



ICPSR 25201

African American Experience of Sexual Assault in Maryland, 2003-2006

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User Guide



National Institute of Justice
Data Resources Program

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Bibliographic Description

ICPSR Study No.: 25201

Title: African American Experience of Sexual Assault in Maryland, 2003-2006

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Scope of Study

Summary: The purpose of this study was to better understand the problem of sexual assault among African American women in Maryland, assess their use of available resources in response to sexual assault, and explore their use of alternative sources of care. Researchers interviewed 223 female victims of sexual assault (Part 1 and Part 2) between January 2004 and July 2005 and conducted 21 focus groups (Part 3) with sexual assault resource service providers between 2003 and 2006. Criteria for inclusion in the interview component (Part 1 and Part 2) of the study included: African American or Caucasian female, aged 18 and over, resident of Maryland, and victim of sexual assault. There were four streams of recruitment for the interview portion of the study:

- Victims receiving services at one of 18 rape crisis centers located throughout the state of Maryland;

- Community outreach sessions conducted by rape crisis center community educators;
- Through community service providers, including those working in domestic violence centers, forensic nurse examiners (SAFE programs), probation and parole offices, reproductive health centers, county health departments, community services agencies, Historically Black Colleges and Universities, and local colleges; and
- Through three detention centers housing female inmates.

For Part 3 (Focus Group Qualitative Data), rape crisis center representatives and other community service provider representatives received a letter informing them that a focus group was going to be conducted at the end of their study training session and asked them for their participation. Part 1 (Victim Quantitative Data) includes items in the following categories: Personal Demographics, Details of the Sexual Assault, Medical Care, Law Enforcement, Prosecution/Court Process, Sexual Assault Center Services, Other Counseling Services, and Recommendations for Improvement. Part 2 (Victim Qualitative Data) includes responses to selected questions from Part 1. The data are organized by question, not by respondent. Part 3 (Focus Group Qualitative Data) includes questions on the needs of African American women who have been sexually assaulted, whether their needs are different from those of women of other racial/ethnic backgrounds, unique barriers to reporting sexual assault to police for African American women and their treatment by the criminal justice system, unique issues concerning the use of available resources by African American women, such as post-rape medical care and counseling services, and recommendations on how the state of Maryland could improve services for African American women who are the victims of sexual assault.

Subject Term(s): African Americans, rape, service providers, sex offenses, sexual assault, victim services, violence against women

Smallest Geographic Unit: county

Geographic Coverage: Maryland, United States

Time Period: 2003 - 2006

Date(s) of Collection: January 2004 - July 2005, Part 1 and Part 2; 2003 - 2006, Part 3

Unit of Observation: individual

Universe: For Part 1 and Part 2, the universe is all female African American or Caucasian victims of sexual assault aged 18 years or older in the state of Maryland who received services from a rape crisis center, community service provider, Historically Black College or University, or was housed

at a detention center between January 2004 and July 2005. For Part 3, the universe is any representative of any rape crisis center, community service provider, Historically Black College or University, or detention center housing females in the state of Maryland between 2003 and 2006.

Data Type: survey data

Data Collection Notes: The qualitative data are available through restricted access procedures in two zip files. The file qda25201-0002_REST.zip (Part 2, Victim Qualitative Data) includes the interviewees' responses to 42 questions from the Part 1 (Victim Quantitative Data) questionnaire. The data are organized by question, not by respondent. The file qda25201-0003_REST.zip (Part 3, Focus Group Qualitative Data) includes the 21 focus group interviews with service providers. The qualitative data are available in Portable Document Format (PDF), rich text format, and plain text format.

Methodology

Purpose of the Study: The purpose of this study was to better understand the problem of sexual assault among African American women in Maryland, assess their use of available resources in response to sexual assault, and explore their use of alternative sources of care.

Study Design: To better understand the problem of sexual assault among African American women in Maryland, researchers interviewed 223 female victims of sexual assault (Part 1 and Part 2) and conducted 21 focus groups (Part 3) with sexual assault resource service providers.

Criteria for inclusion in the interview component (Part 1 and Part 2) of the study included: African American or Caucasian female, aged 18 and over, a resident of Maryland, and a victim of sexual assault. There were four streams of recruitment for the interview portion of the study:

- Victims receiving services at one of 18 rape crisis centers located throughout the state of Maryland;
- Community outreach sessions conducted by rape crisis center community educators;
- Through community service providers, including those working in domestic violence centers, forensic nurse examiners (SAFE programs), probation and parole offices, reproductive health centers, county health departments, community services agencies, Historically Black Colleges and Universities, and local colleges; and
- Through three detention centers housing female inmates.

Four women, three with masters degrees and one with a bachelors degree in a mental health or public health discipline were recruited as interviewers for the project. Three of the interviewers were African

American, one was Caucasian, and race of the interviewer was always matched for African American interviewees. The four interviewers underwent a day-long training coordinated by the University of Maryland on effective interviewing of sexual assault victims and the use of the interview instrument. Weekly meetings held at the Maryland Coalition Against Sexual Assault (MCASA) ensured that the interviewers were adhering to standard procedures in collecting the interviews, emphatically conducting the interviews, and supporting victims. Interviews took place from January 1, 2004, through July 2005 at each of the 18 rape crisis centers located throughout Maryland, at three correctional facilities, and in community sites. Interviews took between 45 minutes and 2 hours and 15 minutes. The length of interviews varied for many reasons, with a key dimension being whether particular services were received. At the completion of the interview, the interviewer gave the participant an unmarked sealed envelope that contained their ten dollar cash compensation. Some participants presented service needs, and if this was the case, after the formal interview, research staff attempted to assist interviewees in connecting to relevant services in their local community.

Focus groups and training sessions (Part 3) were held between 2003 and 2006 with 21 professional groups, rape recovery programs, domestic violence only programs, sexual assault forensic exam programs, and Historically Black Colleges and Universities in Maryland. Training sessions were held with each of these 26 recruitment partners to explain the context, history, and purpose of the study as well as to discuss the ethical issues relating to human research studies, referral/recruitment protocol, and marketing materials. Rape crisis center representatives and other community service provider representatives received a letter informing them that a focus group was going to be conducted at the end of their study training session and asked them for their participation. Informed consent forms were given to the participants before the focus group was conducted. Each focus group utilized two facilitators and two note takers. The number of participants in the focus groups ranged from four to ten with an average of seven participants per group. Each focus group participant received a name tag with a number so that the participants' answers were not recorded by name. The focus group sessions were taped and notes were taken. The tapes were transcribed, and once transcribed, all audiotapes were destroyed. The transcriptions were augmented by written meeting notes.

Sample: There were four streams of recruitment for the interview portion (Part 1 and Part 2) of the study:

- Victims receiving services at one of 18 rape crisis centers located throughout the state of Maryland. Each of the rape crisis centers were asked to identify and refer female victims for an interview. A designated representative from each rape crisis center attended a training session

to receive information about the study. Each clinician at the rape crisis centers attempted to recruit both African American and Caucasian clients of non-Hispanic backgrounds. Clinicians gave prospective participants a flier and described the study by covering the following topics: purpose of the study, areas covered in the interview, length of the interview, compensation for participants, and assurances of confidentiality and the right not to participate in the study. If the client agreed to participate, she called the Maryland Coalition Against Sexual Assault (MCASA) site coordinator to schedule an interview. If possible, the interview was scheduled to coincide with the client's next visit to the crisis center.

- Community outreach sessions conducted by rape crisis center community educators. Rape crisis center community educators made an announcement about the study when they spoke to adult groups about sexual assault. They also had fliers and question and answer sheets available. For community members who expressed an interest, the study was described and recruitment proceeded as above.
- Through community service providers, including those working in domestic violence centers, forensic nurse examiners (SAFE programs), probation and parole offices, reproductive health centers, county health departments, community services agencies, Historically Black Colleges and Universities, and local colleges. Fliers and posters about the study were displayed in reception areas and offices of various community services providers. A designated representative from each provider organization was identified and trained about the study by the MCASA site coordinator. This representative informed members of their staff so that they would be able to answer potential participant questions and encourage them to call study staff. Information about the study and reminders were included in the provider newsletters. Counselors at Historically Black Colleges and Universities made an announcement about the study at on-campus presentations about sexual assault. They also had fliers and question and answer sheets available in their offices. For these groups, procedures for providing information about and recruiting participants into the study followed those reviewed above. A representative from each Sexual Assault Forensic Exam program in Maryland was identified and educated about the study. This representative informed members of their staff and were given fliers and question and answer sheets to distribute to patients. For patients who expressed an interest, the study was described and recruitment proceeded as above.
- Through three detention centers housing female inmates. For the three participating detention centers, an MCASA staff person went to the centers and gave a presentation on sexual assault, its impact, and available services to assist in recovery. At the end of this presentation, information on the study was given out, and procedures for confidentially expressing interest in participation with on-site counselors were established. The inmates in detention centers then expressed

their interest in participating to on-site counselors who worked out the logistics of interviewing with MCASA staff.

Researchers conducted 223 interviews with sexual assault victims.

For Part 3, rape crisis center representatives and other community service provider representatives received a letter informing them that a focus group was going to be conducted at the end of their study training session and asked them for their participation. They were informed about the purpose of the focus group, the topics to be covered, and the length of the session. A total of 21 focus groups were conducted.

Weight: none

Mode of Data Collection: face-to-face interview

Description of Variables: Part 1 (Victim Quantitative Data) includes 110 items in the following categories: Personal Demographics (7 items), Details of the Sexual Assault (23 items), Medical Care (19 items), Law Enforcement (11 items), Prosecution/Court Process (11 items), Sexual Assault Center Services (22 items), Other Counseling Services (9 items), and Recommendations for Improvement (8 items). Part 2 (Victim Qualitative Data) includes verbatim responses to selected questions from Part 1. The data are organized by question, not by respondent. Part 3 (Focus Group Qualitative Data) includes questions on the needs of African American women who have been sexually assaulted, whether their needs are different from those of women of other racial/ethnic backgrounds, unique barriers to reporting sexual assault to police for African American women and their treatment by the criminal justice system, unique issues concerning the use of available resources by African American women such as post-rape medical care and counseling services, and recommendations on how the state of Maryland could improve services for African American women who are the victims of sexual assault.

Response Rates: Response rates are not available.

Presence of Common Scales: Several Likert-type scales were used.

Access and Availability

Note: A list of the data formats available for this study can be found in the [summary of holdings](#). Detailed file-level information (such as record length, case count, and variable count) is listed in the [file manifest](#).

Restrictions: The data are restricted from general dissemination. Users interested in obtaining these data must complete a Restricted Data Use Agreement form and specify the reasons for the request. A copy of the Restricted Data Use Agreement form can be requested by calling 800-999-0960. Researchers can also download this form as a Portable Document Format (PDF) file from the download page associated with this dataset. Completed forms should be returned to: Director, National Archive of Criminal Justice Data, 3501 Market Street, Philadelphia, PA 19104. For more information, please contact the National Archive of Criminal Justice Data at 800-999-0960.

WWW: <http://www.icpsr.umich.edu/NACJD/data/25201>

- ÖÜFKX Üquantitative Data
- DS2: Victim Qualitative Data
- DS3: Focus Group Qualitative Data

Publications

Final Reports and Other Publication Resources: A list of publications related to, or based on, this data collection can be accessed from the study's download page on the NACJD Web site or through the ICPSR Bibliography of Data-Related Literature at <http://www.icpsr.umich.edu/ICPSR/citations/index.html>. The list of citations includes links to abstracts and publications in Portable Document Format (PDF) files or text files when available.

Final reports and other publications describing research conducted on a variety of criminal justice topics are available from the National Criminal Justice Reference Service (NCJRS). NCJRS was established in 1972 by the National Institute of Justice (NIJ), an agency of the U.S. Department of Justice, to provide research findings to criminal justice professionals and researchers. NCJRS operates specialized clearinghouses that are staffed by information specialists who supply a range of reference, referral, and distribution services. Publications can be obtained from NCJRS at NIJ/NCJRS, Box 6000, Rockville, MD, 20849-6000, 800-851-3420 or 301-519-5500. TTY Service for the Hearing Impaired is 877-712-9279 (toll-free) or 301-947-8374 (local). The URL for the NCJRS Web site is:

<http://www.ncjrs.org/>

NIJ Data Resources Program

About the DRP: The National Institute of Justice Data Resources Program (DRP) makes datasets from NIJ-funded research and evaluation projects available to the research community and sponsors research and training activities devoted to secondary data analysis. Datasets are archived by the National Archive of Criminal Justice Data (NACJD) at the Inter-university

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Consortium for Political and Social Research (ICPSR) at the University of Michigan.

The NACJD maintains a World Wide Web site with instructions for transferring files and sending messages. Criminal justice data funded by the Department of Justice are available via the Internet at this site at no charge to the user. NACJD may be contacted at NACJD/ICPSR, P.O. Box 1248, Ann Arbor, MI, 48106-1248, 800-999-0960. The URL for the NACJD Web site is:

<http://www.icpsr.umich.edu/NACJD/>

Data Completeness Report

Notes: (1) Variables are individually listed only if they have greater than 5% missing data. These variables are listed under the appropriate percentage category in the order in which they appear in the data file. (2) The Data Completeness Report only captures information about system missing or other values that are declared missing. Codes that have a label implying that they are missing but that are not declared missing values are not reflected in this report. Data users should consult the codebook for more specific information about missing values. (3) Some variables that have 100% missing data may have been blanked by ICPSR to protect respondent confidentiality. Data users should consult the codebook for more specific information about blanked variables. (4) Data do not contain skip patterns or skip patterns are not reflected in the data as coded.

Table 1: Distribution of Variables by Percentage of Missing Values--Victim Quantitative Data

Variable Name and Label (Total Cases = 223)	Percent of Cases with Missing Values
7.7% (24 of 312 variables)	have 0% Missing Values
2.2% (7 of 312 variables)	have 0% - 1% Missing Values
2.6% (8 of 312 variables)	have 1% - 3% Missing Values
2.2% (7 of 312 variables)	have 3% - 5% Missing Values
0.6% (2 of 312 variables)	have 5% - 10% Missing Values
Q22	First person told about assault 9.9%
Q26	Told anyone else 9.4%
1.0% (3 of 312 variables)	have 10% - 20% Missing Values
Q25A	Did person believe you 13.0%
Q106A	Race/ethnicity a factor in how people responded to you 13.5%
Q107A	Race/ethnicity of perpetrator a factor in how people responded to you 15.7%
5.1% (16 of 312 variables)	have 20% - 40% Missing Values
Q27A	Told mother 25.1%
Q27B	Told father 25.1%
Q27C	Told sister 25.1%
Q27D	Told brother 25.1%
Q27E	Told other relative 25.1%
Q27F	Told friend 25.1%
Q27G	Told police 25.1%
Q27H	Told medical professional 25.1%
Q27I	Told attorney 25.1%
Q27J	Told hairdresser 25.1%
Q27K	Told clergy 25.1%
Q27L	Told therapist/counselor 25.1%
Q27M	Told teacher 25.1%
Q27N	Told co-worker 25.1%
Q27O	Told other 25.1%
Q27P	Told other 25.1%
55.4% (173 of 312 variables)	have 40% - 99% Missing Values
Q7B	Receives WIC 65.0%

Table 1: Distribution of Variables by Percentage of Missing Values--Victim Quantitative Data

Variable Name and Label (Total Cases = 223)		Percent of Cases with Missing Values
Q7C	Receives medical assistance	65.0%
Q7D	Receives housing assistance	65.0%
Q7E	Receives income assistance	65.0%
Q7F	Receives other public assistance	65.0%
Q15A	Bruises/burns/battering	50.7%
Q15B	Broken bones	50.7%
Q15C	Internal injuries	50.7%
Q15D	Other	50.7%
Q16_1	Firearm	69.5%
Q16_2	Knife	69.5%
Q16_3	Blunt instrument	69.5%
Q16_4	Other	69.5%
Q20	Seek help when previously assaulted	44.8%
Q21B	# of hours told someone	63.7%
Q21D	# of days told someone	83.0%
Q21F	# of months told someone	91.5%
Q21H	# of years told someone	73.5%
Q29A	Mother believed	73.1%
Q29B	Father believed	86.1%
Q29C	Sister believed	79.8%
Q29D	Brother believed	85.7%
Q29E	Other relative believed	74.9%
Q29F	Friend believed	59.2%
Q29G	Police believed	76.2%
Q29H	Medical professional believed	70.4%
Q29I	Attorney believed	91.0%
Q29J	Hairdresser believed	97.3%
Q29K	Clergy believed	93.3%
Q29L	Therapist/counselor believed	64.6%
Q29M	Teacher believed	95.5%
Q29N	Co-worker believed	87.9%
Q29O	Other believed	74.4%
Q29P	Other believed	91.9%
Q34A	Injuries prompted to seek care	60.1%
Q34B	Possible STD prompted to seek care	60.1%
Q34C	Possible pregnancy prompted to seek care	60.1%
Q34D	Family suggestion prompted to seek care	60.1%
Q34E	Friend suggestion prompted to seek care	60.1%
Q34F	Police officer prompted to seek care	60.1%

Table 1: Distribution of Variables by Percentage of Missing Values--Victim Quantitative Data

Variable Name and Label (Total Cases = 223)	Percent of Cases with Missing Values	
Q34G	Wanting to get evidence prompted to seek care	60.1%
Q34H	Other prompted to seek care	60.1%
Q35	Told medical professionals visit had to do with SA	61.0%
Q36	Where medical treatment received	60.1%
Q37	County received medical services	60.1%
Q38A	Physician performed medical exam	60.1%
Q38B	Nurse/nurse examiner performed medical exam	60.1%
Q38C	SAFE/SANE examiner performed medical exam	60.1%
Q38D	Don't know performed medical exam	60.1%
Q39	Was rape kit collected	62.3%
Q40	Was told about emergency contraception	62.3%
Q41	Took emergency contraception	84.8%
Q42	Tested for sexually transmitted diseases	62.8%
Q43A	Satisfaction with physical examination	62.3%
Q44A	Satisfaction with testing for STDs	69.5%
Q45A	Satisfaction with info about emergency contraception	75.8%
Q46A	Importance of testing for STDs	60.5%
Q46B	Importance of medical treatment for injuries	60.5%
Q46C	Importance of offering emergency contraception	60.5%
Q46D	Importance of collection of evidence	61.4%
Q47_1	Insurance	64.6%
Q47_2	Out-of pocket	64.6%
Q47_3	No charge	64.6%
Q47_4	Other	64.6%
Q48A	Aware that not to be charged by hospital	60.5%
Q48B	If aware, did this influence decision to report to police	97.3%
Q49	Received a bill from the hospital for sexual assault services	65.5%
Q51A	Plan to file criminal charges	47.1%
Q53	Think police believed you	65.9%
Q55A	Filed criminal charges	64.6%
Q56A	Plan to file criminal charges	75.3%
Q57	Was person who assaulted arrested	71.7%
Q58A	Satisfaction with police interview	65.9%
Q59A	Satisfaction with how police handled case	65.0%
Q60A	Satisfaction with overall interactions with police	66.4%
Q61A	Interacted with prosecutor's office	62.3%
Q63	Think prosecutor believed you	84.8%
Q65	Assigned a victim advocate in the prosecutor's office	84.8%
Q66	Informed of the availability of victim assistance funds	85.2%

Table 1: Distribution of Variables by Percentage of Missing Values--Victim Quantitative Data

Variable Name and Label (Total Cases = 223)	Percent of Cases with Missing Values	
Q67A	Case was prosecuted	84.3%
Q68A	Satisfaction with interaction with prosecutor's office	85.2%
Q69A	Overall satisfaction with court process	86.5%
Q70A	Perpetrator convicted	84.3%
Q70B	Perpetrator served jail time	90.1%
Q71	Who paid for legal assistance	87.0%
Q73	Know about SACC prior to victimization	74.9%
Q74A	Problems finding SACC	74.9%
Q75A	Newspaper ad - learned about SACC	74.4%
Q75B	Telephone book - learned about SACC	74.4%
Q75C	Word of mouth - learned about SACC	74.4%
Q75D	Friend - learned about SACC	74.4%
Q75E	Relative - learned about SACC	74.4%
Q75F	Therapist - learned about SACC	74.4%
Q75G	Health care professional - learned about SACC	74.4%
Q75H	Clergy - learned about SACC	74.4%
Q75I	Police - learned about SACC	74.4%
Q75J	Hospital - learned about SACC	74.4%
Q75K	School - learned about SACC	74.4%
Q75L	Television - learned about SACC	74.4%
Q75M	Other - learned about SACC	74.4%
Q76	County of SACC where received services	74.4%
Q77A	How long after assault came to SACC	74.4%
Q78A	Family suggestion - prompted to seek care at SACC	74.4%
Q78B	Friend suggestion - prompted to seek care at SACC	74.4%
Q78C	Referral from police - prompted to seek care at SACC	74.4%
Q78D	Referral from hospital - prompted to seek care at SACC	74.4%
Q78E	Felt anxious or depressed - prompted to seek care at SACC	74.4%
Q78F	Wanted to talk with someone - prompted to seek care at SACC	74.4%
Q78G	Relationship problems - prompted to seek care at SACC	74.4%
Q78H	Nightmares/flashbacks - prompted to seek care at SACC	74.4%
Q78I	Trouble at work - prompted to seek care at SACC	74.4%
Q78J	Hard time functioning - prompted to seek care at SACC	74.4%
Q78K	Happend to child - prompted to seek care at SACC	74.4%
Q78L	Other - prompted to seek care at SACC	74.4%
Q79	First point of contact with SACC	75.8%
Q80	Rate overall services at SACC	75.8%
Q81A	Received individual counseling at SACC	74.9%
Q81B	# of individual counseling sessions attended per week	79.8%

Table 1: Distribution of Variables by Percentage of Missing Values--Victim Quantitative Data

Variable Name and Label (Total Cases = 223)	Percent of Cases with Missing Values	
Q81D	Satisfaction with individual counseling	79.8%
Q82A	Received group counseling at SACC	74.9%
Q82B	# of group counseling sessions attended per week	92.8%
Q82D	Satisfaction with group counseling	93.7%
Q83A	Called sexual assault hotline at SACC	75.8%
Q83B	Satisfaction with sexual assault hotline	87.9%
Q84A	Received legal services at SACC	75.8%
Q84B	Satisfaction with legal servies at SACC	95.1%
Q85A	Received advocacy services at SACC	76.2%
Q85B	Satisfaction with advocacy servies at SACC	95.1%
Q86	Referred to other agency for additional services	75.8%
Q87A	Referred to legal assistance	92.8%
Q87B	Referred to medical services	92.8%
Q87C	Referred to mental health counseling	92.8%
Q87D	Referred to social services	92.8%
Q87E	Referred to substance abuse counseling	92.8%
Q87F	Referred to domestic violence counseling	92.8%
Q87G	Referred to other	92.8%
Q88A	Satisfaction with provision of referral services	93.7%
Q89	Who paid for referred services	92.4%
Q90A	Importance of helping cope with difficult feelings	75.8%
Q90B	Importance of helping cope with legal matters	75.8%
Q90C	Importance of helping decide to to tell people	76.2%
Q90D	Importance of helping you create a support system	75.8%
Q90E	Importance of confidentiality	75.8%
Q91	Received statement of confidentiality from SACC	80.3%
Q92	How confident discussions are kept confidential at SACC	74.9%
Q93	Who paid for counseling services	77.6%
Q95A	Received counseling from church/pastor	60.5%
Q95B	Received counseling from therapist/counselor	60.5%
Q95C	Received counseling from hospital	60.5%
Q95D	Received counseling from other	60.5%
Q96A	How long after assault received counseling services	61.0%
Q97A	Family suggestion - prompted to seek counseling services	60.5%
Q97B	Friend suggestion - prompted to seek counseling services	60.5%
Q97C	Police officer - prompted to seek counseling services	60.5%
Q97D	Hospital referral - prompted to seek counseling services	60.5%
Q97E	Felt anxious or depressed - prompted to seek counseling services	60.5%
Q97F	Wanted to talk - prompted to seek counseling services	60.5%

Table 1: Distribution of Variables by Percentage of Missing Values--Victim Quantitative Data

Variable Name and Label (Total Cases = 223)		Percent of Cases with Missing Values
Q97G	Relationship problems - prompted to seek counseling services	60.5%
Q97H	Nightmares/flashbacks - prompted to seek counseling services	60.5%
Q97I	Employee assistance program - prompted to seek counseling services	60.5%
Q97J	General hard time functioning - prompted to seek counseling services	60.5%
Q97K	Something happened to child - prompted to seek counseling services	60.5%
Q97L	Other - prompted to seek counseling services	60.5%
Q98A	Received individual counseling	60.5%
Q98B	# of individual counseling sessions attended per week	63.7%
Q98D	Satisfaction with individual counseling	61.9%
Q99A	Received group counseling	60.5%
Q99B	# of group counseling sessions attended per week	89.7%
Q99D	Satisfaction with group counseling	89.7%
Q100	Who paid for counseling services	62.3%
Q101	Received statement of confidentiality from counselor	62.3%
Q102	How confident discussions are kept confidential	60.1%
FILTER	center = 22 or 23 or 24 or 25 (FILTER)	99.6%
23.1% (72 of 312 variables)	have 100% missing values	
Q23	Why that person chosen	100.0%
Q24	How person reacted when told	100.0%
Q25B	Why you thought they did or did not believe	100.0%
Q28A	Mother's reaction	100.0%
Q28B	Father's reaction	100.0%
Q28C	Sister's reaction	100.0%
Q28D	Brother's reaction	100.0%
Q28E	Other relative's reaction	100.0%
Q28F	Friend's reaction	100.0%
Q28G	Police reaction	100.0%
Q28H	Medical professional's reaction	100.0%
Q28I	Attorney's reaction	100.0%
Q28J	Hairdresser's reaction	100.0%
Q28K	Clergy reaction	100.0%
Q28L	Therapist/counselor reaction	100.0%
Q28M	Teacher's reaction	100.0%
Q28N	Co-worker's reaction	100.0%
Q28O	Other's reaction	100.0%
Q28P	Other's reaction	100.0%
Q30A	Why you thought mother believed you	100.0%
Q30B	Why you thought father believed you	100.0%
Q30C	Why you thought sister believed you	100.0%

Table 1: Distribution of Variables by Percentage of Missing Values--Victim Quantitative Data

Variable Name and Label (Total Cases = 223)	Percent of Cases with Missing Values	
Q30D	Why you thought brother believed you	100.0%
Q30E	Why you thought other relative believed you	100.0%
Q30F	Why you thought friend believed you	100.0%
Q30G	Why you thought police believed you	100.0%
Q30H	Why you thought medical professional believed you	100.0%
Q30I	Why you thought attorney believed you	100.0%
Q30J	Why you thought hairdresser believed you	100.0%
Q30K	Why you thought clergy believed you	100.0%
Q30L	Why you thought therapist/counselor believed you	100.0%
Q30M	Why you thought teacher believed you	100.0%
Q30N	Why you thought co-worker believed you	100.0%
Q30O	Why you thought other believed you	100.0%
Q30P	Why you thought other believed you	100.0%
Q32	Why did not seek medical care	100.0%
Q43B	Why dissatisfied with physical examination	100.0%
Q44B	Why dissatisfied with testing for STDs	100.0%
Q45B	Why dissatisfied with info about emergency contraception	100.0%
Q50B	Why didn't tell police about sexual assault	100.0%
Q51B	Why not plan to file criminal charges	100.0%
Q54	Why thought police did or did not believe you	100.0%
Q55B	Why not filed criminal charges	100.0%
Q56B	Why not planning to file criminal charges	100.0%
Q58B	Why dissatisfied with police interview	100.0%
Q59B	Why dissatisfied with how police handled case	100.0%
Q60B	Why dissatisfied with overall interactions with police	100.0%
Q61B	Why not interact with prosecutor's office	100.0%
Q64	What made you think prosecutor did or did not believe you	100.0%
Q67B	Why case was not prosecuted	100.0%
Q68B	Why dissatisfied with interaction with prosecutor's office	100.0%
Q69B	Why dissatisfied with court process	100.0%
Q72B	Why not receive services from sexual assault crisis center	100.0%
Q74B	What problems finding SACC	100.0%
Q77B	What prevented from going to SACC sooner	100.0%
Q81E	Why dissatisfied with individual counseling	100.0%
Q82E	Why dissatisfied with group counseling	100.0%
Q83C	Why dissatisfied with sexual assault hotline	100.0%
Q84C	Why dissatisfied with legal services at SACC	100.0%
Q85C	Why dissatisfied with advocacy services at SACC	100.0%
Q88B	Why dissatisfied with referral services at SACC	100.0%

Table 1: Distribution of Variables by Percentage of Missing Values--Victim Quantitative Data

Variable Name and Label (Total Cases = 223)		Percent of Cases with Missing Values
Q96B	What prevented from receiving counseling services sooner	100.0%
Q98E	Why dissatisfied with individual counseling	100.0%
Q99E	Why dissatisfied with group counseling	100.0%
Q103	Biggest difficulty with sexual assault treatment experience	100.0%
Q104	Service or experience most helpful	100.0%
Q105	Strategies used in coping with aftermath of sexual assault	100.0%
Q106B	How race/ethnicity a factor	100.0%
Q107B	How race/ethnicity of perpetrator a factor	100.0%
Q108	Recommendations to community	100.0%
Q109	Recommendations to state	100.0%
Q110	Anything to add	100.0%