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**WOMEN'S RESPONSE PERFORMANCE IN SEXUALLY RISKY SITUATIONS:
ASSOCIATIONS WITH SEXUAL VICTIMIZATION HISTORY, ALCOHOL
USE, PSYCHOPATHOLOGY, AND SEXUAL ATTITUDES**

BY

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B.A.
M.A.**

THESIS

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ABSTRACT

This study evaluated the effects of sexual victimization history, alcohol use, psychopathology, and sexual attitudes on the effectiveness of women's response performance in hypothetical social situations depicting risk for sexual victimization. Two hundred and fifty undergraduate women first listened to audiotaped descriptions of the hypothetical social situations. They then were given a response to each situation deemed in prior work by experts in the sexual victimization field to be effective at reducing victimization risk and asked to provide each response verbally while they were being videotaped. Participants then completed measures assessing prior victimization history, alcohol use, psychopathology, and sexual attitudes. Experts in the sexual violence research area then rated participants' responses with respect to how effective each response was in decreasing their risk for having an unwanted sexual experience, defined as an experience in which a woman may be verbally or physically coerced into having a sexual contact of any kind with a man. Structural equation modeling analyses revealed that none of the measures were significantly associated with women's response performance. Implications for sexual assault prevention programs are discussed.

TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION.....	1
CHAPTER 2 REVIEW OF RELATED LITERATURE.....	2
Explanations for Women’s Risk of Sexual Victimization.....	2
Influence of Individual Difference Variables.....	9
Limitations of Past Work.....	11
Theoretical Framework for Current Study.....	12
Goals for Current Study and Specific Hypotheses.....	13
CHAPTER 3 METHODOLOGY.....	14
Participants.....	14
Measures.....	15
Procedure.....	21
CHAPTER 4 RESULTS.....	24
Findings from Measurement and SEM Models.....	24
CHAPTER 5 DISCUSSION.....	26
Summary of Findings.....	26
Limitations of Current Study.....	28
Prevention Implications.....	30
REFERENCES.....	33
APPENDICES.....	44

Chapter 1 Introduction

Research has found high lifetime prevalence rates of sexual assault, with a national survey showing that approximately 18% of women in the general population of the United States have experienced an attempted or completed rape (Tjaden & Thoennes, 2000). College women are at a particularly high risk for sexual assault, with at least 50% of college women experiencing some type of sexual victimization, ranging from unwanted sexual contact to completed rape, and roughly 25% of college women reporting an attempted or completed rape (Fisher, Cullen, & Turner, 2000; Hammond & Calhoun, 2007; Krebs, Lindquist, Warner, & Martin, 2007). Research also shows that approximately 70% of sexual assaults are perpetrated by someone the victim knows (Basile, Chen, Black, & Saltzman, 2007).

Notably, the consequences of sexual victimization are substantial and include both physical and mental health problems, such as alcohol dependence (Ullman & Brecklin, 2003); posttraumatic stress disorder (Faravelli, Giugni, Salvatori, & Ricca, 2004); sexual, eating, and mood disorders (Faravelli et al., 2004); risky sexual behaviors (Senn, Carey, & Vanable, 2008); sexually transmitted infections (STIs) and rape-related pregnancies (Holmes, Resnick, Kilpatrick, & Best, 1996; Kuehn, 2011). Moreover, once a woman is victimized, she is at an increased risk for revictimization (Classen et al., 2005; Humphrey & White, 2000; Messman-Moore & Long, 2003), with approximately two-thirds of women who report victimization being revictimized (Classen et al., 2005). Although numerous studies have found a strong link between past sexual victimization and future victimization, the mechanisms responsible for this relationship are not completely clear. While several programs have been developed to reduce men's sexually

aggressive behavior, these programs have been largely unsuccessful (see Anderson & Whiston, 2005 for a review). As a result, additional research is needed to identify risk factors for sexual victimization.

Chapter 2

Review of Related Literature

Explanations for Women's Risk of Sexual Victimization

Several variables have been proposed to help explain women's risk for sexual victimization, including alcohol use (Abbey, Zawacki, & McAuslan, 2000; Testa, Livingston, & Collins, 2000), psychopathology (Messman-Moore, Coates, Gaffey, & Johnson, 2008; Rich Gidycz, Warkentin, Loh, & Weiland, 2005; Yeater, Hoyt, Leiting, & Lopez, 2016), and sexual attitudes (Yeater, Viken, Hoyt, & Dolan, 2009; Yeater, Treat, Viken, & McFall, 2010). Two promising explanations posited to elucidate women's risk for victimization are a capacity to appraise risk and an ability to respond effectively to sexually risky situations. Since women's behavioral responses to high-risk situations may be dependent upon their appraisal of risk, researchers have hypothesized that deficient risk appraisal may place women at an increased risk for subsequent victimization experiences (e.g. Soler-Baillo, Marx, & Sloan, 2005; Yeater et al., 2010). Empirical support for this hypothesis has been mixed, with some studies showing a link between a history of sexual victimization and risk appraisal (e.g. Marx, Calhoun, Wilson, & Meyerson, 2001; Soler-Baillo et al., 2005; Yeater et al., 2010) and others not finding such an association (e.g. Rinehart & Yeater, 2012; VanZile-Tamsen, Testa, & Livingston, 2005). Mixed findings are likely due to methodological inconsistencies in this work, such as varying stimuli used to assess women's risk appraisals, as well as differences in

how sexual victimization is defined among researchers (see Gidycz, McNamara, & Edwards, 2006; Rinehart & Yeater, 2013 for reviews).

However, research has consistently found that women's capacity to respond to risk is associated with their risk for victimization (e.g. Testa, VanZile-Tamsen, & Livingston, 2007; Yeater & Viken, 2010; Yeater, McFall, Viken, 2011). Although researchers have labeled this construct differently (i.e. sexual assertiveness, response effectiveness, response refusal), several cross-sectional and longitudinal studies have suggested that women who experience difficulty refusing unwanted sexual advances from men appear more vulnerable to sexual victimization (Nason & Yeater, 2012; Testa et al., 2007; Yeater & Viken, 2010). A review of this work follows.

In their prospective study, Greene and Navarro (1998) assessed college women's histories of past sexual victimization and various protective and risk factors for victimization at three time points over an academic year. At Time 1, women were assessed on factors including alcohol use, adjustment (i.e. depression and anxiety), and sexual assertiveness (measured by a self-report questionnaire). At Time 2 and 3, women were assessed again for victimization experiences occurring since baseline assessment, as well as the risk and protective factors. Results revealed that previous sexual victimization and sexual assertiveness skills predicted subsequent victimization experiences.

In a cross-sectional study, Testa and Dermen (1999) investigated the relationship between sexual victimization, alcohol consumption, and sexual assertiveness among college women. Participants' general assertiveness was measured via the Rathus Assertiveness Schedule (Rathus, 1973), a 30-item self-report measure that assesses

assertiveness in a variety of domains. Additionally, participant's assertiveness related to sexual behaviors was assessed using the Health Protective Communication Scale (Catania, 1998), a 10-item self-report measure which includes an item on refusal behaviors. Results revealed that women who reported sexual coercion (verbal or physical) demonstrated lower levels of sexual refusal assertiveness as well as increased alcohol consumption. Interestingly, this relationship was only significant for experiences of sexual coercion but not rape.

Similarly, Corbin, Bernat, Calhoun, McNair, & Seals (2001) explored the relationship between alcohol consumption, sexual assertiveness, and the number of sexual partners as potential risk factors for sexual victimization among nonvictimized, moderately victimized, and severely victimized college women. Participants' level of sexual assertiveness was assessed using the Sexual Assertiveness Scale (SAS; Morokoff et al., 1997), an 18-item self-report measure. Results from this study indicated that women with more severe victimization histories (i.e. attempted or completed rape) reported more sexual partners, greater weekly alcohol consumption, and less perceived sexual assertiveness.

Vanzile-Tamsen et al. (2005) investigated the relationship between a history of sexual victimization and women's appraisals of risk and their behavioral responses to risk. Women recruited from the community were presented with a written vignette that varied in the degree of intimacy with the perpetrator (e.g. someone they had just met or a boyfriend) and depicted a potentially sexually risky situation. Participants were asked to estimate the riskiness of the scenario by rating their level of discomfort and then reporting their intentions to respond to the man's actions through forms of direct

resistance, indirect resistance, consent, or passivity. While results showed no support for the relationship between risk appraisal and sexual victimization history, the behavioral responses of women with histories of sexual victimization differed from those of women without sexual victimization histories. Specifically, women with histories of sexual victimization responded to the scenario with less direct forms of resistance relative to women without a history of victimization. Findings from this study also revealed that the influence of the degree of intimacy with the perpetrator on women's behavioral responses was mediated by their appraisals of risk, such that when women knew the perpetrator, they were less likely to judge a situation as risky and less likely to engage in direct resistance.

In a prospective study with women from the community, Testa et al. (2007) examined the influence of sexual refusal assertiveness, sexual activity, and substance use on sexual victimization from both intimate and nonintimate partners. Sexual refusal assertiveness was assessed using the Refusal Assertiveness subscale of the SAS (Morokoff et al., 1997), which contains 6-items that are rated by participants on a 5-point Likert scale. Results indicated that lower sexual refusal assertiveness predicted intimate partner sexual victimization, suggesting that this group of women likely experienced difficulty refusing a partner's request for sex.

Another prospective study by Livingston, Testa, & VanZile-Tamsen (2007) examined the bidirectional relationship between sexual refusal assertiveness and sexual victimization among a group of women from the community. Participants first completed baseline assessments of sexual victimization and sexual refusal assertiveness (measured using the Refusal Assertiveness subscale of the SAS). Sexual victimization

experiences among participants then were assessed at 12 and 24 months; sexual refusal assertiveness was measured at 24 months. Results provided support for a reciprocal relationship between sexual victimization and sexual assertiveness. Specifically, women with a history of sexual victimization at Time 1, relative to women without a victimization history, reported lower scores of sexual refusal assertiveness. Additionally, sexual refusal assertiveness predicted subsequent sexual victimization, with women reporting lower sexual refusal assertiveness being more likely to experience any form of sexual victimization.

Yeater & Viken (2010) examined the effects of sexual victimization history, trait disinhibition, alcohol use history, number of lifetime sexual partners, and contextual features of social situations (e.g. sexual activity and alcohol use) on women's responses to risky social situations. College women were presented with a set of written vignettes that described a range of problem situations women commonly face when interacting socially with men. Each vignette was associated with a set of six responses provided by undergraduate women in separate study that had been coded for their degree of response refusal (i.e., acquiescence to aggression). Participants selected the response that best described how they would respond if they found themselves in each situation. Results revealed that women who reported more severe sexual victimization and higher disinhibition chose responses lower in refusal relative to nonvictimized women and less disinhibited women. Results also suggested a moderation effect of past victimization experiences, disinhibition, and number of sexual partners on the influence of the situation's contextual features on women's responses. Specifically, as the level of sexual activity increased, the response refusal of more severely victimized women increased less

in comparison to less severely victimized women. Additionally, as the presence of alcohol increased in the situations, the response refusal of women reporting higher disinhibition and a greater number of sexual partners decreased more relative to women reporting lower disinhibition and a fewer number of sexual partners.

Yeater, McFall, & Viken (2011) evaluated the effects of a sexual victimization history and contextual features, including sexual activity and alcohol use, on the effectiveness of women's responses to risky sexual situations. Undergraduate women were presented with 44 written vignettes used in previous studies (i.e. Yeater, Viken, McFall, & Wagner, 2006, Yeater & Viken, 2010) that depict potentially risky social situations college-aged women commonly encounter when interacting with men. Women then were asked to provide a written response indicating what they would do or say if they found themselves in each situation. Participants' responses were coded by experts in the field with respect to their degree of effectiveness in decreasing risk of having unwanted contact with a man as a result of verbal or physical coercion (1 = completely ineffective solution, 2 = moderately ineffective solution, 3 = slightly ineffective solution, 4 = slightly effective solution, 5 = moderately effective solution, 6 = completely effective solution). Results revealed that a victimization history moderated the influence of contextual features on women's response effectiveness. Specifically, as the level of sexual activity increased in the situations, victimized women's response effectiveness increased less than nonvictimized women. Additionally, as the presence of alcohol increased, the response effectiveness of victimized women decreased more than that of nonvictimized women.

Similarly, Nason & Yeater (2012) evaluated the effects of sexual victimization history, sexual attitudes, and psychopathology on the effectiveness of women's responses to hypothetical sexual situations. Undergraduate women were presented with audiotaped descriptions of risky sexual situations, viewed a video of a man making a verbal request (which involved pressure to engage in sexual activity or another risky activity that might lead to sex), and then provided verbal responses indicating how they would respond to each situation. Experts in the sexual violence research field rated the effectiveness of women's responses in decreasing the likelihood of the woman experiencing unwanted sexual contact (i.e. any sexual contact with a man as a result of verbal or physical coercion) based on a 6-point Likert scale (1 = completely ineffective, 6 = completely effective). Results indicated that sexual attitudes mediated the relationship between sexual victimization history and the effectiveness of women's responses, such that more severe victimization experiences were associated with more positive attitudes towards casual sex, which in turn were related to less effective responses.

A recent study by Yeater, Hoyt, Leiting, & Lopez (2016) evaluated the association between sexual victimization history, posttraumatic stress symptoms, and women's decision making in social situations. College women completed tasks that assessed their ability to generate and select responses to written vignettes depicting social situations varying in degree of victimization risk. Specifically, participants completed four tasks that tested the four subcomponents of decision making, as conceptualized by McFall's Social Information Processing Model (McFall, 1982). The first task measured participants' ability to generate responses to the situations described in the vignettes. The second task measured participants' ability to select the most effective response to the

situations. The third task measured participants' perceived ability to execute proposed solutions to the situations. Finally, the fourth task measured participants' perceived ability to actually carry out responses to the situations, as well as their perceived likelihood of success if they were to do so. Results revealed that more severe sexual victimization history and posttraumatic stress symptoms were associated with the generation of less effective responses. Moreover, posttraumatic stress symptoms were associated with reduced perceived efficacy in executing effective, proposed solutions to the situations. Results such as these, and those noted above, suggest that various individual variables likely influence women's responses. A review of these factors follows.

Influence of Individual Difference Variables

Sexual attitudes.

There is evidence that women's attitudes towards casual, impersonal sex influence their judgments of risk as well as how they respond to these situations (e.g. Rinehart & Yeater, 2012; Nason & Yeater, 2012). Women with more positive attitudes towards casual sex have been shown to rate hypothetical dating situations as less risky compared to women with less positive attitudes towards casual sex (Rinehart & Yeater, 2012; Yeater et al., 2006; Yeater et al., 2009) and, as noted previously, sexual attitudes have been shown to mediate the relationship between sexual victimization history and the effectiveness of women's responses to risky situations (Nason & Yeater, 2012).

Additionally, other attitudes, such as rape myth acceptance, appear to be associated with women's judgments of victimization risk. Rape myth acceptance has been conceptualized as beliefs that women are responsible for sexual assault or that male

aggression against women is justifiable (Burt, 1980). For example, Loiselle and Fuqua (2007) found that women who endorsed higher levels of rape myth acceptance took longer than women lower in rape myth acceptance to indicate that a man had “gone too far” in an audiotaped date rape vignette. Yeater, Treat, Viken, & McFall (2010) also found that women higher in rape myth acceptance were less sensitive to risk-relevant information when judging risk than women lower in rape myth acceptance. Thus, these findings suggest that sexual attitudes might also negatively influence processes downstream from risk judgment; that is, women’s ability to respond effectively to high-risk situations.

Psychopathology.

Previous research has posited that psychopathology likely influences women’s ability to respond effectively in risky sexual situations (Chipman, Palmieri, & Hobfoll, 2011; Hedtke et al., 2008; Messman-Moore et al., 2008; Risser, Hetzel-Riggin, Thomsen, & McCanne, 2006). Symptoms of posttraumatic stress disorder and depression have been shown to be associated a greater risk for future sexual victimization experiences (Hedtke et al., 2008; Messman-Moore et al., 2008; Rich et al., 2005; Yeater et al., 2016). As noted, posttraumatic stress symptoms also have been shown to be associated with less effective response generation and reduced perceived efficacy in executing effective responses to sexually risky situations (Yeater et al., 2016).

Substance use.

There is a plethora of studies that have found a strong link between substance use, particularly the consumption of alcohol, and sexual victimization (e.g. Davis, Stoner, Norris, George, & Masters, 2009; Mohler-Kuo, Dowdall, Koss & Wechsler, 2004; Parks,

Hsieh, Bradizza, & Romosz, 2008; Testa et al., 2007; Testa, Hoffman, & Livingston, 2010). Approximately 50% of assaults for college women involve alcohol consumption by the victim, perpetrator, or both (Abbey, 2011). Alcohol consumption appears to impair women's ability to recognize risk and reduces intentions to resist sexual advances from an acquaintance (Norris et al., 2013; Testa, VanZile-Tamsen, Livingston, & Buddie, 2006). When intoxicated, sexually victimized women, relative to nonvictimized women, indicated that they would engage in riskier sexual behavior (George et al., 2013). Additionally, high levels of alcohol consumption can result in unconsciousness, which may leave women unable to resist unwanted sexual advances (Kilpatrick, Resnick, Ruggiero, Conoscenti, & McCauley, 2007; Testa, Livingston, VanZile-Tamsen, & Frone, 2003). Women's beliefs that alcohol consumption enhances their sexual behavior are also associated with less resistant responses to a vignette depicting a high-risk dating situation (Pumphrey-Gordon & Gross, 2007). Thus, it may be important to consider not only women's alcohol consumption, but their beliefs about how alcohol may influence their sexual behavior.

Limitations of Past Research

Previous work on women's ability to respond effectively to high-risk situations has often relied upon questionnaire-based measures of sexual assertiveness, such as the sexual refusal assertiveness subscale of the Sexual Assertiveness Scale (Morokoff et al., 1997). Only a few studies (e.g. Yeater & Viken, 2010; Nason & Yeater, 2012) have employed methods that have examined the effectiveness of women's responses to hypothetical social situations in decreasing risk for sexual victimization. These methods are beneficial in that they provide insight into women's responses to specific situations,

as well as how individual difference variables (e.g., sexual victimization history, sexual attitudes, psychopathology) may influence the effectiveness of situation-specific responses. Prior research has demonstrated that at-risk women have difficulty responding effectively to hypothetical social situations (e.g. Nason & Yeater, 2012; Yeater & Viken, 2010; Yeater et al. 2016), yet no studies to date have examined whether these difficulties extend beyond decision making to response performance. That is, are there individual differences in response performance when women are provided with good solutions to situations depicting high risk for victimization? If at-risk women respond skillfully when executing effective responses, this would suggest that response difficulties occur at the decision-making levels of response generation and/or selection. Such findings would presumably inform the development of preventative interventions for at-risk women, which could then focus on training these women to generate and select the most effective responses to situations in which there is a high risk for victimization.

Theoretical Framework for the Current Study

McFall's (1976, 1982) Social Information Processing (SIP) model is one theoretical model that has been used as a framework for conceptualizing women's risk for sexual victimization (Rinehart & Yeater, 2013; Yeater et al. 2016). This model suggests that responding to a social task or dilemma involves three sequential processing steps: (a) decoding, (b) decision making, and (c) enactment. The decoding step involves receiving, perceiving, and interpreting incoming stimuli from the environment. The decision-making stage involves generating and selecting a response that will solve the social task or dilemma. Finally, the enactment stage consists of executing the chosen

response and evaluating whether the response was effective in solving the social task or dilemma.

Applied to understanding women's risk for sexual victimization, the SIP model posits that women at risk for victimization may have problems with decoding, decision-making, and/or enactment. Notably, previous work has found that more severe victimization history was associated with decreased reliance on risk cues and higher thresholds for judging risk (Yeater, Treat, Viken, & McFall, 2010). Additionally, research has shown that more severe victimization history was associated with both the selection and generation of less effective responses to risky social situations (Yeater & Viken, 2010; Yeater et al., 2011; Yeater et al., 2016). Thus, there is evidence to support the utility of the SIP model in conceptualizing women's risk for victimization. To date, no research has tested the enactment phase of the SIP model as it relates to women's risk for sexual victimization, thus, this will be the first goal of the study.

Goals of the Study

This study investigated whether sexual victimization history, as well as other at-risk behaviors and characteristics (i.e., alcohol problems, alcohol expectancies, psychopathology, and sexual attitudes) were associated with women's abilities to execute effective responses to sexually risky situations. Specifically, college women were given a set of audiotaped, hypothetical situations, each of which was associated with a response judged in prior work by sexual violence research experts to be highly effective at decreasing victimization risk (Yeater et al. 2010). Women listened to each vignette, were provided with a unique and effective response to each situation and asked to perform the response to the situation. All responses were videotaped and evaluated for their

effectiveness in decreasing risk of sexual victimization. A graduate student and two undergraduate research assistants with prior experience with sexual victimization research rated each response for its effectiveness in decreasing risk for sexual victimization (described in detail in the measures section)

Specific Hypotheses

Based on the extant literature, it was expected that (a) more severe victimization history would be associated with less effective response performance (as evaluated by experts in the sexual violence research area); (b) more positive attitudes towards casual, impersonal sex would be associated with less effective response performance; (c) heightened symptoms of psychopathology would be associated with less effective response performance; and (d) more alcohol-related problems (i.e., greater hazardous drinking) would be associated with less effective response performance. Given the lack of data on interaction effects among these variables, no specific predictions were made regarding these outcomes.

Chapter 3

Methodology

Participants

Participants recruited for the study were 250 undergraduate women at the University of New Mexico recruited through the psychology research subject pool. To date, only 150 participants' data have been coded for their effectiveness in decreasing victimization risk; thus, only these data will be used in the study analyses. Participants were currently enrolled in psychology courses and received course credit in return for their participation. Only women between the ages of 18 and 24 were recruited, as data

show that these women are at the highest risk for victimization (Krebs et al., 2009; Edwards et al., 2015). Additionally, the stimuli used in the study were developed to be representative of the types of situations that young college women are likely to face in their social lives.

Participants' mean age was 19.00 (SD = 1.36). The majority of participants reported their ethnicity as Hispanic/Latina (47.3%, n = 71), while the remainder of the sample identified as White (30.7%, n = 46), Mexican American (8%, n = 12), American Indian/ Alaskan (6.7%, n = 10), Asian/Pacific Islander (4%, n = 13), African American (2%, n = 3), and Other (1.3%, n = 2). Roughly 66% of participants were freshman (n = 99), 11% (n = 16) were sophomores, 15% (n = 22) were juniors, and 8% (n = 13) were seniors. Additionally, the majority of participants in this study were single (98.7%, n = 148).

Measures

Demographic Questionnaire (See Appendix A). This self-report measure assessed participants' age, marital status, sexual orientation, ethnic membership, and academic status.

Sexual Experiences Survey (SES; Koss, Gidycz, & Wisniewski, 1987) (See Appendix B). The SES is a 10-item self-report questionnaire developed to measure degrees of severity of sexual victimization (unwanted sexual contact to completed rape) since the age of 14. The SES has an internal consistency of $\alpha = .74$, a one-week test-retest reliability of $r = .93$, and a correlation of $r = .73$ with interview responses (Koss & Gidycz, 1985). The SES uses behaviorally-specific definitions of sexual assault and asks

participants to indicate whether the event occurred by choosing one of two dichotomous response options (i.e., no or yes).

Participants' responses on the SES were used to categorize the severity of past victimization experiences. The SES describes four types of unwanted sexual experiences with increasing levels of severity: (a) unwanted sexual contact, defined as unwanted sex play that is the result of the man arguing with or pressuring the woman, using his authority, and using or threatening to use physical force; (b) sexual coercion, defined as sexual intercourse that is the result of a woman becoming overwhelmed by the man's continued arguments or pressure, or that is the result of a man using his authority to obtain intercourse; (c) attempted rape, defined as attempted sexual intercourse that is the result of the man threatening to use or using physical force or giving the woman alcohol or drugs to obtain sexual intercourse; and (d) rape, defined as sexual intercourse, oral or anal intercourse, or the penetration of the woman's vagina with objects other than the penis that is the result of the man threatening to use or using physical force or giving the woman alcohol or drugs to obtain sexual intercourse. Participants were assigned to a victimization category that describes the most severe experience they have had since the age of 14 (i.e., 0 = no victimization, 1 = unwanted sexual contact, 2 = sexual coercion, 3 = attempted rape, and 4 = rape). Sixty percent of the sample reported some level of sexual victimization, with 15.3% ($n = 23$) reporting unwanted sexual contact; 21.3% ($n = 32$) reporting sexual coercion; 4.7% ($n = 7$) reporting attempted rape; and 18.7% ($n = 28$) reporting experiencing rape.

Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aasland, Babor, De la Fuente, & Grant, 1993) (See Appendix C). The AUDIT was developed from a six-

country WHO collaborative project as a screening tool for harmful alcohol consumption. The AUDIT is a 10-item self-report measure that assesses domains of alcohol consumption and drinking related problems. Responses to each item are scored from 0 to 4, with a maximum score of 40. A sample question includes, “How often do you have a drink containing alcohol?” followed by these options: 1 = never; 2 = monthly or less; 3 = 2-4 times a month; 4 = 2-3 times a week; 5 = 4 or more times a week. Higher scores are indicative of more hazardous or harmful alcohol use. The AUDIT has an established alpha coefficient of .93 (Saunders et al., 1993). In the current study, the internal consistency of the AUDIT was .64.

Young Adults Alcohol Consequences Questionnaire (YAACQ; Read, Kahler, Strong, & Colder, 2006) (See Appendix D). The YAACQ is 48-item self-report measure assessing young adults’ consequences from drinking. The YAACQ contains eight subscales including: Impaired Control scale, Poor Self-Care scale, Diminished Self-Perception scale, Social Interpersonal Consequences scale, Academic/Occupational scale, Blackout Drinking scale, Risky Behaviors scale, and a Physical Dependence scale. Items are coded as dichotomous yes/no responses and the number of endorsed responses is summed for a total YAACQ score. Higher scores on the YAACQ are indicative of greater drinking consequences. The total YAACQ scale has an alpha coefficient of .98 and correlates significantly with other measures of alcohol problems ($r = .31-.79$) (Read, Merrill, Kahler, & Strong, 2007). In the current study, the internal consistency of the YAACQ was .91.

Sex-Specific Alcohol Expectancies Scale (Dermen & Cooper, 1994) (See Appendix E). The Sex-Specific Alcohol Expectancies Scale is a 13-item self-report

measure assessing participants' expectancies for increased sexual risk taking and disinhibition after consuming alcohol. Participants read the following prompt: "Many people believe that alcohol can influence how they feel and act sexually. We would like to know how you think having a few drinks of alcohol affects your sexual feelings and behavior." Participants rate on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree) the degree to which they agree with the set of items. Items are then summed for a total score, with higher total scores indicating greater expectancies for sexual risk taking and disinhibition. In the current study, the internal consistency of the Sex-Specific Alcohol Expectancies Scale was .90.

Revised Sociosexuality Orientation Scale (SOI-R; Penke & Asendorpf, 2008) (See Appendix F). The SOI-R is a 9-item self-report measure used to assess participants' willingness to engage in sexual activity. Higher scores on the SOI-R indicate greater acceptance of liberal sexual beliefs and behaviors. Among women, the SOI-R has an alpha coefficient of .83 (Penke & Asendorpf, 2008). Items are summed for a total score of global sociosexuality. In the current study, the internal consistency of the SOI-R was .85.

Traumatic Sexualization Survey (TSS; Matorin & Lynn, 1998) (See Appendix G). The TSS is a 39-item self-report measure assessing attitudes and cognitions regarding sexuality and sexual behavior. The scale uses a 5-point Likert scale (1 = never, 5 = almost always) to indicate agreement with each statement. Scores are summed for a cumulative score, where higher scores on the TSS indicate greater traumatic sexualization characterized by processes including avoidance and fear of sexual relationships, shame and guilt associated with sexuality, and increased frequency of sexual behaviors. Alpha

coefficients for the measure's four subscales range from .80 to .93 (Matorin & Lynn, 1998). In the current study, the internal consistency for the TSS was .90.

Trauma Symptom Checklist (TSC; Briere, 1996) (See Appendix H). The TSC is a 40-item self-report measure intended to assess the extent to which participants experience PTSD symptoms. The TSC is a research instrument and not intended to be used for diagnostic purposes. For each item, participants rate how often they are experiencing a given symptom (0 = never, 3 = often). The TSC has been shown to be internally consistent with an alpha between .89 and .91 (Briere, 1996). Additionally, the TSC has been shown to accurately predict PTSD symptoms in a variety of populations (Briere, 1996). Participants were assigned a score based on their total for the measure's 40-items. In the current study, the internal consistency for the TSC was .93.

Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) (See Appendix I). The BDI is 21-item self-report measure used to assess depressive symptomology experienced by respondents within the last two weeks. Respondents are asked to select the statement that best describes how they have felt in the past two weeks from among four options. Each item describes a specific thought or behavior for which responses range from 0 = being absent or unchanged to 3 = extreme. Previous research has shown the BDI to be a reliable measurement tool with a test-retest reliability of .86 (Groth-Marnat, 1990). Additionally, the BDI has been shown to correlate with clinician ratings of depression (Foa, Riggs, Dancu, & Rothbaum, 1993) and alternative self-report scales for depression such as the MMPI-2 depression scale (Groth-Marnat, 1990). Participants were assigned a depression score based on the total score for all items. In the current study, the internal consistency for the BDI was .90.

Stimuli (See Appendix J). The stimuli used in the current study were 10 vignettes taken from a larger set of vignettes developed in previous research (Yeater et al., 2006; Yeater et al., 2011; Yeater et al., 2010) that describe a wide range of problem situations that undergraduate women might face when dating or interacting socially with men. The vignettes describe different types of situations (e.g., date, party, bar, school event), relationships with the man (e.g., boyfriend, acquaintance, stranger), putative risk factors for sexual victimization (e.g., alcohol use, sexual activity prior to or during the date), and contextual cues that might signal an assault (e.g., man making verbal threats to obtain sexual activity, touching the woman without her consent, attempting to isolate the woman socially, attempting to get the woman intoxicated). In previous work (Yeater et al., 2011), women were asked to provide open-ended responses to these vignettes by indicating what they would do or say if they found themselves in the situations. Experts in the sexual violence research area then rated the effectiveness of these responses; effective responses were defined as ones that decreased the woman's risk of sexual victimization (i.e., an experience in which she was verbally or physically coerced into have sexual contact of any kind).

Several criteria were used to select the vignettes for the current study. First, only vignettes that were rated as high risk, using normative risk ratings provided by experts in sexual violence research from previous work (Yeater et al. 2010), were selected for the present study. Risk ratings ranged from 3.47 to 4.30 on a 5-point Likert scale, with higher ratings indicating greater risk for sexual victimization. Second, vignettes were excluded if they did not contain responses that would be appropriate to be used in an audiotaped recording (e.g. a response in which the participant would not be able to

verbally reproduce such as ‘I would give him my number but leave with my friends.’). Selected responses to the vignettes were based on the following criteria: (a) they exhibited direct, actual responses the woman could perform in response to the man in the hypothetical situation; and (b) they were rated as effective by experts in previous work (Yeater et al. 2010) using a scale of 1 = completely ineffective - 6 = completely effective. The responses selected for the task ranged in effectiveness from 4.67- 6.00.

Procedure

Upon arriving in the lab, participants were met by a research assistant who provided them with information about the study and obtained informed consent. Participants were asked if they had questions and were made aware that they may withdraw from the study at any time without penalty. In the first part of the study, participants were seated in a private assessment room with a computer. They were presented with audio-recorded versions of each of the selected vignettes and asked to imagine that they were the woman in each situation. They were then provided with the selected response for that situation and asked to respond verbally. Each response was recorded with a webcam and saved onto the hard drive of the computer. Participants’ responses were video recorded so that both their verbal and nonverbal behaviors could be coded for their effectiveness in decreasing victimization risk. Windows Movie Maker was programmed to play each vignette and record the response for 15 seconds before beginning the next vignette. This process was repeated ten times until participants had viewed and responded to each vignette. After participants completed the computer task, they were given the battery of self-report measures described above. These surveys were completed online through the use of the Opinio survey software.

Once participants completed the computer task and online battery of measures, they were debriefed as to the purpose of the study and given an opportunity to ask the experimenter any questions. The entire study took approximately 45 minutes to complete. Once all questions had been addressed, participants were excused and compensated for their time with one research credit for their participation.

Ratings of Women's Response Effectiveness

Participant's responses were coded by one clinical psychology graduate student and two undergraduate research assistants, who have experience in trauma and sexual victimization research. Coders were trained using coding guidelines used in previous work (Nason & Yeater, 2012; see Appendix M for a description). With respect to the training procedures, coders were provided with a subset of 80 responses. They were instructed to read and consider the context of the vignette prior to rating participant responses. Furthermore, coders were asked to take into account participants' responses in their entirety, including the context of the response, tone of voice, as well as nonverbal behaviors. Coders rated how effective participants' responses were in decreasing their risk of having an unwanted sexual experience using a 6-point Likert scale (1 = completely ineffective, 6 = completely effective). An unwanted sexual experience was defined as one in which the participant may be verbally or physically coerced into having sexual contact of any kind with the man described.

Each response was rated independently by two expert raters. Intraclass correlation coefficients (ICCs) were used to measure reliability between raters. Results indicated that the level of agreement between each pair of raters was within an acceptable range (range = .78 - .96).

Data Analytic Strategy

Structural equation modeling (SEM) was used to analyze the data. The responses to the vignettes were conceptualized as tapping a single latent variable called response performance, or one's ability to perform an effective response to the situations described in the vignettes. The indicators for response performance were the effectiveness ratings assigned to participants' responses for each of the 10 vignettes. Victimization history, as measured via the SES, was one of four exogenous predictors of women's response performance. Sexual attitudes was a second exogenous predictor, and was conceptualized as a latent variable, as measured via the SOI-R, AES, and TSS. Psychopathology was another exogenous latent predictor, as measured via the BDI and TSC. Finally, Substance use was the fourth exogenous latent predictor, as measured via the YAACQ and AUDIT (see Appendix M for a graphic representation of the model). Since two-item latent factors tend to be underidentified, and consequently must borrow degrees of freedom from other parts of the model to estimate the factor loadings, the factor loadings for these latent factors were constrained to be equal in order to make the model estimable (Kline, 2011).

All analyses were conducted using Mplus 7.4 (Muthén and Muthén, 2015) using the covariance matrix and maximum likelihood estimation. Both the CFA and SEM models were considered to provide adequate fit to the data with a non-statistically significant Chi-Square, Root Mean Square Error of Approximation (RMSEA; Browne and Cudeck 1993) less than 0.05, the Comparative Fit Index (CFI; Bentler 1990) greater than 0.90, and the Standardized Root Mean Square Residual (SRMR; Hu and Bentler 1999) less than .05.

Data Preparation

Preliminary analyses were conducted to check the distributional properties of all variables; bivariate correlations between response performance tasks and predictors were examined to assess for possible multicollinearity. Data screening did not indicate any outliers, and distributions were fairly normal with respect to kurtosis and skewness. Bivariate correlations also did not provide concerns of multicollinearity between tasks or predictors. Table 1 presents the means (and standard deviations) for the self-report measures, the mean effectiveness ratings (and standard deviations) for each of the ten vignettes, and the zero-order correlations among the self-report measures and effectiveness ratings.

Findings from the Measurement and SEM Models of Response Performance

The measurement model of response performance is shown in Figure 1. Unit-loading identification was used to scale the latent factor (response performance), and all other parameters were freely estimated. The results from the measurement model analysis indicated that the model provided adequate fit to the data, $\chi^2 = 61.564$, $p = .004$, RMSEA = .071 (90%CI [.040-.100]), CFI = .962, SRMR = .039. Table 2 presents the standardized and unstandardized factor loadings with standard errors for the measurement model of response performance.

Given the adequate fit of the measurement model, the four exogenous predictors were then included in the model. The initial structural equation model of response performance with the four exogenous predictors, along with standardized regression

coefficients, is shown in Figure 2. Again, unit-loading identification was used to scale the latent factor (response performance), and all other parameters were freely estimated. In this model, sexual victimization history, along with the other latent variables: sexual attitudes, psychopathology, and substance use, were included as exogenous predictors of the latent response performance outcome variable. The results indicated that the model provided relatively poor fit to the data, $\chi^2 = 227.560$, $p < .001$, RMSEA = .067 (90% CI [.049–.083]), CFI = .904, SRMR = .092. Table 3 presents the unstandardized path coefficients and standard errors.

Given the poor fit, and relatively small sample size, only a portion of the model was estimated for the present analyses. In adjusting the model, the previously conceptualized latent variables of sexual attitudes, psychopathology, and substance use were broken down to observed exogenous predictors consisting of a single measure. They included: The Sex-Specific Alcohol Expectancies Scale (for sexual attitudes), Trauma Symptom Checklist (for psychopathology), and Young Adult Alcohol Consequences Questionnaire (for substance use). These measures were selected due to their high correlations with response performance relative to other indicators. Figure 3 presents the standardized factor loadings for adjusted model. Results from the adjusted model again suggested that the model did not fit the data well, although slightly better model fit was observed, $\chi^2 = 109.488$, $p < .001$, RMSEA = .067 (90% CI [.041–.092]), CFI = .925, SRMR = .054. Table 4 presents the path coefficients, with associated standard errors. Contrary to initial hypotheses, none of the exogenous predictors were associated with response performance.

Summary of Findings

The current study examined the associations between a history of sexual victimization, alcohol use, psychopathology, sexual attitudes and the effectiveness of women's responses to a series of hypothetical social situation vignettes depicting high risk for sexual victimization. This study extends prior research on women's ability to respond effectively to situations associated with risk for sexual victimization by using a Social Information Processing Model (SIP) to conceptualize cognitive processes presumed to be implicated in women's abilities to respond effectively in sexually risky situations. There is a substantial body of research that posits that women who have been previously victimized experience difficulties with decoding skills, in that they appear to experience difficulty accurately appraising cues signaling victimization risk in social situations (Soler-Baillo, Marx, & Sloan, 2005; Yeater, Treat, Viken, & McFall, 2010). Prior research also has shown that at-risk women demonstrate difficulties with decision making skills, which may place them at further risk for experiencing victimization (e.g., Nason & Yeater, 2012; Yeater et al., 2016). Notably, a recent prospective study by Yeater, Treat, Viken, & Bryan (in preparation) examined whether difficulties at baseline with decoding and decision-making regarding risky social situations predicted victimization at 6-month follow up. Results indicated that women's ability to generate and select (i.e., decision-making skills) assessed at baseline prospectively predicted sexual victimization experiences at 6-month follow-up. Women's judgments of risk (i.e., decoding skills) were also positively associated with their decision making, such that

women who judged situations as riskier tended to make more effective decisions at baseline, which prospectively predicted less severe sexual victimization at follow up. Additionally, more severe victimization at baseline prospectively predicted more sexual victimization severity at follow-up, which was accounted for, in part, by less effective decision making at baseline. Thus, it appears that college women at risk for victimization experience difficulty in high-risk situations with these aspects of social information processing.

The present study was the first to date to examine whether difficulties responding to risky social situations extends beyond decision making stages into women's abilities to execute effective responses. Furthermore, this study employed methods which provided insight into women's responses to specific social situations and examined the influence of various individual difference variables on their response performance. Specifically, college women were given a set of audiotaped, hypothetical situations, each of which was associated with a response judged in prior work by sexual violence research experts to be highly effective at decreasing victimization risk (Yeater et al. 2010). Women listened to each vignette, were provided with a unique and effective response to each situation and asked to perform the response to the situation. All responses were videotaped and evaluated for their effectiveness in decreasing risk of sexual victimization. While past work has examined women's ability to respond to various social situations (e.g., Testa et al., 2007; Yeater et al., 2011; Yeater et al., 2016; Yeater & Viken, 2010), this is the first study to provide women with responses deemed effective at reducing victimization risk by experts in the sexual victimization field and then assessing their ability to execute the selected responses.

Overall, results from the present study suggest that individual differences in victimization history, sexual attitudes, psychopathology, or substance use may not influence women's ability to respond effectively when they are provided with effective solutions to risky situations. However, this tentative conclusion should be viewed with caution, given the relatively small sample size used in the current study. However, other variables not included in this study, such as a history of risky sexual behavior (e.g., multiple sexual partners) or sexual assertiveness, could potentially have a greater impact on women's responses as they have also been shown to be risk factors for sexual victimization (Kelley, Orchowski, & Gidycz, 2016; MacGreene & Navarro, 1998). Given that results did not yield significant associations between a history of sexual victimization, alcohol use, psychopathology, or sexual attitudes and the effectiveness of women's responses, it may be that when provided with effective responses to risky social situations, women at risk for sexual victimization are able to skillfully execute these responses. These findings were contrary to initial hypotheses; however, they suggest that women's difficulties in responding effectively in risky situations may lie within the decoding and decision-making levels of response generation and/or selection and not extend to the execution stage of the SIP model.

Limitations of Current Study

A notable limitation of the present study was the small sample used in the analyses. Given that the sample was relatively small ($n = 150$), this could be responsible for the lack of significant findings. Additionally, the women in this sample reported relatively low levels of alcohol use (as measured via the AUDIT and YAACQ). Prior research has suggested a cut off score of 8 on the AUDIT (Conigrave, Hall, & Saunders,

1995) as well as on the YAACQ (Read, Haas, Radomski, Wickham, & Borish, 2016) indicate a higher level of risk of alcohol use. Participants' mean scores on the AUDIT and YAACQ were below this cut off ($M = 3.68$; $M = 6.12$, respectively), suggesting that this sample may not be considered at-risk with respect to alcohol-related consequences. It would be important for future studies to look at the influence of victimization history, sexual attitudes, psychopathology, and substance use on women's behavioral responses to risky social situations utilizing larger samples and recruiting higherrisk women through screening processes.

It is important to recognize some of the limitations that come with the use of vignette-based approaches to assessing women's risk for victimization. Of course, in real-life dating and social situations, women are often provided with additional contextual cues, such as other's behavior around them, which in turn may influence their responses. Although this study utilized hypothetical situations, the vignettes used in this study were generated by college women and depict social situations that young women are likely to experience, thus, they possess ecological validity. Furthermore, Turchik et al., (2007) found that women's responses to hypothetical social situations in the lab translate fairly well to how they respond in real-life situations, further supporting the use of this methodology.

The vignettes utilized in the present study represent a variety of different situations, including a mixture of distinctive risk factors shown to be associated with women's ability to respond effectively, such as the presence of alcohol or sexual activity, (Yeater & Viken, 2010; Yeater et al., 2011). Future work could benefit from investigating additional social factors which might influence women's responding. For

example, research has suggested that women are faced with various social motivations and competing goals that may interfere with their perception of and responses to risky social situations (Norris, Nurius, & Dimeff, 1996). Factors such as concerns about establishing or maintaining social relationships have been shown to impact individuals' perception of others' behaviors and intentions (e.g., Armstrong, Hamilton, & Sweeney, 2006; Maner, Kenrick, Becker, et al., 2005; Yeater et al., 2010), which could in turn influence women's ability to respond effectively in risky social situations. Thus, examining the relationship between these motivations and social influences and women's response effectiveness might prove profitable. Additionally, although the effectiveness of women's responses was coded by the guidance of experts in the sexual violence research field using methods utilized in previous studies (e.g., Nason & Yeater, 2012), it is not possible to verify whether these judgments predict victimization, as this study utilized a cross-sectional design.

Potential Prevention Implications

Research on the effectiveness of sexual assault prevention programs for college women have indicated that these programs are largely ineffective at reducing victimization rates (Ellsberg et al., 2015); thus, additional work is needed to understand the mechanisms which place women at an increased risk for victimization. Traditionally, prevention programs have focused on providing information regarding rape myths and sex role stereotypes, videos depicting sexual assault scenarios, and group discussions about sexual victimization (Ellsberg et al., 2015). However, these programs have been woefully ineffective at preventing sexual assault.

Prior research has suggested that certain subgroups may benefit from prevention programs more than others (Rothman & Silverman, 2007). Rothman and Silverman (2007) compared prevalence rates of victimization between college women who had completed a sexual assault prevention program to women who had not completed the program. Results indicated that the program was more effective for certain subgroups of women. For example, the prevention program did not appear to improve victimization rates for women who had a history of prior victimization. Additionally, students reporting high levels of binge drinking, as well as sexual minorities, appeared to be at an increased risk for victimization, regardless of participating in the prevention program. Given that some interventions may be more effective at reducing victimization risk for particular subgroups, utilizing an individualized approach that focuses on particular risk factors could be beneficial (Rothman & Silverman, 2007).

The current findings suggest possible interventions aimed at reducing women's risk of sexual victimization. Findings from prior work, in concert with the present study's findings, suggest that women need help generating and selecting effective responses to risky social situations. Given that college women, on average, appear to be able to execute good responses when provided with them, preventative interventions might benefit from focusing on behavioral rehearsal in situations that women commonly frequent. For example, training these women to generate and select the most effective responses to situations where there is a high risk for victimization could prove valuable. Such programs would present women with hypothetical social situations, such as the ones used in the current study, and allow women to rehearse responses and receive trial-by-trial feedback on the effectiveness of their responses in decreasing victimization risk

(Yeater et al., 2016). This feedback would presumably provide women with skills necessary to better manage these risky sexual situations. The situations presented to women could also be individually tailored to ensure they represent specific situations faced by women (e.g., presence of alcohol).

Given the findings and potential prevention program implications of the present study, future research should continue to examine factors which might influence negatively women's ability to respond effectively to victimization risk. Unfortunately, sexual violence is a prevalent problem in our society that does not appear to have a clear solution at the present moment. Future research in this area may have a significant impact on our understanding of the mechanisms underlying the relationship between prior sexual victimization and subsequent revictimization.

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Appendices

Appendix A

DEMOGRAPHICS QUESTIONNAIRE

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

1. Age _____

2. Marital Status

Single

Divorced

Married

Living Together

Separated

Widowed

3. Sexual Orientation

Heterosexual

Homosexual

Bisexual

4. Race

Asian/Pacific Islander

Cuban

White/Caucasian

Dominican

African American

American Indian/Alaskan Native

Hispanic/Latino

Other _____

Mexican American

5. Year in College

Freshman

Sophomore

Junior

Senior

Appendix B

SEXUAL EXPERIENCE SURVEY (SES)

INSTRUCTIONS: Please answer each of the following questions by indicating yes or no and by filling in the blank (if applicable). 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?

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?

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?

***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 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?

5. 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?

6. 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?

7. 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?

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?

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?

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

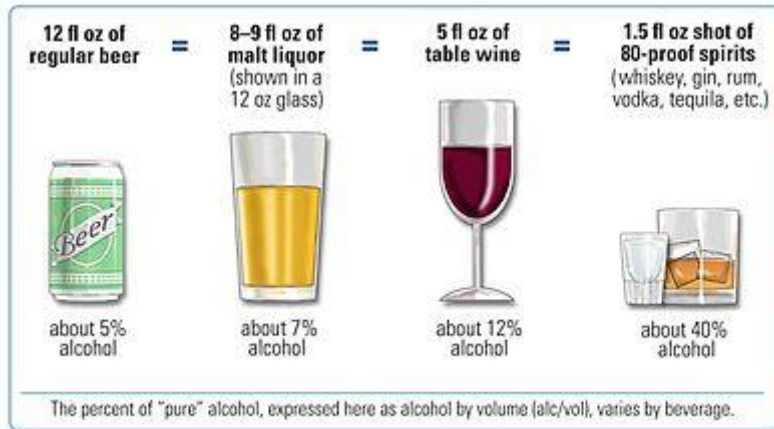
[02] Yes

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

Appendix C

Alcohol Use Disorders Identification Test (AUDIT)

Instructions: Please circle responses to the following questions about your consumption of alcoholic beverages during the last year. Report answers in terms of “standard drinks.”



1. How often do you have a drink containing alcohol?	Never	Monthly or less	2–4 times per month	2–3 times per week	4+ times per week
2. How many standard drinks do you have on a typical day when you are drinking?	1–2	3–4	5–6	7–9	10+
3. How often do you have six or more standard drinks on a single 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?	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 able to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

9. Have you or someone else ever 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?	No	Yes, but not in the last year	Yes, during the last year

Appendix D
YOUNG ADULTS ALCOHOL CONSEQUENCES QUESTIONNAIRE (YAACQ)

Below is a list of things that sometimes happen to people either during, or after they have been drinking alcohol. Next to each item below, please mark an “X” in either the YES or NO column to indicate whether that item describes something that has happened to you **IN THE PAST YEAR.**

In the **past year...**

		NO	YES
1.	While drinking, I have said or done embarrassing things.		
2.	The quality of my work or schoolwork has suffered because of my drinking.		
3.	I have felt badly about myself because of my drinking.		
4.	I have driven a car when I knew I had too much to drink to drive safely.		
5.	I have had a hangover (headache, sick stomach) the morning after I had been drinking.		
6.	I have passed out from drinking.		
7.	I have taken foolish risks when I have been drinking.		
8.	I have felt very sick to my stomach or thrown up after drinking.		
9.	I have gotten into trouble at work or school because of drinking.		
10.	I often drank more than I originally had planned.		
11.	My drinking has created problems between myself and my boyfriend/girlfriend/spouse, parents, or other near relatives.		
12.	I have been unhappy because of my drinking.		
13.	I have gotten into physical fights because of drinking.		
14.	I have spent too much time drinking.		
15.	I have not gone to work or missed classes at school because of drinking, a hangover, or illness caused by drinking.		
16.	I have felt like I needed a drink after I'd gotten up (that is, before breakfast).		
17.	I have become very rude, obnoxious or insulting after drinking.		
18.	I have felt guilty about my drinking.		

19.	I have damaged property, or done something disruptive such as setting off a false fire alarm, or other things like that after I had been drinking.		
20.	Because of my drinking, I have not eaten properly.		
21.	I have been less physically active because of drinking.		
22.	I have had “the shakes” after stopping or cutting down on drinking (eg., hands shake so that coffee cup rattles in the saucer or have trouble lighting a cigarette).		
23.	My boyfriend/girlfriend/spouse/parents have complained to me about my drinking.		
24.	I have woken up in an unexpected place after heavy drinking.		
25.	I have found that I needed larger amounts of alcohol to feel any effect, or that I could no longer get high or drunk on the amount that used to get me high or drunk.		
26.	As a result of drinking, I neglected to protect myself or my partner from a sexually transmitted disease (STD) or an unwanted pregnancy.		
27.	I have neglected my obligations to family, work, or school because of drinking.		
28.	I often have ended up drinking on nights when I had planned not to drink.		
29.	When drinking, I have done impulsive things that I regretted later.		
30.	I have often found it difficult to limit how much I drink.		
31.	My drinking has gotten me into sexual situations I later regretted.		
32.	I’ve not been able to remember large stretches of time while drinking heavily.		
33.	While drinking, I have said harsh or cruel things to someone.		
34.	Because of my drinking I have not slept properly.		
35.	My physical appearance has been harmed by my drinking.		
36.	I have said things while drinking that I later regretted.		
37.	I have awakened the day after drinking and found that I could not remember a part of the evening before.		
38.	I have been overweight because of drinking.		
39.	I haven’t been as sharp mentally because of my drinking.		

40.	I have received a lower grade on an exam or paper than I ordinarily could have because of my drinking.		
41.	I have tried to quit drinking because I thought I was drinking too much.		
42.	I have felt anxious, agitated, or restless after stopping or cutting down on drinking.		
43.	I have not had as much time to pursue activities or recreation because of drinking.		
44.	I have injured someone else while drinking or intoxicated.		
45.	I often have thought about needing to cut down or stop drinking.		
46.	I have had less energy or felt tired because of my drinking.		
47.	I have had a blackout after drinking heavily (i.e., could not remember hours at a time).		
48.	Drinking has made me feel depressed or sad.		

Appendix E

SEX-SPECIFIC ALCOHOL EXPECTANCIES SCALE

INSTRUCTIONS: Many people believe that alcohol can influence how they feel and act sexually. We would like to know how you think having a few drinks of alcohol affects your sexual feelings and behavior. For each of the statements below, indicate the degree to which you agree or disagree with the statement by writing a number in the space beside the question using the scale below:

- 1 = Strongly disagree
- 2 = Moderately disagree
- 3 = Neither agree nor disagree
- 4 = Moderately agree
- 5 = Strongly agree

- _____ 1. I feel closer to a sexual partner.
- _____ 2. I am more sexually responsive.
- _____ 3. I am less nervous about sex
- _____ 4. I enjoy sex more than usual.
- _____ 5. I am a better lover.
- _____ 6. I am less likely to use birth control.
- _____ 7. I am less likely to take precautions before having sex.
- _____ 8. I am less likely to talk with a new sexual partner about whether he [she] has a sexually transmitted disease, like AIDS or gonorrhea.
- _____ 9. I am less likely (to ask a partner) to use a condom.
- _____ 10. I have sex with people whom I wouldn't have sex with if I were sober.
- _____ 11. I am more likely to do sexual things that I wouldn't do when sober.
- _____ 12. I find it harder to say no to sexual advances.
- _____ 13. I am more likely to have sex on a first date.

Appendix F

THE REVISED SOCIOSEXUAL ORIENTATION INVENTORY (SOI-R)

INSTRUCTIONS: Please respond honestly to the following questions:

1. With how many different partners have you had sex within the past 12 months?

- | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5-6 | 7-9 | 10-19 | 20 or more |

2. With how many different partners have you had sexual intercourse on *one and only one* occasion?

- | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5-6 | 7-9 | 10-19 | 20 or more |

3. With how many different partners have you had sexual intercourse without having an interest in a long-term committed relationship with this person?

- | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 0 | 1 | 2 | 3 | 4 | 5-6 | 7-9 | 10-19 | 20 or more |

4. Sex without love is OK.

- | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| Strongly disagree | | | | | | | Strongly agree | |

5. I can imagine myself being comfortable and enjoying "casual" sex with different partners.

- | | | | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> | 7 <input type="checkbox"/> | 8 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| Strongly disagree | | | | | | | Strongly agree | |

6. I do *not* want to have sex with a person until I am sure that we will have a long-term, serious relationship.

1 2 3 4 5 6 7 8 9
Strongly disagree Strongly agree

7. How often do you have fantasies about having sex with someone you are *not* in a committed romantic relationship with?

- 1 – never
- 2 – very seldom
- 3 – about once every two or three months
- 4 – about once a month
- 5 – about once every two weeks
- 6 – about once a week
- 7 – several times per week
- 8 – nearly every day
- 9 – at least once a day

8. How often do you experience sexual arousal when you are in contact with someone you are *not* in a committed romantic relationship with?

- 1 – never
- 2 – very seldom
- 3 – about once every two or three months
- 4 – about once a month
- 5 – about once every two weeks
- 6 – about once a week
- 7 – several times per week
- 8 – nearly every day
- 9 – at least once a day

9. In everyday life, how often do you have spontaneous fantasies about having sex with someone you have just met?

- 1 – never
- 2 – very seldom
- 3 – about once every two or three months
- 4 – about once a month
- 5 – about once every two weeks
- 6 – about once a week
- 7 – several times per week
- 8 – nearly every day
- 9 – at least once a day

Appendix G

TRAUMATIC SEXUALIZATION SURVEY

INSTRUCTIONS: For each of the statements below, indicate how often each statement fits you by writing a number in the space beside the question using the scale below:

- | 1 | 2 | 3 | 4 | 5 |
|-------|--------|--|------------|---------------|
| Never | Rarely | Sometimes | Frequently | Almost Always |
| _____ | 1. | I avoid being sexually intimate. | | |
| _____ | 2. | I avoid sexual activity. | | |
| _____ | 3. | I can't get my mind off sex. | | |
| _____ | 4. | I use sex to avoid loneliness. | | |
| _____ | 5. | I am disgusted by sex. | | |
| _____ | 6. | I do not want to be physical with men. | | |
| _____ | 7. | When I start to become acquainted with a man, | | |
| _____ | 8. | I hope the relationship doesn't become sexual. | | |
| _____ | 9. | I am uncomfortable being sexual. | | |
| _____ | 10. | I have trouble keeping sexual thoughts out of my head. | | |
| _____ | 11. | I prefer nonsexual relationships over sexual relationships. | | |
| _____ | 12. | I am afraid of acting sexual. | | |
| _____ | 13. | I would rather not have physical relationships with men. | | |
| _____ | 14. | My relationships with men are based on sex. | | |
| _____ | 15. | I think sex is dirty. | | |
| _____ | 16. | I enjoy nonphysical relationships more than physical relationships. | | |
| _____ | 17. | My relationships with the men I date do not involve sexual activity. | | |
| _____ | 18. | Men want to be with me because I am seductive. | | |
| _____ | 19. | Sexual thoughts enter my head throughout the day and night. | | |
| _____ | 20. | I avoid physical contact with men. | | |
| _____ | 21. | I daydream about sex. | | |
| _____ | 22. | My sexuality is what attracts people to me. | | |

- _____ 23. Sexual thoughts preoccupy my mind.
- _____ 24. I try hard to avoid physical relationships.
- _____ 25. I need sex to feel good about myself.
- _____ 26. Thoughts of sex interfere with my daily life.
- _____ 27. I think about sex.
- _____ 28. I have sex on a first date.
- _____ 29. I have unusual sexual thoughts.
- _____ 30. I am preoccupied with sexual thoughts.
- _____ 31. I am afraid of sex.
- _____ 32. I avoid rejection by having sex.
- _____ 33. Men base their relationships with me on sex.
- _____ 34. I have sex with men I do not know very well.
- _____ 35. I think about sex at inappropriate times.
- _____ 36. I strongly dislike sexual contact with men.
- _____ 37. People are interested in me because I act seductively.
- _____ 38. When I am studying (or working) I have sexual thoughts.
- _____ 39. I have sexual fantasies.

Appendix H

TRAUMA SYMPTOM CHECKLIST

INSTRUCTIONS: Please circle the number that corresponds to how often you have experienced the following in the past month.

0 = Never; 3 =

Often

1. Headaches	0	1	2	3
2. Insomnia (trouble getting to sleep)	0	1	2	3
3. Weight loss (without dieting)	0	1	2	3
4. Stomach problems	0	1	2	3
5. Sexual problems	0	1	2	3
6. Feeling isolated from others	0	1	2	3
7. "Flashbacks" (sudden, vivid, distracting memories)	0	1	2	3
8. Restless sleep	0	1	2	3
9. Low sex drive	0	1	2	3
10. Anxiety attacks	0	1	2	3
11. Sexual overactivity	0	1	2	3
12. Loneliness	0	1	2	3
13. Nightmares	0	1	2	3
14. "Spacing out" (going away in your mind)	0	1	2	3
15. Sadness	0	1	2	3
16. Dizziness	0	1	2	3
17. Not feeling satisfied with your sex life	0	1	2	3
18. Trouble controlling your temper	0	1	2	3

19. Waking up early in the morning and can't get back to sleep	0	1	2	3
20. Uncontrollable crying	0	1	2	3
21. Fear of men	0	1	2	3
22. Not feeling rested in the morning	0	1	2	3
23. Having sex that you didn't enjoy	0	1	2	3
24. Trouble getting along with others	0	1	2	3
25. Memory problems	0	1	2	3
26. Desire to physically hurt yourself	0	1	2	3
27. Fear of women	0	1	2	3
28. Waking up in the middle of the night	0	1	2	3
29. Bad thoughts or feelings during sex	0	1	2	3
30. Passing out	0	1	2	3
31. Feeling that things are "unreal"	0	1	2	3
32. Unnecessary or over-frequent washing	0	1	2	3
33. Feelings of inferiority	0	1	2	3
34. Feeling tense all the time	0	1	2	3
35. Being confused about your sexual feelings	0	1	2	3
36. Desire to physically hurt others	0	1	2	3
37. Feelings of guilt	0	1	2	3
38. Feelings that you are not always in your body	0	1	2	3
39. Having trouble breathing	0	1	2	3
40. Sexual feelings when you shouldn't have them	0	1	2	3

Appendix I

BECK DEPRESSION INVENTORY (BDI)

INSTRUCTIONS: Choose one statement from among the group of four statements in each question that best describes how you have been feeling during the **past 2 weeks**. Circle the number beside your choice.

<p>1</p> <p>0 I do not feel sad. 1 I feel sad. 2 I am sad all the time and I can't snap out of it. 3 I am so sad or unhappy that I can't stand it.</p>	<p>6</p> <p>0 I don't feel I am any worse than anybody else. 1 I am critical of myself for my weaknesses or mistakes. 2 I blame myself all the time for my faults. 3 I blame myself for everything bad that happens.</p>
<p>2</p> <p>0 I am not particularly discouraged about the future. 1 I feel discouraged about the future. 2 I feel I have nothing to look forward to. 3 I feel that the future is hopeless and that things cannot improve.</p>	<p>7</p> <p>0 I don't have any thoughts of killing myself. 1 I have thoughts of killing myself, but I would not carry them out. 2 I would like to kill myself. 3 I would kill myself if I had the chance.</p>
<p>3</p> <p>0 I do not feel like a failure. 1 I feel I have failed more than the average person. 2 As I look back on my life, all I can see is a lot of failure. 3 I feel I am a complete failure as a person.</p>	<p>8</p> <p>0 I don't cry any more than usual. 1 I cry more now than I used to. 2 I cry all the time now. 3 I used to be able to cry, but now I can't cry even though I want to.</p>
<p>4</p> <p>0 I get as much satisfaction out of things as I used to. 1 I don't enjoy things the way I used to. 2 I don't get any real satisfaction out of anything anymore. 3 I am dissatisfied or bored with everything</p>	<p>9</p> <p>0 I am no more irritated by things than I ever am. 1 I am slightly more irritated now than usual. 2 I am quite annoyed or irritated a good deal of the time. 3 I feel irritated all the time now.</p>
<p>5</p> <p>0 I don't feel particularly guilty. 1 I feel guilty a good part of the time. 2 I feel quite guilty most of the time. 3 I feel guilty all of the time.</p>	<p>10</p> <p>0 I have not lost interest in other people. 1 I am less interested in other people than I used to be. 2 I have lost most of my interest in other people. 3 I have lost all of my interest in other people.</p>

11	<p>0 I don't feel I am being punished. 1 I feel I may be punished. 2 I expect to be punished. 3 I feel I am being punished.</p>	17	<p>0 I make decisions about as well as I ever could. 1 I put off making decisions more than I used to. 2 I have greater difficulty in making decisions than before. 3 I can't make decisions at all anymore.</p>
12	<p>0 I don't feel disappointed in myself. 1 I am disappointed in myself. 2 I am disgusted with myself. 3 I hate myself.</p>	18	<p>0 I don't feel that I look any worse than I used to. 1 I am worried that I am looking old or unattractive. 2 I feel that there are permanent changes in my appearance that make me look unattractive. 3 I believe that I look ugly.</p>
13	<p>0 I can work about as well as before. 1 It takes an extra effort to get started at doing something. 2 I have to push myself very hard to do anything. 3 I can't do any work at all.</p>	19	<p>0 I haven't lost much weight, if any, lately. 1 I have lost more than five pounds. 2 I have lost more than ten pounds. 3 I have lost more than fifteen pounds. (Score 0 if you have been purposely trying to lose weight.)</p>
14	<p>0 I can sleep as well as usual. 1 I don't sleep as well as I used to. 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep. 3 I wake up several hours earlier than I used to and cannot get back to sleep.</p>	20	<p>0 I am no more worried about my health than usual. 1 I am worried about physical problems such as aches and pains, or upset stomach, or constipation. 2 I am very worried about physical problems, and it's hard to think of much else. 3 I am so worried about my physical problems that I cannot think about anything else.</p>
15	<p>0 I don't get more tired than usual. 1 I get tired more easily than I used to. 2 I get tired from doing almost anything. 3 I am too tired to do anything.</p>	21	<p>0 I have not noticed any recent change in my interest in sex. 1 I am less interested in sex than I used to be. 2 I am much less interested in sex now. 3 I have lost interested in sex completely.</p>
16	<p>0 My appetite is no worse than usual. 1 My appetite is not as good as it used to be. 2 My appetite is much worse now. 3 I have no appetite at all anymore.</p>		

Appendix J

Stimuli

Scenario #1:

You've recently put on a few pounds because you've been busy and haven't had time to go to the gym. You've had "the blues" because of this and are feeling unattractive and overweight. You're at a bar with your girlfriends and have had several drinks. A guy that you find really attractive but that you don't know buys you a drink. The two of you talk briefly. He begins to touch your arms and shoulders. He tells you that he finds you really beautiful and sexy. He asks you if you want to leave and go back to his place.

Response:

"No thanks, we are getting ready to leave. How about exchanging phone numbers?"

Scenario #2:

A guy that you really liked a lot recently broke up with you. You have been feeling pretty depressed and decide to go to a party with your girlfriends to make yourself feel better. You have a few drinks at the party and start to feel pretty drunk. You notice a cute guy that you don't know looking at you from across the room. He motions for you to come over and talk to him. You're curious, so you go. The two of you talk for about an hour and have several drinks together. The party begins to break up and he asks if he can drive you home.

Response:

"I don't like getting in the car with anyone that's been drinking. I'll stick with my regular ride. But hey, I'd really like to hang out with you later. What are you doing tomorrow?"

Scenario #3:

You go out to dinner with a guy that you've dated a few times. The two of you have kissed and touched on previous dates. You invite him back to your room after the date. The two of you start to kiss, you get caught up in the moment and before you know it, you both have most of your clothes off. You do not want to have sex with him yet, but you can tell that the guy really wants to have sex by the types of comments that he is making to you.

Response:

"Sorry, I got caught up but I'm not ready for this yet."

Scenario #4:

You're out dancing with friends. A guy who is very cute and popular on campus starts flirting with you and dances with you several times during the evening. You like this guy but have heard that he is a "player". However, he is really nice to you during the evening and acts like a gentleman. At the end of the evening, he asks you to come back to his room.

Response:

"I have to get up early but give me a call because I'd like to hang out again."

Scenario #5:

You've been dating a guy for about a month. You really like him. He is very attractive and lots of women on campus want to date him. You have felt kind of special that he has chosen you rather than someone else. One night, you are making out with him and things start to get pretty hot. You don't want to have sex with him yet, but you can tell he's really into it. He tells you that if you don't have sex with him, he'll find someone else who will.

Response:

"I'm not rushing into anything. Every time I do, things mess up. So if you want to have sex, find someone else."

Scenario #6:

You're making out with the guy that you are currently dating. You only want to touch him and have him touch you with your clothes on. He tells you he really wants to have sex with you. You say you're not ready. He says that you have gotten him really excited, and he is finding it really hard to calm down. He tells you that if you give him oral sex, he'll feel better.

Response:

"If you can't respect my requests then you need to leave."

Scenario #7:

You're enrolled in the same math class as your best friend's boyfriend. He calls you the night before an important exam and asks whether he can come over to your place to get some help on some of the problems. You agree. The two of you study until very late. You tell him that you are pretty tired and stressed out about the exam. He asks you whether you would like one of his world famous foot massages. You agree. His hands start to move progressively up your legs. You suddenly realize that he is coming on to you.

Response:

"Okay, stop. This is not right. You know you are dating my best friend and I am not going to lose her over you. So you better go!"

Scenario #8:

You go to a party with friends. You see a guy there that you have had a crush on for a long time. You have several drinks and are feeling pretty drunk. Later in the evening, the guy comes over and brings you another drink. You have the drink and talk to him for a while. He leaves and returns with more drinks and then asks you if you want to get high. You decide that it's been awhile since you've gotten high, so you agree. He tells you the stuff is out in his car and asks you to go with him.

Response:

"No, that's all right not tonight. Maybe next weekend or some other time. What is your phone number?"

Scenario #9:

You go to a party with friends. You have several drinks during the evening and are pretty drunk. You go into one of the bedrooms of the house to rest for a while and sober up before you go home. An attractive guy from the party follows you into the bedroom and tries to kiss you.

Response:

“I’m sorry. I came in here to get sober, not to make out.”

Scenario #10:

You’ve been dating a guy for several months that you really like. Over the past few weeks, he has been putting increasing pressure on you for the relationship to become more sexual. The two of you return home from a date and are making out. You think that if you let him take your shirt off he will calm down and stop pressuring you. After you let him do this, he tries to take your pants off. You tell him “no”. He responds by telling you that you must want to have sex if you let him take your shirt off.

Response:

“No, I just got caught up in the moment. I’m still not ready.”

Appendix K

Coding Instructions

You have received a set of videotaped responses to ten vignettes. Responses to each vignette have been divided into 4 subsets containing approximately 20 responses each. Each subset begins with an audiotaped presentation of the original vignette. You are being asked to assess the effectiveness of each response in decreasing the woman's risk of having an unwanted sexual experience. An unwanted experience is defined as one in which the participant may be verbally or physically coerced into having sexual contact of any kind with a man. Please use the following scale in assigning effectiveness ratings to the responses using the following scale:

1. Completely ineffective
2. Moderately ineffective
3. Slightly ineffective
4. Slightly effective
5. Moderately effective
6. Completely effective

- Begin by listening to the vignette you are about to code. As you listen to the scenario, make sure that you understand the situation and the request that is being made of the woman.
- Watch the all of the responses in Subset 1 of the vignette you are working on before you begin coding. This will give you a sense of the range of responses given by participants for each situation.
- After you have viewed the responses from Subset 1, return to the beginning of the video and assign an effectiveness rating to each response. The number of Likert scales in your Rater's packet for each subset will match the number of responses you have in each subset. Repeat these steps for each subset of the ten vignettes.
- When making your ratings, consider the entire duration of a woman's response clip as her response, as well as all verbal and nonverbal behaviors exhibited by the woman. Clips have been edited from the moment the vignette ended to the end of the woman's response.
- There is not much time between responses. If you find that you need more time to consider the effectiveness of a response, please pause the video. This will ensure that each response receives your full attention.
- If you become fatigued, please take a break before continuing to code. Additionally, to avoid becoming fatigued, please complete no more than 2 consecutive subsets (this will be approximately 40 responses) in the same sitting. In addition, please complete a subset before taking a break.
- If you have questions about any portion of the rating process, please contact Kristen Vitek before proceeding.

Appendix L

Table 1

Descriptive Statistics and Zero Order Correlations for the Predictors and Response Performance Tasks

Variable	M (SD)	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.
1. V#1	3.67 (1.30)	1.00																	
2. V#2	3.32 (1.31)	.47**	1.00																
3. V#3	3.30 (1.24)	.37**	.55**	1.00															
4. V#4	3.74 (1.34)	.47**	.51**	.47**	1.00														
5. V#5	3.72 (1.42)	.45**	.50**	.44**	.45**	1.00													
6. V#6	4.16 (1.34)	.47**	.44**	.41**	.41**	.48**	1.00												
7. V#7	3.78 (1.48)	.45**	.50**	.52**	.47**	.66**	.51**	1.00											
8. V#8	3.53 (1.29)	.44**	.54**	.50**	.31**	.58**	.47**	.56**	1.00										
9. V#9	3.74 (1.29)	.43**	.46**	.51**	.49**	.54**	.59**	.61**	.47**	1.00									
10.V#10	3.84 (1.31)	.50**	.60**	.52**	.38**	.49**	.51**	.57**	.54**	.50**	1.00								
11. SES	1.45 (1.51)	.06	.04	-.37	.73	.12	-.24	-.04	-.04	.06	-.15	1.00							
12.YAACQ	6.10 (6.07)	.05	.03	-.09	-.02	.07	-.05	.01	.01	.23	-.11	.48**	1.00						
13. TSC	69.68 (18.53)	-.09	-.05	.55	.02	.03	.17	.02	-.06	.07	-.13	.35**	.39**	1.00					

14. AES	2.26 (1.20)	.20*	.14	.08	.14	.11	.09	.03	.08	.09	.00	.33**	.29**	.26**	1.00				
15. SOI	25.60 (11.83)	.04	.11	-.03	.07	-.04	-.10	-.02	.01	.09	-.02	.26**	.42**	.48**	.25**	1.00			
16. TSS	12.52 (3.84)	.07	.13	.07	.06	.12	.01	.06	.15	-.01	-.05	.25**	.24**	.34**	.16	.34**	1.00		
17. BDI	9.47 (7.60)	-.01	.09	.09	.05	.15	.08	.05	-.04	.07	.12	.22**	.36**	.73**	.22**	.15	.33**	1.00	
18. AUDIT	3.68 (3.39)	.00	.04	-.02	-.02	.04	-.04	-.02	.03	.06	-.04	.46**	.75**	.48**	.35**	.43**	.32**	.47**	1.00

Note. * $p < .05$, ** $p < .001$; V#1-10 = Vignettes #1-10, SES = victimization severity as measured by the Sexual Experiences Survey (0 = no victimization, 1 = unwanted sexual contact, 2 = sexual coercion, 3 = attempted rape, 4 = completed rape); YAACQ = Young Adults Consequences Questionnaire; TSC = Trauma Symptom Checklist; AES = Alcohol Expectancies Scale; SOI = Sociosexuality Inventory; TSS = Traumatic Sexualization Survey; BDI = Beck Depression Inventory; AUDIT = Alcohol Use Disorders Identification Test.

Appendix M

Table 2

Standardized and Unstandardized Factor Loadings with Standard Errors for the Measurement

Model of Response Performance

Factor	Standardized	<i>p</i>	Unstandardized
V1	.63	NA	1.00 (-)
V2	.68	<.001	1.07 (.17)
V3	.65	<.001	.99 (.16)
V4	.62	<.001	1.07 (.18)
V5	.73	<.001	1.24 (.19)
V6	.71	<.001	.91 (.16)
V7	.77	<.001	1.37 (.20)
V8	.72	<.001	1.15 (.18)
V9	.71	<.001	1.05 (.16)
V10	.71	<.001	1.23 (.17)

Note. Dash (-) indicates the standard error was not estimated; V1-V10 represents each of the ten vignette responses.

Appendix N

Table 3

Unstandardized Path Coefficients for Proposed Structural Equation Model of Response Performance

Variable	B	SE
Sexual Victimization	-.05	.13
Sexual Attitudes	.82	1.04
Psychopathology	.00	.01
Substance USe	-.08	.08

Note. Sexual Victimization as measured via the Sexual Experiences Survey; Sexual Attitudes as measured via the Sex-Specific Alcohol Expectancies Scale, Sociosexuality Inventory, and Traumatic Sexualization Survey; Psychopathology as measured via the Trauma Symptom Checklist and Beck Depression Inventory; Substance use as measured via the Alcohol Use Disorder Identification Test and the Young Adults Alcohol Consequences Questionnaire.

Appendix O

Table 4

Unstandardized Path Coefficients for Adjusted Structural Equation Model of Response

Performance

Variable	B	SE
SES	-.05	.06
YAACQ	.01	.02
TSC	.00	.01
AES	.09	.07

Note. SES = victimization severity as measured by the Sexual Experiences Survey (0 = no victimization, 1 = unwanted sexual contact, 2 = sexual coercion, 3 = attempted rape, 4 = completed rape), YAACQ = Young Adults Alcohol Consequences Questionnaire, TSC = Trauma Symptom Checklist, AES = Alcohol Expectancies Scale.

Appendix P

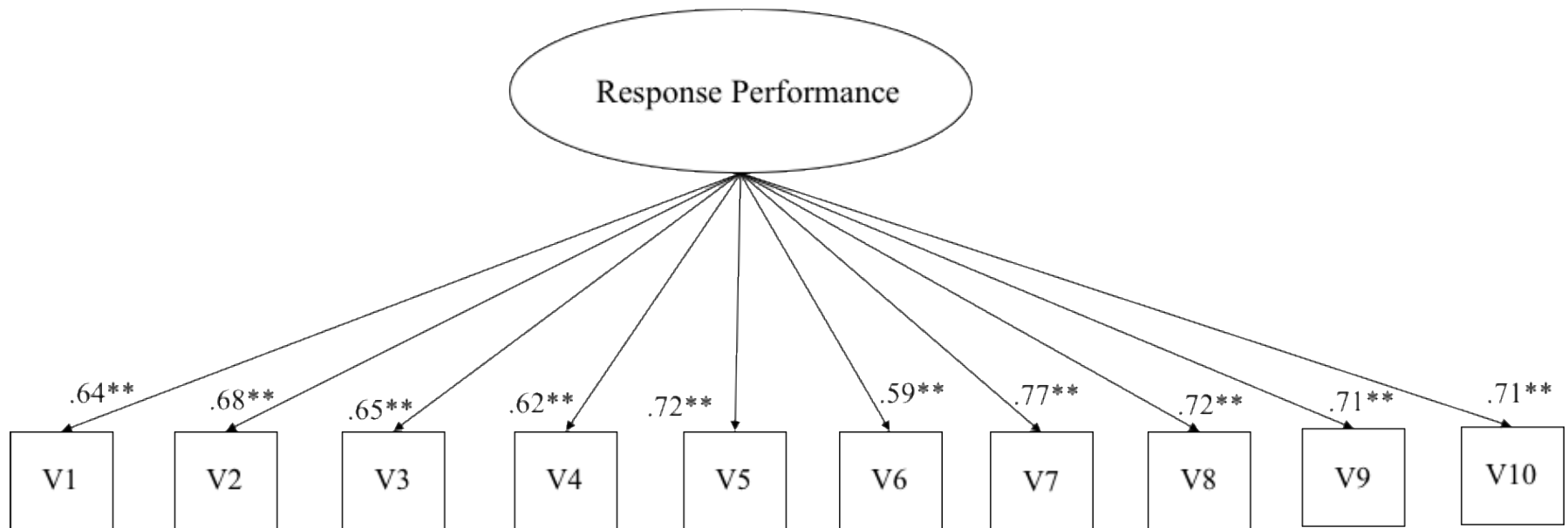


Figure 1. Measurement Model of response performance measured by effectiveness rating for each of the ten vignettes.

Note. Standardized factor loadings are presented in the figure. * $p < .05$, ** $p < .001$. V1-V10 represents each of the ten vignette responses.

Appendix Q

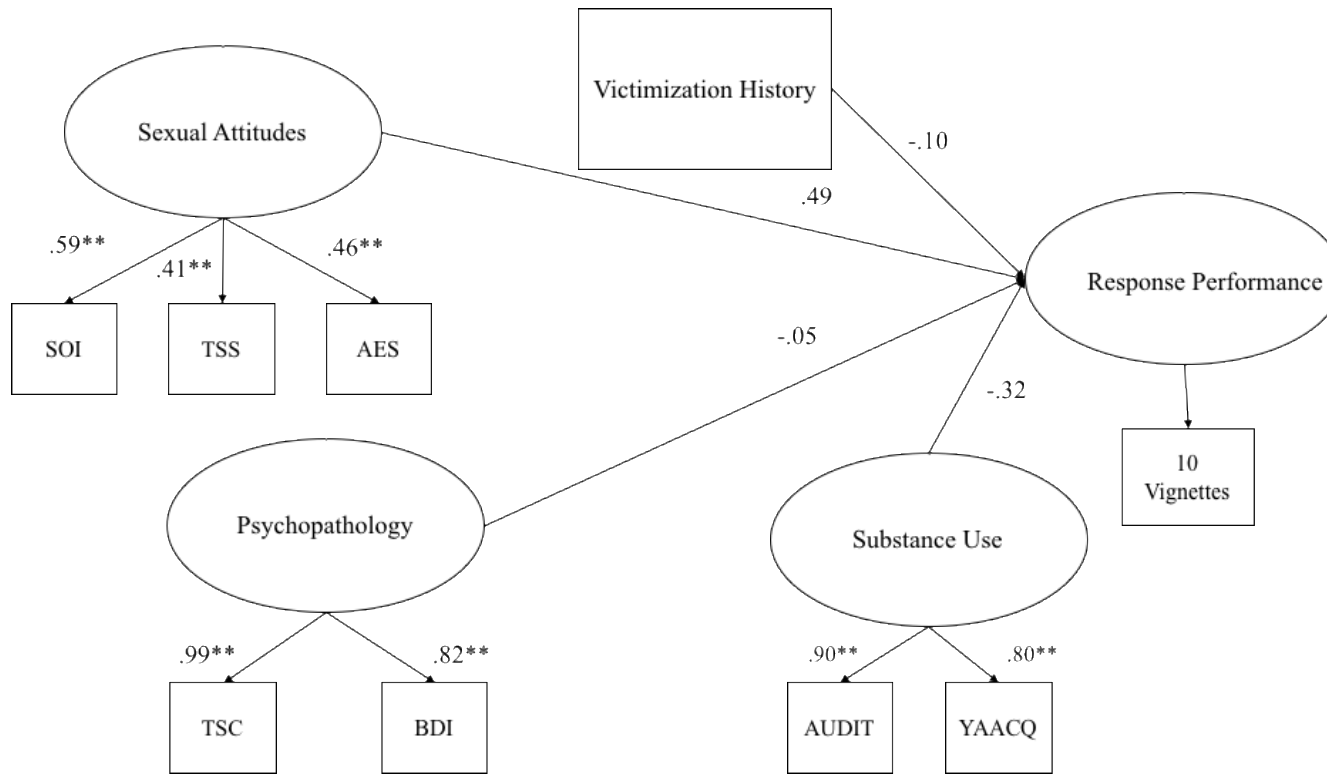


Figure 2. Proposed structural equation model of response performance with exogenous latent predictors of sexual attitudes, psychopathology, substance use, and an observed predictor of sexual victimization history.

Note. SOI = Sociosexuality Inventory, TSS = Traumatic Sexualization Survey, AES = Alcohol Expectancies Scale, TSC = Trauma Symptom Checklist, BDI = Beck Depression Inventory, AUDIT = Alcohol Use Disorders Identification Test, YAACQ = Young Adults Consequences Questionnaire.

Appendix R

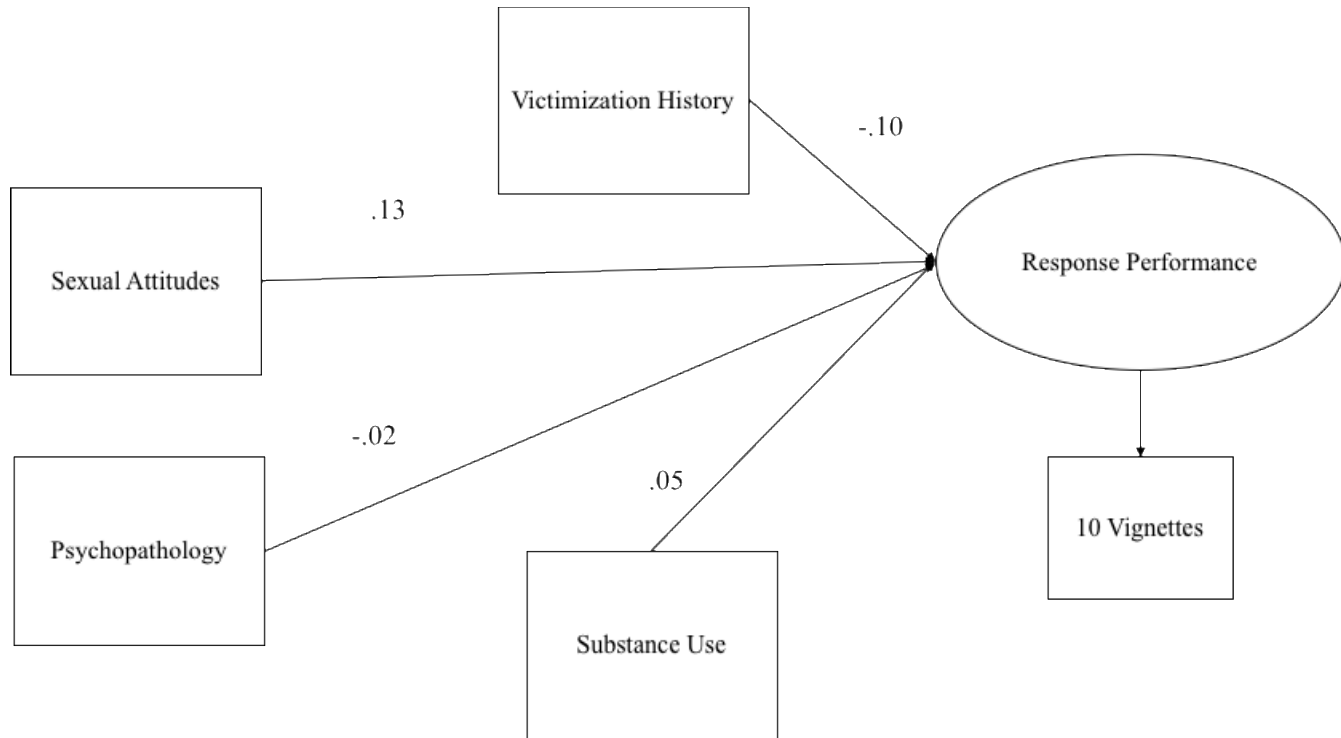


Figure 3. Adjusted structural equation model of response performance with exogenous predictors of sexual victimization history, sexual attitudes, psychopathology, and substance use.

Notes. All paths modeled in the analysis are presented in the figure. Victimization history was measured via the Sexual Victimization Survey, Sexual attitudes were measured via the Alcohol Expectancies Questionnaire, psychopathology was measured via the Trauma Symptom Checklist, and substance use was measured via the Young Adults Alcohol Questionnaire.