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DEVELOPMENT OF THE SEXUAL ASSAULT SCRIPT SCALE

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ABSTRACT

This mixed methods study involved the qualitative development of and quantitative testing of the Sexual Assault Script Scale (SASS). In Study 1, 31 undergraduate women participated in semi-structured interviews that included qualitative questions about their expectations of a hypothetical sexual assault. Information from these interviews then was used to create items for the SASS. These items asked women to estimate the likelihood that specific contextual characteristics would be present during a hypothetical sexual assault. In Study 2, 500 undergraduate women completed the SASS. An exploratory factor analysis of the SASS resulted in a 40-item, four-factor solution. The subscales of the SASS were named Stereotypical/Severe Assault Beliefs, Acquaintance Assault Beliefs, Assault Resistance Beliefs, and Date/Friend Assault Beliefs. The association between the SASS subscales and measures tapping putative risk factors for sexual victimization (e.g., previous victimization history, sexual refusal assertiveness, alcohol use, number of consensual sexual partners, and attitudes about casual, impersonal sex) were examined. Regression analyses also were conducted to examine which risk measures uniquely predicted responses to the SASS subscales. More severe sexual victimization history predicted higher scores on the Stereotypical/Severe

Assault Beliefs subscale. Higher sexual refusal assertiveness, a greater number of lifetime sexual partners, greater alcohol use, more severe sexual victimization history, and more positive attitudes about casual, impersonal sex predicted higher scores on the Acquaintance Assault Belief subscale. Higher sexual refusal assertiveness predicted higher scores on the Assault Resistance Belief subscale. Finally, greater alcohol use predicted higher scores on the Date/Friend Assault Beliefs subscale while higher sexual refusal assertiveness predicted lower scores on this subscale. While several studies still need to be conducted on the SASS, the measure may have utility for sexual assault prevention programs in identifying women at higher risk for victimization.

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Introduction

Sexual victimization is a widespread problem within our society today. College women are a particularly high risk group for sexual assault, with approximately 25% of these women reporting an attempted or completed rape (Hammond & Calhoun, 2007; Fisher, Cullen, & Turner, 2000; Koss, Gidycz, & Wisniewski, 1987). In fact, college women report higher rates of sexual victimization than any other group of women (American Academy of Pediatrics, 2001; Krebs, Lindquist, Warger, Fisher, & Martin, 2007), even women of a comparable age in the general population (Fisher et al., 2000; Krebs et al., 2007).

Sexual victimization has a number of negative consequences that have been well documented in the literature. These include mental and physical health problems, such as posttraumatic stress disorder (PTSD; Faravelli, Giugni, Salvatori, & Ricca, 2004, Kessler, 2000); depression (Atkeson, Calhoun, Resick, & Ellis, 1982; Gladstone et al., 2004); alcohol dependence (Ullman & Brecklin, 2003); sexually transmitted diseases (STDs); and rape-related pregnancies (Holmes, Resnick, Kirkpatrick, & Best, 1996; Kuehn, 2011).

The mechanisms responsible for both sexual victimization and revictimization remain unclear. Since a viable solution for reducing men's sexually aggressive behavior has yet to be identified, research also has focused on factors that increase women's risk for sexual victimization. Risk factors identified to date include a prior history of sexual victimization (Arata, 2002; Hammond & Calhoun, 2007; Koss & Dinero, 1989; Messman-Moore & Long, 2003; Roodman & Clum, 2001), contextual features, such as alcohol use and consensual sexual activity just prior to assault (Monks, Tomaka,

Palacios, & Thompson, 2010; Himelein, 1995; Koss & Dinero, 1989; Abbey, Zawacki, & Mcauslan, 2000; Testa, Livingston, & Collins, 2000), number of previous consensual sexual experiences (Fisher et al., 2000; Himelein, 1995; Koss & Dinero, 1989), sexual attitudes (Nason & Yeater, 2012; Yeater, Viken, McFall, & Wagner, 2006), difficulties with risk judgment (Soler-Baillo, Marx, & Sloan, 2005; Yeater, Treat, Viken, & McFall, 2010), and difficulties choosing effective responses to risky situations (Yeater, McFall, & Viken, 2011; Yeater et al., 2010). Despite this promising list of risk factors, sexual victimization remains a complex and elusive phenomenon; thus, more work remains to be done. One potential factor that may be relevant is women's perceptions of a typical sexual assault, and how these perceptions might affect women's risk for sexual victimization.

Sexual Scripts

One factor that research suggests may influence a woman's response to a risky sexual situation is her sexual scripts (Kahn, Mathie, & Torgler, 1994; Kahn & Mathie, 2000; Masters, Norris, Stoner, & George, 2006). Sexual scripts have been defined as "cognitive models that people use to guide and evaluate social and sexual interaction" (Rose & Frieze, 1993, p. 499). These scripts are learned over time and reinforced through a person's social behavior. They create sexual meaning, are influenced by culture, and enable individuals to interpret their own and their partner's behavior (Frith, 2009; Simon & Gagnon, 1986).

Simon and Gagnon (1984), the originators of sexual script theory, theorized that sexual behavior is influenced at three levels: cultural scenarios, interpersonal scripts, and intrapsychic scripts. Cultural scenarios reflect culturally shared norms and values, such

as mass media images and gender role norms that influence interpersonal scripts.

Interpersonal scripts reflect how people believe they should enact the cultural scenarios in their sexual behaviors. Intrapsychic scripts reflect individuals' sexual motives, such as sexual pleasure, sexual conquest, passion, and/or emotional intimacy (Seal, Smith, Coley, Perry, & Gamez, 2008). Simon and Gagnon (1984) characterized people as "partial scriptwriters" who fashion, shape, and adapt cultural scenarios into scripts for sexual behavior across a variety of contexts.

The most pervasive sexual script in the United States has been termed the traditional sexual script (TSS), and it contains very different expectations for men's and women's behavior and attitudes in sexual situations (Firth, 2009). Traditional sexual scripts emphasize men initiating sex and controlling sexual activity, and women having a more passive role for determining how far sexual activity will go (Bowleg, 2004; Seal et al., 2008; Gagnon, 1990). There are several aspects of traditional sexual scripts that have been theorized to play a role in increasing women's risk for sexual assault. One of these aspects is the belief that men are responsible for initiating sexual activity, and that they will use multiple tactics to overcome women's resistance (Metts & Spitzberg, 1996). Using a college sample, Muehlenhard, Andrews, and Beal (1996) found that over half of the men in their study would have continued trying to engage in sexual activity even after the woman refused to participate. Geiger, Fischer and Eshet (2004) examined these traditional script beliefs in a high school sample and found that 56% of males agreed with the statement, "Girls could defend themselves from ever being raped," and 34% of males agreed with the statement, "Girls who say no do not really mean it." These types of beliefs about social interactions can play an important role for women and their

expectations for their own behavior and men's behavior in how a date or social experience is supposed to unfold.

Another aspect of traditional sexual scripts theorized to influence women's risk is the social belief that an increase in sexual partners for a woman lowers her value, which can result in women offering false resistance, and as a result, men believing that a woman's resistance is not real. Sociocultural scripts emphasizing women's power or resistance are not common but can lead women to be less likely to act in their own sexual self-interest (Fine, 1988). Thus, a woman who perceives the man's coercive or aggressive behavior as normative due to her script may be less likely to resist or do so effectively.

There is evidence that this script (TSS) with its double standard persists over time, and that it may be accepted as a societal norm while being rejected at a personal level (Milhausen & Herold 1999; Jackson & Cram, 2003). Milhausen and Herold (1999) surveyed undergraduate women and found that they adhered to a societal double standard in which women's behavior was judged more harshly; however, they did not personally support that double standard. Jackson and Cram (2003) also found support for this concept by conducting focus groups with adolescent women, in which they asked questions about relationship expectations, pressures within relationships, and ways in which partners hurt each other in relationships. Their findings suggested that individuals may have rejected or resisted the double standard, but that it may be muted. For instance, in their focus groups, there was some discussion about the problems with the double standard for men and women but also comments that were consistent with the double standard. Furthermore, the discussion of the double standard was cautious and uncertain

based on the researchers' observations of the women's discussion. The authors suggested that individually there may be changes to the double standard, but that collectively, women still experienced and upheld this expectation.

Sexual Assault Scripts

One area that has been explored is a subset of sexual scripts focusing on rape or sexual assault. A rape script includes information about what the victim thinks transpires during a typical rape, as well as characteristics of the victim and perpetrator (Crome & McCabe, 2001). Research has suggested that some women may not label their sexual assault experience as "rape" because of the social stereotype of what a "real rape" is supposed to entail (Kahn et al., 1994). Frequently, there are discrepancies between women's rape scripts and their actual rape experiences, which may be related to these women viewing their assault as something other than rape (Bondurant, 2001; Kahn et al., 1994).

For instance, some women believe that a "blitz rape" scenario, in which a woman is physically attacked by a stranger who threatens physical violence outdoors, is what constitutes a rape (Kahn et al., 1994). Defining a typical rape as a "blitz rape" is incongruent with sexual assault statistics, as stranger rapes account for a small percentage of rapes, with the majority of rapes being committed by an acquaintance or date (Bondurant, 2001; Kahn et al., 1994; Koss, 1985), involving no weapons, having low levels of physical force and injury, occurring inside, and often involving the use of alcohol by the victim and/or the perpetrator (Acierno et al., 2001; Littleton & Breitkopf, 2006).

If women hold a blitz rape script, they may have difficulty recognizing or

resisting a nonviolent attack perpetrated by a trusted friend or partner (Kahn & Mathie, 2000; Kahn et al., 1994). In fact, Kahn et al. (1994) found that the scripts of unacknowledged victims involved more violence and a stranger, while the scripts for acknowledged victims were less violent and more likely to involve an acquaintance. The scripts of unacknowledged victims were less likely to describe verbal protests and alcohol use by the victim than acknowledged groups. These differences were not due to any demographic variable or differences in the characteristics of their actual assaults. Kahn et al. (1994) concluded that it was likely that unacknowledged victims did not label their assault experiences as rape because they did not match their rape scripts.

Recent research supports these findings. For instance, Bondurant (2001) found that the possession of script elements congruent with a stranger rape rather than an acquaintance rape, and an experience involving less violence during rape, predicted whether or not women acknowledged a rape. That is, rape victims were more likely to acknowledge their experience as rape if there was violence (perpetrator violence, physical harm experienced, or resistance). These individual scripts influenced whether or not women saw their experience for what it was, and whether or not they decided to report their experience as rape.

Littleton, Axsom, Brietkopf, and Berenson (2006) found that rape scripts may affect a woman's recovery after rape, including coping and disclosure of the experience. Specifically, they found that women who did not acknowledge their experience as rape because of the incongruence with their rape scripts were more likely to call it something benign, such as miscommunication. Additionally, unacknowledged victims, as compared to acknowledged victims, were more likely to have engaged in heavy drinking with the

perpetrator prior to the assault, as well as having assaults that were less likely to have involved physical force by the perpetrator, as well as resistance by the victim. Being an acknowledged victim was associated with greater use of coping strategies and an increased likelihood of providing reasons for labeling their experience as a sexual assault.

In related research, researchers have examined the differences between women's seduction scripts and rape scripts to better understand similarities and differences between them, as both scenarios could occur in similar contexts but have distinctly different outcomes. Ryan (1988) asked students to describe a typical rape and a typical seduction. The results suggested that some areas of overlap exist between the two scripts; that is, the situations that could lead to a sexual assault or a seduction can be similar in that both instances were male-initiated and involved strangers or new acquaintances. Littleton and Axsom (2003) conducted a similar study first asking students to describe a typical seduction or rape, and then asking them to rate how typical they believed a number of elements were to either a rape or seduction. Similar to Ryan (1988), they found that both scripts involved either strangers or new acquaintances. However, they also found that the use of coercive/persuasive behaviors by the man were present in both scripts. Additionally, both scripts involved the woman engaging in sexual activity that she was not comfortable with and alcohol use was rated as equally typical for both scripts.

Research also has examined the differences between rape and bad hook-ups. Hook-ups are defined as a spontaneous sexual encounter between two individuals with no prior relationship. This work has demonstrated that college students today are more likely to find themselves in a bad hook-up situation than previously. Littleton, Tabernik,

Canales, and Backstrom (2009) examined college students' bad hook-up and rape scripts to see if there were areas of overlap, as hook-ups often occur in high risk situations for sexual assault. They found that hook-up scripts did not include sexual assault, and that rape scripts did not occur in the context of casual sexual encounters. However, both hook-up scripts and rape scripts often included similar psychological consequences (e.g., shame, regret). When women talked about remorse or shame in their hook-up scripts it was frequently because of the negative impact on the woman's reputation, or the fact that the woman engaged in sex for pleasure. In contrast, when women noted these psychological consequences in their rape scripts, they felt guilt or shame because they had been raped.

As noted above, numerous qualitative studies informed by sexual script theory have demonstrated how sexual assault scripts may be related to a number of behaviors, including rape and seduction (Littleton & Axson, 2003), acquaintance rape (Carroll & Clark, 2006; Clark & Carroll, 2008), hook ups (Littleton et al., 2009), how women choose to label their rape experience (Ryan, 1988; Kahn et al., 1994; Bondurant, 2001; Krahe, Bieneck, & Scheinberger-Olwig, 2007), and women's likelihood to seek medical assistance (Warshaw, 1988; Zinzow, Resnick, Barr, Danielson, Kilpatrick, 2012). To date, there has only been one study that has examined the relationship between women's sexual assault scripts and future sexual victimization experiences (Turchik, Probst, Irvin, Chau, & Gidycz, 2009). In this study, college women were asked to write about a hypothetical unwanted sexual experience with an acquaintance, and their scripts were examined and coded for specific characteristics. Turchik et al. (2009) found that women who experienced moderate victimization (unwanted sexual contact or sexual coercion)

over the follow-up period were more likely to have written scripts that described a more severe assault and nonforceful resistance (e.g., crying, negotiating, and making excuses). Additionally, they were less likely to have described any control in the outcome of the assault (e.g., they stopped the assault as opposed to not escaping or having someone else stop it). They found also that women who experienced severe victimization (attempted or completed rape) over the follow-up were more likely to have written scripts that described an outdoor assault, nonforceful resistance, and not knowing the perpetrator for a long period of time. This study highlights the importance of investigating sexual assault scripts, as there appears to be a link between women's sexual assault scripts and future sexual victimization.

Limitations of Past Research

Most studies to date have been qualitative in nature. One study has examined how script features predict future victimization, but no research has explored how rape script beliefs, as measured quantitatively by a psychometrically sound measure of the degree of such beliefs, is related to other indicators of sexual victimization risk. However, novel work conducted by Bowleg et al. (2013) provides a framework for conducting such research. These authors conducted a mixed methods study that examined African American men's sexual scripts in the context of sexual risk behaviors. Their goal was to extend work from qualitative studies that had documented the relationship between sexual scripts and sexual risk behaviors (e.g., condom use), as they theorized that certain script beliefs were related to high risk sexual behavior. Consequently, they developed a quantitative measure of sexual scripts. They conducted two studies to develop this measure. Study 1 included 30 qualitative semi-structured

interviews with heterosexual, African American men that asked questions about their sexual behaviors with main and casual partners. The authors coded these answers, developed items based on themes that men discussed in their interviews, and, subsequently, created a 49-item measure of sexual scripts that varied along seven dimensions: romantic intimacy, sexual settings, condom use and communication, alcohol and marijuana use before sex, sexual initiation, media sexual socialization, and sexual experimental scripts.

In Study 2, the authors conducted quantitative testing of their Sexual Script Scale (SSS) with 526 men. The team first decided to drop 13 items that the sample did not widely endorse, or that response pattern analyses suggested were confusing to participants. The factor analysis yielded seven factors that accounted for 68% of the variance. After conducting the factor analysis, they also dropped two items that cross-loaded on two different factors. This resulted in a 34-item, seven-factor solution (i.e., Romantic Intimacy Scripts, Condom Scripts, Alcohol Scripts, Sexual Initiation Scripts, Media Sexual Socialization Scripts, Marijuana Scripts, & Sexual Experimentation Scripts). They conducted reliability testing of the subscales using Cronbach's alpha; alpha values for the subscales ranged from 0.79 to 0.86. Bowleg et al (2013) used an adapted measure from the National Sexual Health Survey and created a ratio of reported number of vaginal sex occasions reflecting consistent use, inconsistent use, and no condom use as a criterion variable for their SSS. This ratio then was used to categorize the men in their sample as low risk, moderate risk, and high risk. Men who were at higher sexual risk for lack of condom use were men who reported at least one casual partner, higher scores on Romantic Intimacy Scripts, Sexual Initiation Scripts, and Media

Sexual Socialization Scripts, and lower scores on Condom Scripts.

Study Overview

This study used a sequential mixed-method methodology (Creswell & PlanoClark, 2011) to develop and evaluate a measure called the Sexual Assault Script Scale (SASS). The development of such a measure is important, as it fills a gap in the extant literature for a way to quantify the extent to which women adhere to stereotypical sexual assault scripts. Prior research in sexual assault scripts has been qualitative, which provides rich contextual information about women's beliefs, but it is not an efficient way to determine if a particular woman may be at risk for victimization. The present study created a measure to assess women's sexual assault scripts quantitatively. Additionally, the resulting measure will be more cost and time effective, and may potentially be used to screen or identify women at risk. Two studies were conducted to develop the SASS: The focus of Study 1 was to develop the items (and ultimately the scale) to assess women's sexual assault scripts; the focus of Study 2 was to establish reliability for the SASS and examine the correspondence between the SASS subscales and putative risk factors for sexual victimization.

In Study 1, undergraduate women were interviewed about their sexual assault scripts. After the interviews were conducted, they were transcribed. Codes were derived from the interview data, and responses then were coded into themes by the research team (described below). The responses then were used to create Likert-response items measuring the extent to which one believed certain features of a hypothetical sexual assault were most likely. After the items were developed, the SASS (Sexual Assault Script Scale) was given to a new group of undergraduate women along with measures

that tapped putative risk factors for sexual victimization (Study 2).

A simple criterion variable for sexual victimization risk does not exist. Therefore, this study examined a number of risk factors linked to increased risk for sexual victimization and assessed the correspondence between measures that assess this risk and responses to the SASS. Based on extant literature, these measures included those that tap a previous history of sexual victimization (Messman-Moore & Long, 2003; Arata, 2002), sexual refusal assertiveness (Katz, May, Sorensen, & DelTosta, 2010; Schry & White, 2013), alcohol use (Abbey et al., 2000; Testa et al., 2000), number of lifetime sexual partners (Synovitz & Byrne, 1998, Abbey, Zawacki, Buck, Clinton, McAuslan, 2001; Abbey, Zawacki, Buck, Clinton, McAuslan, 2004), and sexual attitudes (Nason & Yeater, 2012; Yeater et al., 2006). Informed by the literature on sexual victimization risk factors as well as sexual assault scripts, it was expected that women who adhered to stereotypical beliefs about rape also would report greater risk for victimization, as measured by previous victimization history, lower sexual refusal assertiveness, greater alcohol use, more sexual partners, and more positive attitudes about casual, impersonal sex.

Study 1: Qualitative Development of Sexual Assault Scripts Scale

Method

Participants

Participants were 31 undergraduate women enrolled in psychology courses at the University of New Mexico. They were recruited through the psychology research website and received course credit for their participation in the study. Women between the ages of 18 and 24 are at the highest rate of victimization (BJS, 1984; Krebs et al., 2007); thus, women outside of this age range were excluded from participation.

Participants' mean age was 19.03 ($SD = 1.56$). The majority of them were single (87%, $n = 27$) and had a mean of 1.38 ($SD = 0.76$) years of college completed. The sample was ethnically diverse: 45.2% of women reported that their ethnicity was Hispanic ($n = 14$). When asked about their race 71% reported White ($n = 22$), 3.2% African American ($n = 1$), 6.5% Asian ($n = 2$), and 19.4% "other" ($n = 6$).

Procedure

Upon arriving at the lab, research participants were met by a graduate research assistant (this author) who gave them information about the study and obtained informed consent. Participants were asked if they had any questions and made aware that they could withdraw from the study at any time without penalty. Participants were asked specifically if they consented to their interview being audio-recorded.

Participants then participated in a semi-structured interview in which the interviewer first asked, "So please imagine a situation in which you are being verbally or physically coerced by a man into a sexual experience. This should not be an actual incident that occurred in the past, but rather a hypothetical situation. What do you

imagine happening?” Interviewers then asked many probes of, “And then what happens?” to elicit elaboration about the situation by participants. Interviewers then asked follow-up questions about areas that the participant may not have included (e.g., Who is the man? How long have you known the man? What kind of place and situation will you be in? What activities will you be engaging in? What types of sexual activity, if any, will occur? How will the situation end? How typical do you think this is? Where do you think you got/developed this idea?) (See Appendix A for interview questions.).

A trained female interviewer (this author) conducted the face-to-face interviews, and all interviews were audio-recorded. Interviews ranged from 12-20 minutes. After the interview, participants completed a brief self-report demographic questionnaire, the Sexual Experiences Survey (Koss et al., 1987; described below), and the Childhood Trauma Questionnaire (Bernstein, Fink, Handelsman, & Foote, 1998; described below) to assess for childhood and adult victimization within the interview sample.

Measures

Demographic Questionnaire (See Appendix B). This self-report measure assessed for participants’ age, marital status, sexual orientation, race, and ethnicity, and academic status.

Sexual Experiences Survey (See Appendix C). The SES is a 10-item questionnaire developed to measure various degrees of severity of sexual victimization since the age of 14. Koss and Gidycz (1985) reported that the SES had an internal consistency of $\alpha = .74$, a one-week test-retest reliability of $r = .93$, and a correlation of $r = .73$ with interview responses. The SES uses specific definitions of sexual assault and asks participants to indicate whether or not the event occurred (i.e., no or yes). Women

were categorized by their most severe victimization experience since the age of 14 (none, unwanted sexual assault, coercion, attempted rape, or completed rape). With respect to frequency of victimization, 41.9% of participants reported no victimization, 6.5% reported unwanted sexual contact, 16.1% reported sexual coercion, 12.9% reported attempted rape, and 22.6% reported completed rape. This indicates that the interview sample reported a range of adult sexual victimization experiences and at rates that are comparable to previously collected samples.

Childhood Trauma Questionnaire (See Appendix D). The CTQ is a 28-item self-report measure is designed to screen for histories of abuse and neglect, assessing five different types of emotional and physical abuse and neglect: emotional neglect, emotional abuse, physical neglect, physical abuse, and sexual abuse. The CTQ has been found to be a reliable measure of childhood trauma in community samples (Scher, Stein, Asmundson, McCreary, & Forde, 2001), with test-retest reliability ranging from .79 to .86. Internal consistency has been computed both for the scale as a whole ($\alpha = .91$) and for all of the subscales as well. Cronbach's alphas for the subscales ranged from .61 to .92. With respect to frequency of childhood trauma, 22.6% of participants reported physical abuse, 38.7% reported physical neglect, 33.3% reported emotional neglect, 41.9% reported emotional abuse, and 20% reported sexual abuse. This indicates that the interview sample reported a variety of childhood experiences and at rates that are comparable to previously collected samples.

Analyses

Interviews were transcribed by a trained research assistant and checked for accuracy by a graduate research assistant (this author). They then were imported into

Nvivo 10.0, a qualitative data analysis software package. This author and a trained research assistant used Nvivo to identify common words and to generate frequency reports for each of these categories based on the text of the interviews. Information generated by Nvivo was used to modify a codebook used in previous qualitative studies (Leiting & Yeater, in press; Rinehart & Yeater, 2011). The codebook consisted of themes described by participants during the interview and from previous sexual assault script research. Using Nvivo ensured that information was not lost and that any common codes found in the interview text not covered by the codebook were included as codes in the current study.

Once the final coding system was complete, coders were trained to code during a one hour session in which the codes were described and the rating form explained. Coders were graduate and post-baccalaureate research assistants with a background in trauma research. Coders were given example interviews created by this author that included features that corresponded to the coding manual. Once coders reached a kappa above 0.70, they were given the actual interviews. The interviews were coded by at least two independent raters (this author and another rater). Once the interviews were coded, this author generated coding reports using the interview text and Nvivo that had direct quotes from interviews relevant to each coding category (see Appendix E for example).

To develop items for the Sexual Assault Script Scale (SASS), this author and another research assistant used the coding reports to distill the interview text into phrase codes, which were brief phrases of interview text that reflect the themes developed from the qualitative analysis. The phrase codes then were given to the research team of graduate and undergraduate research assistants with a background in trauma research as

well as an associate professor in psychology who is an expert in trauma and sex research. The research team met several times to discuss the phrase codes and develop items for the SASS based on these codes. To ensure that the items reflected the participants' script material, verbatim responses were used as much as possible. The team decided to omit slang to ensure that the items would be comprehensible to a general audience. The team discussed the best way to phrase items to ensure that participants' beliefs or scripts about sexual assault would be measured instead of their knowledge of sexual assault statistics. Therefore, the team decided to ask questions about "how likely" participants believed various features or characteristics would be present in a hypothetical sexual assault. Additionally, the team discussed how to construct the instructional set to maximize the likelihood of participants thinking of a sexual assault script. The team decided to phrase the instructional set by asking participants to imagine themselves in a situation and ask them how likely it was that each feature would be present. The phrase codes were used by the team to develop questions with Likert-type response options to be used in the scale (e.g., How likely is it that you have never seen him before? How likely is it you are at a friend's place? How likely is it that both you and the man have been drinking?). The list of potential items was disseminated to all team members. It was discussed and all disagreements were resolved until consensus was reached for a final list of 74 items.

Results

Kappa was used to assess pairwise interrater agreement with the criterion coder. Kappa values ranged from .83 to .93, with a mean value of .89. Since all kappa values were above .70, the coding system was judged to have satisfactory interrater reliability.

Table 1 presents the list of themes developed through the qualitative analysis. Fifteen themes were included in the coding manual: (a) alcohol use, (b) location, (c) isolated environment, (d) relationship, (e) previous consensual sexual contact, (f) woman's active resistance, (g) woman's nonforceful resistance, (h) woman controlled outcome, (i) verbal coercion by the man, (j) physical coercion by the man, (k) situation, (l) length of time perpetrator was known, (m) sexual victimization, (n) script sources, and (o) how typical she thought the experience she described was. Specific codes were identified within each general category. For example, "party" is a specific code within the general category "context of situation." The coding manual is presented in Appendix F.

The first 13 themes were used to develop items. The last 2 themes were used to explore the development of women's script beliefs by assessing where women believed their script came from and how typical they believed the experience they described in the interview is for women. Rich contextual information was provided by women during the interviews. Example scripts from the interviews can be found in Table 2.

Table 1

Sexual Assault Script Themes and Sample Phrase Codes Developed from Study 1 (N=31)

Theme	Sample phrase codes from qualitative interviews	Developed SASS item
Alcohol	And we're both drinking	How likely is it that you and the man have been drinking?
Location	Walking somewhere outside	How likely is it that you are walking somewhere outside when the man approaches you?
Isolated	Go into that back room alone	How likely is it that he forces you into a situation where you are alone?
Relationship	Just met him at the party	How likely is it that he is someone you just met that night?
	Somebody that I know. A friend of mine	How likely is it that he is a friend?
Active Resistance	But I would try to fight back and swing my arms	How likely is it that you would fight back physically?
Nonforceful Resistance	Saying, "Leave me alone. I'm not interested; I don't want this"	How likely is it you would tell him to leave you alone?
Controlled Outcome	No, I think again I'd try my best to get away	How likely is it that you would try to get away but wouldn't be able to?
Verbal Coercion	Him saying, "c'mon it's not that big of a deal just go with it. It will be fun"	How likely is it that he would say something like "c'mon it's not that big of a deal, just go with it"?
Physical Coercion	He'd just overpower me	How likely is it that he would just overpower you physically?
Situation	We are just hanging out	How likely is it that that you guys are just spending time together?
Time Knew	Couple weeks	How likely is it that you've known him only couple weeks?
Sexual Victimization	Then forcing me into having sex with him	How likely is it that he forces you to have sex?

Table 2

Example Sexual Assault Scripts from Study 1 Interviews (N = 31)

Ok, well I would imagine that they guy at first would take you on a nice date, make you feel nice. Later on after the day, he would ask you if you wanted to stop by his house and you agree because he seems like a nice guy. Maybe some nice things would happen. You would go to his house. You would talk. And then...after a while of talking you like he's being rather suggestive about things and you kind of want to pull away from that, because it's not what you wanted. You tell the guy that he's being inappropriate and you don't like that, but he continues and at that point you tell him that you're just going to leave and that it was nice seeing him. Trying to be nice. But that's when he starts getting aggressive, maybe grabs your arm as you're about to leave. Keeps telling you all these things that you're so beautiful and trying to make you feel comfortable again but it's obviously not working. And you keep trying to leave and he would try to push you against the wall, maybe try kissing you. At that point you start getting aggressive, and you push him away and desperately try to leave the room. Finally you're able to leave the room without anything too bad happening but the guy chases you for a little while until finally giving up. At that point you're disoriented and you leave, let's say it's an apartment complex or something, and you leave. It's dark and you're scared. At that point you . . . yeah that's pretty much what I imagine.

Honestly I think it would be, I don't know a violation of privacy. I would consider they put me drugs in a drink then they would rape me. Yeah that would be something; I think is unwanted because I won't be conscious. That would be mean. Otherwise it would be by physical force. Of course I would try to defend myself. I won't say "He will be mean. I will be fine with it." That would never happen. If that's the case because I'm not strong enough to defend myself, of course it would be unwanted. By force, physical force, and verbally I don't think that would matter to me. You know it's like if somebody says that it [unclear] me or will affect me, I will consider that as not true or as a fact and I will ignore it and continue with my life. I will break down that relationship or depends on the situation you know. Yeah, that could easily happen in a party. I think it's somebody even though I probably have met or haven't met.

When I think of it, it's at like a gathering or a party and there's drinking and stuff like that. And then being approached by someone, and because they're intoxicated and their judgment is not clear, they don't know just when to stop. Then me getting uncomfortable and saying, "Leave me alone. I'm not interested; I don't want this." Him saying, "c'mon it's not that big of a deal just go with it. It will be fun." I guess if we were in a party situation... I don't know. I don't know if guy's mentality, if they would try to be like physical like that in a party scene. But picturing it in my head, he would keep verbally trying to like persuade me and pressure me. I imagine him being some semi-attractive guy that I've never really talked to or seen before. Um like at first when he's like, "You know, we should hang out or do this." I'm like "Yeah that sounds cool." And then he's like "Right now" and I'm like "Well, I'm having fun." Then he's like "No, let's go now." "No that's ok." And then at that point I know this not what I want. This guy is creepy. Um, me freaking out on him, yelling at him, causing a scene, like throwing my drink in his face in his face or something and then leaving. Like basically just trying to draw attention to the situation that he's being a creep.

Study 2: Initial Reliability and Validity Testing of the Sexual Assault Script Scale
(SASS)

Methods

Participants

Participants were 500 undergraduate women at the University of New Mexico. Women between the ages of 18 and 24 are at the highest rate of victimization (BJS, 1984; Krebs et al., 2007); thus, recruitment was limited to women aged 18-24 years old. Participants' mean age was 20.58 ($SD = 1.64$). The majority of them were single (87%, $n = 434$) and had a mean of 2.68 ($SD = 1.26$) years of college completed. The sample was ethnically diverse, 50.0% of women reported that their ethnicity was Hispanic ($n = 250$). When asked about their race 73.8% reported White ($n = 369$), 1.6% African American ($n = 8$), 4.0% Asian ($n = 20$), 5.0% American Indian Alaskan Native ($n = 25$), and 15.6% "other" ($n = 78$).

Procedure

Participants were recruited through email blast sent to eligible University of New Mexico undergraduate students. The email informed them that the study was about their expectations of dating situations, sexual experiences, and attitudes about sex and alcohol. They read a detailed electronic consent form which outlined the purpose of the study, procedures for completing the online survey, potential risks, and compensation for participation. Participants were explicitly informed that choosing to enter the study website implied their consent for participation. Participants were informed that they could discontinue at any time for any reason. After providing consent, a list of resources was provided where participants might receive mental health services if they became

distressed as a result of participation. Participants were provided with this list at the beginning as well as at the end of the study, in case they chose to stop participating, they would still have access to the list of resources.

Participants then were prompted to begin completing the questionnaires. The questionnaires took an average of 24 minutes to complete, though there was no time limit so if a participant desired more time, it was available to them. The minimum time to complete was 10 minutes and the maximum time was 3.5 hours. After completing the questionnaires, participants were again shown the list of resources from the beginning of the survey, and a final page that thanked them for their participation. They also were provided a link to a secondary survey that collected contact information for the drawing for one of eight Amazon gift cards (worth \$20). This survey was kept separate from the questionnaire to preserve participants' confidentiality.

Measures

Sexual Assault Script Scale (SASS). The 74-item SASS assessed participants' adherence to sexual assault scripts. Participants indicated on a 5-point Likert-type scale (not at all likely to completely likely) how likely they thought each statement was with respect to a hypothetical sexual assault.

Demographic Questionnaire (See Appendix B). This self-report measure, as described in Study 1, assessed for participants' age, marital status, sexual orientation, race, and ethnicity, and academic status.

Sexual Experience Survey (SES; Koss et al., 1987) (See Appendix C). The SES, as described in Study 1, was used to assess participants' self-reported histories of sexual victimization. With respect to frequency of victimization, 48.6% of participants reported

no victimization, 12.0% reported unwanted sexual contact, 11.8% reported sexual coercion, 9.6% reported attempted rape, and 18.0% reported completed rape.

Sexual Assertiveness Scale (SAS; Morokoff et al., 1997) (See Appendix G). The refusal subscale of the Sexual Assertiveness Scale consists of 6 items rated on a 5-point Likert scale with higher summed total scores corresponding to greater sexual refusal assertiveness. Morokoff et al (1997) reported that the SAS had an internal consistency of $\alpha = 0.80$, and a test-retest reliability on the refusal scale over 6 months to 1 year ranging from 0.59 to 0.65. The reliability in the current sample was $\alpha = .78$.

Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland, Babor, & de la Fuente, 1993) (See Appendix H). The AUDIT is a 10-item questionnaire developed to measure alcohol consumption, drinking behavior, and alcohol-related problems. Participants answer questions on a 5-point Likert scale with higher scores indicating more problematic alcohol consumption. The AUDIT has been validated widely and is used in a variety of settings. Shields and Caruso (2003) reported an internal consistency for the AUDIT between $\alpha = 0.79$ and 0.81, and Meneses-Gaya, Zuardi, Loureiro, and Crippa (2009) reported test-retest reliability for the AUDIT over one month ranging from 0.84 and 0.95. The reliability in the current sample was $\alpha = .90$.

Sexual Behaviors Measure (SBM) (See Appendix I). The SBM is a 20-item questionnaire that asks about various dating behaviors, including number of lifetime sexual partners, frequency of unprotected sex, and use of substances just prior to sex. This measure is currently being used in Dr. Yeater's National Institute on Alcohol Abuse and Alcoholism (NIAAA) funded research grant.

Sociosexuality Scale (SS; Bailey, Kirk, Zhu, Dunne & Martin, 2000) (See

Appendix J). The Sociosexuality Scale is a 15-item self-report measure used to assess participants' sexual attitudes and their willingness to engage in sexual activity. Participants indicated on a 4-point Likert scale, ranging from 1 (strongly agree) to 4 (strongly disagree), the extent to which they held these beliefs. The SS includes items from the Sociosexuality Orientation Inventory (SOI; Simpson & Gangestad, 1991) and items from Eysenck's (1976) study of the genetics of sexual behavior. Higher scores on the SS indicate more positive attitudes toward casual, impersonal sex. The items included on the SS have been shown to correlate highly with the SOI (.89), and the overall SS has shown greater internal consistency than the SOI ($\alpha = .85$ vs. $\alpha = .70$, respectively) (Bailey et al., 2000). The reliability of the SS in the current study was $\alpha = .90$.

Results

Preliminary Data Analysis

Given the number of items in the initial version of the SASS, items were examined to assess for redundancy; this was done in two ways. First, zero order correlations between items were examined to determine whether items were highly correlated, which would suggest that items were measuring the same construct. Second, items with similar content were examined qualitatively to ensure that those that were retained were clear, concise, and conceptually represented the theme it was related to. As a result of these two processes, 32 items were removed from the SASS.

Exploratory factor analysis using principal axis factoring then was used to explore the underlying dimensions of the SASS items, with the ultimate goal of creating subscales. An oblique rotation was used, as there was no theoretical reason to expect that the factors would be uncorrelated. Correlations then were conducted between the SASS and the questionnaires measuring putative risk factors for victimization. Finally, multiple regression analysis was used to examine the relationship between sexual victimization risk factors and responses to the SASS.

Exploratory Factor Analysis Results

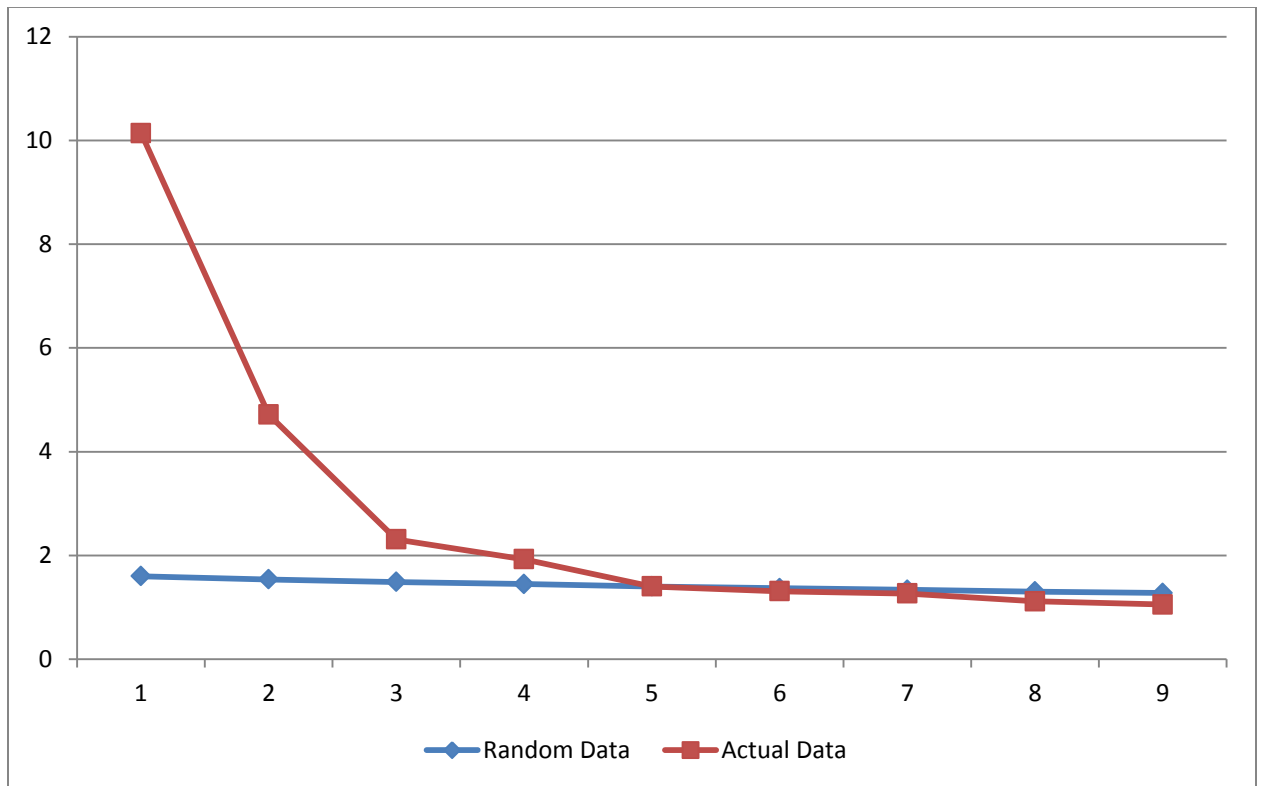
The adequacy of the data in satisfying the assumptions for exploratory factor analysis was examined for the set of items. Overall, variables were not found to depart drastically from a normal distribution, with skewness levels ranging from -1.37 to 2.01. Factorability of the data was evaluated with two indices. The KMO measure of sampling adequacy value closer to 1 indicated that the patterns of correlations were relatively compact and factor analysis would result in distinct factors. The KMO was .92, a value

that is judged to be acceptable (Kaiser, 1974). Bartlett's (1950) test of sphericity was used to examine the null hypothesis that the original correlation matrix is an identity matrix; a significant result indicates that there is some relationship between the variables, and that factor analysis is an appropriate data analytic approach. Bartlett's test of sphericity was significant $X^2(820) = 8736.50, p < .001$.

Exploratory factor analysis yielded four factors that accounted for 46% of the variance. Several criteria were used to determine the appropriate number of factors to be retained in the solution. First, we examined the number of factors with eigenvalues greater than one (Kaiser, 1960). Applying this rule to the data, there appeared to be eight factors; the highest initial eigenvalues from the unrotated solution were as follows: 9.79, 4.64, 2.23, 1.91, 1.43, 1.29, 1.25, and 1.03. The eigenvalue greater than one rule, however, has been criticized for being arbitrary, and one that can lead to substantial overestimation of factors (O'Connor, 2000). Second, the Cattell scree plot recommendation is that the cut-off for selecting factors should be at the elbow of the curve (Cattell, 1966). Evaluation of the Cattell scree plot indicated that there were four factors. Although the Cattell scree plot is useful, factor selection should not be based on this criterion alone. Horn (1965) advocated parallel analysis as a superior approach for determining the minimum number of credible factors not attributed to chance. Thus, parallel analysis was performed on the data. Comparing the eigenvalues of the random data with eigenvalues of the actual data, the results suggested that four factors should be retained (see Figure 1). A four factor solution was retained, as both the Cattell scree plot and the parallel analysis supported this solution.

Figure 1

Parallel Analysis for Sexual Assault Script Scale (N = 500, k=42)



In the four-factor structure, a factor loading criterion of .30 was used to judge the representativeness of items in capturing each factor based on common practice and recommendations in the literature (Stevens, 1992). One item produced a factor loading of zero and another item produced a factor loading below this cutoff. Both items were eliminated from the scale. After eliminating those items, the four-factor model again was analyzed using the same analyses, resulting in a 40-item solution presented in Table 3. The first subscale appeared to tap beliefs about stereotypical or more severe sexual assault. For instance, items on the scale included: “How likely is it that you are walking somewhere outside when the man approaches you?”; “How likely is it that he forces you into a situation where you are alone?”; “How likely is it you try to get him to stop by crying?”; and “How likely is it that he overpowers you physically?”. Thus, this subscale was named Stereotypical/Severe Assault Beliefs. The internal consistency of the Stereotypical/Severe Assault Beliefs subscale was $\alpha = .89$. Subscale scores were summed with higher scores representing greater endorsement of beliefs concerning the likelihood of stereotypical or extreme sexual assaults.

The second subscale appeared to tap beliefs consistent with an acquaintance sexual assault, including knowing the man for a shorter period of time and situational features that are associated with such an assault. For instance, items on the scale included: “How likely is it that he is someone that you just met that night?”; “How likely is it that you are at a friend’s house?”; “How likely is it that you are at a party?”; and “How likely is it that both you and the man have been drinking?” Thus, this subscale was named Acquaintance Assault Beliefs. The internal consistency of the Acquaintance Assault Beliefs subscale was $\alpha = .84$. Scores were summed with higher scores

representing greater endorsement of beliefs regarding the likelihood of acquaintance sexual assault.

The third subscale appeared to reflect beliefs describing the types of resistance a woman might engage in during a sexual assault. For instance, items on the scale included: “How likely is it that you scream?”; “How likely is it that you fight back physically?”; “How likely is it that you tell him to leave you alone?”; and “How likely is it that he attempts to have sex with you but is unsuccessful?” Thus, this subscale was named Assault Resistance Beliefs. The internal consistency of the Assault Resistance Beliefs subscale was $\alpha = .82$. Subscale scores were summed with higher scores representing greater endorsement of beliefs regarding the likelihood of resisting during an assault.

The fourth subscale appeared to tap beliefs concerning characteristics of an assault occurring within the context of a date or casual get together. For instance, items on the scale included: “How likely it is that he is a friend?”; “How likely is it that you have known him longer than six months?”; “How likely is it that you are at his place?”; and “How likely is it that you two are just spending time together?” This subscale was named Date/Friend Assault Beliefs. The internal consistency of the Date/Friend Assault Beliefs subscale was $\alpha = .72$. Subscale scores were summed with higher scores representing greater endorsement of beliefs regarding the likelihood of date/friend sexual assaults.

Table 3

Exploratory Factor Analysis of SASS Using Oblique Rotation (N = 500)

Sexual Assault Script Scale	Stereotypical /Severe Assault Beliefs	Acquaintance Assault Beliefs	Assault Resistance Beliefs	Date/Friend Assault Beliefs
How likely is it that he forces you to have sex?	.830	-.070	-.043	-.024
How likely is it that you try to get away but fail to do so?	.679	-.069	.089	.055
How likely is it that he used the fact that he is an authority figure, like a supervisor or teacher to have sex with you?	.669	-.182	.104	.091
How likely is it that he tries to pull or push you into a room?	.652	.118	.103	.055
How likely is it that the man would put a date rape drug (roofie, GHB) in your drink?	.643	.168	-.050	.222
How likely is it that he forces you into a situation where you are alone?	.643	.168	-.050	.040
How likely is it that he is an authority figure, like a supervisor or teacher?	.599	-.151	.091	.075
How likely is it that you are in an alley?	.593	-.076	-.035	-.180

Table 3 (con't)

Sexual Assault Script Scale	Stereotypical /Severe Assault Beliefs	Acquaintance Assault Beliefs	Assault Resistance Beliefs	Date/Friend Assault Beliefs
How likely is it that he starts touching you without your consent?	.531	.220	.019	.019
How likely is it that he overpowers you physically?	.523	.030	.214	.081
How likely is it that you are in an empty room alone?	.484	-.001	-.241	.242
How likely is it that he says something like, "Hey, don't you like me"?	.480	.183	.184	.151
How likely is it that he says something like, "C'mon it's not that big of a deal, just go with it"?	.436	.235	.158	.034
How likely is it that you try to get him to stop by crying?	.433	-.131	.214	.090
How likely is it that he is successful in his attempts to coerce you?	.413	.064	-.232	.194
How likely is it that you are walking somewhere outside when the man approaches you?	.404	.059	.146	-.135

Table 3 (con't)

Sexual Assault Script Scale	Stereotypical /Severe Assault Beliefs	Acquaintance Assault Beliefs	Assault Resistance Beliefs	Date/Friend Assault Beliefs
How likely is it that he keeps trying to talk you into sex so you just say yes so he would stop?	.313	.154	-.164	.199
How likely is it that you are at a party?	-.109	.780	.036	.115
How likely is it that you have known him less than a couple of weeks?	.101	.639	-.047	.216
How likely is it that you have known him less than a couple of months?	.137	.637	-.118	-.211
How likely is it that both you and the man have been drinking?	-.047	.593	-.109	.176
How likely is it that you are at a friend's place?	-.226	.577	.213	.230
How likely is it that you are at a small gathering?	-.207	.555	.217	.205
How likely is it that you are at the place of someone you just met?	.131	.508	-.095	-.130

Table 3 (con't)

Sexual Assault Script Scale	Stereotypical /Severe Assault Beliefs	Acquaintance Assault Beliefs	Assault Resistance Beliefs	Date/Friend Assault Beliefs
How likely is it that he is someone you just met that night?	.211	.491	-.086	-.221
How likely is it that the man would offer you alcohol to try to get you drunk?	.216	.481	.117	.121
How likely is it that you would kiss him willingly but then he tries to get you to go further sexually when you do not want to?	.100	.425	.014	.224
How likely is it that you try to fight back physically?	.042	.017	.748	-.035
How likely is it that you scream?	.227	-.172	.669	-.042
How likely is it that you tell him to leave you alone?	.224	.010	.631	-.118
How likely is it that you go for his vital areas, like his face or groin?	.101	-.033	.629	.012
How likely is it that you say no?	.163	.069	.524	-.119

Table 3 (con't)

Sexual Assault Script Scale	Stereotypical /Severe Assault Beliefs	Acquaintance Assault Beliefs	Assault Resistance Beliefs	Date/Friend Assault Beliefs
How likely is it that he attempts to have sex with you but is unsuccessful?	-.055	.217	.361	.024
How likely is it that he is a friend?	.007	.050	.009	.638
How likely is it that you have known him longer than six months?	.051	-.204	-.011	.586
How likely is it that that you two are just spending time together?	-.072	.126	.012	.584
How likely is it that you are on a date?	.070	.012	-.116	.462
How likely is it that you are at his place?	.183	.131	-.215	.404
How likely is it that you are at your place?	.106	.014	-.171	.322
How likely is it that you have never seen him before?	.183	.153	.012	-.314
M	41.95	27.04	25.34	15.91
SD	12.15	7.56	5.94	4.35
Corrected ITC	.36-.73	.34-.68	.32-.71	.37-.55
α	.89	.84	.82	.72

Note. The largest loading for each item is in boldface.

Correlation Analyses

Correlations between the factors range from $-.021$ to $.644$ (see Table 4). The Stereotypical/Severe Assault Beliefs and the Acquaintance Assault Beliefs subscales were the most highly correlated ($r = .64$).

Table 5 presents the zero order correlations between the SASS subscales and the five measures of sexual victimization risk. As shown, the Stereotypical/Severe Assault Beliefs Subscale was significantly positively correlated with sexual victimization history ($r = .171$), and sociosexuality ($r = .117$), and significantly negatively correlated with sexual refusal assertiveness ($r = -.127$). These results indicate that, relative to their respective comparison group, women who reported a more severe sexual victimization history, women who reported more positive attitudes about casual, impersonal sex, and women who reported less sexual refusal assertiveness had higher scores on the Stereotypical/Severe Assault Beliefs subscale.

Acquaintance Assault Beliefs was significantly positively correlated with sexual victimization history ($r = .232$), number of lifetime sexual partners ($r = .167$), sociosexuality ($r = .311$), and alcohol use ($r = .327$), and significantly negatively correlated with sexual refusal assertiveness ($r = -.169$). These results indicated that, relative to their respective comparison groups, women reporting a more severe victimization history, women reporting a higher number of sexual partners, women reporting more positive attitudes about casual, impersonal sex, women reporting higher alcohol use, and women reporting lower sexual refusal assertiveness had higher scores on the Acquaintance Assault Beliefs subscale.

Table 4

Correlations between the SASS Subscales (N = 500)

	1	2	3	4
1 Stereotypical/Severe Assault Beliefs	1			
2 Acquaintance Assault Beliefs	.644	1		
3 Assault Resistance Beliefs	.178	-.044	1	
4 Date/Friend Assault Beliefs	-.021	.065	-.307	1

Note. SASS = Sexual Assault Script Scale

Table 5

*Zero-order Correlations between the SASS Subscales and Measures of Sexual**Victimization Risk (N = 500)*

	SES	Sexual Partners	SOI	SRS	AUDIT
Stereotypical/ Severe Assault Beliefs	.171**	.061	.117**	-.127**	.078
Acquaintance Assault Beliefs	.232**	.167**	.311**	-.169**	.327**
Assault Resistance Beliefs	-.166**	-.171**	-.176**	.287**	-.189**
Date/Friend Assault Beliefs	.152**	.111*	.131**	-.176**	.194**

Note. SASS = Sexual Assault Script Scale. Sexual Partners = number of lifetime sexual partners. SES = Sexual Experience Survey. SOI = Sociosexuality Scale. SRS = Sexual Refusal Scale. AUDIT = Alcohol Use Disorders Identification Test.

* $p < .05$. ** $p < .01$

Assault Resistance Beliefs was significantly positively correlated with sexual refusal assertiveness ($r = .287$), and significantly negatively correlated with sexual victimization history ($r = -.166$), number of lifetime sexual partners ($r = -.171$), sociosexuality ($r = -.176$), and alcohol use ($r = -.189$). These results reveal that, relative to their respective comparison group, women who reported more sexual refusal assertiveness, women who reported a less severe victimization history, women who reported fewer lifetime sexual partners, women who reported less positive attitudes about casual, impersonal sex and women who reported less alcohol use had higher scores on the Assault Resistance Beliefs subscale.

Date/Friend Assault Beliefs was significantly positively correlated with sexual victimization history ($r = .152$), lifetime sexual partners ($r = .111$), sociosexuality ($r = .131$), and alcohol use ($r = .194$), and significantly negatively correlated with sexual refusal assertiveness ($r = -.176$). These results indicate that relative to their respective groups, women who reported a more severe victimization history, women who reported a higher number of lifetime sexual partners, women who reported more positive attitudes about causal, impersonal sex, women who reported higher alcohol use, and women who reported lower sexual refusal assertiveness had higher scores on the Date/Friend Assault Beliefs subscale.

Regression Analyses

Only the sexual victimization risk measures that were significantly correlated with the SASS subscales were included as predictors in the regression analyses. In these analyses, each SASS subscale was regressed onto the sexual victimization risk measures. Table 6 presents the complete set of results for each analysis.

For the analysis including the Stereotypical/Severe Assault Beliefs Subscale as the outcome variable and sexual victimization history, sociosexuality, and sexual refusal assertiveness as the predictors, the model was significant, $F(3,496)=7.277$, $R^2 = .042$, $p<.001$. Sexual Victimization History ($\beta=.136$, $p=.003$) was the only significant predictor in the model, with women who reported more severe sexual victimization endorsing greater belief in the likelihood of stereotypical or severe assault characteristics being present during a sexual assault.

For the analysis including the Acquaintance Assault Beliefs Subscale as the outcome variable, and sexual victimization history, sociosexuality, sexual refusal assertiveness, number of lifetime sexual partners, and alcohol use as predictors, the model was significant, $F(5,494)=20.516$, $R^2 = .172$, $p<.001$. Sexual Victimization History ($\beta=.122$, $p=.008$), Sociosexuality ($\beta=.219$, $p<.001$), and Alcohol Use ($\beta=.224$, $p<.001$), were all significant predictors in the model. Women who reported more severe sexual victimization, women who reported greater acceptance of more positive attitudes about casual, impersonal sex and women who reported greater alcohol use also reported greater belief in the likelihood of characteristics consistent with an acquaintance assault being present during a sexual assault.

For the analysis including the Assault Resistance Beliefs Subscale as the outcome variable, and sexual victimization history, sociosexuality, sexual refusal assertiveness, number of lifetime sexual partners, and alcohol use as predictors, the model was significant, $F(5,494)=13.04$, $R^2 = .117$, $p<.001$. Sexual Refusal Assertiveness ($\beta=.243$, $p<.001$) was the only significant predictor in the model, with women who endorsed greater sexual refusal assertiveness reporting greater belief in the likelihood of engaging

in resistance tactics during a sexual assault.

For the analysis including the Date/Friend Assault Beliefs Subscale as the outcome variable, and sexual victimization history, sociosexuality, sexual refusal assertiveness, number of lifetime sexual partners, and alcohol use as predictors, the model was significant, $F(5,494)=6.96$, $R^2 = .067$, $p<.001$. Sexual Refusal Assertiveness ($\beta=-.129$, $p=.004$) and Alcohol Use ($\beta=.135$, $p=.006$), were the only significant predictors in the model, with women who endorsed greater sexual refusal assertiveness reporting less belief in the likelihood of date or friend characteristics being present during a sexual assault, and women who reported greater alcohol use reporting greater belief in the likelihood of date or friend characteristics being present during a sexual assault.

Table 6

Regression Analysis Results for the Relationship Between Measures of Sexual Victimization Risk and the SASS Subscales (N=500)

Variable	Stereotypical/ Severe Assault Beliefs			Acquaintance Assault Beliefs			Assault Resistance Beliefs			Date/ Friend Assault Beliefs		
	B	SE B	β	B	SE B	β	B	SE B	β	B	SE B	β
Constant	41.17	3.81		20.91	2.25		18.23	1.68		16.94	1.37	
SES	1.048	.355	.136*	.585	.221	.122*	-.146	.168	-.042	.192	.135	.070
SOI	.101	.063	.073	.189	.040	.219*	-.041	.030	-.065	.023	.025	.046
SRS	-.205	.114	-.082	-.110	.066	-.071	.274	.050	.243*	-.116	.041	-.129*
AUDIT				.346	.071	.224*	-.100	.053	-.090	.120	.043	.135*
Sexual Partners				-.068	.057	-.058	-.057	.042	-.067	.001	.035	.002
R ²		.042			.172			.117			.067	
F		7.277			20.516			13.035			6.959	

Note. SASS = Sexual Assault Script Scale. Sexual Partners = number of lifetime sexual partners. SES = Sexual Experience Survey. SOI = Sociosexuality Scale. SRS = Sexual Refusal Scale. AUDIT = Alcohol Use Disorders Identification Test. SES coded: 1=no victimization, 2=unwanted sexual contact, 3=sexual coercion, 4=attempted rape, 5=completed rape.

** $p < .01$

Discussion

The focus of this study was to design the first quantitative measure of women's sexual assault scripts, the SASS. One of this study's more notable contributions to the sexual assault script literature is the development of a quantitative measure of women's scripts. Results of the exploratory factor analysis supported a 40-item instrument with four internally consistent subscales that were named: Stereotypical/Severe Assault Beliefs, Acquaintance Assault Beliefs, Assault Resistance Beliefs, and Date/Friend Assault Beliefs.

This mixed methods study is the first in the literature to develop a quantitative measure of sexual assault scripts and use it to examine associations between endorsement of these scripts and putative risk factors for women's sexual victimization. Sexual assault is a complex phenomenon, occurring within a social context and influenced by relationships and scripts. As such, mixed-methods research is particularly appropriate and beneficial (Testa, Livingston, & VanZile-Tamsen, 2011). Qualitative methods are inductive, deriving meaning from the data, and can be used to inform and focus a quantitative study by starting with interviews or focus groups as an initial step of a research project (e.g., Kruger & Casey, 2000; Noonan & Charles, 2009). The strengths of qualitative methods are that they allow for a better understanding of the phenomenon of interest, particularly from the individual's perspective. This type of rich, detailed information is difficult to get from quantitative methods alone.

Testa et al. (2011) have called for an increased use of mixed-methods approaches in studies examining violence against women. The mixed methods approach used for this study was exploratory sequential (Creswell & Plano Clark, 2011), which means that, in

the first phase, it prioritized the collection and analysis of qualitative data. From there, the exploratory results were built upon, and a second, quantitative phase of the study was conducted to test and generalize initial findings. The use of this particular mixed methods approach made it possible to capitalize on the strengths of both qualitative and quantitative methods. For this study, qualitative methods were instrumental in the development of the construction of the items on the SASS as items were based on verbatim phrases drawn from the study's interviews with undergraduate women. Quantitative investigations of sexual assault scripts remain surprisingly rare despite support that script features can predict future victimization (Turchik et al., 2009). Thus, quantitative methods also were significant in testing the SASS through exploratory factor analysis to identify subscales, as well as in assessing construct validity.

Examining the relationship between a measure of sexual assault scripts and putative measures of sexual victimization risk was a key focus of this project. Since a simple criterion for sexual victimization risk does not exist, the criterion validity of the SASS was assessed by examining it in relationship to previously established risk factors for victimization (victimization history, lower sexual refusal assertiveness, increased alcohol consumption, greater number of sexual partners, and more positive attitudes about casual, impersonal sex). The findings demonstrated that the SASS subscales were significantly correlated with known risk factors for sexual victimization.

Stereotypical/Severe Assault Beliefs

It was expected that women who adhere to stereotypical beliefs about rape would report greater risk for victimization as measured by previous victimization history, lower sexual refusal assertiveness, greater alcohol use, more sexual partners, and more positive

attitudes about casual, impersonal sex. The Stereotypical/Severe Assault Beliefs subscale includes conceptually stereotypical script characteristics (e.g., outdoor location, being drugged, severe physical coercion). Women who reported a more severe victimization history, lower sexual assertiveness, and more positive attitudes about casual, impersonal sex also indicated greater endorsement of beliefs about stereotypical or more severe sexual assault. However, after these variables were included in a regression model, only sexual victimization history predicted higher endorsement of Stereotypical/Severe Assault Beliefs, with women reporting a more severe history endorsing these beliefs more than women reporting a less severe history. This finding dovetails nicely with work by Turchik and colleagues (2009), who found that women whose scripts described an outdoor assault, crying, not controlling the outcome, and a more severe assault (i.e., more stereotypical beliefs about assault) were more likely to have experienced victimization at the follow-up. Given these findings, longitudinal studies using the SASS should be conducted to examine whether women who report higher scores on this subscale also report higher victimization rates prospectively.

Acquaintance Assault Beliefs

Although the zero order correlations between the Acquaintance Assault Beliefs subscale and risk factor measures were all significant, only sexual victimization history, positive attitudes about casual, impersonal sex, and alcohol use were unique predictors of responses to this subscale in the regression analysis. Specifically, women who reported a more severe victimization history, more positive attitudes about casual, impersonal sex, and greater alcohol use also reported greater endorsement of these beliefs. Previous research (Turchik et al., 2009) demonstrated that women whose scripts described

knowing the man for less time were at risk for future victimization; knowing the man for a shorter period of time is one of the items on this subscale (e.g., knowing the man for less than a couple weeks, having just met the man that night), thus suggesting that adhering to this belief may increase one's risk. However, over 75% of sexual assaults involve perpetrators that the victim knew (BJS, 2011), and an estimated 50% of sexual assaults among college women involve alcohol use (Abbey et al., 2004); therefore, it may not be disadvantageous for women to report such characteristics when they are asked about a hypothetical sexual assault as they correspond to what often happens in real life situations.

Interestingly, sexual victimization history, a significant predictor for the Stereotypical/Severe Assault Beliefs subscale, also predicted responses to the Acquaintance Assault Beliefs subscale. Thus, more severely victimized women, relative to less severely victimized women, appear to overestimate the commonality of stereotypical or stranger rape, but also may be reasonably accurate in their judgments of the commonness of acquaintance sexual assault, suggesting that these women may have difficulties accurately discriminating risk in some social situations. In fact, related work by Yeater et al (2010) found that victimized women demonstrated less reliance on risk information and had higher thresholds for determining risk when asked to judge risk explicitly for written vignettes describing risky social situations. Other work also has found that previously victimized women, relative to nonvictimized women, have difficulties with accurately appraising risk for victimization (e.g., Wilson, Calhoun, & Bernat, 1999; Soler-Baillo et al., 2005).

The finding that more positive attitudes about casual, impersonal sex predicted Acquaintance Assault Beliefs is consistent with previous work that found that this group of women also were more likely to include alcohol in their scripts, as well as more likely to describe knowing the man between a few weeks and a couple months (Leiting & Yeater, in press). Acceptance of these attitudes also is frequently associated with a more severe sexual victimization history (Yeater et al., 2006; Yeater, Viken, Hoyt, & Dolan, 2004; & Nason & Yeater, 2012). It may be that women who have more positive attitudes about casual, impersonal sex experiences also participate in acquaintance situations more frequently, including situations that may increase their victimization risk. That is, they may simply be more familiar with such situations, and thus, more likely to think of them when asked about a hypothetical sexual assault.

Alcohol use predicted greater endorsement of the likelihood of acquaintance sexual assault. This suggests that women who are using more alcohol, relative to women who are using less alcohol, are more likely to expect alcohol to be present in a hypothetical sexual assault. This finding also is consistent with related research that found that for college students, alcohol use predicted higher rates of sexual intercourse hookups (Berntson, Hoffman, & Luff, 2014), as well as greater expected sexual intimacy at a party than other types of first dates (Morr Serewicz & Gale, 2008). Additionally, alcohol use has been linked consistently to sexual victimization in a number of studies (Abbey, Ross, McDuffie, & McAuslan, 1996; Abbey et al., 2000; & Testa & Livingston, 2010), suggesting that at least some of these women may be imagining hypothetical situations that are influenced by their own or their peers' experiences.

Assault Resistance Beliefs

Interestingly, instead of Assault Resistance Beliefs being integrated in one of the other subscales as part of other sexual assault scripts (e.g., part of an acquaintance assault but not a stereotypical/severe assault); it emerged as a separate subscale. Higher scores on this subscale were linked to lower scores on the risk measures. Furthermore, only sexual refusal assertiveness predicted scores on this subscale, with women reporting higher sexual refusal assertiveness also reporting greater endorsement of assault resistance beliefs. Previous research found that low sexual refusal assertiveness was linked to sexual victimization (Katz et al., 2010) and revictimization (Livingston, Testa, & VanZile-Tamsen, 2007), and other script research (Turchik et al., 2009) found that less resistance was linked to future victimization. Thus, this is a potentially fruitful area for future research with respect to its relation to predict future victimization. Alternatively, this subscale may identify women who may be at a reduced risk for victimization, and if so, this would be an important group of women to study in the future prospective studies. That is, are women who score higher on this subscale of the SASS at reduced risk for victimization, and if so, what are they doing behaviorally in these situations to reduce their risk? If found to be true, this would suggest that focusing on increasing women's sexual refusal skills and their self-efficacy as part of prevention programs will likely be beneficial.

Date/Friend Assault Beliefs

Although the Date/Friend Assault Beliefs subscale was associated significantly with all measures of sexual victimization risk, only alcohol use and sexual refusal assertiveness uniquely predicted scores on this subscale, with women reporting greater alcohol use endorsing more of these beliefs, and women reporting higher sexual refusal

assertiveness endorsing fewer of them. Sexual assault statistics tell us that approximately 40% of perpetrators of sexual assault being a friend or acquaintance (BJS, 2013). Additionally, approximately 40% of perpetrators (BJS, 2013) and approximately 50% of women drink or use drugs prior to sexual assault (Abbey, 2000). Given these statistics, some women may simply be endorsing script beliefs consistent with their own or peers' experiences, or with the media's attempt to depict and report victimization more accurately.

These findings also are consistent with related research by Berntson and colleagues (2014) who found that greater alcohol use predicted higher rates of "friends with benefits hookups," defined as "hooking up with the same person now and again for oral sex and/or sexual intercourse." Women higher in sexual refusal assertiveness reported less endorsement of beliefs on this subscale. It may be that women are less likely to utilize sexual refusal assertiveness when they are in a situation with a friend; alternatively, it may be that women who are higher in resistance beliefs are less likely to have a script that includes a friend as the perpetrator as they believe they could resist effectively, so they would never find themselves in that situation. Women may perceive their ability to refuse assertively accurately, or they could be overestimating their skill set in dealing with these types of situations. It could be informative to examine women's scripts who are high in sexual refusal assertiveness to examine what these women imagine happening to them in hypothetical assaults. Information from this study could provide a start by looking at what characteristics women in high sexual refusal assertiveness endorsed on the SASS as likely to be present in a hypothetical sexual

assault; however, qualitative work would likely provide additional helpful information in exploring this question.

Limitations and Future Directions

Overall, these findings reflect several interesting relationships between the SASS and previously established risk factors for sexual victimization. Further research is needed, however, to establish if the factor structure of the SASS can be replicated with a new sample using confirmatory factor analysis. If replicated with confirmatory factor analysis (CFA), it also will be necessary to examine whether the same measures of victimization risk predict certain subscale scores on the SASS, or if there may be more robust predictors, as the effect sizes in this study were small. The validity of the SASS in predicting sexual victimization then should be tested in a longitudinal study.

Additionally, as this was a cross-sectional study, it cannot answer whether adherence to these beliefs is a risk factor for victimization or simply a consequence of experiencing risky situations, including ones in which sexual victimization may have been a factor.

This study's contributions to advancing knowledge about sexual assault scripts and sexual victimization risk notwithstanding, there are limitations to this research. One limitation is that the qualitative interviews, as well as the SASS, are explicit tasks, which, by definition, ask participants directly about their scripts. Explicit tasks have limitations. As noted by Gawronski and Bodenhausen (2014), what participants do in explicit tasks does not always correspond to their performance on implicit measures. That is, people are not always aware of the various and sundry ways in which they process information. Women's sexual assault scripts are what they expect to happen, and by asking them to provide them, there is a possibility that they are not fully accurate simply because they

are not completely aware of their scripts. If there was an implicit measure of sexual assault scripts, the results may be different than found in this study. Implicit methodology can probe for the same information but without explicitly stating the intended focus of the research. For example, the Implicit Association Test (IAT) (Greenwald, McGhee, & Schwartz, 1998) is used to infer implicit attitudes by measuring the strengths of associations between target concepts and attributes through the speed with which individuals respond to pairings. Thus far, implicit methods have not been used to examine women's sexual assault scripts; it may be possible to use the IAT to assess women's sexual assault scripts but it would require careful construction to ensure that specific scripts are being targeted.

Another limitation of this research is that the findings may not generalize to other groups of women, as the current sample includes only college women. On the one hand, examining sexual assault scripts in this subgroup is advantageous given the relevance of sexual victimization for this group (BJS, 1984; Krebs et al., 2007). On the other, script theory states that everyone has scripts, not just college students. Future research could test measurement invariance of the SASS between college women and college men, as well as college women and adolescent girls. It is reasonable to assume that the scripts of these groups might be considerably different, meaning that the SASS likely would show measurement noninvariance. However, such findings potentially could be informative. The culturally-specific nature of sexual scripts (Frith & Kitzinger, 2001) also suggests a need for more script research to examine how demographic variables (e.g., gender, socioeconomic status, and sexual orientation) might influence sexual scripts. Such work would permit an examination of how sexual scripts are similar and different across

diverse groups. This also is true for sexual assault scripts. Future research with diverse populations is needed to determine if the SASS factor structure is invariant for other diverse groups.

Finally, Bowleg and colleagues (2013) used condom use to assess criterion-related validity in their mixed-methods study; however, there exists no easy and clean measure of risk for sexual victimization. As a result, criterion-related validity was assessed using five risk factors for sexual victimization, and as noted, the effect sizes between these measures and the SASS were small.

The subscales of the SASS highlight the different types of sexual assault beliefs an individual may adhere to, and point to the potential promise of being able to assess quickly different types of beliefs that may be related to increased victimization risk. Given that one study (Turchik et al., 2009) has demonstrated that sexual assault scripts can predict future victimization, the SASS could provide a helpful tool for those seeking to further understand that link in a way that is both cost and time effective.

The interviews in Study 1 not only provided the basis for the items of the SASS, but also explored women's understanding of where their scripts came from, how they developed them, and their assessment of the commonness of the experience in their script. Although women described a variety of sexual assault scripts during the interviews, 80% of women indicated that they thought their script situation was "very typical." When asked about how they thought they developed their script, participants provided a number of responses, including television shows, movies, and books, social media, friend's experiences, their own experiences, parent warnings, and the way they were raised. Table 7 provides a breakdown of participants' interview responses about the

Table 7

Self-Reported Interview Responses Regarding Sources of Sexual Assault Scripts (N=31)

Script Source	% (N)
TV shows, Movies, Books	47% (N = 14)
News	10% (N = 3)
Social Media	10% (N = 3)
Culture	10% (N = 3)
Friend's Experiences	27% (N = 8)
Peer Influence (stories they heard)	20% (N = 6)
Their Own Experiences	50% (N = 15)
Freshman Orientation	17% (N = 5)
Learning History (parent warnings, way they were raised)	50% (N = 15)

sources of their scripts. Consistent with sexual script theory's assertion that cultural scenarios inform interpersonal sexual scripts (Simon & Gagnon, 1984), participants' endorsement of culture, television shows, movies, and books as contexts that influenced their scripts may be a simple reflection of that fact. This suggests that, as there are various levels of scripts (cultural, interpersonal), it may be important to consider the multiple influences on sexual assault scripts, not just the individual level, but the societal level. Thus, it may be helpful also to work on changing societal sexual assault scripts.

Despite the growth of research on sexual assault scripts, no existing instrument specifically designed to assess them has been developed previously. This preliminary evaluation suggests that the SASS could be a valuable tool for assessing women's sexual assault scripts. The present measure may provide researchers and clinicians with a brief measure for assessing four distinct yet related types of sexual assault scripts. As all women have some sexual assault script; a quantitative way of assessing these beliefs might be beneficial if sexual assault scripts are to be measured in a prevention setting. While several studies still need to be conducted, the SASS could offer utility as a psychometric tool for better understanding women's sexual assault scripts, with results potentially informing the design of sexual assault prevention programs.

APPENDICES

Appendix A	Semi-Structured Interview
Appendix B	Demographics Questionnaire
Appendix C	Sexual Experiences Survey (SES)
Appendix D	Childhood Trauma Questionnaire (CTQ)
Appendix E	List of Codes and Definitions
Appendix F	Example Coding Report
Appendix G	Sexual Assertiveness Scale (Sexual Refusal Items)
Appendix H	Alcohol Use Disorder Identification Test (AUDIT)
Appendix I	Sexual Behaviors Measure
Appendix J	Sociosexuality Scale

APPENDIX A: SEMI-STRUCTURED INTERVIEW

Initial Prompt:

Please imagine a situation in which you are being verbally or physically coerced by a man into a sexual experience. This should not be an actual incident that occurred in the past, but rather a hypothetical situation. What do you imagine happening?

And then what happens? (Until participant finishes narrative)

Follow-up Questions: (if the participant has not included these details in her response)

Who is the man? How long have you known the man?

What kind of place and situation will you be in?

Had you or the man been drinking? How much?

What activities will you be engaging in?

What types of sexual activity, if any, will occur?

How will the situation end?

How typical do you think this is?

Where do you think you got/developed this idea?

APPENDIX B: DEMOGRAPHICS QUESTIONNAIRE

INSTRUCTIONS: For each of the questions below, either fill in the blank or place an “X” in the appropriate box.

1. Age _____

2. Marital Status

- Single Divorced
 Married Living Together
 Separated Widowed

3. Sexual Orientation

- Heterosexual or straight;
 Gay or lesbian;
 Bisexual

4. Ethnicity: Do you identify as Hispanic or Latina?

- No
 Yes

5. Race

- Asian
 White/Caucasian
 Black or African American
 American Indian/Alaskan Native
 Native Hawaiian or Other Pacific Islander
 Other _____

6. Years of College Completed

- 1
 2
 3
 4
 5
 6

APPENDIX C: SEXUAL EXPERIENCES SURVEY (SES)

INSTRUCTIONS: Please place an “X” or fill in the blank for each of the following questions. Please read each question carefully. The following questions are ONLY about sexual experiences you may have had SINCE YOU WERE FOURTEEN YEARS OLD.

1. Have you ever given in to sex play (fondling, kissing, or petting, but not intercourse) when you didn’t want to because you were overwhelmed by a man’s continual arguments and pressure? (Since you were fourteen)

[01] No (If no, skip directly to question #2)

[02] Yes

How many times have you had this experience since you were fourteen years old?

[] 1 [] 2-4 [] 5-7 [] 8-10 [] 11 or more

2. Have you ever had sex play (fondling, kissing, or petting, but not intercourse) when you didn’t want to because a man used his authority (boss, teacher, camp counselor, supervisor) to make you? (Since you were fourteen)

[01] No (If no, skip directly to question #3)

[02] Yes

How many times have you had this experience since you were fourteen years old?

[] 1 [] 2-4 [] 5-7 [] 8-10 [] 11 or more

3. Have you had sex play (fondling, kissing, or petting, but not intercourse) when you didn’t want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.)? (Since you were fourteen)

[01] No (If no, skip directly to question #4)

[02] Yes

How many times have you had this experience since you were fourteen years old?

[] 1 [] 2-4 [] 5-7 [] 8-10 [] 11 or more

**The following questions are about sexual intercourse. By sexual intercourse, we mean penetration of a woman’s vagina, no matter how slight, by a man’s penis. Ejaculation is not required. Whenever you see the words sexual intercourse, please use this definition.

4. Have you given in to sexual intercourse when you didn’t want to because you were overwhelmed by a man’s continual arguments or pressure? (Since you were fourteen)

[01] No (If no, skip directly to question #7)

[02] Yes

How many times have you had this experience since you were fourteen years old?

1 2-4 5-7 8-10 11 or
more

5. Have you had sexual intercourse when you didn't want to because a man used his position of authority (boss, teacher, counselor, supervisor)? (Since you were fourteen)

[01] No (If no, skip directly to question #8)

[02] Yes

How many times have you had this experience since you were fourteen years old?

1 2-4 5-7 8-10 11 or
more

6. Have you had a man attempt sexual intercourse (get on top of you and insert his penis) when you didn't want to by threatening or using some degree of force (twisting your arm, holding you down, etc.) but intercourse did not occur? (Since you were fourteen)

[01] No (If no, skip directly to question #5)

[02] Yes

How many times have you had this experience since you were fourteen years old?

1 2-4 5-7 8-10 11 or
more

7. Have you had a man attempt sexual intercourse (get on top of you and insert his penis) by giving you alcohol or drugs, but intercourse did not occur? (Since you were fourteen)

[01] No (If no, skip directly to question #6)

[02] Yes

How many times have you had this experience since you were fourteen years old?

1 2-4 5-7 8-10 11 or
more

8. Have you had sexual intercourse when you didn't want to because a man gave you alcohol or drugs? (Since you were fourteen)

[01] No (If no, skip directly to question #9)

[02] Yes

How many times have you had this experience since you were fourteen years old?

1 2-4 5-7 8-10 11 or
more

9. Have you had sexual intercourse when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.) to make you? (Since you were fourteen)

[01] No (If no, skip directly to question #10)

[02] Yes

How many times have you had this experience since you were fourteen years old?

1 2-4 5-7 8-10 11 or
more

10. Have you had sexual acts (anal or oral intercourse or penetration by objects other than the penis) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down, etc.)? (Since you were fourteen)

[01] No

[02] Yes

How many times have you had this experience since you were fourteen years old?

1 2-4 5-7 8-10 11 or
more

APPENDIX D: CHILDHOOD TRAUMA QUESTIONNAIRE (CTQ)

Please answer the following questions about your childhood, by circling a number to indicate how true each description was of your experience when you were growing up.							
<i>A. "WHEN I WAS GROWING UP..."</i>							
		Never true Very often true					
1	I didn't have enough to eat	0	1	2	3	4	5
2	I knew that there was someone to take care of me and protect me	0	1	2	3	4	5
3	People in my family called me things like "stupid," "lazy," or "ugly"	0	1	2	3	4	5
4	My parents were too drunk or high to take care of the family	0	1	2	3	4	5
5	There was someone in my family who helped me feel that I was important or special	0	1	2	3	4	5
6	I had to wear dirty clothes	0	1	2	3	4	5
7	I felt loved	0	1	2	3	4	5
8	I thought that my parents wished I had never been born	0	1	2	3	4	5
9	I got hit so hard by someone in my family that I had to see a doctor or go to the hospital	0	1	2	3	4	5
10	There was nothing I wanted to change about my family	0	1	2	3	4	5
11	People in my family hit me so hard that it left me with bruises or marks	0	1	2	3	4	5
12	I was punished with a belt, a board, a cord, or some other hard objects	0	1	2	3	4	5
13	People in my family looked out for each other	0	1	2	3	4	5
14	People in my family said hurtful or insulting things to me	0	1	2	3	4	5
15	I believe that I was physically abused	0	1	2	3	4	5

16	I got hit or beaten so badly that it was noticed by someone like a teacher, neighbor, or doctor	0	1	2	3	4	5
18	I felt that someone in my family hated me	0	1	2	3	4	5
19	People in my family felt close to each other	0	1	2	3	4	5
20	I had the best family in the world	0	1	2	3	4	5
21	Someone tried to touch me in a sexual way or tried to make me touch them	0	1	2	3	4	5
22	Someone threatened to hurt me or tell lies about me unless I did something sexual with them	0	1	2	3	4	5
23	Someone tried to make me do sexual things or watch sexual things	0	1	2	3	4	5
24	Someone molested me	0	1	2	3	4	5
25	I believe that I was emotionally abused	0	1	2	3	4	5
26	There was someone to take me to the doctor if I needed it	0	1	2	3	4	5
27	I believe that I was sexually abused	0	1	2	3	4	5
28	My family was a source of strength and support	0	1	2	3	4	5

APPENDIX E: LIST OF CODES AND DEFINITIONS

I. Alcohol Use*:

A. Present: there is mention of alcohol use in the narrative. This code should be used if anyone is using alcohol.

1. Man – just the man used alcohol
2. Woman – just the woman used alcohol
3. Both – both used alcohol

B. Absent: the narrative explicitly states that there was no alcohol use. If there is any indication of alcohol use on the part of either person, do NOT use this code.

C. N.E.I.: The narrative does not provide enough information to determine.

* If at least one person is using alcohol, the situation must be placed somewhere within alcohol present, even if the other person was NOT using alcohol.

II. Location*:

A. Indoor

1. His Property
2. Her Property
3. Their Property
4. Friend/Acquaintance's Property
5. Hotel/Motel – the event occurred within hotel/motel property.

B. Outdoor: the event occurred somewhere outside, e.g. camping, walking outside, etc.

C. N.E.I.: The narrative does not provide enough information to determine.

* If the man in the scenario is described as a friend, and the event occurs at his house, the relationship code is friend, and the location code is inside the man's residence (NOT friend's house).

* If there is no specific information regarding the location of a party, the default code is Friend/Acquaintance's house.

* If the narrative mentions that they went back to his room at any point, it should be coded as man's property.

III. Isolated Environment

A. Yes: the perpetrator is able to isolate the woman (get her by herself/one-on-one)

B. No: the perpetrator does not isolate the woman

C. N.E.I.: The narrative does not provide enough information to determine.

IV. Relationship:

A. Unknown

1. Stranger: the woman has never met the man before the event and has no relationship with him.

B. Known

1. Just Met: the woman has just met the man - she does not have an established relationship but he is not a “stranger”

2. Authority Figure: the man is in a position of authority over the woman (e.g., boss, professor, teacher, etc.).

3. Acquaintance: the woman is not close to the man (i.e. not a friend or boyfriend), but has some relationship with him, even if just briefly. One example is if the man was a friend of the woman’s friend. Another example is if the man was the woman’s friend’s brother. While the woman has no deep connection with him, there is some link between the two of them.

4. Friend: the woman describes having a friendship with the man prior to the event. This is a platonic relationship.

5. Co-Worker: the woman describes working with the man or calls him a co-worker.

6. Dating: the woman has some sort of romantic interest in the man or there is potential for romantic interest (i.e. not a friend) and they spend time together doing pre-planned activities.

7. Boyfriend: the woman describes the man as her boyfriend or there is evidence of a long term relationship (e.g. living together or dating for an extended period of time (i.e. several months).

C. N.E.I.: The narrative does not provide enough information to determine.

V. Previous Consensual Sexual Contact*: Kissing

A. Yes: The narrative describes kissing that is consensual (not unwanted by the woman).

B. No: The narrative does not describe consensual kissing prior to the event

* If a woman describes not wanting to engage in kissing, being uncomfortable with it, doing it because she felt bad, etc. at any point in the scenario, than this event should be coded as non-consensual, even if she never expressed her feelings to the man in the situation and still engaged in the activity. If it is not clear which events are consensual and which are not, consider the event that directly precedes the woman saying no the nonconsensual event. For example, if she says, “He kissed me and then took off my clothes, and I said no”, the kissing should be coded as consensual.

VI. Woman’s Active Resistance During the Event:

A. Yell/Scream - the woman screams or yells in protest – this response is more adamant and forceful than just speaking no.

1. Present

2. Absent

B. Physically resist – the woman physically resists her attacker. This can be a range pf physical resistance, such as pushing him away, hitting, or arranging her body so as to prevent penetration

1. Present

2. Absent

VII. Woman's Nonforceful Reaction During the Event:

A. Say no - the woman verbally says no

1. Present

2. Absent

B. Crying - the woman cries in the narrative to try and dissuade the perpetrator

1. Present

2. Absent

VIII. Woman Controlled Outcome:

A. Yes - woman controlled the outcome of the experience by stopping the assault (e.g., by leaving the situation, incapacitating the perpetrator)

B. No – woman did not get herself out or someone else ended the assault

C. N.E.I.: The narrative does not provide enough information to determine.

IX. Verbal Coercion by the Man:

A. Plead/Argue: The man begs for sex or contradicts the woman's refusal with arguments as to why they should have sex. If the man coaxes the woman (i.e., "You know you want to have sex with me"), it would also be included in this category.

1. Present

2. Absent

B. Non-Physical Threat: The man threatens some consequence other than physical violence for the woman's refusal to comply. One example of this would be threatening to break up with her if she doesn't sleep with him.

1. Present

2. Absent

X. Physical Coercion by the Man*:

A. Grab/touch: The man grabs or touches the woman in a manner which she either protests or which makes her uncomfortable

1. Present

2. Absent

B. Push/pull: The man either pushes or pulls the woman during the unwanted event, e.g. pushing her down onto the bed. This is a more temporary action than restrain

1. Present

2. Absent

C. Restrain: The man prevents the woman from moving or escaping, e.g. by holding her down or laying on top of her. This does not necessarily need to involve physical contact – if he in some way keeps her from leaving by blocking her way, this would also be included. This is a more sustained action than push/pull

1. Present

2. Absent

* If there is evidence of physical coercion, but it is not clear what type of coercion there was, code restrain as “present”. For example, if the woman says, “He forced me to have sex with him”, we’re not sure exactly how he did it, and so the default will be to code restrain as “present”.

* If the man takes off the woman’s clothes, and the woman clearly does not consent, this should be coded as touch/grab “present”.

XI. Situation*:

- A. Date: one-on-one pre-planned event in which there is a potential for romantic interest.
- B. Hook-up/Hang-out: one-on-one spontaneous event in which there is a potential for romantic interest
- C. During Party: large gathering of people.
- D. After Party: remaining at the scene of a party after other party-goers have left.
- E. Relationship: event is in the context of an ongoing romantic relationship.
- F. Platonic: one-on-one situation with male the woman has no romantic interest in (e.g. friend, co-worker, or acquaintance she is not interested in).
- G. Stranger situation: the woman is in an unfamiliar situation with total strangers (i.e. not a party situation)
- H. Work: the woman is working at the time of the event.
- I. Bar/Club: the event occurs in a bar or club.
- J. N.E.I.: not enough information to determine.

* The party & after party codes all trump the date code. For example, if the woman describes having planned to go to a party with someone she is dating, use the party code.

* The date code trumps the relationship code. If a woman describes being in a long-term relationship with someone, but the event she describes is a specific, pre-planned event, this is coded as a date. The relationship code is intended to capture events that are non-specific and in the context of an ongoing relationship.

* If the woman describes the man as a date and doesn't give any information about the specific event, code the situation as a date.

XII. Time knew Perpetrator:

- A. Less than 1 week: the woman has known the perpetrator for less than 1 week.
- B. 1 week to 1 month: the woman has known the perpetrator between 1 week and 1 month.
- C. 1 month to 3 months: the woman has known the perpetrator between 1 and 3 months.
- D. 4 months to 6 months: the woman has known the perpetrator between 4 and 6 months.
- E. N.E.I.: not enough information to determine the amount of time the woman has known the perpetrator.

XIII. Sexual Victimization:

- A. None: no sexual victimization is described in the narrative
- B. Unwanted Sexual Contact: the narrative describes unwanted fondling, kissing, or petting having occurred.
- C. Sexual Coercion: the narrative describes the woman giving into sexual intercourse (penetration of a woman's vagina, no matter how slight, by a man's penis) as a result of continued arguments and pressure or because a man used his position of authority.
- D. Attempted Rape: the narrative describes attempted sexual intercourse (penetration of a woman's vagina, no matter how slight, by a man's penis) but intercourse did not occur.
- E. Completed Rape: the narrative describes sexual intercourse (penetration of a woman's vagina, no matter how slight, by a man's penis) or sexual acts (anal or oral intercourse or penetration by objects other than the penis).

XIV. Negative Psychological Effects:

A. Feeling bad/guilty: the woman describes feeling bad or guilty as a result of the assault

- 1. Present
- 2. Absent

XV. Script Sources – list all that are mentioned

- A. TV shows, movies, books
- B. News
- C. Social Media
- D. Culture
- E. Friend's experiences
- F. Peer Influence - stories they heard
- G. Their own experiences
- H. Freshman Orientation
- I. Learning History (e.g., parents' cautioning them, stories they heard, way they were raised)

XVI. How Typical:

- A. Not Very / Once in a while / 0-3
- B. Moderately / Some but not others / Occasionally / 4-5
- C. Frequently / Pretty often or common / Very typical / A lot / 6-10

APPENDIX F: EXAMPLE CODING REPORT

Theme	Sample phrase codes from interviews	Developed SASS item
Alcohol	And we're both drinking Probably drinking a little bit, yeah under the influence or drinking or something like that	How likely is it that you and the man have been drinking?
	Let's go get some drinks or something Put me drugs in a drink then they would rape me	How likely is it that the man would offer you alcohol in an attempt to get you drunk? How likely is it that the man would put a date rape drug in your drink?
	Walking somewhere outside A club and you go outside and are ready to leave You're walking outside At a friend's house everyone has just kind of knows The party at a friend's house	How likely is it that you are walking somewhere outside when the man approaches you? How likely is it that you are a friend's house? How likely is it that you are at the house of someone you just met?
Verbal Coercion	Him saying, "c'mon it's not that big of a deal just go with it. It will be fun."	How likely is it that he would say something like "c'mon it's not that big of a deal, just go with it"?
	Him saying, "c'mon it's not that big of a deal just go with it. It will be fun." "Hey, don't you like you me?"	How likely is it that he would say something like "hey, don't you like me"?

APPENDIX G: SEXUAL ASSERTIVENESS SCALE (SEXUAL REFUSAL ITEMS)

Please indicate the extent to which you:

1. I give in and kiss if my partner pressures me, even if I already said no

- Never (0% of the time)
- Sometimes (about 25% of the time)
- About 50% of the time
- Usually (about 75% of the time)
- Always (100% of the time)

2. I put my mouth on my partner's genitals if my partner wants me to, even if I don't want to.

- Never (0% of the time)
- Sometimes (about 25% of the time)
- About 50% of the time
- Usually (about 75% of the time)
- Always (100% of the time)

3. I refuse to let my partner touch my breasts if I don't want that, even if my partner insists.

- Never (0% of the time)
- Sometimes (about 25% of the time)
- About 50% of the time
- Usually (about 75% of the time)
- Always (100% of the time)

4. I have sex if my partner wants me to, even if I don't want to.

- Never (0% of the time)
- Sometimes (about 25% of the time)
- About 50% of the time
- Usually (about 75% of the time)
- Always (100% of the time)

5. If I said no, I won't let my partner touch my genitals even if my partner pressures me.

- Never (0% of the time)
- Sometimes (about 25% of the time)
- About 50% of the time
- Usually (about 75% of the time)
- Always (100% of the time)

6. I refuse to have sex if I don't want to, even if my partner insists.

- Never (0% of the time)
- Sometimes (about 25% of the time)
- About 50% of the time
- Usually (about 75% of the time)
- Always (100% of the time)

APPENDIX H: ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

INSTRUCTIONS: The following questions will ask you about your use of alcohol. Your answers will remain confidential, so please be honest. Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	

APPENDIX I: SEXUAL BEHAVIOR MEASURES

1. Have you ever had sexual intercourse? Yes No

(If no, skip to the question #whatever is next after this section)

2. How old were you the first time you had sexual intercourse? _____years

3I. Did you use a condom the first time you had sexual intercourse? Yes No

4. How many sexual partners have you had in your lifetime? _____partners

5. How much of the time have you used condoms when you've had sexual intercourse?

0%----10%----20%----30%----40%----50%----60%----70%----80%----90%----100%

0% of 50% of 100%
of
the time the time the
time

6. How much of the time have you used some other form of birth control when you've had sexual intercourse?

0%----10%----20%----30%----40%----50%----60%----70%----80%----90%----100%

0% of 50% of 100%
of
the time the time the
time

7. In the past 3 months, how often have you had sexual intercourse?

Once a	Once a	2-3 times	4-5 times	Almost
Month	week	a week	a week	every day

8. *In the past 3 months only*, how much of the time have you used condoms when you've had sexual intercourse?

0%----10%----20%----30%----40%----50%----60%----70%----80%----90%----100%

0% of 50% of 100%
of

- b. Someone who is a casual sexual partner
 - c. Someone I'm casually dating
 - d. Someone I'm seriously dating, but not in a monogamous relationship with
 - e. Someone I'm in a serious monogamous relationship with (includes being engaged or married)
16. Have you ever been pregnant (if female) or gotten someone pregnant (if male)? Yes
 No
17. Have you ever had a sexually transmitted disease? Yes
 No
18. Are you currently in a romantic relationship? Yes
 No

(if NO, please skip to next section)

19. How long have you been in this relationship?
-

20. How would you describe this relationship (circle one)?
- a. We are casually dating
 - b. We are steadily dating
 - c. We are in a serious committed relationship, but not living together
 - d. We are in a serious committed relationship and living together
 - e. We are married

APPENDIX J: SOCIOSEXUALITY SCALE

INSTRUCTIONS: For each of the statements below, circle the number that best represents your beliefs or opinions. Feel free to be honest when answering. There are no “right” answers. Please make sure to read the scale correctly.

1. It is better not to have sexual relations until you are married.

Strongly Agree Disagree	Agree	Disagree	Strongly
1	2	3	4

2. Virginity is a girl’s most valuable possession.

Strongly Agree Disagree	Agree	Disagree	Strongly
1	2	3	4

3. Sex without love (impersonal sex) is highly unsatisfactory.

Strongly Agree Disagree	Agree	Disagree	Strongly
1	2	3	4

4. I believe in taking my pleasures where I can find them.

Strongly Agree Disagree	Agree	Disagree	Strongly
1	2	3	4

5. Absolute faithfulness to one’s partner throughout life is nearly as silly as celibacy.

Strongly Agree Disagree	Agree	Disagree	Strongly
1	2	3	4

6. Sometimes sexual feelings overpower me.

Strongly Agree Disagree	Agree	Disagree	Strongly
1	2	3	4

7. Group sex appeals to me.

Strongly Agree Disagree	Agree	Disagree	Strongly
1	2	3	4

8. If I were invited to take part in an orgy, I would accept.

Strongly Agree Disagree	Agree	Disagree	Strongly
1	2	3	4

9. I can imagine myself being comfortable and enjoying “casual” sex with different partners.

Strongly Agree Disagree	Agree	Disagree	Strongly
1	2	3	4

10. I would have to be closely attached to someone (both emotionally and psychologically) before I could feel comfortable and fully enjoy having sex with him or her.

Strongly Agree Disagree	Agree	Disagree	Strongly
1	2	3	4

11. It would be difficult for me to enjoy having sex with someone I did not know very well.

Strongly Agree Disagree	Agree	Disagree	Strongly
1	2	3	4

12. I could enjoy having sex with someone I was attracted to, even if I didn't feel anything emotionally for him or her.

Strongly Agree Disagree	Agree	Disagree	Strongly
1	2	3	4

13. The thought of an illicit sex affair excited me.

Strongly Agree Disagree	Agree	Disagree	Strongly Disagree
1	2	3	4

14. Sex without love is ok.

Strongly Agree Disagree	Agree	Disagree	Strongly Disagree
1	2	3	4

15. The thought of a sex orgy is disgusting to me.

Strongly Agree Disagree	Agree	Disagree	Strongly Disagree
1	2	3	4

16. During your entire life, how many partners of the opposite sex have you had sexual contact with? _____

17. With how many partners of the opposite sex have you had sexual intercourse within the past year? _____

18. With how many partners of the opposite sex do you foresee having sexual intercourse during the next five years? _____

19. With how many partners of the opposite sex have you had sexual intercourse with on one and only one occasion?

20. How often do you fantasize about having sex with someone other than your current dating partner/spouse? _____

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