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PERCEPTION OF RESISTANCE AS A PREDICTOR OF SELF-BLAME IN COLLEGE  
WOMEN WHO HAVE EXPERIENCED SEXUAL ASSAULT

A Thesis

presented in partial fulfillment of requirements

for the degree of Master of Arts

in the Department of Psychology

The University of Mississippi

by

MARY ASHTON PHILLIPS

March 2012

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## ABSTRACT

The aim of this study was to examine the relationship between resistance and perception of resistance during sexual assault and feelings of self-blame in college aged women. The literature has shown that self-blame has uniformly negative effects on a victimized woman's emotional and psychological health, including poor adjustment, and higher levels of sexual dissatisfaction, depression and global distress. Behaviors and situations during and after the experience that correlate with self-blame that have been studied include alcohol use and knowing the perpetrator. Although other studies have been done showing that resistance is lower during those situations, no one has looked at a direct link between resistance and self-blame. The purpose of this study was to see whether resistance is a predictor of self-blame in women who have experienced unwanted sexual contact. Hierarchical regressions revealed resistance was a significant predictor of self-blame, but that perception of resistance was a significant predictor of self-blame. Further analysis revealed a positive correlation between acknowledgment of rape and self-blame as well.

## DEDICATION

I would like to dedicate this work to my parents, Nancy and Jim Phillips, to my advisor Alan Gross, and to the Tarrant County Women's Center.

## ACKNOWLEDGMENT

I would like to express my appreciation for my advisor, Alan M. Gross, as well as my committee, Drs. Scott Gustafson and Todd Smitherman. I would also like to thank my fellow doctoral students for their help (especially with the statistics) and support.

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## CHAPTER I

### INTRODUCTION

Acquaintance rape is a significant and remarkably prevalent problem on college campuses. As many as 38% of college women have endorsed experiencing an event that met the legal definition of rape, yet only 4% of college women have reported a rape experience to police (Koss, 1985). This may partially be due to so few women (i.e. 15%) categorizing the sexual assault experience as rape (Koss, Gidycz, & Wisniewski 1987).

The consequences of rape can be long lasting, affecting physical, emotional, and psychological well-being. Consequences can include PTSD (Rothbaum, Foa, Riggs, Murdock, & Walsh, 1992), fear and anxiety (Burgess & Holstrom, 1974a, 1974b), and panic disorder (Acierno, Resnick, Kilpatrick, Saudners, & Best, 1999). These symptoms can last months or even years.

Several factors are related to whether women acknowledge a sexual assault as rape. Unacknowledged rape victims are more likely to know their attackers as compared to acknowledged rape victims (Koss, 1985). Relative to unacknowledged rape victims, women who acknowledged rape are more likely to have experienced physical force during the rape (Kahn et

al., 1994). Research also suggests that the level and type of resistance displayed by a woman in response to unwanted sexual contact affects how she defines the experience. Bonderaunt (2001) reported that fewer than 10% of women who experienced low levels of force during an assault acknowledged it as a rape, whereas acknowledged rape victims were more likely to report higher levels of force. Acknowledged rape victims also reported more verbal and physical resisting, and physical harm (secondary to the rape, such as bruises, scratches, etc) than unacknowledged rape victims.

A number of studies have reported a potential consequence for unacknowledged women rape victims is the experience of self-blame. It has been suggested that women who do not acknowledge their experience as rape are likely to assume responsibility for the attack and blame themselves. Frazier and Seales (1997), Botta and Pingree (1997) and Pitts and Schwartz (1993) found higher levels of self-blame in women who did not acknowledge the assault as rape as compared to women who viewed the experience as rape. However, some studies have failed to find support for this notion (Kahn & Andreoli, 2000; Layman, Gidycz, & Lynn, 1996).

The purpose of this work is to examine the relationship between a woman's resistance to sexual aggression and identifying the assault experience as rape and the development of self-blame. Following an examination of the epidemiology of date rape, the consequences of rape will be explored. Issues related to acknowledging an assault as rape will also be examined. Lastly, self-blame in women who have experienced date rape will be discussed.

## CHAPTER II

### BACKGROUND

#### *2.1 Prevalence of Rape*

As previously mentioned, the frequency of date rape is shockingly high in college populations. Koss, Gidycz, and Wisniewski's 1987 survey of 3187 Ohio women involved in higher education (college, technical schools, and community colleges) revealed that 27.5% of women had an experience that met the legal definition of rape, which includes attempted rape, and that 15% had experienced a completed rape. Additionally, 53.7% endorsed some form of sexual victimization, including unwanted sexual contact, sexual coercion, attempted rape, and rape. Using Ohio's legal definition of rape, these data suggested that in a six-month period approximately 83 per 1000 women had been raped.

Brener, McMahon, Warren, and Douglas (1999) analyzed data gathered from the 1995 National College Health Risk Behavior survey. These data were used to look at the prevalence of rape among a nationally representative sample of the female college population (n = 2673). Assessment involved the NCHRBS questionnaire, which is comprised of 96 multiple choice questions, including demographic questions, and a question ascertaining a rape experience. Analyses revealed that 15% of the sample experienced rape since the age of 14, which is

consistent with Koss's (1987) findings. It was also revealed that rape prevalence did not differ significantly between ethnicities or across other background differences.

Fisher, Cullen, and Turner (2000) administered the National Crime Victim Survey (NCVS), a questionnaire measuring various types of victimization, to 4446 women attending 2 or four-year colleges during the fall of 1996 via a randomly selected telephone survey. Examination of the prevalence of victimization (including rape and attempted rape) during the fall semester of that year of college revealed 15% of women experienced sexual victimization: 2% experienced rape, 1% attempted rape, 3% experienced sexual coercion, and 9% unwanted sexual touching.

Gross et al. (2006) surveyed 903 college women's (ages 17-25) experiences with unwanted or forced sexual contact since they entered the university. Participants were asked to indicate whether they had experienced any unwanted sexual contact using a questionnaire created by the Washington State University Sexual Assault Task Force. The questionnaire is a composite of The Sexual Experience Survey (Miller & Marshall, 1987) and The Sexual Experiences Survey (Koss & Gidycz, 1985). It was reported that 27% of the women had experienced some form of unwanted sexual contact, from kissing to vaginal or anal rape, and 37% of those indicated they had experienced more than one incident or type of unwanted contact. Unwanted kissing or petting was the most common unwanted experience, at 13.3%. Overall, 18.8% experienced forced vaginal, anal, or oral sex, while 9.1% indicated forced sexual intercourse because "their partner was too aroused to try to stop him." Boyfriends and male friends were the most common perpetrators (41.1% and 29.7%, respectively), and strangers as aggressors was relatively uncommon (2%).

More recently, Winslett and Gross (2008) surveyed 88 women from a large university in the southeastern United States. Results from the SES showed that 59.3% of women had experienced some sort of unwanted sexual encounter. Of those, 50% of women reported unwanted sexual contact, 30.2% reported sexual coercion, 20.9% reported attempted rape, and 15.1% reported completed rape.

Judging from this evidence, the prevalence of rape is remarkably high, ranging from 15% to 27% depending on the sample. College women in particular seem to have a higher risk for assault, as the studies done on college campuses with college women tend to show higher prevalence rates than studies done with the general population.

## ***2.2 Consequences and Correlates of Rape***

Rape prevalence rates are doubly disturbing because of the consequences and correlates of sexual assault. Though many health care providers focus on the potential physical repercussions of rape, just as serious and potentially longer lasting are the emotional and psychological repercussions. Such consequences can last for months or years and significantly disrupt a person's quality of life.

Using a longitudinal design, Atkeson, Calhoun, Resick and Ellis (1982) identified a sample of 115 rape victims and 87 women for a control group. They administered two measures of depression, and conducted interviews with the women in the assault group in order to gather data concerning personal and interpersonal functioning prior to the rape, the violence involved in the rape, social support after the rape, and reactions to the assault. Raped women exhibited significantly higher scores on the depression measures relative to women in the control group. It was suggested that depressive symptoms appear strongest and most impactful in the first four

months after an assault; situational factors can result in these symptoms remaining elevated for up to a year. In a similar longitudinal study, Calhoun, Atkeson, and Resick (1982) reported that relative to controls, assaulted women reported significantly elevated levels of fear throughout the post-assault year.

Resick, Calhoun, Atkeson, and Ellis (1981) examined social adjustment in rape victims. Their longitudinal data suggested that rape victims experienced distress or dysfunction in almost all areas of social adjustment, but for many victims levels of social adjustment returned to normal four months post-assault. The most common areas of long-term adjustment difficulties were seen in Work Adjustment and Relationship Adjustment.

Rothbaum, Foa, Riggs, Murdock, and Walsh (1992) assessed 95 women ages 17-65 soon after they had either been raped or experienced attempted rape, and then followed up weekly for 3 months (64 of the 95 completed the study.) They found that at the first assessment, 94% of the women met the criteria for PTSD as defined by the DSM-III-R. At one month post-assault, 65% met the criteria for PTSD, and at 3 months, 47% met the criteria for PTSD. It was suggested that those whose symptoms did not lessen significantly after the first month were most likely to maintain persistent and long-term PTSD symptoms.

Golding (1996) evaluated 3419 women from Los Angeles and North Carolina, 362 of whom reported sexual assault, for differences in reproductive and sexual health issues. Participants were administered the Somatization section of the Diagnostic Interview Schedule. Results showed that relative to controls, women who had been sexually assaulted reported more painful menstrual periods and more irregular menstrual periods. Comparing stranger versus acquaintance rape revealed that women assaulted by strangers were more likely to have medically explained excessive menstrual bleeding. Women whose assault experience had

included physical threats as compared to sexual coercion (verbal persuasion) were more likely to have medically unexplained menstrual irregularity, and women who had experienced multiple assaults were more likely to find intercourse painful. Overall, 18.7% of sexually assaulted women experienced painful intercourse, and 32.1% of sexually assaulted women experienced sexual indifference. It was suggested that women who experience rape that more closely conforms to the stereotype (stranger, violent) seem to have more reproductive issues, whereas sexual problems were more likely to occur in incidences that do not conform to the stereotype, such as assault by their spouse, assault accomplished through persuasion instead of threats, and completed rape.

Sexual assault has also been linked to several other psychological and emotional issues, including increased risk of drug and alcohol dependence (McCall, 1993), panic disorder, and increased number of phobias, often relating to dark enclosed spaces. (Acierno, Resnick, Kilpatrick, Saudners, & Best, 1999). The effects of sexual assault on a woman's body and mind are far-reaching and potentially long lasting.

### ***2.3 Acknowledged vs. Unacknowledged Rape***

Mary Koss (1985), surveyed 195 women at a large Midwestern university, 113 of which had been sexually victimized in some way, and 62 of whom had experienced the legal definition of completed rape. Measures included the Sexual Experiences Survey (Koss & Gidycz, 1985), interviews, and several measures of attitude, dating behavior, and personality. It was reported that 45% of women who had experience meeting the legal definition of rape did not acknowledge themselves as rape victims. She found that whether acknowledged or not, women who had experienced a completed rape had higher intensity of emotions surrounding the

experience than the women who had experienced other kinds of victimization. However, she found that unacknowledged rape victims were more likely to recognize or know their attacker (100%) than acknowledged women (59%). Only 4% of the women reported the rape to police, all reporters were acknowledged rape victims. Unacknowledged rape victims were more likely to be in a romantic relationship with the attacker, more acquainted with her attacker, and there was a higher likelihood of previous consensual sex between the victim and the attacker. It was suggested that these contextual factors impact whether a woman acknowledges the assault as rape. Koss identified women who did not acknowledge their experience as rape and who did not report their experience to police or other formal support systems as “hidden rape victims.”

Gross et al.’s (2006) survey of college women’s sexual experiences revealed results similar to those of Koss (1985). They reported that when unwanted intercourse was a result of being held down by the man it was categorized as rape by 78.3% of the women. However, only 25% of the women who experienced forced intercourse with a man who had threatened bodily harm viewed it as rape, and only 15% of women who had intercourse when they did not want to because “their partner was too aroused to try to stop him” classified it as rape. Forced sexual contact was reported to police by 4 of 246 victims. It was also noted that approximately 94% of victims endorsed being acquainted with their attacker.

Littleton and Bretkopf (2006) asked 1253 college women to complete several measures of psychological distress (e.g., coping, PTSD, depression, anxiety), along with a measure of sexual victimization. They discovered that only 40% of sexual assault victims categorized their experience as rape. Self-identified victims and self-identified non-victims reported moderately high levels of depression and anxiety. However, relative to unacknowledged victims, women who acknowledged their experience as rape reported more PTSD symptoms, even when level of



force and violence in the rape were controlled. Moreover, consistent with previous reports it was observed that women who acknowledged their rape were more likely to have experienced a greater amount of force and violence during the assault relative to unacknowledged victims. Acknowledged rape victims also reported more avoidance coping than unacknowledged victims. While the majority of both unacknowledged (80%) and acknowledged (91%) women disclosed their experience, the acknowledged women's rate of disclosure was significantly higher. Finally, the acknowledged victims were more likely to have a more negative world-view, and less likely to believe in a just world than unacknowledged victims. Regardless of whether a rape victim acknowledged the experience as rape, victims held a more negative world-view than their non-raped peers. Littleton and Breitkopf concluded that regardless of self-acknowledgment of an unwanted sexual experience as rape, such experiences result in distress and undesirable psychological consequences.

Botta and Pingree (1997) compared acknowledged rape victims, unacknowledged rape victims, and women who reported being unsure if the sexual experience should be considered rape on a number of variables. Their sample consisted of 123 college women who reported an experience that met the legal definition of rape; 62 (50%) identified the experience as rape, 34 (27%) did not identify the experience as rape, and 27 (22%) said maybe what they had experienced was rape. It was reported that women who acknowledged their experience as rape were less likely to have had alcohol or other substances involved than the "maybe" and unacknowledged groups, and were more likely to have experienced force or the threat of force during the experience. Acknowledged victims were also less likely to experience difficulties with work or school and had consumed less alcohol in the last two months than the "unacknowledged" or "maybe I was raped" participants. Measures of overall mood revealed

more positive mood among acknowledged victims relative to unacknowledged and unsure participants. Additionally, compared to the acknowledged and unsure women, acknowledged victims were more likely to tell friends, family members, and/or a doctor of the experience, and report lower levels of self-blame. Botta and Pingree concluded acknowledgement of unwanted sex as rape may be an important step toward recovery. Similarly, in comparison of acknowledged and unacknowledged rape victims, Marx and Soler-Baillo (2005) reported little difference in the prevalence of and intensity of PTSD.

In a comparison of acknowledged and unacknowledged sexual assault victims, Layman, Gidycz, and Lynn (1996) observed that acknowledged victims were more likely to have experienced higher levels of force, including threatening, arm-twisting or holding, and hitting. Acknowledged victims were significantly more likely to perceive themselves as having made it “very clear” that they did not consent to the man’s sexual advances. Interestingly, for unacknowledged victims, 65% of the rapes occurred when alcohol was involved, as opposed to only 5% for the acknowledged women. Several investigators have also found a significant relationship between level of force experienced during a rape and victim acknowledgment of the experience as rape (Bonderant, 2001; Kahn et al., 1994; Littleton, Axsom, Breitkopf, & Berenson, 2006).

Regardless of self-acknowledgment of an unwanted sexual experience as rape, unwanted sexual contact experiences result in distress and undesirable psychological consequences. The data reviewed indicate that rape results in significant emotional stress. Levels of distress resulting from rape may be lower in acknowledged versus unacknowledged victims. However, inconsistencies in the data exist. Level of force experienced during the assault appears to be a significant factor in whether women identify the assault as rape.

## ***2.4 Self Blame***

As noted above, many sexual assault victims do not acknowledge the experience as rape. Moreover, a considerable number of women who experience sexual assault assume some responsibility or blame for the attack. Self-blame seems to have uniformly negative consequences (Frazier, 1990; Meyer & Taylor, 1986; Katz & Burt; 1988; Koss & Burkhardt, 1989; etc).

Meyer and Taylor (1986) published one of the first studies to show the negative correlates of self-blame in sexual assault survivors. They recruited 58 women, all of whom had been raped in the past 2 years, from 6 rape crisis centers in either California or New York. Participants completed questionnaires assessing rape attribution (blame), coping, and post-assault adjustment outcomes such as current sexual satisfaction, anxiety, and emotional and physical symptoms of depression. Data revealed that 50% of women blamed themselves at least in part for the rape, and 20% of women blamed themselves alone. Victims who blamed themselves for the assault experienced poorer post-assault adjustment than the women who did not blame themselves, and increases in self-blame correlated with increased likelihood of current sexual dissatisfaction and more depressive symptoms. Comparisons between women who “largely” or “completely” blame themselves for the assault and participants reporting self blame at “a little” or “not at all” levels revealed marginally significantly worse outcomes on all of the adjustment measures for the women who scored higher on self-blame. Higher levels of current sexual dissatisfaction also were observed. However, women who blamed society or blamed the rapist showed no significant correlations on any of the adjustment outcome measures. The

researchers suggested that self-blame is the most malignant form of blame, and that in their study it was consistently associated with poorer outcomes.

Frazier (1990) surveyed 98 women 3 days, 3 months, and 6 months after experiencing a completed rape. Measures were designed to assess victim self-blame for the rape and depression. Results revealed that higher levels of self-blame 3 days post assault were strongly linked to higher levels of depression. It was also observed that feelings of past culpability (self-blame about a prior sexual assault experience) did not have an impact on perceptions of future assaults' avoidability. That is, thinking you are at fault for a previous rape experience does not mean you feel more in control of avoiding possible future assaults. It was suggested that self-blame attributions are a significant predictor of post-assault adjustment. Self-blame predicted depression at the 3 and 6 month assessment periods, and was more closely linked to depression than other pre- or post-assault factors.

In an examination of mediators of cognitive, physical, and psychological reactions to sexual assault, Koss, Figueredo, and Prince (2002) interviewed 267 rape victims. Participants were administered the Sexual Experiences Survey, as well as measures assessing several aspects of the rape experience, including self-blame. It was reported that self-blame for the assault correlated with use of alcohol or drugs by the victim, and predicted global distress. Global distress was correlated with PTSD symptoms, social maladjustment, psychopathology, and various physical (health) problems. The authors stressed the importance of mental health practitioners and other support systems discouraging self-blame without fostering a sense of powerlessness.

Using data gathered between 1993-1997 from assault victims who had visited a SANE (Sexual Assault Nurse Examiner) nurse in one of 7 hospitals in a Midwestern metropolitan area,

Frazier (2003) examined correlates of self-blame. Participants completed measures of attributions of perceived control and psychological distress 2 weeks, 2 months, 6 months, and 12 months post-assault. Higher levels of self-blame were associated with higher levels of emotional distress across assessments. Self-blame was also negatively correlated with perceived control of recovery. These results are consistent with Koss and Burkhardt's (1989) notion that self-blame may contribute to an erosion of a rape victim's sense of personal control.

Starzynski, Ullman, Filipas, and Townsend (2005) assessed a diverse population of women who had experienced various forms of unwanted sexual contact, including coercion, attempted rape, and completed rape. 1084 participants completed several measures relating to the post-assault experience, including social support, support reactions to assault disclosure, and self-attributions of blame. It was reported that women who experienced higher levels of self-blame for the rape were less likely to disclose their trauma to formal (such as a hospital, police, or rape crisis center) or to informal (such as friends or family) support sources than women who did not experience elevated levels of self-blame. The authors argued that self-blame was psychologically harmful behavior, in part because it may prevent women from seeking beneficial emotional and physical sources of support.

Littleton and Breitkopf (2006) performed a web-based survey with 216 women from a large southeastern university who endorsed experiences that met the legal definition of rape. Participants completed several measures, including several designed to assess coping strategies, social reactions to assault disclosure, and self-blame. It was reported that self-blame was significantly correlated with negative social reactions, such as stigmatizing the victim, blaming the victim, or minimizing the experience, and that higher levels of self-blame were correlated with high use of avoidance coping (a maladaptive form of coping) and low belief in self-worth.

It was suggested that these negative social reactions can be a form of “secondary victimization” that can have a large an impact on self-blame and other psychological sequelae. Self-blame has also been correlated with PTSD (Ullman, 1997) and with being in a romantic relationship, or being acquainted with the perpetrator (Mynatt & Allgeier; 1990, Ullman, 1997).

Several studies have examined the relationship between self-blame and rape acknowledgment. As noted above, Botta and Pingree’s article (1997) surveyed 123 college women at a large Midwestern university who endorsed experiencing what legally qualifies as rape. Their results showed that women who acknowledge that they were raped were less likely than the “maybe” and unacknowledged groups to blame themselves for the rape.

Frazier and Seales (1997) surveyed 282 female undergraduates at a large Midwestern university, using the SES and blame attribution scales. Results showed that unacknowledged victims blamed themselves and their own behavior far more than their acknowledged counterparts. It was suggested that the consequences of unacknowledged rape, including self-blame, could mean that an unacknowledged experience might be even more emotionally and psychologically distressing than an acknowledged rape.

Pitts and Schwartz (1993) surveyed 288 undergraduate women using the SES, self-blame measures, and a measure of rape disclosure and social support. They found that unacknowledged victims were more likely than acknowledged victims to have been told by others that they were at least partially to blame for the attack, and that these women took that blame upon themselves. That is, they had higher levels of self-blame than acknowledged women who had been told by a confidant that they were not to blame. (In the case of this research, all of the women who acknowledged their rape reported at least one confidant who told them they were not to blame, and all of the unacknowledged women had at least one confidant who pointed out a mistake that

they made or some other way in which they were to blame.) It was suggested that women who are told that they are to blame by a social supporter are not only likely to blame themselves more, but also are unlikely to categorize their experience as rape.

In contrast to the above studies, several investigators have failed to observe a relationship between rape acknowledgement and self-blame. Layman, Gidycz, and Lynn (1996) surveyed 591 college women on several measures of psychological well-being, including blame attribution. They found no differences between the acknowledged and unacknowledged group in self-blame. They did, however, report that acknowledged victims were much more likely than unacknowledged (80% vs. 33%) to blame the perpetrator. Koss (1985; see above) also found no differences in self-blame between acknowledged and unacknowledged victims.

Studies consistently show that an alarming number of women, especially college women, have experienced rape or some other form of sexual aggression. Many of these women do not realize that what they have experienced is rape (Koss, 1985). Acknowledgment of rape has been correlated with greater amount of force on the part of the perpetrator and higher levels of resistance by the victim (Botta & Pingree, 1997). While there are some inconsistencies in the data, there is evidence that unacknowledged victims feel more self-blame relative to acknowledged victims, and that relative to unacknowledged victims, acknowledged victims report experiencing more physical force during an assault.

The purpose of this work is to examine the impact of a woman's resistance to sexual aggression and rape acknowledgment on the development of self-blame. College students were asked to complete a measure of unwanted sexual experiences and acknowledgement of rape, but a measure of resistance displayed during the assault, a measure of perceived resistance, and a measure of self-blame. It is expected that relative to women who resisted in passive ways or

who manifested little resistance during the rape, women who engaged in more aggressive physical and/or verbal resistance to her attacker will blame themselves less for the rape.



## CHAPTER III

### METHODOLOGY

#### ***3.1 Participants***

306 female undergraduates from a large public university in the Southeastern United States were recruited for participants. Power analysis indicates that this sample size was sufficient to achieve power of .80 with a medium effect size. The age range was between 18 and 28, and the ethnic breakdown was 64.4% Euro-American, 23.3% African American, and 12% other ethnicities or multiracial.

#### ***3.2 Measures***

The Revised Sexual Experiences Survey (Koss et. al., 2007) is a 7 item self-report inventory assessing a woman's sexual victimization experiences. Each question has a stem such as "a man put his penis in my vagina, or someone inserted fingers or objects without my consent by:" and then 5 lettered (a-e) "strategies", that range from coercion (lies) to attempted rape to rape (physical force, alcohol) (Appendix A). Scoring is done by breaking down the questions and letters endorsed and categorizing what the women have experienced. A woman is categorized as having experienced unwanted contact if she endorses any letter under item 1, coercion if she endorses strategies a or b on any item other than 1, attempted rape if she endorses c, d, or e on

items 5,6, and/or 7, and rape if she endorses c, d, or e on questions 2, 3, or 4. The 2007 SES is a revision of the earlier versions of the SES. Changes from the original to the revised version of the SES involve a change in wording to include behavior (“when you didn’t want to” was changed to “when you did not consent”); greater detail as to the technique used by the perpetrator, such as pressure, threats, or violence; and an assessment of the number of times the incidents have happened over the past year as well as since the age of 14. There is currently an ongoing effort to refine the instrument and to provide additional psychometric data. The Sexual Experiences Survey (Koss & Oros, 1982), which has a Pearson correlation of .73, based on the woman’s self report via the SES versus the response given to the interviewer, internal consistency (Chronbach’s alpha) was .74, and test-retest reliability of 93%. (Koss & Gidycz, 1985)

For the purposes of this research, the SES was modified in various ways. The original SES was used, as well as a shortened version that only asked the rape questions, as well as allowed the participant to endorse alcohol/drug use for all of the rape questions (See Appendix B). Chi Square test for independence was performed between each of the rape questions on the full SES as well as the modified SES. Analyses revealed excellent results, with significances uniformly  $< .001$ , using the Bonferoni to correct for number of analyses.

The Behavioral Responses Scale (Norris et al, 2006) is a twelve-item Likert self-report scale designed to assess the type of resistance a woman believes she would use to fend off unwanted sexual advances. Women are presented with a narrative involving an unwanted sexual advance from a date, and are asked to imagine being the woman in the scenario and then respond to questionnaire items. The scale measures whether the respondent would use passive, polite, or assertive resistance. A 6 point Likert Scale (0=not likely, 5=very likely) is used to assess how a

woman thinks she would respond to the situation presented to her (Appendix D). The 3 subscales are scored separately to determine the likelihood of her using the various types of resistance techniques. Cronbach's alphas for the three scales ranged from .85-.90 for items in the assertive resistance subscale; for the polite resistance, from .64 to .84, and for passive resistance, from .60 to .78.

For the purposes of this research, the BRS was modified in two ways. First, instead of being asked to respond to a hypothetical narrative, the participant was asked to recall how she actually responded to an unwanted sexual experience; therefore, the stem "...how likely would you behave in reaction to the man in the previous vignette" was changed to "To what extent did you engage in the following behaviors," and the behaviors listed changed tense to be consistent with endorsing a past experience rather than hypothetical situation. Some of the behaviors were also modified to allow a response for a wider range of sexual assault behaviors. For example, "nicely and apologetically tell him that I don't want to have sex" was changed to "nicely and apologetically told him I didn't want to do." Cronbach's alphas were run on the modified BRS and found an alpha of .89 for assertive resistance, an alpha of .67 for polite resistance, and .66 for passive resistance. All of these Chronbach's alphas fall into the range given in the original article from Norris et al (2006). Convergent validity was determined via the negative correlation between alcohol use and resistance, which previous research has also found. (Abbey et. al., 2002)

The Rape Attribution Questionnaire (Frazier, 2003) is a 25 item self-report measure designed to assess 4 types of attributions related to the causes of sexual aggression: self-blame, blaming the rapist, blaming society, and blaming chance. Statements, such as "I used poor judgment" are rated on a 5 point Likert scale (1=never, 5=very often)" ("How often have you

thought: ‘I was assaulted because...I used poor judgment’”). The RAQ was modified slightly to omit the word “assault” and replace it with “unwanted sexual experience,” and to replace the word “rapist” with “perpetrator,” due to the acknowledgment/unacknowledgment piece. There are 5 items for each attribution (Appendix C). It is scored by summing items within each subscale. The reliability (Chronbach’s alpha) for both self-blame and rapist blame was .87. Test-retest reliability (from 2 to 6 months post-assault) for self-blame was .64 and for rapist blame was .79 (Frazier, 2002). For the purposes of this study, only the 5 self-blame questions were examined. The Chronbach’s alpha run for just the self-blame questions yielded an alpha of .8879. Scores on the Rape Attribution Questionnaire (Self-Blame subscale) were done by adding together the sums of the 5 Likert Scale responses. The scores were able to range from 5 to 25.

A single 5 point Likert scale (1=I did nothing to prevent this, 5=I did everything I could to prevent this) question assessing a woman’s perception of her displayed level of resistance to the unwanted sexual advance was administered in order to determine participants’ perceptions of the magnitude of their resistance to the unwanted sexual advance. (Appendix E)

### ***3.3 Procedure***

Participants used the PSPM System through the University of Mississippi. Questionnaires were administered via Qualtrics, a computer program designed to allow surveys to be completed over the computer. All participants, before beginning the survey, read and completed an informed consent form detailing confidentiality and the ability to terminate the survey if any discomfort was experienced.

Participants first completed the unmodified SES, followed by questions about age and ethnicity. If no rape questions were endorsed, once they completed the demographics questions the participant was thanked for her participation and the survey ended. Participants endorsing

any rape questions on the SES were then administered the modified SES that asked only the rape questions along with alcohol/drug endorsement questions. Then the participant was asked to choose the most recent event, if she had endorsed more than one event. (If more than one type of sexual assault occurred during the most recent event, she was allowed to choose more than one). Then these participants were administered Behavioral Response Scale, the Rape Attribution Questionnaire, and the resistance perception question. These three measures were administered in counterbalanced order.

## CHAPTER IV

### RESULTS

327 participants completed the online survey. Of those, 2 were male and their data were thrown out. Another 19 were not within the age parameters (18-28) and so their data were also not used. The data of 306 college females were used in the analyses.

Prior to analyses, descriptive statistics were calculated on all variables. Examination of skew and kurtosis revealed that all variables were distributed normally. Tests for multivariate outliers were conducted using Mahalanobis distance. No outliers were identified. The final dataset consisted of 87 participants whose demographic information can be seen in Tables 1 and 2. Participants' mean scores on primary measures are presented in Table 3, summary of unwanted sexual experiences can be found in Table 4, and correlations among these variables are presented in Table 5.

Violence and the use of force during the rape were determined using the Sexual Experiences Survey, and for the purposes of this study was a dichotomous variable. Women who endorsed experiencing oral, vaginal, or anal sex due to the perpetrator "using force, for example holding me down with their body weight, pinning my arms, or having a weapon" were considered to have experienced a "violent" rape that included physical force.

Scores for the Behavioral Responses Scale were calculated using the scale created by Byers, Giles, & Price (1987) and modified by Pumphrey & Gross (2007). The participants were asked to endorse several behaviors such as “nicely and apologetically told him I didn’t want to” and “got up and tried to leave,” using a 6 point Likert Scale (0-5). If they endorsed a 0 on a question it indicated they did not engage in that behavior during the assault. A 5 on the Likert Scale indicated that the participant engaged in the behavior almost constantly throughout the event.

BRS items reflect a woman's potential responses to forced sexual contact. Following procedures outlined by Pumphrey and Gross (2007), BSR items were coded as follows: escape = 7; active resistance = 6; resistance with anger, rebuke, or threat = 5; unqualified refusal = 4; verbal responses suggesting advance might be acceptable sometime in the future = 3; verbal response suggesting advance might be acceptable at some other time/place in the present = 2; no clear refusal = 1. (Appendix F) For example, “got up and tried to leave” was coded as escape behavior (7), and “told him I liked him but was not ready” was coded as a verbal response suggesting the advance might be acceptable sometime in the future (3).

Based on her BRS Likert ratings (0-5), the dominant form of resistance (BRS item with the highest Likert scale score) displayed by each participant to the unwanted sexual contact was determined and assigned a score of 1 (no clear refusal) - 7 (active resistance). For example, if she rated “got up and tried to leave” a 5 and endorsed other items with lower Likert Scale scores (0-4), she was assigned a resistance score of 7 (escape). If more than one BRS item was rated 5 (e.g., endorsed two behaviors with a score of 5) the participant was assigned the Pumphrey-Gross resistance rating (1-7) reflecting the highest level of resistance. That is, if both an escape

item (7) and an active resistance item (6) were endorsed with Likert ratings of 5, escape (7) was the resistance score assigned.

In order to examine the role of resistance as a predictor of self-blame in women who have experienced rape, a hierarchical regression was performed. The model included acknowledgment in the first step ( $\underline{R} = .271$ ,  $\underline{R}^2 = .073$ , Adjusted  $\underline{R}^2 = .062$ ,  $\Delta R^2 = .093$ ,  $\Delta F(1, 85) = 6.729$ ,  $p = .011$ ), accounting for 6% of the variance in the prediction of self-blame. Resistance (using the BRS resistance scores) was entered into the second step. Resistance did not account for significant additional variance in the prediction of self-blame.

In order to examine the role of perceived resistance as a predictor of self-blame in women who have experienced rape, a hierarchical regression was performed. Acknowledgement was entered in the first step ( $\underline{R} = .271$ ,  $\underline{R}^2 = .073$ , Adjusted  $\underline{R}^2 = .062$ ,  $\Delta R^2 = .073$ ,  $\Delta F(1, 85) = 6.729$ ,  $p = .011$ ), accounting for 6% of the variance in the prediction of self-blame. Perception of resistance was entered in the second step, ( $\underline{R} = .42$ ,  $\underline{R}^2 = .177$ , Adjusted  $\underline{R}^2 = .157$ ,  $\Delta R^2 = .103$ ,  $\Delta F(1, 84) = 10.556$ ,  $p = .002$ ), accounting for 10.3% of the variance in the prediction of self-blame. This finding suggests that perceived resistance accounts for significant variance above and beyond acknowledgment in the prediction of self-blame. (Table 6) Although initially violence and alcohol use were going to be entered into both hierarchical regressions, initial correlational analyses revealed their relationship to be not significant to self-blame, and so they were not included.



## CHAPTER V

### DISCUSSION

The purpose of the present study was to examine the relationship between a woman's resistance to sexual aggression and rape acknowledgment and self-blame. Inconsistent with predictions, rape acknowledgment was positively correlated with self-blame. Previous research has suggested that unacknowledged rape victims report elevated levels of self-blame (Botta and Pingree, 1997; Frazier and Seales, 1997; Pitts and Schwartz, 1993) or no difference between acknowledged and unacknowledged victims (Layman, Gidycz, and Lynn, 1996; Koss, 1985).

As noted above, date rape is a significant problem on college campuses. Efforts to combat this problem have involved educational programs and informational campaigns presented to college women (Anderson & Whiston, 2005). Frequently, awareness programs attempt to teach women to avoid engaging in "risky" behaviors. Being knowledgeable about date/acquaintance rape may facilitate victims retrospectively identifying "all the things she did that made her vulnerable" (e.g., accepting a ride from an acquaintance she recognizes from campus) to an assault leading to an inappropriate sense of self-blame. It may be fruitful to examine whether date rape awareness among college women is related to self-blame in assault victims.

Resistance to unwanted sex did not account for significant variance in the prediction of self-blame. Measuring sexual resistance behavior is a complex task. In the current study sexual resistance was coded based on a continuum from verbal persuasion to aggressive physical attempts to stop the assailant. The sexual interaction between a couple on a date likely involves a gradual escalation of male sexual advances. There are likely instances where the woman's resistance to her date's advances result in the man briefly stopping his advances and returning to the immediately preceding level of sexual contact (e.g., returning to kissing after attempts to initiate breast contact) (Ambrose & Gross, in press). A woman's resistance behaviors may change in topography in response to the assailant's behavior across the experience. Increasing assertiveness may prompt concerns of an escalation of violence and further injury to her. Escalation of resistance may not be prudent. Although the coding system employed in this study has been used successfully to measure sexual resistance, it fails to account for context. As such, while a woman's behavior may be coded as reflecting moderate levels of sexual resistance, in the context of her assault it may have been the highest level of resistance warranted. In order to better understand the relationship among resistance, rape acknowledgment, and victim self-blame, future work must consider the contextual aspects of the assault and assailant behavior.

The above analysis may also shed light on the finding that participants' perception of their resistance efforts was a predictor of self-blame (e.g., the higher they endorsed "I feel I did everything I could" the lower their self-blame). For some women the stop-start sex pattern described, where she effectively temporarily stops unwanted advances may set the stage for the development of self-blame because it results in the erroneous perception that somehow she lost control of the situation and did not do all she could to escape the assault. These brief sexual stopping points also provide salient cues for reappraising her behavior (e.g., "I should have

gotten up and attempted to leave at that point”). Re-examining her behavior may contribute to negative appraisals of her actions.

Experiencing violence or force during the rape experience was positively correlated with acknowledgment of rape, which is consistent with previous research (Koss, 1985; Gross et al., 2006). Also consistent with previous research is the negative correlation between resistance and having alcohol or drugs in one’s system (Clay-Warner, 2007). Prior research has suggested that alcohol and drug use correlate with acknowledgment and self-blame (Botta & Pingree, 1997; Littleton, Gills-Taquachel, & Axsom, 2009). These variables were not significant predictors in our study. Approximately 74% of the women in the current sample indicated that drugs or alcohol were in their system at the time of their victimization. It may be that failure to replicate previous findings concerning acknowledgment as well as self-blame has to do with a relatively high rate of alcohol use by this sample. Large-scale survey research generally suggests that about half of college women experiencing rape report being under the influence of alcohol. (Layman, Gidycz, & Lynn, 1996; Ullman, Karabatsos, & Koss, 1999)

#### *Limitations and Further Research*

The current study sample involved a college population, ages 18-28, in a large southern university. It would be beneficial to replicate these findings with a community sample. The survey did not include a measure of the relationship between the victim and the perpetrator at the time of the rape experience. Previous research (Feinstein, Humphreys, Bovin, Marx, & Resick, 2011) shows that relationship type has an impact on resistance behaviors during the assault, as well as emotional and psychological reactions post-assault. It might be fruitful to include a measure of relationship status in future studies. This study looked at alcohol as a dichotomous variable; in future studies having a way to measure the amount of alcohol consumed and the

level of impairment during the rape act would be informative. Force was also measured dichotomously, and future studies might benefit from looking at it on a continuum.

## REFERENCES

- Abbey, A., Clinton, A.M., McCauslan, P., Zawacki, T., & Buck, P.O. (2002). Alcohol-involved rapes: Are they more violent? *Psychology of Women Quarterly*, 26, 99-109
- Acierno, R., Resnick, H., Kilpatrick, D. G., Saunders, B., & Best, C. L. (1999). Risk factors for rape, physical assault, and posttraumatic stress disorder in women: Examination of differential multivariate relationships. *Journal of Anxiety Disorders*, 13(6), 541-563.
- Anderson, L.A. & Whiston, S.C. (2005). Sexual assault education programs: a meta-analytic examination of their effectiveness. *Psychology of Women Quarterly*, 29, 374-388
- Atkeson, B.M., Calhoun, K.S., Resick, P.A., & Ellis, E.M. (1982). Victims of rape: Repeated assessment of depressive symptoms. *Journal of Consulting and Clinical Psychology*, 50(1), 96-102
- Bondurant, B. (2001). University women's acknowledgment of rape. *Violence Against Women*, 7(3), 294-314.
- Botta, R., & Pingree, S. (1997). Interpersonal communication and rape: Women acknowledge their assaults. *Journal of Health Communication*, 2, 197-212.
- Brener, N.D., McMahon, P.M., Warren, C.W., & Douglas, K.A. (1999). Forced sexual intercourse and associated health risk behaviors among female college students in the United States. *Journal of Consulting and Clinical Psychology*, 67(2), 252-259.
- Burgess, A. W., & Holmstrom, L. L. (1974a). Rape trauma syndrome. *American Journal of Psychiatry* 131, 981-986.
- Burgess, A. W., & Holmstrom, L.L. (1974b). *Rape: Victims of crisis*. Bowie, Md.: Robert J. Brady.
- Calhoun, K.S., Atkeson, B.M., & Resick, P.A. (1982). A longitudinal examination of fear reactions in victims of rape. *Journal of Counseling Psychology*, 29(6), 655-661.

- Clay-Warner, J. (2007). The context of sexual violence: situational predictors of self-protective actions. *Violence and Victims, 18*(5), 543-556.
- Feinstein, B.A., Humphreys, K.L., Bovin, M.J., Marx, B.P., & Resick, P.A. (2011). Victim-offender relationship status moderates the relationships of peritraumatic emotional responses, active resistance, and posttraumatic stress symptomology in female rape survivors. *Psychological Trauma: Theory, Research, Practice, and Policy, 3*(2), 192-200
- Fisher, B.S., Cullen, F.T., & Turner, M.T. (2000). The sexual victimization of college women. Washington, DC: U.S. Department of Justice.
- Frazier, P.A. (1990). Victim attributions and post-rape trauma. *Journal of Personality and Social Psychology, 59*(2), 298-304
- Frazier, P. (2002). *Rape Attribution Questionnaire*. Unpublished manuscript, University of Minnesota.
- Frazier, P.A. (2003). Perceived control and distress following sexual assault: A longitudinal test of a new model. *Journal of Personality and Social Psychology, 84*(6), 1257-1269
- Frazier, P.A., & Seals, L.M. (1997). Acquaintance rape is real rape. In M.D. Schwartz (Ed.), *Researching sexual violence against women: Methodological and personal perspectives* (pp. 54-64). Thousand Oaks, CA. Sage.
- Golding, J.M. (1996). Sexual assault history and women's reproductive and sexual health. *Psychology of Women Quarterly, 20*, 101-121
- Gross, A.M., Winslett, A., Roberts, M., & Gohm, C.L. (2006). An examination of sexual violence against college women. *Violence Against Women, 12*(3), 288-300.
- Kahn, A.S., Andreoli, Mathie, V., & Torgler, C. (1994). Rape scripts and rape acknowledgment. *Psychology of Women Quarterly, 18*, 53-66.

- Kahn, A. S., & Mathie, V. (2000). Understanding the unacknowledged rape victim. In C. Travis, J. W. White, C. Travis, J. W. White (Eds.) , *Sexuality, society, and feminism* (pp. 377-403). Washington, DC US: American Psychological Association.
- Katz, B.L., & Burt, M.R. (1988). Self-blame in recovery from rape: Help or hindrance? In A. W. Burgess (Ed.), *Rape and sexual assault* (Vol. 2, pp.191-212). New York: Garland
- Koss, M.P. (1985). The Hidden Rape Victim: Personality, Attitudinal, and Situational Characteristics. *Psychology of Women Quarterly*, 9, 193-212.
- Koss, M. P., & Burkhardt, B. R. (1989). A conceptual analysis of rape victimization: Long-term effects and implications for treatment. *Psychology of Women Quarterly*, 13(1), 27-40.
- Koss, M.P., Figuerdo, J., & Prince, R.J. (2002) Cognitive mediation of rape's mental, physical, and social health impact: Tests of four models in cross-sectional data. *Journal of Consulting and Clinical Psychology*, 70(4), 926-941.
- Koss, M.P., &Gidycz, C.A. (1985). Sexual Experiences Survey: Reliability and validity. *Journal of Consulting and Clinical Psychology*, 53, 422-423.
- Koss, M. P., Gidycz, C. A., & Wisniewski, N. (1987). The Scope of Rape: Incidence and prevalence of sexual aggression and victimization in a national sample of higher education students. *Journal of Consulting and Clinical Psychology*, 55(2), 162-170.
- Koss, M.P. & Oros, C. (1982). Sexual Experiences Survey: A research instrument's investigation of sexual aggression and victimization. *Journal of Consulting Psychology*, 50, 455-457.
- Koss, M.P., et al (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly*, 31, 357-370.



- Layman, M.J., Gidycz, C.A., & Lynn, S.J. (1996). Unacknowledged versus acknowledged rape victims: Situational factors and posttraumatic stress. *Journal of Abnormal Psychology, 105*(1), 124-131.
- Littleton, H.L., Axsom, D., Breitkopf, C.R., & Berenson, A. (2006). Rape acknowledgment and postassault experiences: How acknowledgment status relates to disclosure, coping, worldview, and reactions received from others. *Violence and Victims, 21*(6), 761-778
- Littleton, H.L. & Breitkopf, C.R. (2006). Coping with the experience of rape. *Psychology of Women Quarterly, 30*, 106-116
- Littleton, H.L., Grills-Taquachel, A., & Axsom, D. (2009). Impaired and incapacitated rape victims: assault characteristics and post-assault experiences. *Violence and Victims, 24*(4), 439-457
- Marx, B. P., & Soler-Baillo, J. M. (2005). The relationships among risk recognition, autonomic and self-reported arousal, and posttraumatic stress symptomatology in acknowledged and unacknowledged victims of sexual assault.
- McCall, G. J. (1993). Risk factors and sexual assault prevention. *Journal of Interpersonal Violence, 8*(2), 277-295.
- Meyer, C. Buf& Taylor, S.E. (1986). Adjustment to rape. *Journal of Personality and Social Psychology, 50*(6), 1226-1234
- Miller, B., & Marshall, J.C. (1987). Coercive sex on the university campus. *Journal of College Student Personnel, 28*, 38-47.
- Mynatt, C. R., & Allgeier, E. R. (1990). Risk factors, self-attributions, and adjustment problems among victims of sexual coercion.
- Norris, J., George, W.H., Stoner, S.A., Masters, N.T., Zawacki, T., & Davis, K.C. (2006).

- Women's responses to sexual aggression: The effects of childhood trauma, alcohol, and prior relationship. *Experimental and Clinical Psychopharmacology*, 14, 402-411.
- Pitts, V.L. & Schwartz, M.D. (1993). Promoting self-blame in hidden rape cases. *Humanity and Society*, 17, 383-398.
- Pumphrey-Gordon, J.E. & Gross, A.M. (2007). Alcohol consumption and female's recognition in response to date rape risk: the role of sex-related alcohol expectancies. *Journal of Family Violence*, 22(6), 475-485.
- Resick, P.A., Calhoun, K.S., Atkeson, B.M., and Ellis, E.M. (1981). Social adjustments in victims of sexual assault. *Journal of Consulting and Clinical Psychology*, 49(5), 705-712
- Rothbam, B. O., Foa, E. B., Riggs, D. S., Murdock, T., & Walsh, W. (1992). A Prospective Study of Post-Traumatic Stress Disorder in Rape Victims. *Journal of Traumatic Stress*, 5(3), 455-475.
- Starzynski, L.L., Ullman, S.E., Filipas, H.H., & Townsend, S.M. (2005). Correlates of women's sexual assault disclosure to informal and formal support sources. *Violence and Victims*, 20(4), 417-432
- Ullman, S. E. (1997). Review and critique of empirical studies of rape avoidance. *Criminal Justice and Behavior*, 24(2), 177-204.
- Ullman, S.E., Karabatsos, G., & Koss, M.P. (1999). Risk recognition and trauma related symptoms among sexually re-victimized women. *Journal of Consulting and Clinical Psychology*, 67, 705-710
- Winslett, A.H. & Gross, A.M. (2008) Sexual boundaries: An examination of the importance of talking before touching. *Violence Against Women*, 14(5), 542-562.

## LIST OF APPENDECIES

## APPENDIX A

## SES-SFV

The following questions concern sexual experiences that you may have had that were unwanted. We know that these are personal questions, so we do not ask your name or other identifying information. Your information is completely confidential. We hope that this helps you to feel comfortable answering each question honestly. Place a check mark in the box  showing the number of times each experience has happened to you. If several experiences occurred on the same occasion--for example, if one night someone told you some lies and had sex with you when you were drunk, you would check both boxes a and c. The past 12 months refers to the past year going back from today. Since age 14 refers to your life starting on your 14<sup>th</sup> birthday and stopping one year ago from today.

<b>Sexual Experiences</b>		<b>How many times in the past 12 months?</b>	<b>How many times since age 14?</b>
1.	<b>Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent(<i>but did not attempt sexual penetration</i>) by:</b>	0 1 2 3+	0 1 2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

2.	<b>Someone had oral sex with me or made me have oral sex with them without my consent by:</b>	0 1 2 3+	0 1 2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		<b>How many times in the past 12 months?</b>	<b>How many times since age 14?</b>
3.	<b>If you are a male, check box and skip to item 4</b> <input type="checkbox"/>		
	<b>A man put his penis into my vagina, or someone inserted fingers or objects without my consent by:</b>	0 1 2 3+	0 1 2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

4 .	<b>A man put his penis into my butt, or someone inserted fingers or objects without my consent by:</b>	0 1 2 3+	0 1 2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

5 .	<b>Even though it didn't happen, someone TRIED to have oral sex with me, or make me have oral sex with them without my consent by:</b>	0 1 2 3+	0 1 2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

		How many times in the past 12 months?	How many times since age 14?
6	<b>If you are male, check this box and skip to item 7. <input type="checkbox"/></b> <b>Even though it didn't happen, a man TRIED to put his penis into my vagina, or someone tried to stick in fingers or objects without my consent by:</b>	0 1 2 3+	0 1 2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

7	<b>Even though it didn't happen, a man TRIED to put his penis into my butt, or someone tried to stick in objects or fingers without my consent by:</b>	0 1 2 3+	0 1 2 3+
	a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	d. Threatening to physically harm me or someone close to me.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	e. Using force, for example holding me down with their body weight, pinning my arms, or having a weapon.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

8. I am: Female  Male  My age is \_\_\_\_\_ years and \_\_\_\_\_ months.

9. Did any of the experiences described in this survey happen to you 1 or more times? Yes   
No   
What was the sex of the person or persons who did them to you?



Female only   
Male only   
Both females and males   
I reported no experiences   
10. Have you ever been raped? Yes  No

Citation: Koss, M.P. Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M., Ullman, S., West, C., & White, J. (2006). The Sexual Experiences Short Form Victimization (SES-SFV). Tucson, AZ: University of Arizona.

## APPENDIX B

## Modified Sexual Experiences Survey

Has this ever happened to you since the age of 14?

1. Someone had oral sex with me or made me have oral sex with them by taking advantage of me when I was too drunk or out of it to stop what was happening. Y N
  - a. Did you have any alcohol or drugs in your system at the time? Y N
  - b. Did the other person have any drugs or alcohol in their system at the time? Y N
2. Someone had oral sex with me or made me have oral sex with them by threatening to physically harm me or someone close to me. Y N
  - a. Did you have any alcohol or drugs in your system at the time? Y N
  - b. Did the other person have any drugs or alcohol in their system at the time? Y N
3. Someone had oral sex with me or made me have oral sex with them by using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
  - a. Did you have any alcohol or drugs in your system at the time? Y N
  - b. Did the other person have any drugs or alcohol in their system at the time? Y N
4. A man put his penis in my vagina, or someone inserted fingers or objects without my consent by taking advantage of me when I was too drunk or out of it to stop what was happening.
  - a. Did you have any alcohol or drugs in your system at the time? Y N
  - b. Did the other person have any drugs or alcohol in their system at the time? Y N

5. A man put his penis in my vagina, or someone inserted fingers or objects without my consent by threatening to physically harm me or someone close to me.
  - a. Did you have any alcohol or drugs in your system at the time? Y N
  - b. Did the other person have any drugs or alcohol in their system at the time? Y N
6. A man put his penis in my vagina, or someone inserted fingers or objects without my consent by using force, for example holding me down with their body weight, pinning my arms, or having a weapon.
  - a. Did you have any alcohol or drugs in your system at the time? Y N
  - b. Did the other person have any drugs or alcohol in their system at the time? Y N
7. A man put his penis in my butt, or someone inserted fingers or objects without my consent by taking advantage of me when I was too drunk or out of it to stop what was happening.
  - a. Did you have any alcohol or drugs in your system at the time? Y N
  - b. Did the other person have any drugs or alcohol in their system at the time? Y N
8. A man put his penis in my butt, or someone inserted fingers or objects without my consent by threatening to harm me or someone close to me.
  - a. Did you have any alcohol or drugs in your system at the time? Y N
  - b. Did the other person have any drugs or alcohol in their system at the time? Y N
9. A man put his penis in my butt, or someone inserted fingers or objects without my consent by using force, for example holding me down with their body weight, pinning my arms, or using a weapon.
  - a. Did you have any alcohol or drugs in your system at the time? Y N
  - b. Did the other person have any drugs or alcohol in their system at the time? Y N

## APPENDIX C

## Rape Attribution Questionnaire

Below are statements describing thoughts women often have about why an unwanted sexual experience occurred. Please indicate how often you have had each of the following thoughts in the past week.

Never Rarely Sometimes Often Very Often

1 2 3 4 5

How often have you thought: I experienced this because... . . .

### *Behavioral Self-Blame*

1. I used poor judgment.
2. I should have resisted more.
3. I just put myself in a vulnerable situation.
4. I should have been more cautious.
5. I didn't do enough to protect myself.

### *Rapist Blame*

1. The perpetrator thought he could get away with it.
2. The perpetrator wanted to feel power over someone.
3. The perpetrator was sick.
4. The perpetrator was angry at women.
5. The perpetrator wanted to hurt someone.

1

2

3

4

5

strongly disagree disagree somewhat neither agree nor disagree agree somewhat strongly agree

*Control Over the Recovery Process*

1. The experience is going to affect me for a long time but there are things I can do to lessen its effects.
2. I don't feel there is much I can do to help myself feel better. (reversed)
3. I know what I must do to help myself recover from the experience.
4. I am confident that I can get over this if I work at it.
5. I feel like the recovery process is in my control.

*Future Likelihood*

1. I am afraid that it will happen again. (reversed)
2. It is not very likely that it will happen again.
3. Now that I have experienced this, the odds are it won't happen again.
4. I feel pretty sure that it won't happen again.
5. No matter what steps I take, it could happen again. (reversed)

*Future Control*

1. I have changed certain behaviors to try to avoid it happening again.
2. Since the experience, I try not to put myself in potentially dangerous situations.
3. I do not take any special precautions since the experience occurred. (reversed)
4. I have taken steps to protect myself since the experience.
5. I have made a change in my living situation since the experience.

Frazier (2003)

APPENDIX D



## Behavioral Responses Scale

---

Please answer the following items based on how you behaved in reaction to the man in the experience above you endorsed. Please use the following 6 point scale:

0 (I did not do this at all) to 5 ( I did this a lot)

To what extent did you engage in the following behaviors?

1. Got up and tried to leave

0 1 2 3 4 5

2. Told him clearly and directly that I want him to stop

0 1 2 3 4 5

3. Pushed him away

0 1 2 3 4 5

4. Raised my voice and used strong language

0 1 2 3 4 5

5. Became physically defensive

0 1 2 3 4 5

6. Nicely or apologetically told him I didn't want to do that

0 1 2 3 4 5

7. Made an excuse as to why I didn't want to do that

0 1 2 3 4 5

8. Told him I liked him but I was not ready

0 1 2 3 4 5

9. Stiffened my body to show my lack of interest

0 1 2 3 4 5

10. Went along with what he was doing even though I really didn't want to

0 1 2 3 4 5

11. Became paralyzed and unresponsive because I felt so overwhelmed  
0 1 2 3 4 5

12. Didn't try to do anything because it seems hopeless  
0 1 2 3 4 5

Norris et al. (2006)

## APPENDIX E

### Perception of Resistance Scale

I feel I did everything I could to prevent or stop this experience from happening.

1	2	3	4	5
Strongly Disagree	Somewhat Disagree	Neither agree nor disagree	Somewhat agree	Strongly agree

## APPENDIX F

## GUIDELINES FOR RATING RESISTANCE

### **1. No clear refusal:**

For example, “I’m not sure that I’m ready”, “Don’t you want to make sure it’s special?”, crying, etc.

### **2. Verbal response suggesting the advance might be acceptable at some other time/place in the present:**

Refusals qualified with explanations such as “Aren’t you moving a little fast”, “Slow down”, and “Not yet, I’m really enjoying things how they are.”

### **3. Verbal response suggesting advance might be acceptable in the future:**

Negotiation: Verbally indicates that she is unwilling to have sex now, but they can engage in an alternative sexual activity (e.g. petting).

Refusals qualified with the following explanations:

Explanation-marriage: Tells him to stop because she will not have sex until she is married.

Explanation-pregnancy: Tells him to stop because she does not want to have sex for fear of pregnancy.

Explanation-relationship: Tells him to stop because she is not ready to have sex with him at this point in their relationship.

Explanation-disease: Tells him to stop because she can’t have sex because she has an STD, or is fearful of contracting an STD.

### **4. Unqualified refusal:**

Simple no: verbal indication that she does not want sex and for him to stop making advances.  
No explanation provided.

Plead/Beg: Verbal pleading or begging for him to stop.

Physical Resistance: Verbal indication that she would move away or push him away.

### **5. Refusal with anger, reproach, or threat:**

Delivery of insults

Emotional threat: Verbal warning indicating that if he does not stop she will never interact with him in the future.

Threat to leave: Verbal warning indicating that if he does not stop she will end the date and leave.

Physical threat: Verbalization indicating that she will attempt to inflict bodily harm on him if he does not stop.

Threat to scream: Verbal warning that if he does not stop she will scream.

Threat to inform: Verbal warning that if he does not stop she will tell friends, parents, and/or authorities.

#### **6. Active resistance:**

Instructs her date to drive her home or states that she will call someone to drive her home.

Yell/Scream: Loud verbal sound (e.g. shriek, wail).

Assistance request: Calling for help from others who might be in the vicinity.

Aggressive physical resistance: Verbal indications of aggressive physical assistance (hit, kick).

#### **7. Escape:**

Response indicating flight

Gordon-Pumphrey & Gross (2007)

## APPENDIX G



## CONSENT TO PARTICIPATE IN AN EXPERIMENTAL STUDY

TITLE: Emotional and Behavioral Correlates of Unwanted Sexual Experiences

### INVESTIGATORS:

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Alan M. Gross, Ph.D.  
Department of Psychology  
University of Mississippi  
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### DESCRIPTION:

Ms. Phillips and Dr. Gross are studying the emotional and behavioral correlates of various types of unwanted sexual experiences.

Participation will involve completing online surveys that ask about some of your sexual experiences and your emotions and behaviors during and after those experiences. You will be asked to provide demographic information, and then to complete one or more questionnaires about past sexual experiences, behaviors during those sexual experiences, and emotions and perceptions of the experiences.

### RISK AND BENEFITS:

The benefits of participating in this study include the satisfaction of contributing to psychological research on an important social issue and an awareness of resistance to unwanted sexual pressures. Risks of participation include possible discomfort from answering questionnaire items regarding personal unwanted sexual experiences.

### COSTS AND PAYMENTS:

There are no costs to you for participating in this study. You will receive one (1) hour of research credit towards a Psychology class at the end of the session.

#### CONFIDENTIALITY:

Any information obtained about you from this research will be kept confidential. When the study is completed, all indentifying links between you and the data will be destroyed. When the results are published, they will be reported in aggregate so that identification cannot be made.

#### RIGHT TO WITHDRAWAL:

You are free to refuse to participate in this study or to withdraw from it at any time simply by informing any of the investigators in person, by phone, by email, or by letter (Mary Ashton Phillips or Alan Gross, Department of Psychology, Peabody Hall, University of Mississippi, Ms 38677). Your decision will not adversely affect your status with the Psychology Department or the University, nor will it cause you any penalty or loss of benefits to which you are entitled.

#### IRB APPROVAL:

This study has been reviewed by the University of Mississippi's Institutional Review Board for Human Subject Research (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University standards for protecting the rights and welfare of the subjects who volunteer for this study. If you have any questions, concerns, or reports regarding your rights as a research subject, please contact the IRB at (662) 915-7482.

#### VOLUNTARY CONSENT:

My agreement below means that I freely agree to participate in this experimental study. You may print this consent form for your records by using the **print** button in your browser's **File** menu.

## TABLES

Table 1. Age of Participants (n=87)

Mean Age	Median Age	Mode
20.25	20	19

Table 2. Ethnicity of Participants by Frequency and Percent (n=87)

Ethnicity	Frequency	Percent
Caucasian	56	64.4
African-American	20	23.3
Hispanic	3	3.4
Asian	1	1.1
Other	1	1.1
Multi-Racial	6	6.9

Table 3. Descriptive Statistics of Perception of Resistance Scores, Resistance Scores, and Self-Blame Scores

	N	Min	Max	Mean	Std. Dev.
Perception of Resistance	87	1	5	3.24	1.312
Summary of Resistance Scores	87	1	7	4.21	2.189
Self-Blame	87	5	25	16.41	5.758

Table 4. Descriptive Statistics of Rape Experiences by Frequency and Percentage of Women who Experienced Them (n=87)

	Frequency	Percentage
Oral Rape		
Alcohol/Drug	26	29.9
Threats	3	3.4
Force	16	18.4
Vaginal Rape		
Alcohol/Drug	46	52.9
Threats	9	10.3
Force	34	39.1
Anal Rape		
Alcohol/Drug	5	5.7
Threats	0	0.0
Force	3	3.4

Table 5. Correlation Matrix of Measures

	ACKNOW	ALC	PERC	RESSUM	VIOL	BLAME
ACKNOW	1	-.012	.160	.190	.300**	.285**
ALCOHOL	-.012	1	-.177	-.373**	-.508**	.071
PERCEPT	.160	-.177	1	.218*	.109	-.271*
RESSUM	.190	-.373**	.218*	1	.393**	.021
VIOLENCE	.300**	-.508**	.109	.393**	1	.110
BLAME	.285**	.071	-.271*	.021	.110	1

\* Correlation significant at the .05 level (2 tailed)

\*\* Correlation significant at the .01 level (2 tailed)

Acknow: Acknowledgement of experience as rape

Alcohol: Alcohol or drugs in system at the time of rape

Percept/Perc: Perception of resistance

Ressum: Summary of resistance scores

Violence: Violence or force used during the rape

Blame: Self-Blame



Table 6. Hierarchical Regression Analysis of Acknowledgment, Violence, Alcohol/Drug Use, Resistance or Perception of Resistance, with Self-Blame as the Dependent Variable (Model 1: Acknowledgment, Violence, Alcohol/Drug Use, Resistance, Model 2: Acknowledgment, Violence, Alcohol/Drug Use, Perceived Resistance)

Variable	$\underline{R}^2$	Adjusted $\underline{R}^2$	$\Delta R^2$	$\Delta F$	$p$
Model 1					
Acknow Resistance	.073	.062	.093	6.729	.011
Model 2					
Acknow	.073	.062	.073	6.729	.011
Perc Resistance	.177	.157	.103	10.556	.002

## VITA

Boseovski, J.J., Marcovitch, S., and Phillips, M. A. (2005, October). *The Effect of Temporal Position of a Salient Event on Impression Formation in Preschoolers*. Poster to be presented at the Cognitive Development Society, San Diego, CA., Fall 2005

Kolivas, E.K., Young, J.C., Phillips, M.A., & Gross, A.M. (2008, February). "*If she didn't want to, that's rape*": College male's interpretations of survey items used to measure sexual perpetration. Presented as a poster at the Summit on Violence and Abuse in Relationships: Connecting Agendas and Forging New Directions, Bethesda, ME.

Phillips, Mary Ashton, & Gross, Alan. (2010) Diagnostic Interviewing of Children. In D. L. Segal, & M. Hersen (Ed.), *Diagnostic Interviewing (4th Edition)* (pp. 423 - 441). New York