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Acknowledgment Of Sexual Violence And Mental Health Among College Students

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Acknowledgment of sexual violence and mental health among college students

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Social and Behavioral Sciences
Class of 2020

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Abstract

A significant number of individuals who experience a form of sexual violence that could be classifiable as rape or sexual assault do not label their experience as such. Studies found that rape acknowledgement status can impact a survivor's postassault experiences and recovery process. This study examined how a sample of 236 college students who experienced some form of sexual violence labeled their experience. The association between different degrees of acknowledgement and posttraumatic stress and depression symptoms was tested. 162 (68.6%) of respondents did not label their experience as unwanted; the remaining 74 (31.4%) varied in their labeling of the experience as unwanted, non-consensual, sexual assault, or rape. After accounting for the type of sexual violence experienced, the tactics used by the perpetrator, and frequency of lifetime victimization events, individuals reporting higher degrees of acknowledgement experienced greater levels of posttraumatic stress symptoms. This finding suggests that clinicians and service providers working with victims of sexual violence should be aware of the relationship between acknowledgement and mental health consequences to inform treatment approach. Further research is needed to understand how acknowledgement relates to different aspects of the recovery process and whether these patterns are consistent among different demographic groups.

Key words: sexual violence, rape, unacknowledged rape, mental health, posttraumatic stress, depression, Social and Behavioral Sciences

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Introduction

Sexual violence includes a broad spectrum of unwanted sexual activities, from non-penetrative sexual contact such as kissing and fondling to rape, and affects an alarming number of people. Women have been the traditional focus of the literature on sexual violence due the high rates at which they are affected: 43.6% of women in the United States experience some form of sexual violence during their lifetime, and about half of them report experiencing rape or attempted rape (Smith et al., 2018). Sexual and gender minorities also represent particularly at-risk categories, with transgender individuals and bisexual women being the most at risk (respectively around 50% and 46% experiencing some form of sexual violence during their lifetime; Anderson et al., 2019). More recently, increasing awareness has been directed towards the experiences of men, 24.8% of whom report some form of sexual violence during their lifetime (Smith et al., 2018).

A significant challenge to the study of sexual violence, its prevalence rates, its impact, and its prevention, is the phenomenon that scholar Mary Koss labeled “unacknowledged rape”, that is to say the existence of a significant number of individuals who experience what would be classifiable as rape but do not name their experience as such (Koss, 1985). A meta-analysis of 28 studies on rape acknowledgement found that the average prevalence of unacknowledged rape was 60.4%, meaning that more than half of rape victims did not acknowledge their experience as rape (Wilson & Miller, 2016). This finding is significant because it suggests that the true prevalence of rape might be underestimated due to some victims not acknowledging their experience as rape. It also suggests that the way individuals subjectively experience and assign meaning to episodes of sexual violence varies significantly. This variability raises issues for the psychological treatment of unacknowledged rape victims, who might be experiencing the impact of the event differently from acknowledged victims and thus require different forms of care.

Since Koss' first identification of the phenomenon, research has identified common predictors of lack of acknowledgement of rape. Compared to acknowledged rape victims, unacknowledged ones are more likely to have a previous romantic relationship with their offender (Botta & Pingree, 1997; Koss, 1985; Littleton et al., 2009); more likely to have experienced rape through verbal coercion rather than physical force or intoxication (Abbey et al., 2004; Kahn et al., 2003; Layman et al., 1996; Littleton et al., 2008); more likely to have experienced rape recently rather than further in the past (Abbey et al., 2004; Hammond & Calhoun, 2007; Kelley, 2009; Koss, 1985); and more likely to be uncertain about the clarity of their communication of non-consent and blame the incident on "miscommunication" (Fisher et al., 2003; Harned, 2005; Kelley, 2009; Littleton et al., 2007).

While the negative mental health impact of sexual violence is widely recognized (Dworkin et al., 2017), research on the different effect of acknowledged and unacknowledged rape on psychological symptoms has yielded mixed results. For example, most studies that looked at associations between rape acknowledgement and posttraumatic stress symptoms found that acknowledged rape victims typically exhibit higher levels of posttraumatic stress symptoms (Layman et al., 1996; Wilson et al., 2017; Wilson & Scarpa, 2017), although some studies have found that this association is not significant after controlling for the type of victimization (Littleton & Henderson, 2009). Other studies found the opposite association (Anderson et al., 2019) and others did not find a significant association between acknowledgement and posttraumatic stress (Harned, 2004). Some studies found that acknowledgement did not have an impact on depression symptoms (Littleton et al., 2018) or overall psychological distress (Cleere & Lynn, 2013), while others found that acknowledged rape was associated with better psychosocial adjustment (Botta & Pingree, 1997), less psychological distress and better coping (Clements & Ogle, 2009). One study

found that victim's rape myths acceptance (RMA) acted as a moderator between rape acknowledgement and depression and binge drinking, with acknowledged victims reporting worse depression symptoms and binge drinking patterns than unacknowledged ones among individuals with high RMA, and the opposite association among individuals with low RMA (Wilson et al., 2017). Overall, it appears that lack of acknowledgement might act as a protector against posttraumatic stress symptoms, while for other measures of psychological symptoms, distress, and coping mechanism acknowledged rape predicts better outcomes or there is no difference.

This study aims to add to the literature on the differences in psychological symptoms experienced by acknowledged and unacknowledged victims. One significant limitation of previous research is that researchers have focused almost exclusively on rape acknowledgement, without examining the effects of the acknowledgement of other kinds of sexual violence. Two exceptions are represented by Hammond & Calhoun (2007), which included both incidents involving sexual contact by physical force and sexual intercourse by intoxication or physical force in their analysis, and Cleere & Lynn (2013), which included any kind of sexual violence, defined an unwanted sexual experiences. Hammond & Calhoun (2007) did not distinguish between sexual contact and intercourse when looking at rates of acknowledgement and examined associations between acknowledgement and risk perception. Cleere & Lynn (2013) found that that the total rate of unacknowledged sexual violence in the sample was 75%, higher than the average prevalence of 60.4% found by Wilson & Miller (2016); however, the type of sexual assault experienced did not differ between the acknowledged and unacknowledged groups, which challenged the idea that a possible explanation to the higher prevalence of acknowledged sexual violence could be due to lower acknowledgement of sexual assault compared to rape. Cleere & Lynn (2013) did not find significant differences in levels of psychological distress between the acknowledged and

unacknowledged groups. This result may be limited by the fact that the study used a measure of psychological distress that combined 9 symptom dimensions (somatization, obsessive-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism). It is possible that acknowledgement of sexual violence might produce differences only for specific types of symptoms that are difficult to capture with a combined measure.

This study fills gaps in the literature by looking at the effect of different degrees of acknowledgement of experiences of sexual violence, including both rape and sexual assault, on posttraumatic stress and depression symptoms separately. Based on previous literature, the initial hypothesis was that the acknowledged group would present greater posttraumatic stress symptoms than the unacknowledged group, while differences in the level of depression symptoms would not be significant. Given the scarcity of literature directly comparing rates of acknowledgement of sexual assault and rape within the same sample, it was uncertain whether different kinds of sexual violence would lead to different rates of acknowledgement. Perpetuation tactics involving physical force and intoxication were expected to lead to greater acknowledgement among rape victims, compared to verbal coercion; it was unclear whether this pattern will hold for victims of non-penetrative sexual assault as well. In addition, this study also included the exploitation of a role of authority by the perpetrator as a perpetuation tactic.

Finally, all the studies mentioned so far only included female respondents. Although women are the primary victims of sexual violence, the data from the National Intimate Partner and Sexual Violence Survey presented earlier suggests that a fourth of men in the U.S. experience some form of sexual violence during their lifetime; therefore, it is important that more attention is dedicated to understanding the experiences and outcomes suffered by male victims of sexual violence. This

study included both male and female participants, in order to assess whether patterns of acknowledgement are different.

Methods

Participants and procedures

This study collected data through an online cross-sectional survey of undergraduate college students from a large public university in the Northeast. This study was approved by the university's Institutional Review Board. Recruitment occurred through the university's Psychology Participant Pool, posters on campus, and a campus-wide recruitment email; participants had the option to receive course credit for completion of the study or to enter a lottery for one of five \$100 Amazon gift cards.

A total of 991 students (18 years or older) completed the survey through Qualtrics, an online survey platform; out of those, 236 indicated having experienced some form of sexual violence over their lifetime by answering "yes" to at least one question from the Sexual Experience Scale (described below), and were thus selected to form the sample for this study.

Measures

Demographics

The following demographic characteristics were included for analysis in this study: race/ethnicity (European American/White/Caucasian, African American/Black, Hispanic/Latina, Asian American, Native American, Hawaiian/Pacific Islander, Other); gender (male, female, transgender); biological sex (male, female); age; sexual orientation (measured on a 5-points scale

through descriptors of preference asking whether respondents “always” or “usually” preferred partners of the same or opposite sex, or preferred partners of both sexes equally).

During the analysis, participants who had identified their race/ethnicity as Asian American, Native American, Hawaiian/Pacific Islander were grouped together into the Other category due to the small number of respondents for each of these categories; thus, the final race/ethnicity categories considered were European American/White/Caucasian, African American/Black, Hispanic/Latina, and Other. Similarly, sexual orientation was recoded into three categories: participants who expressed always preferring partners of the opposite or the same sex were classified respectively as Heterosexual or Homosexual, while participants who reported usually preferring partners of the opposite or the same sex or having no preference were classified as Bisexual.

Sexual Experience Scale (SES)

Experiences of sexual violence were assessed through the revised Sexual Experience Scale (SES) developed by Koss et al. (2007) which uses behavioral descriptors (“Have you given in to sexual intercourse when you didn’t want to because you were overwhelmed by the person’s continual arguments and pressure?”) rather than labels such as rape or sexual assault. In total, 16 questions were asked to assess whether respondents had experienced sexual violence including non-penetrative sex play (“fondling, kissing, or petting, but not intercourse”); oral sex (“giving a blow job, or going down, but not intercourse”); attempted sexual intercourse; completed sexual intercourse; and other sex acts (“anal intercourse, vaginal or anal penetration by fingers, or objects other than a penis”).

Types of sexual violence

The types of sexual violence identified through the SES was recoded according to three different coding methods, outlined by Davis et al. (2014). The first method considered only type of sexual violence, defined as sexual contact (coded “1” if the participant answered “yes” to any of the SES questions related to sex play); attempted rape (coded “1” if the participant answered “yes” to any of the SES questions related to attempted sexual intercourse); and completed rape (coded “1” if the participant answered “yes” to any of the SES questions related to oral sex, completed sexual intercourse, or sex acts). The second method considered only perpetuation strategy, defined as verbal coercion; position of authority; intoxication; physical force (each coded “1” if the participant answered “yes” to any of the SES questions describing that perpetuation strategy regardless of whether it involved sexual contact, attempted rape, or completed rape). The third method considered the following nine combined types of sexual violence and perpetuation strategies: sexual contact by verbal coercion; sexual contact by position of authority; sexual contact by physical force; attempted rape by intoxication; attempted rape by physical force; completed rape by verbal coercion; completed rape by position of authority; completed rape by intoxication; completed rape by physical force (each coded “1” if the participant answered “yes” to any of the SES questions describing the use of that specific perpetuation strategy for each type of sexual violence; for instance, completed rape by intoxication was coded “1” if the respondent has answered “yes” to the question “Have you had sexual intercourse when you didn’t want to because you were incapable of giving consent or resisting due to alcohol or drugs?”). Sexual contact by intoxication, attempted rape by verbal coercion, and attempted rape by position of authority were missing categories because the SES did not ask questions about these particular combinations of type of sexual violence and perpetuation strategy.

For all three methods, categories were not mutually exclusive, given that participants could have experienced several types of sexual violence throughout their lives; all participants, however, had experienced at the very minimum one type of sexual violence for all coding methods, since the sample was selected to include respondents who had answered “yes” to at least one SES question.

Finally, each SES question was followed by a question asking participants to indicate the number of times they had experienced that type of sexual violence if they answered “yes.” Thus, total lifetime victimization was measured by calculating four different lifetime victimization scores, again following the methodology of Davis et al. (2014).

The first lifetime victimization score calculated only the number of events of sexual violence that a participant had experienced. The second lifetime victimization score calculated the number of events multiplied by the severity of the type of sexual violence (assigned as “1” for sexual contact; “2” for attempted rape; “3” for rape). The third lifetime victimization score calculated the number of events multiplied by the severity of the perpetuation strategy involved in each event (assigned as “1” for verbal coercion; “2” for position of authority; “3” for intoxication; “4” for physical force). The fourth lifetime victimization score calculated the number of events multiplied by the severity of the combined type of sexual violence and perpetuation strategy for each event (assigned as “1” for sexual contact by verbal coercion; “2” for sexual contact by position of authority; “3” for sexual contact by physical force; “4” for attempted rape by intoxication; “5” for attempted rape by physical force; “6” for completed rape by verbal coercion; “7” for completed rape by position of authority; “8” for completed rape by intoxication; “9” for completed rape by physical force). The ranking of the level of severity of types of sexual violence and perpetuation strategies was based on previous literature (Davis et al., 2014).

Labeling of sexual violence

After the SES screening questions, respondents were asked to complete additional questions for the unwanted sexual experiences that had bothered them the most. If they had not had any unwanted sexual experiences, they were given the option to “check a box” and skip the following section. Out of the 236 respondents who had answered “yes” to at least one of the SES screening questions, 162 (68.6%) checked the box, indicating that they had not had any unwanted sexual experience. Thus, this group was coded as “unacknowledged,” as they had not labeled any of their past sexual experiences as unwanted despite having experienced one of more forms of sexual contact that would be legally classified as sexual assault or rape.

The remaining 74 participants who answered the follow up questions relating to their most troubling sexual experience were asked to what extent they considered that experience to have been “consensual”, “sexual assault”, or “rape” on a scale from “1” (“Definitely not consensual/sexual assault/rape”) to “7” (“Definitely consensual/sexual assault/rape”). This subsample’s labeling of the experience was recoded into four categories: “unwanted” (for participants who had “checked the box” for an unwanted sexual experience, but characterized it as consensual, not sexual assault, and not rape); “non-consensual” (for participants who characterized the experience as non-consensual, but not sexual assault or rape); “sexual assault” (for participants who characterized the experience as non-consensual, sexual assault, but not rape); and “rape” (for participants who characterized the experience as non-consensual, sexual assault, and rape). Subsequently, the “unwanted” and “non-consensual” labeling categories were grouped together to form the “partially acknowledged” acknowledgment level, while the “sexual assault” and “rape” categories were grouped together into the “acknowledged” acknowledgment level, in order to ensure statistical validity given the small size of the subsample.

Thus, the final acknowledgement levels considered for the analysis were three: “unacknowledged” (participants who had not labeled their experiences of sexual violence as unwanted), “partially acknowledged” (participants who had labeled their most troubling experience as unwanted or non-consensual), and “acknowledged” (participants who has labeled their most troubling experience as sexual assault or rape).

Psychological symptoms

Posttraumatic stress and depression symptoms were assessed in the study. Posttraumatic stress symptoms were measured through the PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013), a 20-item scale with scores ranging from 0 to 80. A score between 31-33 is typically considered the cutoff for a provisional diagnosis of PTSD (Weathers et al., 2013). Cronbach’s alpha (α) of internal consistency in the current study was .96.

Depression symptoms were measured through the 9-item Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001), with scores ranging from 0 to 27. A score between 0-4 is considered to indicate minimal or no depression, scores of 5, 10, 15, and 20 indicate mild, moderate, moderately severe, and severe depression, respectively (Kroenke et al., 2001). Cronbach’s alpha (α) of internal consistency in the current study was .89.

For both scales, items assessing the degree to which the participant experienced each symptom (for instance, “How often have they been bothered by the following over the past two weeks: little interest or pleasure in doing things?”) were rated from “0” (“Not at all”) to “3” (“Extremely”). Scale scores for each scale were calculated as the mean of all items for participants completing at least 50% of items.

Data analysis

All analysis was conducted in SPSS (IBM SPSS Statistics for Windows, Version 25.0). For the preliminary analysis, the 991 total survey respondents were screened for experiences of sexual violence and the demographic characteristics of the 236 (23.8%) survey respondents who had experienced sexual violence were compared to those of the 755 (76.2%) who had not experienced sexual violence.

Thus, descriptive statistics of the 236 respondents relevant to the analysis were computed for the study variables. Chi-square (χ^2) tests and one-way analysis of variance (ANOVA) examined differences in demographics, type of sexual violence experienced; perpetuation tactics experienced; lifetime victimization scores; and psychological symptoms between different acknowledgement levels.

Analysis to fulfil study aims tested for differences in psychological symptoms between participants reporting different acknowledgement levels. Differences were tested by running two one-way analysis of covariance (ANCOVA) to determine a statistically significant difference between unacknowledged, partially acknowledged, and acknowledged groups on PTSD symptoms and depression symptoms, controlling for demographic characteristics and level of lifetime victimization using the fourth lifetime victimization score, which accounts for both type of sexual violence and perpetuation tactic experienced by participants. Dummy variables for being White, male, or heterosexual were used to control for demographic characteristics, to adjust for possible differences in patterns exhibited by White respondents compared to respondents of color; male respondents compared to female and transgender respondents; and heterosexual respondents compared to sexual minorities.

Results

Preliminary analysis

Table 1 shows demographic characteristics of the full sample of 991 survey respondents by experience of sexual violence. There were no significant differences in the race/ethnicity and age of participants who had experienced sexual violence compared to those who had not. Female-identified participants were more likely to have experienced sexual violence than male-identified participants, and transgender-identified participants reported a higher rate of experience of sexual violence than male-identified and female-identified participants ($p < .001$). Participants whose biological sex was female were more likely to have experienced sexual violence compared to participants whose biological sex was male ($p < .001$). Sexual minorities were more likely to have experienced sexual violence than heterosexual participants, with highest rates of prevalence among bisexual participants ($p < .001$).

Table 1
Characteristics of survey respondents by sexual victimization status

Variable	No experience of sexual violence (n=755)		Experienced sexual violence (n=236)		p-value ^a
	M or n	SD or %	M or n	SD or %	
<i>Race/Ethnicity</i>					.747
European American/White/Caucasian	394	74.9%	132	25.1%	
African American/Black	92	73.0%	34	27.0%	
Hispanic/Latina	156	75.7%	50	24.3%	
Other	73	79.3%	19	20.7%	
<i>Gender</i>					<.001
Male	225	88.2%	30	11.8%	
Female	527	72.4%	201	27.6%	
Transgender	3	37.5%	5	62.5%	
<i>Biological Sex</i>					<.001
Male	228	87.4%	33	12.6%	
Female	527	72.2%	203	27.8%	

<i>Age (years)</i>	21.0	3.6	21.4	3.6	.077
<i>Sexual Orientation</i>					<.001
Heterosexual	582	78.4%	160	21.6%	
Bisexual	110	62.1%	67	37.9%	
Homosexual	20	69.0%	9	31.0%	

^a P-value is for ANOVA (continuous variables) or χ^2 test (categorical variables)

Descriptive statistics for the study variables relevant to the full sample analysis are included in Table 2, stratified by acknowledgement level of sexual violence (unacknowledged, partially acknowledged, acknowledged). There were no significant differences in the demographic characteristics of participants across acknowledgement levels.

There was no significant association between acknowledgement levels and experience of sexual contact. Participants who had experienced attempted rape were significantly more likely to acknowledge their experience than participants who did not ($p=.017$). Participants who had experienced completed rape were more likely to partially acknowledge or acknowledge their experience while those who had not were more likely to be in the unacknowledged group; yet, the rates of partial acknowledgement and acknowledgement were similar to each other, causing the overall association between completed rape and acknowledgement levels to be non-significant.

There was no significant association between experience of verbal coercion as a perpetuation tactic and acknowledgement levels. Participants who had experienced the use of a position of authority as a perpetuation tactic were significantly more likely to acknowledge their experience than participants who had not ($p=.017$). Participants who had experienced intoxication as perpetuation tactic were significantly more likely to partially acknowledge or acknowledge their experience than participants who had not ($p=.008$). Participants who had experienced physical force as perpetuation tactic appeared more likely to acknowledge their experience than participants who had not, but there was no significant difference between the rates of lack of acknowledgement and

partial acknowledgement, causing the overall association between physical force and acknowledgement levels to be non-significant.

Participants who had experienced sexual contact by physical force were significantly more likely to acknowledge their experience than participants who had not ($p=.028$). Participants who had experienced completed rape by intoxication were significantly more likely to partially acknowledge and acknowledge their experience than participants who had not ($p<.001$). Participants who had experienced completed rape by physical force were significantly more likely to acknowledge their experience than participants who had not ($p=.046$). All other associations between combined type of sexual violence and perpetuation tactics (sexual contact by verbal coercion, sexual contact by position of authority, attempted rape by intoxication, attempted rape by physical force, completed rape by verbal coercion, completed rape by position of authority) and acknowledgement levels were non-significant.

Participants in the partially acknowledged and acknowledged groups presented higher average lifetime victimization scores for the first score (frequency of events of sexual violence, $p=.028$), second score (frequency of events of sexual violence by type of sexual violence, $p=.033$), and fourth score (frequency of events of sexual violence by combined type of sexual violence and perpetuation tactic, $p=.044$). The average lifetime victimization scores for the third score, measuring frequency of events of sexual violence by perpetuation tactic, was not significantly different across acknowledgement levels.

Participants in the partially acknowledged and acknowledged groups presented significantly higher scores for posttraumatic stress symptoms than participants in the unacknowledged group

($p < .001$). There was no significant difference in the average scores for depression symptoms across acknowledgement levels.

Table 2
Characteristics of sexually victimized respondents by acknowledgement level

Variable	Unacknowledged (n=162)		Partially acknowledged (n=36)		Acknowledged (n=33)		p-value ^a
	M or n	SD or %	M or n	SD or %	M or n	SD or %	
<i>Race/Ethnicity</i>							.093
European American/White/Caucasian	83	63.4%	27	20.6%	21	16.0%	
African American/Black	28	87.5%	2	6.3%	2	6.3%	
Hispanic/Latina	38	79.2%	4	8.3%	6	12.5%	
Other	12	63.2%	3	15.8%	4	21.1%	
<i>Gender</i>							.151
Male	25	83.3%	4	13.3%	1	3.3%	
Female	134	68.4%	30	15.3%	32	16.3%	
Transgender	3	60.0%	2	40.0%	0	0.0%	
<i>Biological Sex</i>							.124
Male	27	81.8%	5	15.2%	1	3.0%	
Female	135	68.2%	31	15.7%	32	16.2%	
<i>Age (years)</i>	21.4	3.8	21.3	3.3	22	3.1	.951
<i>Sexual Orientation</i>							.079
Heterosexual	117	75.0%	23	14.7%	16	10.3%	
Bisexual	39	58.2%	12	17.9%	16	23.9%	
Homosexual	6	75.0%	1	12.5%	1	12.5%	
<i>Type of sexual violence experienced</i>							
Sexual contact							.543
No	44	73.3%	10	16.7%	6	10.0%	
Yes	118	69.0%	26	15.2%	27	15.8%	
Attempted rape							.017
No	127	73.8%	27	15.7%	18	10.5%	
Yes	35	59.3%	9	15.3%	15	25.4%	
Completed rape							.078
No	37	84.1%	4	9.1%	3	6.8%	
Yes	125	66.8%	32	17.1%	30	16.0%	
<i>Type of perpetuation tactic experienced</i>							
Verbal coercion							.234
No	14	60.9%	3	13.0%	6	26.1%	
Yes	148	71.2%	33	15.9%	27	13.0%	

Variable	Unacknowledged (n=162)		Partially acknowledged (n=36)		Acknowledged (n=33)		p-value ^a
	M or n	SD or %	M or n	SD or %	M or n	SD or %	
Position of authority							.017
No	127	73.8%	27	15.7%	18	10.5%	
Yes	35	59.3%	9	15.3%	15	25.4%	
Intoxication							.008
No	131	75.3%	24	13.8%	19	10.9%	
Yes	31	54.4%	12	21.1%	14	24.6%	
Physical force							.066
No	124	72.5%	28	16.4%	19	11.1%	
Yes	38	63.3%	8	13.3%	14	23.3%	
<i>Combined type of sexual violence and perpetuation tactic experienced</i>							
Sexual contact by verbal coercion							.789
No	52	73.2%	10	14.1%	9	12.7%	
Yes	110	68.8%	26	16.3%	24	15.0%	
Sexual contact by position of authority							.840
No	151	70.2%	34	15.8%	30	14.0%	
Yes	11	68.8%	2	12.5%	3	18.8%	
Sexual contact by physical force							.028
No	141	70.9%	34	17.1%	24	12.1%	
Yes	21	65.6%	2	6.3%	9	28.1%	
Attempted rape by intoxication							.157
No	143	72.2%	30	15.2%	25	12.6%	
Yes	19	57.6%	6	18.2%	8	24.2%	
Attempted rape by physical force							.085
No	138	70.8%	33	16.9%	24	12.3%	
Yes	24	66.7%	3	8.3%	9	25.0%	
Completed rape by verbal coercion							.570
No	50	74.6%	8	11.9%	9	13.4%	
Yes	112	68.3%	28	17.1%	24	14.6%	
Completed rape by position of authority							.344
No	158	70.2%	34	15.1%	33	14.7%	
Yes	4	66.7%	2	33.3%	0	0.0%	
Completed rape by intoxication							< .001
No	139	75.5%	25	13.6%	20	10.9%	
Yes	23	48.9%	11	23.4%	13	27.7%	

Variable	Unacknowledged (n=162)		Partially acknowledged (n=36)		Acknowledged (n=33)		p-value ^a
	M or n	SD or %	M or n	SD or %	M or n	SD or %	
Completed rape by physical force							.046
No	141	72.7%	30	15.5%	23	11.9%	
Yes	21	56.8%	6	16.2%	10	27.0%	
<i>Lifetime Victimization Score: frequency of events of sexual violence</i>	15.8	43.4	32.4	68.7	40.4	78.3	.028
<i>Lifetime Victimization Score: frequency of each type of sexual violence</i>	35.2	104.7	77.4	173.5	92.5	191.6	.033
<i>Lifetime Victimization Score: frequency of perpetuation tactic</i>	22.4	80.3	62.5	191.7	47.1	62.6	.147
<i>Lifetime Victimization Score: frequency of combined type of sexual violence and perpetuation tactic</i>	75.4	254.7	165.9	424.0	217.4	486.2	.044
<i>Psychological symptoms</i>							
Depression	8.2	6.3	9.5	6.9	9.3	6.7	.484
Posttraumatic stress	21.7	18.4	24.2	20.4	39.8	18.8	<.001

^a P-value is for ANOVA (continuous variables) or χ^2 test (categorical variables)

Study aims

The results of the two one-way analysis of covariance (ANCOVA) for posttraumatic stress symptoms and for depression symptoms are reported in Table 3. The ANCOVA showed a significant effect of acknowledgement level on posttraumatic stress symptoms after controlling for demographics and level of lifetime victimization using the fourth score (frequency of sexual violence by combined type of sexual violence and perpetuation tactic), $F(2,186)=5.413$, $p=.005$. There was no significant effect of acknowledgement level on depression symptoms after controlling for level of lifetime after controlling for demographics and level of lifetime victimization using the fourth score (frequency of sexual violence by combined type of sexual violence and perpetuation tactic), $F(2,191)=.126$, $p=.882$.

Table 3*One-way analysis of covariance of acknowledgement effect on posttraumatic stress and depression symptoms*

Dependent variable: posttraumatic stress symptoms								
		PTSD Symptoms (Unadjusted)		PTSD Symptoms (Adjusted)				
	n	Mean	SD	Mean	SE	95% Confidence Interval	F statistic	P- value
<i>Acknowledgement level</i>							5.413	.005
Unacknowledged	136	21.7	18.4	22.7	1.6	[19.6, 25.8]		
Partially acknowledged	33	24.2	20.4	22.8	3.2	[16.5, 29.2]		
Acknowledged	24	39.8	18.8	36.1	3.8	[28.6, 43.6]		
Dependent variable: depression symptoms								
		Depression Symptoms (Unadjusted)		Depression Symptoms (Adjusted)				
	n	Mean	SD	Mean	SE	95% Confidence Interval	F statistic	P- value
<i>Acknowledgement level</i>							.126	.882
Unacknowledged	139	8.2	6.3	8.5	0.5	[7.5, 9.6]		
Partially acknowledged	34	9.5	6.9	8.9	1.1	[6.8, 11.0]		
Acknowledged	25	9.3	6.7	8.1	1.3	[5.6, 10.6]		

Discussion

This study explored the effect of different levels of acknowledgment of sexual violence on psychological symptoms and found that partial acknowledgement and acknowledgement of sexual violence were associated with greater posttraumatic stress symptoms. Consistent with previous studies (Anderson et al., 2019) and national-level data (Smith et al., 2018), this study found that female-identified respondents and sexual and gender minorities are at higher risk of experiencing sexual violence. Demographic characteristics of participants were not associated with a greater extent of acknowledgement of experiences of sexual violence. Participants who had experienced attempted rape were more likely to acknowledge their experience than participants who had not; participants who had experienced completed rape appeared more likely to partially acknowledge

or acknowledge their experience than participants who had not, but there was not significant difference between the rates of partial acknowledgement and acknowledgement. When perpetrators used their role in a position of authority or the intoxication of the victim as perpetuation strategies, participants were more likely to label their experience as unwanted. When types of sexual violence and perpetuation tactics were considered together, only participants who had experienced sexual contact by physical force, attempted rape by physical force, and completed rape by intoxication or physical force showed significant differences in levels of acknowledgement compared to participants who had not; all other combined types of sexual violence and perpetuation tactics were not significant. Experiencing sexual violence repeatedly was a significant predictor of acknowledgement, with the partially acknowledged and acknowledged groups presenting a higher average victimization score than the unacknowledged group for all three out of the four lifetime victimization scores tested. The unadjusted association between acknowledgement levels and psychological symptoms was significant for posttraumatic stress symptoms and not significant for depression; the results remained the same after adjusting for demographics and lifetime victimization by combined type of sexual violence and perpetuation strategy.

The finding that demographics characteristics of participants did not differ significantly between the labeled and unlabeled groups is consistent with previous literature that found that demographic characteristics, such as age or race, were not predictors of rape acknowledgement status (Ullman et al., 2007; Wilson & Miller, 2016). Interestingly, rates of acknowledgement of the experience did not differ significantly based on gender and sex; this result calls for further research on the dynamics of rape and sexual assault acknowledgement for rape survivors. Future research could verify if common predictors identified for women, such as offender-victim relationship and

situational characteristics of the assault (Hammond & Calhoun, 2007; Littleton et al., 2007, 2008, 2009), also hold true for men.

Participants who had experienced attempted or completed rape were more likely to partially acknowledge or acknowledge their experience than participants who had not, although most individuals in both groups did not acknowledge their experience (respectively 59.3% of participants who had experienced attempted rape and 66.8% of participants who had experienced rape were unacknowledged). This result adds to our understanding of the different dynamics of acknowledgement of non-penetrative sexual assault versus rape, given the scarcity of studies comparing disaggregated acknowledgement rates of rape and sexual assault within the same sample. It is important to note that these categories were not mutually exclusive, and therefore these differences might be muddled by the fact that some participants had experienced more than one type of sexual violence. Additionally, the sample examined included only individuals who had experienced some form of sexual violence; therefore, participants who had not experienced sexual contact had necessarily experienced either attempted or completed rape. This likely explains why the rates of partial acknowledgement and acknowledgement were similar between participants who reported experiencing sexual contact and those who did not: rates of partial acknowledgement and acknowledgment among participants who did not experience sexual contact reflect their acknowledgement of attempted or completed rape. Further research should compare acknowledgement levels using mutually exclusive categories of sexual violence.

Consistent with previous literature that found that perpetuation tactics that involved physical force or intoxication of the victim were more likely to lead to higher levels of acknowledgement (Abbey et al., 2004; Kahn et al., 2003; Layman et al., 1996; Littleton et al., 2008), the analysis found that participants who had experienced sexual contact by physical force and completed rape by

intoxication or physical force were more likely to report higher levels of acknowledgement than those who had not. Additionally, this study also considered the effect of the exploitation of a role of authority by perpetrators, which is a novel addition to the literature, and found that it fares similarly to physical force and intoxication as a significant predictor of acknowledgement.

The finding that a history of victimization was a predictor of higher levels of acknowledgement is consistent with some previous research (Fisher et al., 2003; Kahn et al., 2003). Hammond & Calhoun (2007), however, did not replicate this finding; this may be due to the fact that the majority of respondents in Hammond & Calhoun (2007) only reported one incident of rape and therefore the frequencies of rape experiences had a limited range in their sample.

The lack of a significant association between acknowledgement and level of depression symptoms is consistent with Littleton et al. (2018), which found the same results for rape acknowledgement. Studies that found a positive impact of acknowledgement on different dimensions of well-being used different measures of overall psychological distress and coping (Clements & Ogle, 2009) or psychosocial adjustment (Botta & Pingree, 1997) rather than focusing on depression symptoms specifically, which might explain why these studies found different results. This study further adds to the literature by considering the association between depression symptoms and a broader range of sexual violence, rather than just rape. Additionally, while other studies looked at rape acknowledgement in particular (meaning that some unacknowledged victims might still consider their experience to be unwanted or non-consensual), this study considered participants who did not acknowledge their experience as unwanted, or acknowledged it as unwanted or non-consensual, therefore adding complexity to our understanding of the nuances of acknowledgement of sexual violence and its association with depression. While it appears that acknowledgement of

sexual violence is not linked to depression, the limited number of studies means that further research is needed to verify whether this result is generalizable.

The finding of a significant association between acknowledgement and posttraumatic stress symptoms is consistent with most previous literature (Layman et al., 1996; Wilson et al., 2017; Wilson & Scarpa, 2017). While Littleton & Henderson (2009) found that the association is not significant after controlling for the type of victimization, this study found the association to hold even after controlling for type of sexual violence experienced and type of perpetuation tactics involved. One potential source of difference is the fact that Littleton & Henderson (2009) focused on acknowledgement of “victimization” while this study focused on acknowledgement of “unwantedness”; the role that these different conceptualizing terms play in the processing of sexual violence trauma should be further explored. This study is also not consistent with Anderson et al. (2019), which found that acknowledgement was associated with to lower posttraumatic stress symptoms; this difference might be due to the fact that Anderson et al. (2019) focused on bisexual youth specifically, a significant portion of whom identified as trans or non-binary. It is possible that the pathways between acknowledgement and posttraumatic stress may be different for non-heterosexual or non-cisgender youths. The low number of sexual and gender minorities in our sample did not allow for a rigorous comparison with heterosexual and cisgender participants; therefore, further research is needed to verify whether sexual orientation and gender identity influence the pathways between acknowledgement of sexual violence and posttraumatic stress.

Some models that seek to explain the dynamics of onset of posttraumatic stress symptoms may help explain the relationship between acknowledgement of sexual violence and posttraumatic stress and provide insight into possible mechanisms. Boyle (2017) theorizes that sexual violence triggers posttraumatic stress when the victim experiences a disruption of identity; this hypothesis

is supported by research that found that individuals suffering from PTSD consider the traumatic event they experienced to be more central to their sense of identity than individuals who did not develop PTSD (Berntsen & Rubin, 2006). It might be that acknowledging an experience of sexual violence forces one to have to reconsider their personal identity, especially given the prevalence that cultural narratives that see sexual violence as a marking experience that causes the victim to undergo an irreversible personal change of status. This shift in one's identity may be a trigger for the development of posttraumatic stress, and lack of acknowledgement might thus act as a protector.

Additionally, an information-processing model sees PTSD as the result of a conflict between an experience of violence and the beliefs that an individual holds about safety. The cognitive dissonance caused by an experience that violates these beliefs could be a trigger for PTSD (Resick & Schnicke, 1992). Therefore, a conceptualization of the traumatic experience that alleviates the threat to the individual's beliefs could operate as a protector against the development of posttraumatic stress. The relevance of this model in the context of sexual violence has been explored by Valdespino-Hayden (2020), which found that higher RMA was associated with lower posttraumatic stress symptoms and hypothesized that rape myths may provide victims of sexual violence with a cognitive schema that allows them to find an explanation for the experience, thus preventing the kind of cognitive dissonance that could trigger PTSD. Acknowledgement of sexual violence might operate in similar ways; this relation seems supported by Peterson & Muehlenhard (2004), which found that higher RMA is associated with lower rates of rape acknowledgement.

Further research is needed to understand the spectrum of labeling that people utilize to conceptualize and describe their experiences of sexual violence, as well as to clarify the mechanisms between different forms of labeling and psychological symptoms. While much of the

research on acknowledgement and psychological symptoms has taken place on college campuses (Wilson & Miller, 2016) due to the easier opportunities for recruitment of participants offered by a contained community environment, data suggests that the prevalence of sexual violence is higher among individuals who are not college students (Littleton et al., 2008). Therefore, it is important to replicate similar analyses outside of a college environment, to see whether the dynamics observed hold true in a different population.

Additionally, future research could focus on the role of time and explore possible differences in the emotional and psychological impact of acknowledgement of an experience of sexual violence in its immediate aftermath or retroactively at a later time, for instance in the context of therapy. Given that lack of acknowledgement might be a protective factor for certain psychological symptoms such as posttraumatic stress, but also been found to be a risk factor for other outcomes such as re-victimization and continued relationship with the offender (Littleton et al., 2009), it is crucial to better understand if and when the redefinition of an experience of sexual violence towards greater acknowledgement could be beneficial to victims, in order to improve support services and mental health care treatment. Based on the current state of the literature, further research is needed to evaluate to what extent practitioners should exercise caution when dealing with unacknowledged victims to avoid worsening psychological symptoms through induced acknowledgement.

This study had four key limitations. In the first place, comparisons between different demographic groups were limited by the small sample size and low statistical power; for the same reason, participants who labeled their experience as “unwanted” and “non-consensual” had to be grouped together into one acknowledgement level, and so did the “sexual assault” and “rape” groups. Additionally, the analysis did not control for certain situational characteristics of sexual violence

events that previous literature has found to be associated with different levels of acknowledgment, namely the previous offender-victim relationship and the time passed since the event.

Possibly the most significant limitation of the study is that it did not check for differences in other traumatic life experiences between participants reporting different acknowledgement levels; if the partially acknowledged and acknowledged groups were found to have experienced significantly more traumatic life events compared to the unacknowledged group, that would likely account for the higher levels of posttraumatic stress symptoms among the partially acknowledged and acknowledged groups, implying an overestimation of the relationship between acknowledgement and posttraumatic stress in this study. This is especially important because questions about posttraumatic stress symptoms were asked in relation to the participants' self-identified most traumatic lifetime experience, which may not have been their experience of sexual violence.

Finally, there is a possibility that participants "checking the box" indicating that they had not had any unwanted sexual experience could actually be reflective of a refusal to provide further information about a particularly troubling experience rather than a true lack of acknowledgement, perhaps due to survey fatigue or as a protective strategy to avoid questions about an upsetting experience. A similar methodology should be replicated by further studies to understand whether the phenomenon of victims of sexual violence who do not label their experience as unwanted appears consistent, or whether it is a function of flaws in survey data collection.

Despite these limitations, this study provides a new contribution to the literature on acknowledgement of sexual violence and psychological symptoms by beginning to explore the nuances of labeling and the effects of different levels of acknowledgement, rather than looking only at rape acknowledgement. Additionally, the study considered a broader range of forms of

sexual violence, while most of the literature has typically been focused on rape, and tested for differences in acknowledgement levels for sexual contact, attempted rape, and completed rape, as well as different perpetuation tactics. Finally, controlling for type of sexual violence, level of lifetime victimization, and perpetuation in the analysis of associations between acknowledgement and psychological symptoms supports the previous finding that acknowledgement has an impact of posttraumatic stress, and dispels the hypothesis that observed differences are merely a function of revictimization or the severity of the sexual violence experienced.

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