Nebraska lifetime rate divided by the national lifetime rate.

Table 9: 12-Month Estimates of Sexual Violence by Service Area using Adjusted Rates

Victimization and Group	Adjusted Victimization Rate	Estimated Survivors *Figures are rounded to indicate uncertainty*		
		Haven House	Project Response	RDAP
Contact Sexual Violence - Women	4.1%	1,050	790	920
Rape (Any type) - Women	1.4%	350	260	310
Contact Sexual Violence - Men	4.0%	1,040	800	880
Rape (Any type) – Men*	0.2%*	50	40	40

**This is the estimated national rate because no Nebraska-specific lifetime rate of rape for men is available.*

If we assume that all sexual assault survivors served had experienced any type of rape within the last 12 months, these estimates would imply that fewer than 14% of survivors had sought services. While there is variation, no program would have served more than 27% of all annual victim-survivors in its service area. Percent of annual victims served are, of course, lower when looking at the category of contact sexual violence, which includes rape.

Table 10: Implied Rates of 12-Month Survivors Served Annually

	Percentages are rounded to indicate uncertainty			
	Haven House	Project Response	RDAP	Total
Total SV Victims Served	38	11	94	143
SV Victims Served / Total 12-Month Survivors of Rape	10%	4%	27%	14%
SV Victims Served / Total 12-Month Survivors of Contact SV	2%	1%	5%	3%

Conclusions

While it is not possible to estimate the number of survivors of sexual violence in these service areas with any precision, all the available estimates point to the same conclusion: many

survivors are not seeking services. As indicated by a comparison of NISVS data with local DVSA data representing clients served, less than 14% of annual rape survivors and less than 3% of annual contact sexual violence survivors are thought to seek services from their local DVSA program. These estimates imply that at least several hundred people survive some type of rape annually in each service area while at least a thousand experience contact sexual violence in the same period, most of whom do not seek help from their local DVSA program. Furthermore, these estimates increase when looking at those who experience sexual violence at some point in their lives. The next section presents qualitative evidence to understand why so many survivors do not seek services.

6. Understanding Barriers to Helpseeking in Rural Nebraska

This section presents the major themes that emerged as prominent barriers to helpseeking for victim-survivors in Nebraska who reside in largely rural service areas. The first subsection begins with a brief summary of the types of victim-survivors and advocates who contributed to this section's findings. The subsequent subsections identify and elaborate on prominent barriers to helpseeking for victim-survivors in Nebraska identified throughout this project. Barriers identified include 1) attributes of "small-town" environments (i.e. issues of confidentiality, fears of repercussion, and social connections enjoyed by perpetrators), 2) survivors interpreting their victimization experiences as not relevant to the scope or mission of their local DVSA program and 3) a perceived lacking relationship between DVSA programs and segments of the Latinx community.

Overview of Participating Survivors and Advocates

Throughout this project, we drew primarily on the experiences and insights gained from three semi-structured focus groups involving 15 Nebraska victim-survivors of sexual violence. Victim-survivors were recruited from service areas of three separate DVSA programs throughout Nebraska (Haven House, Project Response and RDAP).[11] Focus groups were recruited and conducted in respect to service area and target demographic (e.g. Native American residents of Haven House's service area or the general population of Project Response's service area). In

[11] Victim-survivors could be current residents of a service provider's service area or have had experienced sexual violence while residing in a service provider's service area.

addition to the experiences of victim-survivors, we drew on the insights gained by interviews with a total of 5 advocates employed by relevant DVSA programs.

Participating victim-survivors

Of the 15 victim-survivors who participated in focus groups, all were women. 10 (≈67%) identified as white, 4 (≈27%) identified as Native American and 1 (≈7%) identified as Native American and Hawaiian / Pacific Islander. The average age of victim-survivors was 36, with 22 being the youngest and 56 being the oldest.

All victim-survivors consulted had experienced some form of sexual violence, as victimization was a prerequisite for eligibility. Some victim-survivors reported multiple sexual violence victimization experiences. That said, experiences of sexual violence varied from individual to individual.

In terms of type of sexual violence experienced, 15 (100%) experienced some sort of contact sexual violence. Of these, 12 (80%) experienced forced, pressured or drug / alcohol facilitated penetration, while the remaining 3 (20%) experienced unwanted sexual touching. Five (33%) reported some form of non-contact sexual violence in addition to contact sexual violence.

While experiences of sexual violence varied in terms of perpetrator, most victim-survivors reported knowing their perpetrator prior to victimization. Fourteen (93%) reported experiencing sexual violence perpetrated by a non-stranger (i.e. an intimate partner, a friend, or an acquaintance). Only 2 (13%) reported having experienced sexual violence perpetrated by a stranger.

Additionally, experiences of sexual violence ranged in terms of timeframe. Five victim-survivors (33%) reported experiencing their most recent instance of sexual violence within approximately the last two years. Nine (60%) reported experiencing their most recent instance of sexual violence over two years ago, most of whom reported their most recent victimization taking place over ten years ago. One participant did not disclose the date of their most recent victimization.

Participating advocates

In addition to focus groups composed of victim-survivors, we sought to incorporate the insight of advocates employed with each of the relevant DVSA programs. In total, we interviewed five advocates. Two advocates were affiliated with RDAP, two were affiliated with Haven House, and one was affiliated with Project Response. Interviews involved advocates working in various roles within their respective organizations; these roles included executive director, sexual assault / domestic violence supervisor and incarcerated victims advocate.

Prominent Barrier 1 – Attributes of "small-town" Environments

Barriers to helpseeking associated with small-town or small-community environments were a major point of discussion in each focus group conducted. Participants noted that a small-community environment can act as a barrier to helpseeking in a few primary ways, namely 1) by compromising hopes of confidentiality, 2) by fostering fears of repercussion and 3) by facilitating the community connections enjoyed by their perpetrator. It is worth underscoring that these concepts may exhibit significant overlap and work in tandem. For example, as a result of lack of confidentiality a victim-survivor may fear their perpetrator finding out about their helpseeking and as a result, taking revenge. With this in mind, we felt that these types of barriers can collectively be associated with the small-town environment so frequently referenced by focus group participants throughout this project. This barrier is reminiscent of the types of barriers categorized as prevailing cultural norms in the existing literature (e.g. anticipation of not being believed, fear of revictimization, etc.). While the sorts of issues described in this subsection reinforce existing research, they shine light on the barriers that are especially relevant for Nebraska victim-survivors living in small communities.

Confidentiality

Perhaps the most important component to barriers associated with small-community environments was the issue of confidentiality in seeking services. General issues of confidentiality were cited as major barriers to helpseeking in each focus group, across varying contexts. For example, a participant from the RDAP service area noted the following:

"*I did not reach out. I was 14 years old and was in a community of 350 people. So, reaching out to anyone at that point, because it's such a small town, confidentiality, I mean, people talk, I mean, people know, and so I think that, in rural America is an issue because there is not, you know, where do you go?*"

Despite residing in a region that varies significantly from the RDAP service area referenced above, a participant from the Haven House service area voiced similar concerns regarding general issues of confidentiality in her own community:

"*I would say just growing up on a rez, like everything we just explained on the reservation. Knowing that it's a small community and everybody knows everybody, and everyone knows what happened what's going on […]*"

Lack of confidentiality in helpseeking was cited as manifesting in a variety of ways. For example, one advocate noted that victim-survivors in their area might be deterred from seeking services due to personally knowing or having connections to program staff:

"*Well with it being a small community we – a lot of our children go to school, you know, with a survivor's children or they know us one way or another or we know their previous abuser, so I think that could be a barrier if they come in here and seek services and they know one of us or, you know, just don't feel comfortable.*"

Beyond being recognized by program staff, multiple participants noted that it was difficult to access services without compromising confidentiality as a result of the conspicuous location of the DVSA program. As one participant described:

"*Like even for [service provider], I hate pulling up out front, because I know it's right there off the highway, anybody can see my car out there. It has a big old dent and a bunch of bumper stickers everyone knows what my car looks like. They're going to be like oh why is [name] at [service provider] is something happening lalala, and it's just going to start a whirlwind, you know*?"

It is worth underscoring that such concerns about confidentiality were not generally targeted at the shortcomings of actions or procedures undertaken by the staff of DVSA programs. Rather, concerns of confidentiality were directed more so at the lack of anonymity within the participant's community overall. In short, barriers associated with concerns of confidentiality highlighted the anticipation victim-survivors felt regarding being unable to seek help without the broader community finding out.

Anticipated repercussions

Another factor associated with small-community environments that was reported as deterring helpseeking was the role of anticipated repercussions as a result of seeking services.

Anticipated repercussions to helpseeking were varied and ranged from compromising one's own reputation or reputation of one's family to the fear of retaliation carried out by the victim-survivor's perpetrator. For example, one victim-survivor from the RDAP service area reported that she felt dissuaded to report her victimization because it could tarnish her reputation as a parent:

"*[…] but it kind of comes back to what she said just that, that fear of how that will come back on you, like you're not safe at home, I was worried that my ex-husband would think that my home was not safe for my kids and would use it against me. Even though nothing happened to them, it was me, but he could turn that.*"

Anticipated repercussions also took the form of retaliation carried out by the victim-survivor's perpetrator. Retaliation was noted as taking the form of limiting access to resources and reducing autonomy as well as outright physical violence. As one victim-survivor recalled:

"*He's going to take your house and everything in it while you're getting that little report to keep him away from you. He's going to take everything from you.*"

While concerns of repercussions as a result of helpseeking were varied, they were similarly described as contributing to a sense of hesitation felt by the victim-survivor when considering whether or not to seek help after an experience of sexual violence.

Social connections enjoyed by perpetrators

One additional small-community characteristic that was noted as deterring helpseeking was the way in which small-town environments facilitated advantageous social connections enjoyed by perpetrators. Social connections enjoyed by perpetrators of sexual violence were noted as taking the form of informal reputational benefits (e.g. a perpetrator may have a good reputation in the community, resulting in accusations against them not being taken seriously) or through more specific connections (e.g. a perpetrator having a close relationship with law enforcement, rendering reporting a victimization futile). As one participant from the Project Response service area reported regarding how her perpetrator's connections negated the utility of her helpseeking:

"*I reached out to one person and she told me well I was lucky that I had a husband because he was such a nice guy. And it's like I didn't feel lucky, I mean it's […] and I did reach out, well one was my mom, but*

he buys her things and he's really nice to her and he's such a good guy and I'm lucky that I have him. And then theres a friend of mine and she's like yeah but everybody loves him he's so nice at work everybody loves him, you know, and it's like, it just totally negates what he does at home."

Perpetrators' social connections with more formal entities (e.g. law enforcement) were also noted as acting as a barrier to helpseeking by compromising the utility of reporting a victimization. As one participant from the Haven House service area recalled:

"*It was difficult working with the police department though because they didn't take everything seriously. They laugh because living on a reservation they grew up with my kid's dad, and of course they took his side before they took mine. They thought I was lying about the whole thing.*"

In sum, barriers to helpseeking related to small-community environments are prominent across service areas. These sorts of barriers operate in a variety of ways (e.g. through lack of confidentiality in helpseeking or anticipated repercussions of doing so). However, these sorts of barriers share a common theme in that they are frequently attributed to the effects of a "small-town" environment and the factors associated with such an environment. Not surprisingly, then, these sort of barriers to helpseeking were depicted as especially relevant for victim-survivors living in non-urban areas. Relatedly, multiple participants noted the benefits of seeking services in a nearby metro area (i.e. Lincoln or Omaha) as a way of enjoying a stronger sense of anonymity in seeking services. Further, barriers to helpseeking associated with a small-community environment were shown to be uniquely pronounced for victim-survivors with strong social ties to their community. Thus, while barriers to helpseeking related to small-community environments may manifest themselves in a variety of ways depending on contextual factors, such barriers were shown to be prominent among victim-survivors across service areas and victimization types.

Prominent Barrier 2 – Survivors Interpreting Victimization as Outside the Scope of DVSA Programs

A second prominent barrier to helpseeking that became evident during this project stemmed from victim-survivors thinking their experiences were not relevant to the scope or mission of their local DVSA program. Barriers of this kind were brought up in each focus group conducted and reinforced by various advocates. Generally speaking, victim-survivors recalled interpreting their experiences as not warranting helpseeking because they did not involve the appropriate type of victimization (i.e. not being domestic in nature or not strictly involving physical assault).

The issues discussed in this subsection are reminiscent of the types of barriers categorized as internalized norms in the existing literature (e.g. discrediting the incident as not being serious enough to warrant helpseeking). However, discrediting helpseeking as unwarranted as a result of the perceived scope or mission of a service provider is understood as a less documented barrier to helpseeking.

Participants cited a variety of reasons for interpreting the type of their victimization as rendering helpseeking inappropriate. For instance, one participant noted interpreting her local DVSA program as not relevant for victims of sexual violence by noting:

"*I think they are more based on domestic violence up there, not really sexual assault part of it. But I see that more too, it's more about the domestic violence than the sexual assault.*"

Similarly, others noted that because their victimization experience was not domestic in nature or perpetrated by an intimate partner, it did not warrant seeking services from the DVSA program in their area. As one participant noted:

"*The times that it happened to me, in my younger age up to my 20s, that is exactly what I had thought too. This isn't for this, this is for that. And I knew they existed but only for like married couples, for like boyfriend girlfriends, not just like this Joe Shmoe just raped me, do I call these, no, this would be rape and domestic or something else, right?*"

Perceptions that a sexual violence victimization experience was outside of a service provider's scope of work were so pervasive that even a participant who had worked with their local DVSA program did not recognize the program as relevant to victims of sexual violence. As they recalled:

"*I actually, in college, volunteered for the [DVSA program], I did the hotline and you know, when this happened to me with this man coming into my home it never occurred to me to reach out to them for help. Isn't that… I don't know, that seems sort of strange to me, like thinking about, why didn't I think about that. But again, I wasn't raped, so I, yeah [...] and I'm thinking about some incidents that happened to my daughter in high school and thinking I didn't even think about them as a resource of maybe helping us deal with that.*"

Barriers to helpseeking related to perceived scope of work of service providers were also reported as present in the larger community (that is, outside of those participating in the focus

group). For example, conversation between one focus group's participants noted that their area's DVSA program was thought of as relevant only for victims of domestic violence by other members of their community:

[Unidentified speaker 1]: "*It's crazy you said that, because I remember your aunt coming to league on Wednesday nights and talking to the old ladies, you know, but they never mentioned anything about being raped or nothing it was always protect yourself so you wasn't getting –* "

[Unidentified speaker 2]: "*Domestic.*"

[Unidentified speaker 1]: "*Yeah. There wasn't anything to these little old ladies about rape. Yeah. Actually, I don't really think I've ever heard of rape and domestic either, I mean I always just thought it was domestic.*"

Thus, barriers to helpseeking related to interpreting one's victimization experience as outside the scope or mission of a DVSA program are prominent among victim-survivors across service areas. It is worth underscoring, however, that these sorts of barriers seem especially pertinent for sexual violence victim-survivors whose experiences fall outside of the realm of traditional conceptions of domestic violence, specifically those whose victimization experiences are not strictly physical or occurred outside of the context of an intimate relationship.

Prominent Barrier 3 – Lack of a Relationship Between DVSA Programs and Segments of Latinx Communities

A lack of a relationship between DVSA programs and segments of the Latinx community was inferred as a potential barrier to helpseeking throughout this project. This barrier differs from the others outlined in this section in that victim-survivors did not explicitly identify this barrier during any focus group. Rather, we felt that the roadblocks faced during this project's Latinx-focused recruitment efforts demonstrate a potential lacking relationship between DVSA programs and segments of the Latinx community that in turn may act as a barrier to helpseeking for Latinx victim-survivors. This subsection seeks to expand upon the extent to which this project's recruitment efforts demonstrate a lacking relationship between service providers and segments of the Latinx community and how this lacking relationship may play a role in deterring helpseeking.

At its onset, this project sought to recruit for and conduct focus groups in respect to service area and target demographic (e.g. Native American residents of Haven House's service area or

the general population of Project Response's service area). That said, Latinx-specific focus groups were planned for residents of Haven House's and RDAP's service areas, as these two service areas contain the largest proportion of residents identifying as Hispanic or Latino (≈19% and ≈7%, respectively) (US Census Bureau, 2017). Latinx-focused recruitment materials were distributed in a manner similar to recruitment materials targeting the general population (that is, via paper flyers posted within the service area and through various social media outlets). Latinx-focused recruitment materials were distributed in both English and Spanish reading versions and were planned to be carried out by a bilingual facilitator.

Despite efforts to facilitate Latinx-specific focus groups, little success was had in incorporating a Latinx perspective regarding barriers to helpseeking. Neither of the planned Latinx-specific focus groups were conducted as a result of participant non-response. Apart from the inability to foster enough interest to facilitate a Latinx-specific focus group, we were unable to recruit even individual Latinx participants and facilitate input through mechanisms such as a one-on-one interview in lieu of a focus group. Beyond the shortcomings of the Latinx-specific recruitment efforts, the inability of this project to incorporate a Latinx-specific perspective can be seen in the demographic composition of the focus groups meant to incorporate the general community (i.e. any demographic). Of the 15 victim-survivors participating in this project's focus groups, none identified as Hispanic or Latinx. In short, no Latinx victim-survivors in any service area ultimately registered to take part in this project in any capacity.

The lack of an effective relationship between DVSA programs and segments of the Latinx community as a potential barrier to helpseeking was reinforced during interviews conducted with service providers. While some advocates noted general concerns about issues of cultural differences between provider and survivor (e.g. language barriers), others noted more specific issues that can be associated with Latinx communities. For example, when asked if barriers to helpseeking were associated with any particular demographic groups, one advocate noted:

"*Undocumented […] Someone who is not a legal citizen […] That has been a barrier in the past, just not legal status […] Afraid to report for fear of deportation and other ramifications for not being a citizen.*"

This section is meant to convey that this project's recruitment efforts suggest a lacking relationship between DVSA programs and some segments of the Latinx community. However, it should be noted that this does not indicate a failure on the part of DVSA programs to serve

Latinx victim-survivors outright. Indeed, DVSA programs with significant Latinx / Hispanic populations *are* serving Latinx / Hispanic victim-survivors of sexual violence at fairly high rates in proportion to clients served overall.[12]

We speculate that the lack of an effective relationship may act as a barrier to helpseeking in a variety of ways. For instance, a lacking relationship between a DVSA program and segments of the Latinx community may compromise the ability of DVSA programs to effectively make themselves and available services known to Latinx victim-survivors. Relatedly, it may indicate a distrust, misunderstanding or general hesitancy to seek services from the DVSA program on the part of the Latinx community. It is worth underscoring that the extent to and ways in which the lacking relationship described in this section may act as a barrier to helpseeking are speculative. Further attention should be given as to how the relationship between DVSA programs and the Latinx community encourages or deters helpseeking. These efforts should strive to incorporate the perspective and insight of Latinx victim-survivors of sexual violence and the Latinx community more broadly.

[12] For instance, the two service providers with the highest proportion of Latinx / Hispanic residents reported their 2018 clients served as being composed of 18.9% and 14.9% Latinx / Hispanic victim-survivors, respectively. Relying on proportion of Latinx clients served may be misleading, however, given the number of victim-survivors that are thought to be underserved in general.

Table 11: Summary of Barriers to Helpseeking Faced by Survivors in Nebraska

Barrier Type	Examples
Attributes of "small-town" Environments	Confidentiality: • Personal connection with program staff • Inability to visit service provider inconspicuously Fear of repercussions: • Compromising own reputation or reputation of family • Legal or physical retaliation carried out by perpetrator Social connections enjoyed by perpetrator: • Perpetrator receiving the benefit of the doubt due to good reputation in community • Perpetrator receiving preferential treatment by law enforcement due to personal connections
Survivors Interpreting Victimization as Outside the Scope of DVSA Programs	Victimization was not domestic in nature or intimate partner perpetrated Victimization did not involve physical assault or forced rape
Lack of a Relationship Between DVSA Programs and Segments of Latinx Communities	Despite efforts to do so, this project was unable to incorporate the perspective of any Latinx victim-survivor Latinx insight is needed to determine how and to what extent this relationship might deter helpseeking

7. Potential Interventions to Serve More Survivors

To overcome the challenges in addressing the underserving of victim-survivors of sexual violence in Nebraska, this section presents three outreach intervention recommendations based primarily on the findings of the focus groups conducted throughout the project. These recommendations are 1) make a concerted effort to highlight that sexual violence is relevant to the mission of DVSA programs, 2) increase efforts to facilitate privacy and anonymity for those seeking help from DVSA programs, and 3) engage in efforts to better understand perceptions of barriers to helpseeking held by Latinx survivors of sexual violence. If pursued, these actions would not only make it easier for more victim-survivors to access services, but also facilitate the

ability to learn more about what works and what does not in terms of alleviating barriers to helpseeking for Nebraska victim-survivors of sexual violence.

Outreach Intervention Strategy 1 – Make a Concerted Effort to Highlight that Sexual Violence is Relevant to the Mission of DVSA Programs

It is common for Nebraska victim-survivors to feel as though their sexual violence experiences are outside of the scope or mission of their local DVSA program. Victim-survivors of sexual violence were shown to dismiss their experiences as not relevant for various reasons (e.g. not being domestic in nature or not involving physical assault). However, DVSA program services are available for victim-survivors of sexual violence. Outreach aimed at strengthening efforts to explicitly highlight sexual violence victimization as relevant would help victim-survivors associate their local DVSA program with sexual violence services and encourage helpseeking in response to sexual violence victimization. It should be noted that DVSA programs in Nebraska are already taking efforts to make it known that services are relevant and available to victims of sexual violence.[13] However, as evidenced from this project's focus groups, there is significant room for improvement in terms of associating sexual violence as a relevant issue area for Nebraska DVSA programs.

How to implement

Strengthened efforts to highlight sexual violence will be varied but should generally involve innovating new ways of influencing public sentiment to more closely associate DVSA programs with sexual violence services as well as refining existing efforts that are already in place. These sorts of efforts might involve awareness campaigns carried out online or in the community that explicitly highlight the DVSA program as relevant for victims of sexual violence. Outreach efforts of this type ought to emphasize the fact that the DVSA program's scope and mission extends beyond domestic and physical violence, make use of encompassing depictions of

[13] Indeed, all DVSA programs involved in this project acknowledge sexual violence victimization as relevant to the services they offer as evidenced through their social media presence, websites, and interviews with staff.

sexual violence[14] and seek to target venues and audiences where sexual violence is thought to be especially pertinent. While the specifics of how best to carry out these sort of outreach efforts will vary from service area to service area, the common theme is that outreach efforts of this kind ought to intentionally and explicitly address the misconception that sexual violence victimization is not relevant to the work of the DVSA program. Evaluation of these outreach efforts should consider the proportion of clients who seek services from DVSA programs in response to sexual violence victimization.[15]

Outreach Intervention Strategy 2 – Increase Efforts to Facilitate Privacy and Anonymity for Those Seeking Help from DVSA Programs

A host of issues associated with lack of confidentiality in seeking services (e.g. being recognized, fearing repercussions, tarnishing personal or familiar reputation, etc.) were cited as prominent barriers to helpseeking by victim-survivors throughout this project. Outreach aimed at strengthening the awareness and availability of confidential services would help to alleviate hesitations in seeking help. It is worth acknowledging that DVSA programs in Nebraska do currently take efforts to allow for helpseeking in a confidential manner. However, as evidenced from this project's focus groups, there is room for improvement as concerns of being able to access services confidentially continue to exist as a prominent barrier to helpseeking for victim-survivors of sexual violence in Nebraska.

How to implement

Efforts to strengthen the awareness and availability of confidential services should generally involve raising awareness around existing efforts to ensure confidentiality in helpseeking as well

[14] The majority of participants in this project's focus groups described their most recent sexual violence experience as occurring more than 2 years in the past, despite never seeking help. That said, depictions of sexual violence used in these types of outreach efforts ought to acknowledge that sexual violence services are relevant to victims who experienced sexual violence in the past.

[15] Evaluation will rely on good practices in data collection regarding victimization type of clients served (e.g. considering not only clients who have solely experienced sexual violence, but those who have experienced sexual violence in tandem with domestic violence).

as innovating and making known new mechanisms for confidential helpseeking. In terms of raising awareness around existing efforts, steps might involve publicizing hotline information (and stressing the confidentiality associated with it) in new environments as well as publicizing any other policies or procedures already in place designed to accommodate concerns of confidentiality (e.g. the ability to meet in a discreet location). In terms of innovating new techniques, steps might involve developing and strengthening efforts to facilitate online helpseeking, a mode of helpseeking that was cited as preferable by multiple focus group participants. As a relatively low hanging fruit, the Coalition and DVSA programs could raise awareness around The National Sexual Assault Online Hotline, an existing and free to use online chat service that can refer clients to and help clients learn more about local DVSA programs in an anonymous online environment.[16] Further efforts should consider how online-facilitated services could be strengthened in a local context. Evaluation of these efforts should consider the rate at which victim-survivors utilize mechanisms designed to ensure confidentiality (e.g. being referred through a chatroom, opting to meet in a discreet location, etc.) as well as victim-survivors' perceptions of the usefulness of these mechanisms.[17]

Outreach Intervention Strategy 3 – Engage in Efforts to Better Understand Perceptions of Barriers to Helpseeking Held by Latinx Survivors of Sexual Violence

The current project failed to incorporate perceptions of barriers to helpseeking held by Latinx victim-survivors. Thus, the extent to which Latinx victim-survivors are deterred from seeking services and factors associated with these potential barriers remain largely unknown. This gap in perspective is especially troublesome given the significant portion of Latinx and Hispanic populations in the service areas considered in this project as well as throughout the state overall. While participating DVSA programs were demonstrated as serving Latinx victim-survivors, it remains unknown what barriers might be preventing additional Latinx victim-

[16] The majority of Coalition members are already listed as referral agencies with the Rape, Abuse & Incest National Network (RAINN), and thus Nebraska victim-survivors who utilize The National Sexual Assault Online Hotline could ultimately be referred to local service providers while enjoying the benefits of initially reaching out in an online and confidential environment.

[17] Evaluation will rely on good practices in data collection regarding where a client was referred from and how they first reached out to the DVSA program.

survivors from seeking help. Engaging in efforts explicitly designed to understand perceptions of barriers to helpseeking held by Latinx victim-survivors would help to fill the gap in this knowledge and ultimately allow for informed decision making regarding strategies to diminish these barriers for Nebraska Latinx victim-survivors.

How to implement

Future efforts should treat understanding perceptions of barriers to helpseeking held by Latinx victim-survivors as a primary objective, rather than an auxiliary goal. To accomplish this, a project outline with goals similar to the current project could be developed that specifically seeks to incorporate perceptions held by Latinx victim-survivors. This effort would innovate new ways of connecting with Latinx victim-survivors in an effort to facilitate Latinx victim-survivor input. This might include refining recruitment efforts to be more specific to reaching Latinx victim-survivors, facilitating the input of Latinx victim-survivors who have already been served by DVSA programs, and facilitating the input of Latinx victim-survivors through modes more discreet than the focus groups employed in this project (e.g. online, over the phone, in a one-on-one scenario, etc.). Further, efforts taken throughout the current project that attempted to facilitate the incorporation of Latinx victim-survivors' perspectives should be reemployed and strengthened when possible (e.g. providing a Spanish speaking focus group, advertising in Spanish, etc.).

Table 12: Summary of Potential Interventions to Serve More Survivors

Intervention Strategy	Why?	How to Implement
Make a Concerted Effort to Highlight that Sexual Violence is Relevant to the Mission of DVSA Programs	Understanding sexual violence experiences as outside the scope or mission of a DVSA program was a prominent theme in focus group discussions	Engage in innovative efforts to influence public perception to more closely associate the DVSA program with sexual violence services as well as refining existing efforts that are already in place
Increase Efforts to Facilitate Privacy and Anonymity for Those Seeking Help from DVSA programs	Concerns surrounding privacy, anonymity and fear of repercussions were prominent in focus group discussions	Raise awareness around existing efforts that ensure anonymity in helpseeking (e.g. hotline services, availability to meet in a discreet location, etc.) Adopt and publicize new techniques for facilitating confidentiality when helpseeking (e.g. strengthen online-facilitated access or referrals to services)
Engage in Efforts to Better Understand Perceptions of Barriers to Helpseeking Held by Latinx Survivors of Sexual Violence	No Latinx victim-survivors participated in this project's focus groups. Barriers to helpseeking for Latinx victim-survivors in Nebraska remain ill-understood	Develop and employ a project outline similar to that of the current project that treats understanding perceptions of barriers to helpseeking held by Latinx victim-survivors as a primary objective Innovate new ways of facilitating Latinx victim-survivor input Refine and strengthen existing efforts to facilitate Latinx victim-survivor input

8. Appendix

Recruitment and Discussion Materials

Example recruitment flyer

Focus group consent form

NEBRASKA COALITION
TO END SEXUAL AND DOMESTIC VIOLENCE

SIA Focus Group Consent Form

You have been asked to participate in a focus group sponsored by the NE Coalition to End Sexual and Domestic Violence and HTI Labs. The purpose of this group is to have a better understanding of what prevents survivors of sexual violence/abuse from seeking help from community service providers. The information learned in the focus groups will be used to analyze accessibility and effectiveness of services for sexual assault survivors.

You can choose whether or not to participate in the focus group and stop at any time. Although the focus group will be recorded, your responses will remain anonymous and no names will be mentioned in the report.

There are no right or wrong answers to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope that you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential.

I understand this information and agree to participate fully under the conditions stated above.

Printed Name_____

Signed Name_____

Date_____

Focus group discussion-guiding questions

1. Have you ever reached out for help after experiencing violence? If so, to who?
2. What factors did you consider when deciding whether or not to share your experiences or seek help from those people or services?
3. What might have caused you to hesitate (barriers) in telling anyone about your experience with sexual violence?
4. Of these barriers, are there any that you see as especially associated with particular types of agencies that may have gotten involved as a result of disclosing (e.g. law enforcement, health care providers, counselors, etc.)?
5. Of these barriers, are there any you see as connected to the nature of your victimization? (e.g. your relationship to the perpetrator, the context surrounding the victimization, the nature of the victimization itself)?
6. A significant number of survivors of sexual violence do not disclose their experiences or seek help in any capacity. Do you think other survivors face similar or different barriers to seeking help than you?
7. Of these barriers, are there any you think might be especially relevant to particular demographics of victims (e.g. race, economic status, geographic location, culture, etc.)?
8. Of these barriers, are there any you think might be especially relevant to survivors of particular types of sexual violence (e.g. survivors of sexual violence by an intimate partner, survivors of sexual harassment, etc.)?
9. Share what you know about sexual assault advocacy services.
10. Tell us what you know about [DVSA program].
11. What do you think could be done to make it more likely or easier for you or others to seek out help from [DVSA program]?
12. Do you think seeking out services from [DVSA program] would be a helpful or hurtful experience?
13. Do you think seeking out services from agencies other than [DVSA program] (e.g. law enforcement, healthcare providers, etc.) would be a helpful or hurtful experience?
14. Do you think other victims of sexual violence feel the way you do regarding the utility of seeking help from [DVSA program]? If not, why?
15. Is there anything else you'd like to talk about regarding barriers to disclosure or help-seeking?

Advocate interview-guiding questions

1. What services does your agency currently offer to survivors of sexual violence?
2. What services are not currently offered to survivors of sexual violence, but would likely be beneficial?
3. What services do you think survivors of sexual violence find most helpful? Which are the most utilized?
4. From your experience working with survivors, what are some barriers which prevent or make it more difficult for survivors of sexual violence to initially reach out to your agency?
5. From your experience working with survivors, what are some barriers which prevent or make it more difficult for survivors of sexual violence to receive continued services from your agency after initially disclosing?
6. From your experience working with survivors, what are some of the barriers which prevent or make it more difficult for survivors of sexual violence to seek help from other agencies (e.g. law enforcement, health care providers, etc.)?
7. Of the barriers you mentioned, do you think any barrier is especially prevalent for a particular type of victim? (e.g. victims of a particular demographic group or victims of a particular type of sexual violence, such as sexual intimate partner violence?)
8. In your opinion, what would be the most effective way to address or remedy barriers to helpseeking faced by survivors of sexual violence who wish to seek services from your agency?
9. From your experience as a service provider, what barriers do you face when trying to connect a survivor with your services?
10. From your experience as a service provider, what barriers do you face when trying to collaborate effectively with your community partners? How, if at all, do you see these relationships affecting a survivor's ability to easily seek out help?
11. Is there anything else you'd like to talk about regarding barriers to disclosure or helpseeking faced by victims of sexual violence?

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