Sexual Assault Treating/Reporting Attitudes Survey

VETTA L. SANDERS THOMPSON1 AND SHARON WEST SMITH, Washington University in St. Louis

The Sexual Assault Treatment/Reporting Attitudes Survey is a 46-item survey designed to assess community attitudes on a variety of issues related to sexual assault. The survey consists of three sections: demographic data, sexual assault treatment and reporting attitudes, and vignette responses.

The first section of the survey elicits demographic data. Participants are asked to report age, sex, income, education, and marital status. The second section of the survey examines attitudes related to decisions to report or seek treatment in cases of sexual assault. The survey addresses knowledge of both short- and long-term effects of rape and child sexual abuse, attitudes toward the need for treatment, preferences for who provides treatment, as well as expectations and fears related to entering the treatment process. In addition, concerns regarding the involvement of the judicial system and various social service agencies are addressed.

The third section of the instrument is based on a prior survey (Howard, 1988). It consists of 10 vignettes, depicting either child molestation or rape. Three vignettes depict the sexual molestation of a female child; three, the sexual molestation of a male child; three, the rape of a female; and one vignette depicts the rape of a male by a stranger. Participants read each vignette and indicate whether a sexual assault has occurred, the need for treatment, type of treatment, and treatment source preferred. They also indicate the extent to which there is victim responsibility for the incident described using a 5-point rating scale.

Other Information

A copy of this instrument may be obtained from the Health and Psychosocial Instruments database, Behavioral Measurement Database Services, P.O. Box 110287, Pittsburgh, PA 15232–0787.

Reference


Exhibit

Sexual Assault Treating/Reporting Attitudes Survey (sample items)

Do you believe there are detrimental or bad effects for a child who has been sexually abused or molested?

If your child were sexually abused or molested, would you seek treatment or counseling (beyond medical treatment)?

Which of the following do you think/feel might be long-term effects of child sexual abuse or molestation:

If a family member or friend were raped or sexually assaulted, would you recommend that they seek treatment or counseling (beyond medical treatment)?

Would you be more likely to seek treatment if you knew that there would be no police or judicial involvement?

Can males be sexually molested or raped?

Where would you go for help or treatment?

1Address correspondence to Vetta L. Sanders Thompson, Washington University in St. Louis, George Warren Brown School of Social Work, Campus Box 1009, 700 Rosedale Avenue, St. Louis, MO 63112–1408; e-mail: vthompson@gwbmail.wustl.edu