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Taking the Victim Out of Sexual Assault: The Effect of Self-Compassion on Sexual Assault Survivors

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TAKING THE VICTIM OUT OF SEXUAL ASSAULT: THE EFFECT OF SELF-COMPASSION ON SEXUAL ASSAULT SURVIVORS

by

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DEDICATION

I dedicate this thesis to my parents, my mentors (Dr. Ashley Allen, Dr. Jodi Grace, and Dr. Lori Lange). Without their patience, understanding, prayers, love and encouragement; the completion of this work would not have been possible.

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Abstract

Self-compassion is defined as the ability to treat oneself kindly following perceived failures and/or painful events; this construct is characterized by three components: self-kindness, common humanity and mindfulness (Neff, 2003). Although some people may naturally be more self-compassionate than others, previous self-compassion manipulations have shown that self-compassion is a mindset that can be taught. Several short-term self-compassion inductions have been published (Adams & Leary, 2007; Breines & Chen, 2012; Leary, Tate, Adams, Allen, & Hancock, 2007) showing that such inductions lead to more positive emotional and behavioral outcomes. The purpose of this research study was to determine whether a short self-compassion induction would impact people's responses to an imagined sexual assault scenario. Female undergraduates ($N = 141$) were randomly assigned to a self-compassion condition or a control. All participants imagined a vivid sexual assault scenario and rated how they anticipated they would feel following the scenario (i., e emotion, less identity, fault, state self-compassion, formal and informal disclosure, and future behavioral intentions). Women who received the self-compassion induction experienced less negative effects following the scenario than participants in the control condition. Some of these effects (e.g., negative emotion, negative identity, formal and informal disclosure) were moderated by past sexual assault experiences showing that the self-compassion induction was more effective for women with no previous sexual assault experience. Comparing groups based on sexual assault history revealed the benefits of a short self-compassion induction may be limited to those with no previous experience. If applied to domestic violence programs, we recommend using a longer self-compassion intervention.

Keywords: Sexual Assault, Self-compassion, Identity, Survivor

Taking the Victim out of Sexual Assault: The Effect of Self-compassion on Sexual Assault Survivors

Many research studies find that sexual assault survivors experience negative emotions (e.g. fear, anxiety, and sadness) and psychological distress (e.g., posttraumatic stress disorder and depression) following the assault (Arata, 1999; Davis & Breslau, 1994; Feiring, Taska, & Lewis, 2002; Frazier & Schauben, 1994). Survivors may internalize self-blame, as well as feelings of shame, guilt, and embarrassment (Dunmore, Clark, & Ehlers, 2001; Ullman, & Filipas, 2001; Ullman et al., 2007). The lifetime prevalence of PTSD in survivors of sexual assault is a strong indicator that better coping mechanisms may be necessary to handle this traumatic event, thus more research is needed to examine factors that may facilitate positive coping. Some survivors of trauma related events such as sexual assault report positive life changes (Tedeschi, Park, & Calhoun, 1995; Calhoun, & Tedeschi, 1998; Frazier, Conlon, & Glaser 2001). Specifically, about 50% of trauma survivors endorse positive changes in their life, their spirituality, and their relationships (Tedeschi & Calhoun, 1995). However, not all survivors who report positive life changes following a sexual assault maintain those changes over time; some survivors report less positive life changes over time and may experience more distress a year following their assault (Frazier et al., 2001).

Some factors that predict positive emotional outcomes for trauma survivors are the use of active approach coping strategies (Schaefer & Moos, 1998), positive appraisals of the situation (e.g., perceived control over the trauma) (Frazier et al., 2002), and social support (Ulman, 1996c). Nonetheless, the existing research on positive life changes following a sexual assault yields mixed findings of positive changes over time, and more research is needed to identify ways to help these survivors. A growing body of research on self-compassion shows that being self-compassionate can lead to resilience and more positive coping strategies following negative emotional experiences (Leary, Tate, Adams, Allen, & Hancock, 2007). Furthermore, some research suggests self-compassion is malleable, and people who are not naturally self-compassionate can learn to be self-compassionate in time (Neff & Germer, 2013). The purpose of this study is to examine how self-compassionate individuals respond to an imagined sexual assault and identify whether teaching self-

compassionate techniques leads to more positive coping. Specifically, how people feel and view themselves following an imagined sexual assault scenario.

Sexual Assault

In colloquial settings, the terms sexual assault and rape are often used synonymously; however, in practice and in legal circles, they have different meanings. Sexual Assault is defined as "unwanted sexual contact that stops short of rape or attempted rape. This includes sexual touching and fondling" (The Rape, Abuse, and Incest National Network (RAINN), 2013). Sexual assault is a stressful life event that affects someone every two minutes in the United States and most of these assaults are against women (U.S. Department of Justice's National Crime Victimization Survey, 2001). Each year there are approximately 237, 868 sexual assault victims (RAINN, 2013). Rape is also a common problem that affects women in the United States. Rape is defined as "forced sexual intercourse, including vaginal, anal, or oral penetration. Penetration may be by a body part or an object" (RAINN, 2013). One in five women report experiencing rape at some point in their lives (Centers for Disease Control & Prevention, 2011).

Although the prevalence of sexual assault and rape are very high, previous studies suggest that the rate of reported rape or sexual assaults to authorities are considerably low (Fisher, Cullen, & Turner, 2000; Kilpatrick et al., 2007). A previous study found less than five percent of completed or attempted rapes against college women were reported to law enforcement (Fisher, Cullen, & Turner, 2000). However, in two-thirds of the incidents the victim did tell another person, usually a friend rather than a family member or school official (Fisher, Cullen, & Turner, 2000). The Bureau of Justice Statistics reports that only 36% of rapes, 34% of attempted rapes and 26% of sexual assaults are reported (Department of Justice, Bureau of Justice Statistics, 2002).

The disclosure of rape or sexual assault can benefit or harm the survivor depending on the disclosure experience (Kilpatrick et al., 2007). Formal rape reporting helps improve the accuracy of rape prevalence estimates and may help with policy decisions and local interventions (Allen, 2007; Skogan, 1976). In the same

manner, informal disclosure (e.g., family member, friends, and peers) can provide a survivor with emotional support. Conversely, negative responses (e.g., blaming statements, distraction) from support members can negatively affect the survivor's recovery (Ullman, 1996; Ullman & Filipas, 2001b). Negative reactions are more commonly reported from formal support providers than from informal support providers (Filipas & Ullman, 2001; Ullman, 1996c; Ullman & Filipas, 2001). Reasons for non-disclosure vary depending on the situation or the individual, but they can include self-blame or guilt, shame and embarrassment, fear of the perpetrator, fear of not being believed, being accused of playing a role in the crime, or lack of trust in the criminal justice system (Du Mont, Miller, K & Myhr, 2003). As a result, survivors avoid seeking help or disclosing because the negative responses of disclosure can increase feelings of shame, blame and guilt as mentioned above.

Although people usually refer to women who have experienced sexual assault as victims, it is more empowering to refer to women who have experienced sexual assault as survivors (RAINN, 2013). The language used in our society shapes and reinforces our cultural perception of sexual assault survivors. Specifically, the label "victim" has been deliberately used when identifying a group of people like those who have been sexually assaulted. The identity of a victim refers to someone who is helpless and disempowered. Alternatively, the term "survivor" reflects strength and empowerment to move forward and heal from the trauma. Results from a recent study suggest that the label "victim" is associated with shame and PTSD because these are stigmatized labels that cause identity disruption and anxiety (Boyle, 2014). Instead, RAINN suggests that a woman who has been sexually assaulted should be referred to as a sexual assault survivor (RAINN, 2013).

Generally, everyone wants to portray a desired identity of themselves (Schlenker, 1980). Self-presentation, also known as impression management, is a goal directed process in which people want to convey a desired identity of themselves to an audience (i.e., actual, imagined, and self) (Schlenker, 1980). In the case of a traumatic event, people's reactions to disclosure of a stigmatized experience affect the survivors' appraisal of themselves. Often, a sexually assaulted individual does not want to take on the identity of a sexual assault victim. Failure to present a desired identity results in a self-presentational predicament (Schlenker, 1980). A

self-presentational predicament leads to negative emotions such as embarrassment, shame, and guilt (Schlenker, 1980). Additionally, when experiencing a self-presentational predicament, people often feel judged and criticized. Failure to present a desired identity can potentially lead women to view themselves as weak or irresponsible.

The complex nature of sexual assault affects every level of a survivor's recovery. Sexual assault survivors may internalize self-blame, experience negative reactions from disclosing to formal and informal sources, and experience negative psychological distress that may hinder positive life changes. Self-compassion may help lessen the negative emotions and identities that sexual assault survivors experience post assault.

Self-compassion

Self-compassion (Neff, 2003) is defined as a positive attitude toward oneself following perceived failures and/or painful events. Self-compassion involves focusing on self-acceptance and offering kindness to oneself in the face of adversity, just like one might treat loved ones who experience personal problems (Neff, 2003a). Self-compassion is considered a trait with three components: self-kindness, common humanity, and mindfulness. Neff (2003a) defines self-kindness as the ability to treat oneself kindly in times of suffering rather than being critical or judgmental about one's failures. The second component of self-compassion is common humanity; this involves seeing one's experiences as part of the larger human experience rather than as a separate and isolating experience. Finally, self-compassion involves mindfulness, the ability to face suffering in a balanced manner rather than overidentifying with one's sentiments. The mindfulness component involves keeping one's thoughts, feelings and emotions in balance rather than ruminating on negative thoughts and feelings. The majority of self-compassion researchers measure self-compassion as a stable personality characteristic and use the Self-compassion Scale (Neff, 2003a); while other studies have provided compelling evidence for inducing self-compassion as a means of helping individuals cope.

People who adopt a self-compassionate mindset in the face of failures, losses, setbacks, and other difficulties tend to be happier, less anxious, more self-forgiving, and more willing to take personal initiative to promote their own well-being (Neff, 2003b, Neff, Rude, & Kirkpatrick, 2007). One key characteristic of self-

compassionate people is that they do not judge or criticize themselves following a shortcoming. Self-compassion is also negatively related to rumination and pessimistic thinking (Leary et al., 2007). Furthermore, self-compassion has been shown to buffer feelings of shame and criticism (Gilbert & Proctor, 2006). In addition, individuals with high self-compassion report less fear of failure than those who lack self-compassion (Neff, Hsieh, & Dejitterat, 2005).

In the same manner, self-compassion is correlated with positive psychological strengths such as optimism, wisdom, curiosity and exploration, and emotional intelligence (Heffernan, Griffin, McNulty, & Fitzpatrick, 2010; Hollis-Walker & Colosimo, 2011; Neff, Rude, & Kirkpatrick, 2007). Individuals with higher self-compassion report better emotional coping skills and the ability to repair negative emotional states (Neff, 2003a). Self-compassionate individuals are less likely to suppress unwanted thoughts and emotions than those who lack self-compassion (Neff, 2003a), and they are more likely to acknowledge that their emotions are important (Leary et al, 2007; Neff, Hseih, Dejitterat, 2005; Neff et al., 2007). Self-compassionate individuals recognize when they are suffering but are kind toward themselves in these moments, acknowledging their connectedness with the rest of humanity.

Self-compassion also predicts greater motivation to improve interpersonal functioning. Self-compassionate individuals have more compassionate goals in their friendships by providing social support and encouraging interpersonal trust with friends (Crocker & Canevello, 2008). Similarly, in romantic relationships partners describe their self-compassionate significant other as being more emotionally connected, accepting, and autonomy-supporting while being less detached, controlling, and verbally or physically aggressive than romantic partners who lack self-compassion (Neff & Beretvas 2012). Additionally, self-compassionate individuals are more likely to use compromising solutions as opposed to subordination when responding to interpersonal conflict (Yarnell & Neff, 2013). This research suggests the constructive relationship behavior of self-compassionate individuals may yield personal as well as interpersonal benefits.

Most researchers study self-compassion as a stable dispositional trait, while others have raised the question of whether self-compassion can be induced or taught. One study induced participants' self-compassion

through self-compassion prompts that led participants to think about personally negative events in ways that tapped into the three components of self-compassion; participants in the self-compassion condition reported less negative affect than participants in all of the other conditions (Leary, Tate, Adams, Hancock & Allen, 2007). Therefore, people who are lower in self-compassion can learn how to be more self-compassionate over time through positive cognitive restructuring; a coping technique that is most closely linked with self-compassion (Allen, & Leary, 2010). In addition, evidence suggests that an 8-week Mindful Self-compassion program was successful in training people to be more self-compassionate thus reducing depression and anxiety while increasing well-being when compared to a control group (Neff & Germer, 2013).

Self-Compassion & Sexual Assault

Sexual assault has long-term and short-term consequences that can be distressing for the physical, emotional and relational health of the victim. The construct of self-compassion may buffer sexual assault victims against negative emotional outcomes. Research on self-compassion finds that self-compassionate individuals who have experienced trauma are better able to deal with upsetting events than less self-compassionate individuals (Vettese, Dyer, Li, & Wekerle 2011). A study exploring self-compassion and trauma symptom severity found self-compassion to be negatively associated with avoidance coping strategies (Thompson & Waltz, 2008). However, self-compassion is linked to a greater willingness to take responsibility for ones' mistake (Leary, Tate, Adams, Allen, & Hancock, 2007). Specifically, individuals high in self-compassion are less likely to feel threatened by trauma related symptoms (Thompson & Waltz, 2008). This research demonstrates the importance of self-compassion as it relates to trauma. A number of studies have documented the psychological benefits of trait self-compassion; but only a few self-compassion inductions have been empirically tested using short-term manipulations, and all of these inductions demonstrate that self-compassion may also be malleable (Adams & Leary, 2007; Allen & Leary, 2010; Breines & Chen, 2012; Leary et al., 2007; Neff, Rude, & Kirkpatrick, 2007; Neff & Germer, 2013). However, more research is needed to examine the long-term benefits of self-compassion.

Current Study

The current study was designed to manipulate self-compassion and investigate whether self-compassionate individuals and those induced to respond self-compassionately will cope better following a hypothetical sexual assault scenario. By teaching participants about self-compassion and its benefits, we hoped to change participants' state self-compassion leading them to have a more positive self-attitude when confronted with a negative event like the hypothetical sexual assault presented in our scenario. Thus, we hypothesized that self-compassionate participants would cope better (e.g. less negative emotion, less negative identity, more positive identity, more likely to reach out and feel less at fault) after imagining the sexual assault, and we expected participants in the self-compassion manipulation to cope more positively than participants in the control condition. We also hypothesized that women who had been sexually assaulted in the past would anticipate more negative emotions, more negative identity, less positive identity, would be less likely to reach out and would feel more at fault. Additionally, we hypothesized that low self-compassionate participants who are in the self-compassion condition would respond more positively than participants in the control condition. This effect should be weaker for participants who are already high in trait self-compassion. Lastly, we hypothesized that sexual assault survivors may experience more negative emotion when imagining a sexual assault scenario; therefore, the self-compassion manipulation may be more effective for participants who have not experienced a previous sexual assault.

Method

Participants

The sample for this study consisted of 141 female participants from the University of North Florida with ages ranging from 18 to 49, (M =22.06, SD = 4.77). Participants were recruited from a pool of undergraduate psychology students via the Sona system, and earned extra credit from their professors for participating in the study. Most of the participants in the sample (72%; n =102) identified themselves as Caucasian/White, followed by 14% (n =19) African-American, 9% (n =13) Hispanic/Latino, 4% (n =5) Asian-American, 5% (n =7) Asian (including the Indian subcontinent), 3% (n =4) Native American (including Alaska Native), and 6% (n =8) of

participants identified as other ethnicities. Participants were allowed to select more than one ethnicity, therefore our percentages for ethnicity add up to more than a hundred percent. Participants' year in school was also assessed showing that 16 % ($n =22$) of the sample identified as first-year students, followed by 17 % ($n =24$) as second year students, 32 % ($n =45$) as third-year students, 29% ($n =41$) as fourth-year students, and 5% ($n =8$) as more than four years.

Sexual Assault and Rape History. Among 141 female participants, 78% participants reported that they have been sexually active. In addition, 39% of that sample reported a previous sexual assault history and 12% of the participants who had been sexually assaulted reported that they were also raped prior to participating in the study. The majority of the participants (75%) reported that they knew someone who had been sexually assaulted and 69% reported that they knew someone who had been raped. Only 5% of our sample reported that they volunteered at a rape crisis center.

Internal Review Board Procedure. Given the sensitive nature of this study, a thorough description of the study risk and benefits were required to get approval from the IRB. Although most studies provided informed consent and debriefing information, we took extra precautions to ensure the participants walked away from the study feeling empowered. Similar to other studies, the consent form informed participants that they were free to terminate their participation at any given time. In addition, we monitored participants for signs of distress throughout the study, and upon completing the study; every participant received an individual educational debriefing where they learned about the nature of the study and the topic of self-compassion. Specific details regarding the debriefing are outlined in the Study procedure. Although studying sensitive topics like sexual assault and rape are time consuming and pose many concerns about the level of risk that participants are exposed to; the results of these studies have great implications for policies and practices. Therefore, it is essential that researchers continue to explore ways of conducting those research studies with minimal risk to the participants.

Procedure

Participants read a brief description of the study on the UNF's Sona system and voluntarily chose to participate in the study. Once participants arrived in the lab, they were greeted by a research assistant and learned they would complete a survey on a social issue that affects women. Participants signed a paper consent form and learned that their responses would be completely anonymous. The information collected on the informed consent form was not linked to the survey responses, and the participants were informed that they were allowed to quit the study at any time without penalty. Each participant was assigned a code number and his/her survey was completed online. There was no way to trace the responses back to the participants because they did not put any identifying information on the survey. Upon signing the consent form, participants were individually assigned to a computer and completed the survey online via qualtrics, where they received an anonymous link.

First, participants were randomly assigned to the *self-compassion condition* or the *control condition*. At the beginning of each condition, participants were told that this was a two part study and the first part of the study was about reading comprehension. Specifically, participants read a prompt indicating that the researchers were interested in how people follow instructions and people's ability to read and answer different types of questions.

Self-compassion manipulation. Participants in the *self-compassion condition* read a self-compassion prompt educating them about self-compassion and its benefits. An excerpt of the prompt is as follows: "*The purpose of this exercise is to learn about a topic called Self-Compassion. If you see a friend or loved one suffering, you may offer them your compassion and support. Self-compassion is the same idea, but you are directing that compassion inward. Being self-compassionate means treating yourself with care, concern, and kindness when you are going through a difficult situation. Self-compassion also involves understanding that difficulties are part of the human condition, and no one is completely alone in his or her suffering. Overall, self-compassion is about taking care of yourself, not letting your emotions get the best of you, and keeping your*

challenges in perspective." Following the prompt, participants were asked to define self-compassion in their own words. Participants also responded to multiple-choice questions and true or false items testing their comprehension of the prompt that they read. An example of a multiple choice question reads: all of these are characteristics of self-compassion except for a) caring for oneself, b) feeling less responsible for your actions, c) treating oneself with kindness, and d) keeping your emotions in balance (with the answer being b). Following each question, participants received a prompt re-explaining that particular concept regardless if they answered correctly or not. Participants in the self-compassion condition also completed the learning prompt described below. This additional prompt was a distracter used to reduce demand characteristics and have participants believe that the first part of the study was indeed a reading comprehension. Participants also responded to multiple choice questions and true or false items testing their comprehension of the learning prompt that they read. Following each question, participants were given the correct answers.

Control manipulation. Participants in the *control condition* received a learning prompt educating them about verbal and serial learning. The excerpt of the control prompt is as follow: *"The purpose of this exercise is to learn about a topic called verbal learning. Two types of verbal learning tasks typically seen in the classroom have been identified and studied extensively: the serial learning task, and the free recall learning task. Serial Learning involves learning a list of terms in a particular order. Free-Recall Learning involves memorizing a list, but not in a special order. Recalling the names of the fifty states, types of reinforcement, and the organ systems in the body are examples of free-recall tasks"*. Participants were asked to define verbal learning in their own words and also responded to multiple-choice questions and true or false questions testing their comprehension of the prompt that they read. An example of a true or false question reads: *"Learning the ABC song would be an example of serial learning"* (the answer being false).

All participants then read a scenario in which they imagined a sexual assault happened to them. Participants read the following scenario: *Your best friend Melissa and her boyfriend are throwing a party at his house. You catch a ride with Melissa to the party. You felt shy at first, but then Melissa introduced you to some*

of her boyfriend's friends. You really hit it off with one guy; he was really cute and very nice. The two of you spent the whole night talking, laughing, and enjoying each other's company. At the end of the night, he offered to drive you home. You hesitated at first, but he seemed so nice and sweet, and since you had had a drink or two, you agreed to go with him. Once you were in the car, you explained to him how to get to your house, but you noticed he was going a different way. You asked him where he was going, and he insisted he was taking a shortcut. When he pulled into an empty parking lot, you started looking for your phone and realized it was in your purse on the floorboard. When you reached for it, he grabbed your arm, not letting you get to it. He started trying to kiss you and attempted to take off your clothes. You kept saying no and tried to fight him off, but the more you said no, the angrier he would get. He overpowered you, pulled your dress up, ripped your underwear and raped you. You begged him to take you home. Once he was done, he acted as though he had done nothing wrong and dropped you off at home.

Following the scenario, participants were told to write about the scenario depending on their given condition. Participants who received the self-compassion induction were told to write about the scenario from a self-compassionate perspective. The self-compassion writing prompt reads: "*Think back to the event you just imagined. Imagine you are talking to yourself about this event from a **compassionate** and **understanding** perspective*". *What would you say*? Participants in the control condition were just asked to write about the scenario. The control writing prompt reads: "*Imagine you were talking to yourself about the event that took place in the scenario. Please take a minute or two **to write about the event described on the previous page***". After writing about the scenario, participants completed the second part of the study where they responded to dependent measures assessing participants' emotions, identities, perceived identities from others, disclosure and future behavioral intentions. In addition, participants responded to questions assessing their sexual assault history and rated the believability of the imagined scenario that they read. Finally, participants completed some standard individual difference measures and demographics.

Upon completion of the survey participants received a private individual and educational debriefing by a female research assistant who explained the purpose and hypotheses of the study. This educational debriefing also clarified important information regarding sexual assault according to Rape, Abuse, and Incest National Network (RAINN). Specifically, the research assistant discussed how women could reduce their risk of sexual assault but that they cannot prevent sexual assault. The research assistant clarified how the only person at fault is the perpetrator and not the sexual assault survivor. All participants learned about self-compassion and its benefits at the debriefing. In addition, the research assistant discussed a variety of campus and community resources. At the end of the debriefing, participants were free to ask questions or make comments, and then the researcher provided them with helpful resources regarding sexual assault to keep or share with a friend.

Dependent Measures

Primary dependent measures assessing participants' state self-compassion, emotions, identities, perceived identities from others, disclosure and future behavioral intentions following the hypothetical scenario were examined. In addition a brief demographics questionnaire assessed participant's age and ethnicity.

State Self-compassion. Questions were developed to measure participants' state self-compassion. Although self-compassion is typically measured as a trait, we were interested in whether people were thinking self-compassionately about the sexual assault. State self-compassion was used as a manipulation check to check whether or not we induced participants' self-compassion with the induction. The state self-compassion dependent measure consisted of 8 questions assessing some of the subscales of the Self-compassion Scale. Participants answered these questions using a 7-point Likert type rating scale from 1 (*not at all true of me)* to 7 (*extremely true of me*). Example items were as follows: "If *the event described in the scenario had happened to me, I would try to be kind to myself"*, "If *the rape described in the scenario had happened to me, I would criticize myself"*; "*If the event described in the scenario had happened to me, I would want to be alone*". These items demonstrated good internal consistency (8 items: α=.82**).**

Negative Affect. Twelve emotions were selected and measured. Participants rated how much they felt each emotion following the hypothetical rape described in the scenario using a 7-point Likert type rating scale from 1 (*not at all*) to 7 (*extremely*). A total negative affect score was computed by averaging 12 items; nervous, humiliated, vulnerable, worried, embarrassed, scared, hopeless, overwhelmed, frustrated, emotional, self-conscious, and ashamed**.** The overall negative affect scale created was highly reliable (12 items; α = .89). High scores indicated more negative emotion.

Self-Identity. Participants also responded to items assessing how they would view themselves if the sexual assault described in the scenario had happened to them on a 7-pt Likert-type scale from 1 (*not at all true of me)* to 7 (*extremely true of me*). Participants rated fourteen positive and negative identity items. Example items read: *"If the rape in the scenario had happened to me, I would view myself as weak"* and *"If the rape in the scenario had happened to me, I would view myself as smart"*. A total negative identity score was computed by averaging 9 items: weak, foolish, irresponsible, powerless, stupid, damaged, worthless, used, and misleading. The items show good internal consistency (9 items; α = .85). Positive identity was computed by averaging 5 items: strong, powerful, careful, cautious, and smart. These items also showed good internal consistency (5 items, α=.74). Using the same scale, we also assessed the extent to which participants viewed themselves as a survivor or a victim. Those two variables were left separate because we had specific hypotheses about how participants would respond in the different conditions (participants who receive the induction should view themselves more as a survivor).

Disclosure/Reach out. Participants responded to seven questions assessing the likelihood they would share and disclose the rape described in the hypothetical scenario using a 7-point Likert type scale from 1 (*not at all likely)* to 7 (*extremely likely*). These questions measured the extent to which participant would disclose the event to a family member, a friend, a current romantic partner, health care providers or formal authorities. Two composites scores (formal and informal disclosures) were computed. An overall score for informal disclosure was computed for each participant by averaging 3-items: friends, family members, romantic partner (3 items; α

=.71). A formal disclosure score was computed by averaging 3 items: seek therapy, contact rape crisis, or police (3 items; α = .81). The items showed good internal consistency. We also measured participants' reported ability to cope on their own.

Fault. Participants responded to items assessing how at fault they would feel for the imagined sexual assault using a 7-point Likert type scale from 1 (*not at all true of me)* to 7 (*extremely true of me*). Example items read "*If the rape described in the scenario had happened to me, I would feel as though I was completely at fault*" and "*If the rape described in the scenario had happened to me, I would believe I deserved this*". An overall fault score was computed for each participant by averaging 7 items; the items showed good internal consistency (7 items; α=.76).

Perceived Identities. Participants responded to items assessing how they thought other people would perceive them following the imagined scenario using a 7-pt Likert-type scale from 1 (*not at all true of me)* to 7 (*extremely true of me*). Examples included: *"If the rape in the scenario had happened to me, I would think that other people would view me as weak"* and *"If the rape in the scenario had happened to me, I would think that other people would view me as careful.* A total negative perceived identity score was computed by averaging 12 items: weak, foolish, irresponsible, powerless, stupid, damaged, worthless, used, and misleading. The items showed good internal consistency (9 items; α = .87). A total of positive perceived identity was computed by averaging 5 items; strong, powerful, careful, cautious, and smart. The items showed good internal consistency (5 items, α = .80). We also assessed the extent participants believed that others would perceive them as a survivor or a victim. Those two variables were analyzed separately.

Future Behavioral Intentions. Participants responded to six items tapping into their behavioral intentions and future romantic relationships following the imagined scenario on a 7-pt Likert-type scale from 1 (*not at all true of me)* to 7 (*extremely true of me*). Example questions included: "*If this scenario had happened to me, in the future, I would avoid attending parties*" and "*If this scenario had happened to me, in the future, I*

would avoid going out with guys". The internal consistency was not calculated as they were analyzed individually.

Manipulations check questions. Participants rated some statements at the end of the survey assessing the experimental manipulation. The first manipulation question asked participants to what extent they showed kindness and compassion to themselves while imagining the rape scenario. Participants also answered two manipulation questions asking whether participants read information about self-compassion. Participants rated their responses on a Likert-type scale ranging from *(1 = not at all to 5= extremely).* Seven participants were excluded from the analyses because they missed the manipulation questions asking them to recall their condition.

Trait Self-compassion

Participants responded to the Self-compassion Scale (Neff, 2003a), a 26-item self-report scale that assesses compassion for oneself in difficult times. The overall Self-Compassion scale was found to be highly reliable (26 items; α = .92). The self-compassion scale consists of 6 subscales: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Participants rated their responses on a five-point Likert scale (*1 = almost never* to *5 = almost always*). An example of a self-kindness item reads: *"I try to be loving towards myself when I'm feeling emotional pain";* An example of a common humanity item reads: *"When I'm really struggling, I tend to feel like other people must be having an easier time of it";* and an example item of a mindfulness item reads: *"When something painful happens I try to take a balanced view of the situation".* The negative components (self-judgment, isolation and over identification) were reverse coded. A total self-compassion score was calculated by averaging all three positive components of self-compassion and all three reverse coded negative components of self-compassion. High scores indicated high trait self-compassion.

Results

Data Preparation

Prior to all data analyses, a thorough data inspection and data cleaning was conducted. Originally, one hundred and sixty-six female undergraduates completed the survey. Twenty-five participants were excluded prior to analyses. The excluded participants included 18 participants who completed less than half of the survey and 7 participants who missed the manipulation question asking them to recall their condition. The data cleaning ensured that all participants completed the survey and responded to the survey based on their given condition (*self-compassion or control*).

Preliminary Analyses

Preliminary analyses were conducted to ensure that all participants interpreted the imagined scenario in the same way; we measured how believable, realistic, possible, and typical the survey was as well as to what extent all participants were able to imagine themselves in the sexual assault scenario. We hoped to find that trait self-compassion, manipulated self-compassion, and sexual assault history did not predict these variables.

Correlation analyses revealed that trait self-compassion was not correlated with how believable, realistic, or possible participants rated the sexual assault scenario; as well as the extent to which participants imagined themselves in the sexual assault scenario. All p's ranged from .225 to .884. However, trait self-compassion marginally correlated with how typical participants rated the sexual assault scenario r (139) = -.153, p=.070.

T-test analyses also revealed no significant difference between participants' condition and how believable, realistic, typical and possible they rated the sexual assault scenario. In addition, all participants were able to imagine themselves in the scenario, regardless of condition. All p-values ranged from .104 to .964.

T-test analyses revealed no significant difference between participants' sexual assault history and how believable, realistic, typical, and possible they rated the sexual assault scenario. All p-values ranged from .574 to .969. However, the results revealed that participants' sexual assault history predicted the extent to which

participants were able to imagine themselves in the sexual assault scenario t (138) =-2.85, p =.009. Participants who had been previously sexually assaulted were able to imagine themselves more in the scenario (*M*=5.84; *SD*=1.16) than participants who had never been sexually assaulted (*M*=5.17; *SD*=1.63).

An independent sample t-test revealed a marginal significant difference between the self-compassion condition and the control condition t (138) = -1.85, p = .067. Participants in the self-compassion condition (*M* = 3.99; *SD* = 1.19) reported that they showed themselves more kindness and compassion while imagining the rape scenario than participants in the control condition (*M* = 3.59; *SD* = 1.35).

Hierarchical Analyses

Hierarchical regression analyses were conducted to test the effect of trait self-compassion, manipulated self-compassion (self-compassion condition and control condition) and sexual assault history on all of the dependent measures. Prior to running the hierarchical regression analyses, condition was dummy coded so 0 represented the control condition and 1 represented the self-compassion condition. Participant's sexual assault history was also dummy coded so that 0 represented no prior sexual assault and 1 represented prior sexual assault. Furthermore, trait self-compassion was centered and used as a predictor in the analyses. Zero-centered trait self-compassion, manipulated self-compassion (dummy coded), and sexual assault history (dummy coded) were entered in Step 1, the three two-way interactions between all variables were entered in Step 2 and the three-way interaction was entered in Step 3. Standardized betas as well as percent of variance explained are reported for each dependent variable in Tables 1 through 12.

State Self-compassion. Not surprisingly, trait self-compassion predicted state self-compassion, indicating that participants who were high in trait self-compassion experienced more state self-compassion than participants who were low in trait self-compassion. The results also revealed a significant main effect of manipulated self-compassion showing that participants who received the self-compassion manipulation (*M* = 4.28, *SD* = 1.23) experienced higher state self-compassion than those in the control condition (*M* = 4.05, *SD* = 1.28) (see table 1). These effects were not qualified by any interactions.

Table 1.
Hierarchical regression results for state self-compassion

		State Self-compassion	
State Self compassion			
Predictor	ΔR^2	β	p
Step 1	.391		.000
SA		-.030	.658
TSC		.621	.000
SCM		.155	.022
Step 2	.026		.122
TSC x SCM		.050	.570
TSC x SA		.098	.240
SCM x SA		-.204	.065
Step 3	.003		.429
TSC x SCM x SA		-.095	.429
Total R^2	.419		
N	141		

Note: Sexual Assault (SA) Trait Self-Compassion (TSC), Self-Compassion Manipulation (SCM).

Emotion. The hierarchical regression analysis revealed a significant main effect of centered trait self-compassion indicating that participants with high self-compassion had less negative emotion than participants with lower self-compassion. The analysis also revealed a significant main effect of manipulated self-compassion condition, such that participants in the self-compassion condition experienced less negative emotion than participants in the control condition. However, this main effect was qualified by a two-way interaction (See table 2). A significant self-compassion manipulation by sexual assault history interaction on negative emotion was found. The results indicated that for participants who had never been sexually assaulted, being in the self-compassion condition ($M = 5.53$, $SD = 1.19$) resulted in less negative emotion than being in the control condition ($M = 6.13$, $SD = 1.15$). However, for participants who had been sexually assaulted, being in the self-compassion condition ($M = 5.98$, $SD = 0.94$) made no difference on negative emotion when compared to those in the control condition ($M = 5.91$, SD $= 0.87$). Not surprisingly, participants in the self-compassion condition experienced less negative emotion if they had never been sexually assaulted, but sexual assault did

not impact negative emotion for control participants. The analysis also revealed a marginally significant interaction of trait self-compassion and sexual assault. Participants with low self-compassion who had never been sexually assaulted experienced less negative emotion than participants who had previously been sexually assaulted. However, participants with high self-compassion who had been previously sexually assaulted did not differ from participants who had not been sexually assaulted.

Table 2.
Hierarchical regression results for negative emotions

Negative emotions

Negative emotions

Predictor	ΔR^2	β	p
Step 1	.102		.002
SA		.047	.561
TSC		-.276	.001
SCM		-.187	.023
Step 2	.055		.037
TSC x SCM		.-092	381
TSC x SA		-.171	087
SCM x SA		.254	.056
Step 3	.000		.975
TSC x SCM x SA		.004	.975
Total R^2	157		
N	141		

Note: Sexual Assault (SA) Trait Self-Compassion (TSC), Self-Compassion Manipulation (SCM).

Self-Identity. The hierarchical regression for negative identity revealed a significant main effect of centered trait self-compassion indicating that participants with high self-compassion experienced less negative identity than participants with low self-compassion. The analysis also revealed a significant main effect of manipulated self-compassion, indicating participants in the self-compassion condition ($M = 4.00$, $SD = 1.20$) experienced less negative identity than participants in the control condition ($M = 4.58$, $SD = 1.14$). Step 2 was marginally significant due to a significant self-compassion manipulation by sexual assault history interaction on negative identity (see table 3).

Similar to emotion, the results indicated that for participants who had never been sexually assaulted, being in the self-compassion condition ($M = 3.80$, $SD = 1.16$) resulted in less negative identity than being in the control condition ($M = 4.67$, $SD = 1.20$). However, for participants who had been sexually assaulted, being in the self-compassion condition ($M = 4.27$, $SD = 1.21$) made no difference on negative identity when compared to those in the control condition ($M = 4.43$, $SD = 1.04$). Not surprisingly, participants in the self-compassion condition experienced less negative emotion if they had never been sexually assaulted, but sexual assault did not impact negative emotion for control participants.

In terms of positive identity, the analysis revealed a significant main effect of centered trait self-compassion indicating that participants with high self-compassion experienced more positive identity (see table 3). The analysis also revealed a significant main effect of manipulated self-compassion condition, indicating participants in the self-compassion condition ($M = 2.64$, $SD = 1.08$) experienced more positive identity than participants in the control condition ($M = 2.39$, $SD = 0.95$). The results revealed a significant main effect of sexual assault indicating that participants who had been sexually assaulted ($M = 2.24$, $SD = 0.83$) experienced less positive identity than participants who had not been sexually assaulted ($M = 2.69$, $SD = 1.10$). These effects were not qualified by any interactions.

Table 3.

Hierarchical regression results for negative and positive self-identities

	Self-Identities					
Negative Identity				Positive Identity		
Predictor	ΔR²	β	p	ΔR²	β	p
Step 1	.309		.000	.166		.000
SA		.039	.580		-.221	.005
TSC		-.501	.000		.319	.000
SCM		-.297	.000		.169	.033
Step 2	.036		.065	.018		.409
TSC x SCM		.409	.339		.155	.136
TSC x SA		-.077	.381		-.102	.299
SCM x SA		.259	.028		-.006	.964
Step 3	.000		.808	.004		.420
TSC x SCM x SA		.031	.808		-.115	.420
Total R²	.346			.187		
N	141			141		

Note: Sexual Assault (SA) Trait Self-Compassion (TSC), Self-Compassion Manipulation (SCM).

Survivor/Victim. The hierarchical regression revealed a significant main effect of trait self-compassion showing that participants with high self-compassion viewed themselves as a survivor compared to participants who were naturally low on self-compassion (see table 4). This main effect was not qualified by any interactions. In addition, there were no significant main effects of trait-self-compassion, manipulated self-compassion or sexual assault history on the victim outcome. Specifically the manipulation did not impact whether or not participants viewed themselves as a victim following the imagined sexual assault scenario.

Table 4.

Hierarchical regression results for survivor and victim self-identities

	Survivor/Victim					
Survivor				Victim		
Predictor	ΔR^2	β	p	ΔR^2	β	p
Step 1	.084		.008	.001		.990
SA		-.103	.217		.020	.821
TSC		.263	.002		-.007	.931
SCM		.087	.263		-.022	.798
Step 2	.022		.354	.008		.782
TSC x SCM		-.104	.337		-.049	.669
TSC x SA		.062	.547		.015	.893
SCM x SA		.204	.139		.139	.340
Step 3	.000		.978	.014		.178
TSC x SCM x SA		.004	.978		-.216	.178
Total R^2	.106			.023		
N	141			141		

Note: Sexual Assault (SA) Trait Self-Compassion (TSC), Self-Compassion Manipulation (SCM

Reach out/Disclosure. The results revealed a marginally significant main effect of trait self-compassion indicating that high self-compassionate participants were more likely to reach out to make a formal disclosure than low self-compassionate participants. A main effect of sexual assault revealed that participants who had not previously been sexually assaulted ($M = 5.43$, $SD = 1.51$) were more likely to press charges, seek therapy and contact a rape crisis center than participants who had been sexually assaulted ($M = 4.68$, $SD = 1.84$).

Regarding informal disclosure, a significant main effect of trait self-compassion was found such that participants with high self-compassion were more likely to reach out to a friend, family and current romantic partner than participants low in self-compassion. There was a marginal main effect of manipulated self-compassion indicating that participants in the self-compassion condition ($M = 5.23$, $SD = 1.84$) were more

likely to tell a friend, family or romantic partner than participants in the control condition (M = 4.90, SD = 1.73). These main effects were not qualified by any interactions (see table 5).

In addition, there was a main effect of trait self-compassion such that participants with high self-compassion were less likely to cope on their own than low self-compassionate participants (see table 6). In the same manner, participants who had previously been sexually assaulted were less likely to cope on their own (*M* = 4.46, *SD* = 2.03) than participants who had never previously been sexually assaulted (*M* = 5.16, *SD* = 2.02). These main effects were qualified by a three way interaction indicating that for participants with no previous sexual assault history, the manipulation did not impact the extent to which they said they would cope on their own. However, for participants with previous sexual assault experience, low self-compassionate participants who received the self-compassion induction were less likely to cope on their own than participants in the control condition (see figures 1 and 2).

Table 5.
Hierarchical regression results for formal and informal reach out

			Disclosure			
Formal				**Informal**		
Predictor	ΔR^2	β	p	ΔR^2	β	p
Step 1	.076		.012	.125		. 000
SA		-.220	.008		-.125	.122
TSC		.158	.058		.134	.000
SCM		.171	.215		.318	.098
Step 2	.014		. 560	.002		. 957
TSC x SCM		-.076	.485		.019	.863
TSC x SA		.003	.978		-.042	.676
SCM x SA		.204	.139		.043	.751
Step 3	.013		.170	.016		.170
TSC x SCM x SA		-.206	.170		-.228	.120
Total R^2	.143			.103		
N	141			141		

Note: Sexual Assault (SA) Trait Self-Compassion (TSC), Self-Compassion Manipulation (SCM).

Table 6.
Hierarchical regression results for cope on my own

		Reach Out	

Cope on my own

Predictor	ΔR²	β	p
Step 1	.073		.015
SA		.168	.044
TSC		.211	.012
SCM		.057	.489
Step 2	.009		.739
TSC x SCM		-.053	.628
TSC x SA		.068	.515
SCM x SA		.086	.533
Step 3	.020		.085
TSC x SCM x SA		-.259	.085
Total R²	.102		
N	141		

Note: Sexual Assault (SA) Trait Self-Compassion (TSC), Self-Compassion Manipulation (SCM).

Figure 1.

No Sexual Assault History

Figure 2.

Sexual Assault History
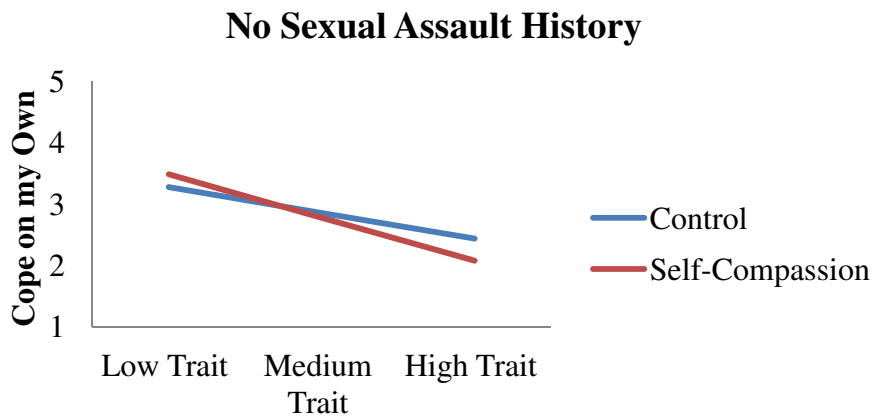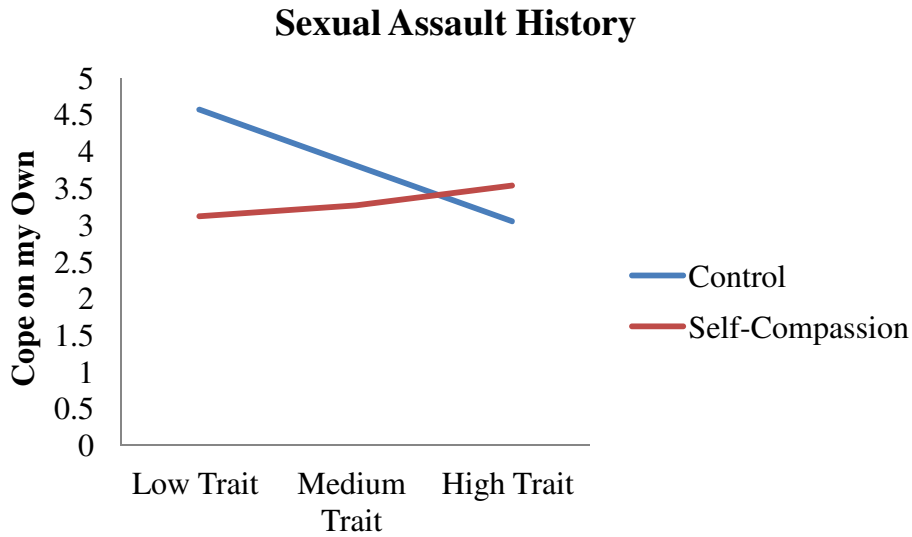
Fault. The hierarchical regression revealed a significant main effect of centered trait self-compassion indicating that participants with high self-compassion felt less at fault than participants who were low in self-compassion (see table 7). The analysis also revealed a significant main effect of manipulated self-compassion condition, indicating participants in the self-compassion condition ($M = 3.00$, $SD = 1.40$) felt less at fault than participants in the control condition ($M = 3.49$, $SD = 1.36$). A significant main effect of sexual assault was also found indicating that participants who had been sexually assaulted ($M = 3.56$, $SD = 1.47$) felt more at fault than participants who had not been sexually assaulted ($M = 3.05$, $SD = 1.31$). These effects were not qualified by any interactions.

Table 7.

Hierarchical regression results for fault

		Fault	
Fault			
Predictor	ΔR^2	β	p
Step 1	.231		.000
SA		.184	.015
TSC		-.408	.000
SCM		-.228	.003
Step 2	.006		.776
TSC x SCM		-.002	.981
TSC x SA		.066	.487
SCM x SA		.106	.402
Step 3	.005		.367
TSC x SCM x SA		-.124	.367
Total R²	.242		
N	141		

Note: Sexual Assault (SA) Trait Self-Compassion (TSC), Self-Compassion Manipulation (SCM).

Perceived Identities. Separate measures of positive and negative identities perceived by others were calculated. A significant main effect of trait self-compassion revealed that participants with high self-compassion believed that other people would view them less negatively than participants with low self-compassion (see table 8). A significant main effect of manipulated self-compassion revealed that participants in the self-compassion condition believed that other people would view them less negatively ($M = 3.77$, $SD = 1.43$) than participants in the control condition ($M = 4.68$, $SD = 1.38$). In addition, the analysis for perceived negative identity also revealed a significant main effect of sexual assault such that participants who had been sexually assaulted believed that other people would view them more negatively ($M = 4.63$, $SD = 1.33$) than participants who had not been sexually assaulted ($M = 3.99$, $SD = 1.51$). These effects were not qualified by any interactions.

In terms of perceived positive identities, the results revealed a significant main effect of trait self-compassion, such that participants with high self-compassion believed that other people would view them more positively than participants with low self-compassion (see table 8). In addition, there was a significant main effect of sexual assault indicating that participants who had been sexually assaulted believed that other people would view them less positively ($M = 1.61$, $SD = .78$) than participants who had not been sexually assaulted ($M = 1.96$, $SD = 1.15$).These effects were not qualified by any interactions.

Table 8.
Hierarchical regression results for negative and positive perceived identities

	Perceived Identities					
Negative				Positive		
Predictor	ΔR^2	β	p	ΔR^2	β	p
Step 1	.321		.000	.071		.018
SA		.221	.002		-.171	.040
TSC		-.420	.000		.181	.031
SCM		-.363	.000		.122	.144
Step 2	.011		.555	.012		.634
TSC x SCM		-.052	.196		.112	.310
TSC x SA		-.012	.893		-.102	.329
SCM x SA		.152	.582		-.009	.948
Step 3	.004		.358	.020		.895
TSC x SCM x SA		-.206	.170		-.228	.120
Total R²	.336			.083		
N	141			141		

Note: Sexual Assault (SA) Trait Self-Compassion (TSC), Self-Compassion Manipulation (SCM).

Perceived Survivor/Victim. The hierarchical regression revealed no significant main effect of trait self-compassion, manipulated self-compassion or sexual assault (see table 9) on the participants' belief that others would see them as a survivor. However, results revealed a two-way interaction between manipulated self-compassion and sexual assault history indicating that participants who had been sexually assaulted and received the self-compassion induction believed that others would be more likely to view them as survivors ($M = 5.18$,

SD = 1.96) compared to participants in the control condition who had been sexually assaulted (*M* = 3.76, *SD* =

2.20). There was no significant difference between participants with no sexual assault history, meaning that the

manipulation did not impact how participants with no previous sexual assault history believed that others would

perceive them. In addition, there were no significant main effects of trait-self-compassion, manipulated self-

compassion or sexual assault history on whether or not participants believed that others would view them as a

victim.

Table 9.
Hierarchical regression results for survivor and victim perceived identities

	Perceived Identity					
Survivor				**Victim**		
Predictor	ΔR²	β	p	ΔR²	β	p
Step 1	.031		.251	.017		.507
SA		-.060	.489		-.085	.324
TSC		.111	.203		.091	.291
SCM		.138	.113		.052	.547
Step 2	.052		.070	.025		.339
TSC x SCM		.137	.234		-.160	.162
TSC x SA		-.119	.264		-.041	.698
SCM x SA		.299	.037		.135	.344
Step 3	.013		.183	.000		.804
TSC x SCM x SA		.213	.183		-.039	.804
Total R²	.096			.042		
N	141			141		

Note: Sexual Assault (SA) Trait Self-Compassion (TSC), Self-Compassion Manipulation (SCM)

Future Intentions

Hierarchical regression analyses were also conducted to measure participants' future behavioral

intentions to avoid parties, dress more conservatively, avoid talking to unfamiliar guys, avoid walking alone at

night, avoid going out with guys, and avoid drinking at parties.

Avoid Attending Parties. A main effect of trait self-compassion was obtained indicating that

participants with high self-compassion would be less likely to avoid attending parties than those with low self-

compassion (see table 10). A main effect of manipulated self-compassion was also found showing that

participants in the self-compassion condition were less likely to avoid attending parties in the future ($M = 3.86$, $SD = 1.98$) than participants in the control condition ($M = 4.51$, $SD = 1.80$). These effects were not qualified by any interactions.

Dress more conservatively. Only a main effect of trait self-compassion was found indicating that participants with high self-compassion intended to dress less conservatively than participants with low self-compassion (see table 10). This effect was not qualified by an interaction.

Avoid Talking to Unfamiliar Guys. The results revealed a significant main effect of trait self-compassion such that participants with high self-compassion reported that they would be less likely to avoid talking to unfamiliar guys than participants with low self-compassion (see table 11). A significant main effect of sexual assault was found, such that participants who had previously been sexually assaulted reported that they would be less likely to avoid talking to unfamiliar guys ($M = 4.71$, $SD = 2.04$) than participants who had never been sexually assaulted ($M = 5.39$, $SD = 1.89$). These main effects were qualified by a two-way interaction of sexual assault by trait self-compassion. Participants with low self-compassion did not differ in their future intention to avoid talking to unfamiliar guys regardless of sexual assault history. However, for participants with high self-compassion, participants who had been previously sexually assaulted reported that they would be less likely avoid talking to unfamiliar guys when compared to participants who had not been sexually assaulted (see figure 3).

Table 10.
Hierarchical regression results for future behavioral Intentions

	Future Behavioral Intentions A					
Avoid Parties				Dress more conservatively		
Predictor	ΔR^2	β	p	ΔR^2	β	p
Step 1	.196		.000	.017		.507
SA		-.115	.143		.008	.195
TSC		-.397	.000		-.414	.000
SCM		-.207	.009		-.104	.086
Step 2	.006		.823	.020		.373
TSC x SCM		-.051	.626		-.123	.249
TSC x SA		-.035	.725		-.111	.268
SCM x SA		-.093	.474		.018	.891
Step 3	.011		.180	.010		.211
TSC x SCM x SA		.194	.180		.183	.211
Total R^2	.213			.206		
N	141			141		

Note: Sexual Assault (SA) Trait Self-Compassion (TSC), Self-Compassion Manipulation (SCM).

Figure 3.

Future Intentions
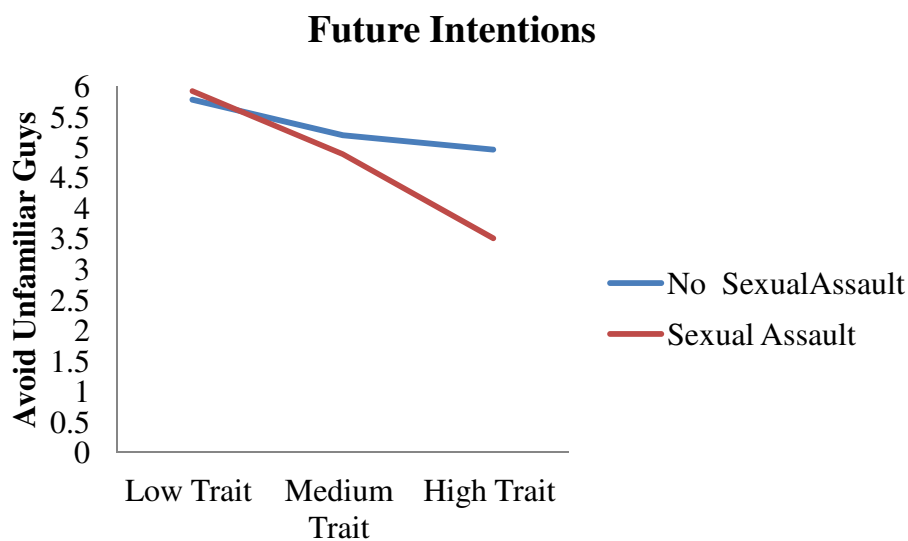
Avoid Walking Alone at Night. A significant main effect of trait self-compassion was obtained such that participants with high self-compassion reported that they would be less likely to avoid walking alone at night than participants with low self-compassion (see table 11). A significant main effect of sexual assault was found, such that participants who had previously been sexually assaulted reported that they would be less likely to avoid walking alone at night ($M = 5.95$, $SD = 1.73$) than participants who had never been sexually assaulted ($M = 6.34$, $SD = 1.15$). These main effects were not qualified by any interaction.

Table 11.

Hierarchical regression results for future behavioral Intentions

	Future Behavioral Intentions B					
	Avoid Unfamiliar Guys			Avoid Walking Alone at Night		
Predictor	ΔR^2	β	p	ΔR^2	β	p
Step 1	.142		.000	.047		.089
SA		-.166	.040		-.138	.104
TSC		-.338	.000		-.165	.052
SCM		-.066	.418		.022	.792
Step 2	.046		.066	.031		.220
TSC x SCM		-.048	.645		-.045	.685
TSC x SA		-.241	.016		-.160	.129
SCM x SA		-.137	.302		.164	.241
Step 3	.002		.588	.004		.438
TSC x SCM x SA		.078	.588		-.119	.438
Total R²	.190			.082		
N	141			141		

Note: Sexual Assault (SA) Trait Self-Compassion (TSC), Self-Compassion Manipulation (SCM).

Avoid going out with Guys. The analysis revealed a significant main effect of trait self-compassion; participants with high self-compassion reported that they would be less likely to avoid going out with guys (see

table 12). The analysis also revealed a marginally significant main effect of condition, indicating that participants in the self-compassion condition would be less likely to avoid going out with guys in the future (M = 3.82, SD = 2.01) than participants in the control condition (M = 4.21, SD = 2.12). These main effects were not qualified by any interactions.

Avoid Drinking at Parties. There was a significant main effect of trait self-compassion such that participants with high self-compassion reported that they would be less likely to avoid drinking at parties than participants with low self-compassion (see table 12). Sexual assault had a significant effect on participant's future intentions to avoid drinking at parties. Participants who had been previously sexually assaulted reported that they would be less likely to avoid drinking at parties (M = 4.30, SD = 2.12) when compared to participants who had never been sexually assaulted (M = 5.28, SD = 2.04). However, these main effects were qualified by a two-way interaction of sexual assault by trait self-compassion. Participants with low self-compassion did not differ in their intent to avoid drinking at parties; however participants with high self-compassion did differ. Participants with high self-compassion who had been sexually assaulted reported that they would be less likely to avoid drinking at parties than participants who had not been sexually assaulted (see figure 4). In addition, the analysis revealed a marginally significant two-way interaction of trait self-compassion by condition. Participants who were low in self-compassion who received the self-compassion manipulation reported that they would be less likely to avoid drinking at parties than participants in the control. This interaction was even more noticeable for participants with high self-compassion; such that participants with more self-compassion who received the self-compassion manipulation reported that they would be less likely to avoid drinking at parties than participants who were in the control condition (see figure 5).

Table 12.
Hierarchical regression results for future behavioral Intentions

	Future Behavioral Intentions C					
Avoid going Guys				Avoid Drinking at Parties		
Predictor	ΔR²	β	p	ΔR²	β	p
Step 1	.145		.000	.113		.001
SA		.027	.742		-.223	.007
TSC		-.371	.000		-.242	.004
SCM		-.142	.089		-.088	.284
Step 2	.024		. 320	.075		.009
TSC x SCM		-.056	.602		-.196	.062
TSC x SA		-.170	.102		-.232	.020
SCM x SA		.028	.837		.124	.344
Step 3	.005		.367	.002		.601
TSC x SCM x SA		.135	.367		.075	.601
Total R²	.174			.190		
N	141			141		

Note: Sexual Assault (SA) Trait Self-Compassion (TSC), Self-Compassion Manipulation (SCM).

Figure 4.

Future Intentions
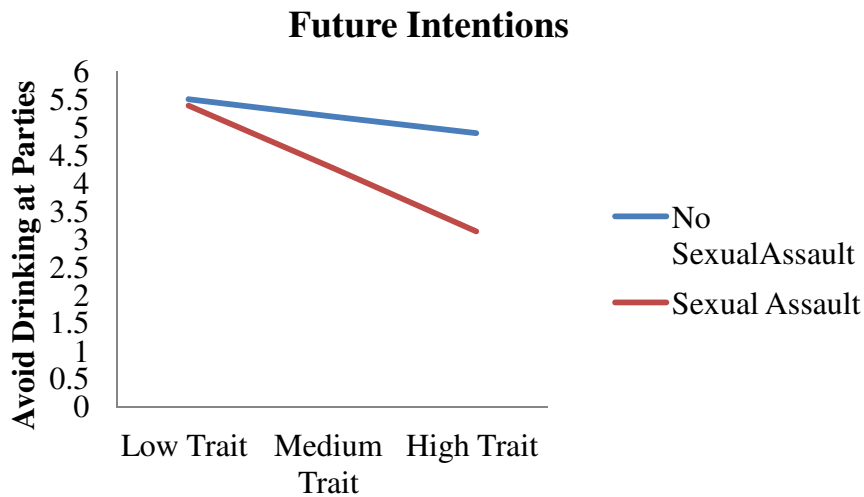
Discussion

  This study sought to investigate whether participants' state self-compassion could be induced through a short self-compassion manipulation prompt designed to teach participants about self-compassion and its benefits. We also investigated the relationship between self-compassion and coping with a traumatic event, specifically sexual assault. Self-compassion is a recently identified construct that may play a role in adapting to negative life circumstances. Self-compassion has been identified as a characteristic that promotes adaptive cognitive, behavioral and emotion processes (Neff, 2003a), and preliminary evidence suggests that it can be taught to people who are more self-critical (Adams & Leary, 2007; Gilbert & Proctor, 2006; Leary, Tate, Allen, Hancock, 2007). We used an experimental design to assess how the self-compassion manipulation and trait self-compassion impact participants' perceptions of coping. We hypothesized that priming participants to take a self-compassionate stance prior to reading the imagined sexual assault scenario would lead to less negative responses and emotions in contrast to participants who were neutrally primed. Specifically, we predicted that participants who were primed to take a self-compassionate stance would report feeling less negative emotion, more positive identity, more state self-compassion, less at fault, more likely to reach out and more likely to believe that others will view them positively following the imagined scenario

Self-compassion manipulation

As predicted, the findings demonstrated that we effectively induced participants' state self-compassion leading them to experience less negative emotion, less negative identity, more positive emotions, and more state self-compassion. In addition, the manipulation made them feel less at fault, be less likely to believe that others would view them negatively following the hypothetical sexual assault scenario, be more likely to make an informal disclosure, and be less likely to avoid parties, dressing conservatively, and going out with guys. To date, a few research studies have used short self-compassion inductions to lead participants to think about negative situations in a self-compassionate way (Adams & Leary, 2007; Allen & Leary, 2010; Breines & Chen, 2012; Leary et al., 2007; Neff, Rude, & Kirkpatrick, 2007). These manipulations included using experimental self-compassion prompts in a controlled lab setting where participants wrote about a negative life event or a failure in a self-compassionate way. However, part of the self-compassion induction was very informational and applied; participants wrote about self-compassion in their own words and responded to reading comprehension questions that tested their understanding of the concept. The short experimental prompt described self-compassion and informed participants about current research findings on self-compassion; the prompt also encouraged participants to practice self-compassion in their daily lives. In addition, participants applied the self-compassion induction when they were asked to write about the hypothetical sexual assault from a self-compassionate perspective. The findings are consistent with previous research in which a self-compassion induction led participants to report less negative affect and more kindness to themselves (Leary, Tate, Adams, Allen, & Hancock, 2007). In addition, the findings uniquely contribute to the effect of self-compassion induction in relation to trauma, specifically following a hypothetical sexual assault scenario.

Trait Self-compassion

As predicted, participants with high self-compassion reported less negative emotion, less negative identity, more positive identity, more state self-compassion, a higher likelihood to reach out, more likely to identify themselves as a survivor, less likely to feel at fault, more likely to believe that others would view them positively and less likely to believe that others would view them negatively than low self-compassionate

participants. Similar to previous research, we also found that trait self-compassion was related to anticipated emotional well-being; these results replicated the vast number of studies linking self-compassion with less psychological distress and better emotional coping skills and better ability to repair negative emotional states (Leary et al., 2007; Neff, 2003a, 2003b, 2011). These findings also support previous research on self-compassion which demonstrated that self-compassionate individuals who have experienced trauma cope better and that self-compassion is negatively associated with avoidance coping strategies (Thompson & Waltz, 2008; Vettese, Dyer, Li, & Wekerle 2011). The results of the study demonstrated that people higher in self-compassion anticipated feeling less at fault when imagining a sexual assault had happened to them. More importantly, participants higher in self-compassion reported that they were more likely to treat themselves kindly following the sexual assault. These findings confirmed that individuals with high self-compassion are less likely to feel threatened by trauma related symptoms (Thompson & Waltz, 2008). In addition, more self-compassionate participants were less likely to avoid going to parties, dress more conservatively, avoid unfamiliar guys, avoid going out alone, avoid going out with guys and avoid drinking at parties, and this effect was more pronounced when participants have a sexual assault history. It is possible that participants who had previously experienced a sexual assault are aware of their behaviors and are reporting their behavior post their assault experienced. Past self-compassion research shows that people who are self-compassionate are accepting of themselves and are less likely to deny their shortcomings or judge themselves (Allen & Leary, 2010).

Self-compassion and Sexual Assault

Sexual assault was included as one of the predictors in the analyses because 39% of the sample reported that they had been sexually assaulted. Results revealed sexual assault history contributed to how people anticipated they would feel following the hypothetical scenario. The sexual assault hypothesis was partially supported; women with past sexual assault history reported that they would experience less positive identity, would feel more at fault, would be less likely to press charges and reach out to a professional, would be less likely to cope on their own, would be less likely to avoid unfamiliar guys, would be less likely to avoid walking alone, and would be less likely to avoid drinking at parties. These findings are consistent with studies that have

documented the prevalence of psychological distress and non-disclosure amongst women who have been sexually assaulted (Arata, 1999; Davis & Breslau, 1994; Feiring, Taska, & Lewis, 2002; Frazier & Schauben, 1994).

All participants in the self-compassion condition were prompted to write about the sexual assault scenario from a self-compassionate perspective. The findings revealed that the self-compassion induction led women who had not been sexually assaulted to cope better than the control condition following the hypothetical sexual assault scenario. Specifically, the self-compassion manipulation (over the control) led to less negative emotions and less negative identity for women who had never experienced sexual assault. This finding demonstrates that participants who have never been sexually assaulted really benefited from the manipulation that promoted self-kindness, common humanity and mindfulness which in turn lessened the anticipated negative affect of sexual assault.

Surprisingly, women with a history of sexual assault did not experience many of the benefits we hoped would result from the self-compassion induction such as reduced negative emotion and negative identity. Perhaps, the self-compassion manipulation was not as effective for participants who had been sexually assaulted because their emotions were more intense than participants who have never been sexually assaulted and simply imagined the scenario. These interactions suggest a short-term self-compassion manipulation may be more helpful in prevention settings rather than recovery settings. Women who have experienced sexual assault may need longer and more intensive self-compassion training.

In contrast with these findings, one interaction showed that sexual assault survivors did experience a specific benefit in that they were more likely to see themselves as survivors in the self-compassion condition as opposed to the control condition. By teaching participants about self-compassion and having them think through the assault experience in a self-compassionate way, sexual assault survivors were able to identify with the "survivor" label more. In addition, participants who were low in trait self-compassion who had been sexually assaulted and received the self-compassion induction were less likely to cope on their own than participants in

the control. Therefore, the self-compassion manipulation may have helped sexual assault survivors realize that isolating oneself is not self-compassionate. Previous research has suggested that the disclosure of sexual assault to peers or family members can provide survivors with emotional support; and can also help with policy decisions and local interventions (Allen, 2007; Kilpatrick et al., 2007; Skogan, 1976). In contrast, not reaching out can increase feelings of shame, blame, and guilt, and hinder a positive recovery following an assault. Although the self-compassion manipulation was not as impactful for women with a sexual assault history, this unique finding demonstrates the importance of the manipulation in leading low self-compassionate women who have experienced sexual assault to reach out and seek help.

Surprisingly, participants who had been sexually assaulted were less likely to avoid talking to unfamiliar guys and avoid drinking at parties. People who have been sexually assaulted do not have to imagine the sexual assault, as they have already experienced an assault and they are aware of their behavior following the assault. Compared to women who have been sexually assaulted, women who have never been sexually assaulted do not have a previous sexual assault history; therefore the fear they feel when reading the scenario might make them believe they would change their behavior. For instance, participants with high self-compassion who had been sexually assaulted reported that they would be less likely to avoid drinking at parties and marginally less likely to avoid unfamiliar guys than participants who had not been sexually assaulted. This finding emphasizes the difference between imagined and actual behaviors and reflects the importance of one's internalization of their assault and their behavioral intentions following the assault. The women who have experienced a sexual assault and are self-compassionate may be reporting their true behavior since their assault and they recognize that it has not changed. In fact, people who are more self-compassionate may be more honest with themselves; therefore, these sexual assault survivors realize their behavior and are not trying to deny it or criticize themselves.

Limitations/Strengths

Although the sample consisted of only college students, female college students are an at-risk group for sexual assault (RAINN.org). Moreover, many participants had been sexually assaulted, and the majority of participants knew someone who had been sexually assaulted. Regardless, generalizability is a limitation of the

study due to our unique sample of female undergraduate students. Although the scenario involved an imagined sexual assault, the majority of the participants found the scenario to be believable, realistic and possible across all three predictors. Those findings demonstrate that the participants were able to imagine themselves in the scenario because it was realistic. In fact, women who had been previously sexually assaulted reported that they had an easier time imagining themselves in the situation than women who had not been sexually assaulted. This study only sampled female participants because the imagined sexual assault scenario involved a women being raped by a man. We did not measure sexual orientation in the study; therefore we are unaware of how this might have impacted participants' emotional reactions. Another potential limitation was the short self-compassion manipulation; the induction was not as effective for women who had previously experienced a sexual assault leading us to believe that maybe survivors need a more powerful self-compassion induction. Therefore, women who have experienced sexual assault may need to practice self-compassion over a longer period of time. However, the findings show promise that the self-compassion manipulation helped all participants, even those who have been sexually assaulted and effectively induced participants' state self-compassion leading them to experience more positive emotions, feel less at fault and be less likely to believe that others would view them negatively following the hypothetical sexual assault scenario.

Implications and Future Research. Past findings on sexual assault suggest that women who have been sexually assaulted experience a great deal of psychological distress and are less likely to disclose and reach out. The findings demonstrated that self-compassion impacts the way people cope with traumatic events. In addition, the self-compassion induction was unique and seemed to be particularly effective for people who had not experienced a sexual assault. The self-compassion manipulation was multifaceted, so we cannot draw any conclusions about the key elements that led the manipulation to work. However, the effectiveness of this manipulation is noteworthy. Given the percentage of young women who have experienced a sexual assault in the study and the knowledge that we have on the internalization of the sexual assault; we suggest that a long term induction may help decrease the negative affect experienced by women who have been sexually assaulted.

This study lays a foundation for using self-compassion as a potential therapeutic intervention for sexual assault survivors. Although there are support groups and risk reduction strategies that are put in place to help survivors recover from sexual assault trauma, self-compassion may be an additional factor that will help buffer against the negative effects of sexual trauma. Anecdotally speaking, during the debriefing participants were asked about their knowledge of self-compassion and participants also received an educational debriefing providing them with more information about self-compassion and how it relates to sexual assault. Most participants were unfamiliar with the construct of self-compassion and mentioned how helpful they found the information that was provided in the prompt and during the debriefing. Participants said they believed that self-compassion could help them in their daily lives.

This study was grounded in the assumption that teaching participants about self-compassion and the various benefits of self-compassion would help participants internalize a kind attitude toward themselves and promote well-being for women who have been sexually assaulted. Research on self-compassion shows that being self-compassionate has extensive benefits; little research has assessed self-compassion as it relates to coping with traumatic events. We believe that the present study showed the benefits of self-compassion and the self-compassion induction to help women who have experienced a sexual trauma. Additional research is needed to investigate better ways to help boost self-compassion in sexual assault survivors in order to help them experience less negative emotion, less negative identity, and move forward in a healthy way.

Appendix A

Research Participant Consent Form

Women's College Case Study Survey

Stephanie Cazeau B.S.

University of North Florida

Department of Psychological Sciences

Please read this consent document carefully before you decide to participate in this study.

Purpose of the Research Study: **This online questionnaire explores women's thoughts, feelings, and behavioral intentions regarding an imagined sexual assault scenario. In this study, you will be asked to read an imagined scenario and asked to fill out several brief questionnaires, including basic demographics. You will be asked to answer questions about your thoughts and feelings on this imagined event.**

Specific Procedures to be Used: You will be asked to read an imagined scenario and complete a questionnaire on the computer.

Duration of Participation: Your participation should take no more than one hour.

Benefits to the Individual: By participating, one benefit you will receive includes learning more about the research process.

Compensation: You will be compensated with one hour credit in exchange for your participation if your instructor agrees to that compensation. If your instructor is giving extra credit for research participation, he or she should also offer alternative extra credit opportunities that do not involve participating in research. Please contact your professor for more information about alternative extra credit opportunities for your class.

Risks to the Individual: Minimal – The risks are no greater than those encountered in daily social interactions. The only foreseeable risk is that you may be troubled by some of the information presented; you will be asked to imagine a traumatic event and report how would handle that event emotionally. This exercise may cause you some personal distress; therefore, please feel free to discontinue your participation at any time.

Confidentiality: Strict anonymity of all data will be upheld. Your responses will remain anonymous and will not be associated with any identifying information. You will be assigned a code number, and your responses will be stored in a computer according to the code number and not by name. As such, your name will not be associated with your responses and will not be used in any report. Moreover, all data will be analyzed by group averages and not by individual responses. The project's research records may be inspected by the University of North Florida Institutional Review Board or its designees to ensure participants' rights are being protected.

Voluntary Nature of Participation: Your participation in this research project is strictly voluntary. You do not have to participate. If you agree to participate, you can withdraw at any time without penalty. You will receive your credit whether you complete the study or withdraw. You do not have to answer any question you find objectionable.

Resources: Given the sensitive nature of this topic, we would like to provide you with some resource information in case you want to speak with someone about sexual assault. The UNF Counseling Center (904-620-2602) and the UNF Women Center (904-620-2528) are both available to UNF students. In addition you can contact the Rape, Abuse, and Incest National Network via a 24-hour hotline, 1-800-656-HOPE (4673), or the Rape hotline, 904-721-7273, available through the Jacksonville Women's Center.

Human Subject Statement: If you have any questions about this research project, you can contact Dr. Ashley Allen, (904) 620-1643, a.allen@unf.edu. If you have concerns about the treatment of research participants, you can contact the chair of the UNF Institutional Review Board at (904) 620-2498 or irb@unf.edu

I ATTEST THAT I AM AT LEAST 18 YEARS OLD. I HAVE HAD THE OPPORTUNITY TO READ THIS

CONSENT FORM AND ASK QUESTIONS ABOUT THE RESEARCH STUDY. I AM PREPARED TO

PARTICIPATE IN THIS STUDY.

If you agree to participate, please sign your name below. By signing, you indicate you have received a copy of this informed consent.

        Name: _____   Date_____

Appendix B
Template for Script

Self-Compassion and Sexual Assault
Stephanie Cazeau B.S.
University of North Florida
Department of Psychological Sciences

Hello Everyone, I am a research assistant in the Psychology department, and we are gathering data about reactions to imagined events. **First, I want to thank you for considering participation in our research study. All of you have read a brief description on SONA about today's study, but I want to tell you a little more about this study. If you agree to participate in this study, you will receive credit from your professor if he or she gives credit for research participation.**

First before we get started, I need to ask everyone to put their cell phones on silent and put them away. They should not be on your desk or your lap, but should be under the desk or in a bag or backpack.

In today's study, you will complete an online questionnaire on your thoughts and feelings toward a challenging social issue that affects women. However, before you begin the questionnaire, according to the rules of the University of North Florida, all participants must read and sign a consent form. This form lists your rights and states that you are free to withdraw from the study at any time. Please read over the consent form when once given to you, and when you've finished, sign and date the page. If you have any questions while reading over the consent form, let me know. Then place the informed consent in the envelope and seal it for me. This consent form is for our records, and this other copy is for you to keep.

To begin today's study, I would like for you to complete an online questionnaire. You will be asked questioned about your thoughts, feelings, and behavioral intentions regarding a hypothetical scenario that may affect women.

Because many of these questions are of a sensitive and emotional nature, I would like to point out (as the consent form stated) that your responses will be entirely **anonymous**. Meaning that you are assigned an ID number, and your data **will not** be associated with your name. That is why you sealed the consent form in an envelope to keep it separate from the data so that there is **no way to trace your responses back to you**.

After you complete the questionnaire, you will begin the debriefing where you will read more information about today's study and will be given a thorough explanation about the purpose of this research project. Thus, I need for you to remain quiet until you finish the questionnaire. If you have any questions, please feel free to raise your hand and the research assistant will assist you.

Thank you for your participation, you may login to the computer and begin taking the questionnaire.

Template for Debriefing

Self-Compassion and Sexual Assault

Stephanie Cazeau B.S.

University of North Florida

Department of Psychological Sciences

First, I would like to thank you for participating in this study. I really appreciate you taking the time to complete this questionnaire today.

I am sure that you may have questions as I explain what the study was about, and I want to answer all of your questions as we go along so please feel free to ask them at any time.

Let me start by reminding you that your responses on today's online questionnaire are completely anonymous. There is no way to trace the responses on the questionnaire back to you because you did not put any identifying information on the questionnaire.

I realize that the topic of today's online questionnaire and many of the questions you were asked were of a sensitive and potentially upsetting nature. And, thus, I would like to explain the purpose of the study to you so that you can understand why we asked that particular set of questions. The goal of this debriefing is to explain the purpose of the study, provide you with some information on sexual assault and rape, give you some helpful resources, and finally answer any questions that you may have about today's study.

This study is investigating the relationship between self-compassion and anticipated coping when imagining a sexual assault.

First, what is self-compassion? Let's start by imagining a friend who has had something bad happen in her life. As her friend, you would have compassion for her and what she is going through. You would treat her with kindness. Self-compassion is basically doing the same thing for ourselves. So, if an emotional or painful event happens in our lives, we show ourselves compassion.

The concept of self-compassion has 3 parts to it. The first component is self-kindness. Self-kindness is just like it sounds. It is being kind to ourselves after a painful event rather than being overly critical of ourselves. The second component is called common humanity. Common humanity is feeling connected with others and realizing that experiencing negative events is part of being human and that we are not alone. The third component is mindfulness which involves focusing on the present rather than the past or future and being aware of our emotions. In psychology, self-compassion is a type of personality variable so some people have high self-compassion while other people have lower self-compassion. (Just like self-esteem, some people have high self-esteem and others may have lower self-esteem).

We have developed several hypotheses for this project. First, we predicted that individuals with high self-compassion will report feeling less at fault after reading about an imagined sexual assault. Also, we predicted that people with high self-compassion will be less critical on themselves and feel less guilt and shame after imagining a sexual assault happened to them. Finally, some of you were assigned to a self-compassion condition where we led you to think about the imagined scenario in a self-compassionate way. Therefore, we anticipate that participants in this condition will feel less at fault and less critical of themselves than participants

in the control condition. If results from this study indicate that people with higher self-compassion report less anticipated negative responses following an imagined sexual assault and we can momentarily change participants' self-compassionate responses, future research will focus on boosting self-compassion in sexual assault survivors as a potential therapeutic technique to help them move forward with their lives.

To make sure that we are all on the same page and that everyone in the study gets an educational experience by being in this study, I want to discuss a few terms that were mentioned in the online questionnaire.

First what is sexual assault? According to the Rape, Abuse, and Incest National Network, a credible organization known as RAINN, sexual assault is defined as "unwanted sexual contact that stops short of **rape** or attempted rape. This includes sexual touching and fondling" (RAINN)
Rape is defined as "forced sexual intercourse, including vaginal, anal, or oral penetration. Penetration may be by a body part or an object."

According to the rape, abuse, and incest national network website, 1 in 4 women have been sexually assaulted as an adult or sexually molested as a child. 38% of rapists are friends or acquaintances; and every 2 minutes someone in the US is sexually assaulted, approximately 207,754 victims of sexual assault each year. Although both men and women can be sexually assaulted, this is a social problem that affects significantly more women.

Throughout the questionnaire you were asked about whether the imagined sexual assault could have been prevented or whose fault it was. I want to clarify that we asked these questions because some women may feel at fault for a sexual assault, and we wanted to learn if people with higher self-compassion would be kinder to themselves following an imagined sexual assault. However, it is very important that everyone learns today, that although we can reduce our risk of sexual assault, we CANNOT prevent sexual assault from happening. Also, it is important to remember that the fault lies solely with the perpetrator of the assault who did NOT obtain consent before any sexual activity. There is only one person to blame for a sexual assault, and it is NOT the sexual assault survivor. Although women may report feeling somewhat at fault for certain behaviors . . .perhaps they feel that they shouldn't have flirted or accepted a ride home with someone, women should NOT feel guilty following a sexual assault because NO ONE has the right to force sexual behavior on another person without their consent.

Although sexual assault cannot be prevented, there are a few ways to reduce your risk.
Today, I want to share some of these tips with you. You may be familiar with some of them, but these suggestions can always serve as good reminders.

First, be aware of your surroundings and try to avoid isolated areas. Avoid walking alone with headphones in your ears, and try to always have your cellphone on you and be sure that it is charged. This first suggestion deals more with the possibility of stranger rape; however, in the majority of rapes and sexual assault, the sexual assault survivor knows the perpetrator. The following tips help to reduce the risk of acquaintance rape.

When you meet someone, trust your instincts; if something feels wrong, pay attention to that feeling. Don't worry about being too nice or too polite. Often as women, we are too nice and we worry about hurting someone's feelings. But, if something feels off, pay attention to your feelings.

Here's another risk reduction strategy that I highly recommend: If you meet someone and that person is NOT paying attention to you when you say no to little things, be careful, that person may ignore your wishes when you say no to bigger things. For example, imagine someone offers to buy you a drink. You say, "No Thanks, I'm good." Yet, they insist on buying you a drink anyways. They say, "No, you've gotta have a drink on me."

Pay attention to this. This person is clearly ignoring what you just told them. It may seem like a little thing, but they are clearly ignoring your NO and may do so later on.

Likewise, if you have a drink, do not leave your drink unattended, and do not accept drinks from people you do not know. Most importantly, be very careful with how much alcohol you consume; because we become much more vulnerable under the influence of alcohol or other drugs.

Also, as a woman, use the buddy system for women, and never ever leave a friend behind or let her leave alone with someone she doesn't know well. Watch out for each other.

These are just a few ways to reduce your risk, but keep in mind that we can never completely prevent a sexual assault and it is only the fault of the perpetrator who did not obtain consent.

We understand many people may have experienced something similar to our scenario or know someone who has been sexually assaulted, and this questionnaire may have brought back painful emotions. We want you to know that you are not alone, and there are many credible and helpful resources for you or for you to tell others about. I also have a card with these resources on it for you to keep or to give to a friend.

We have several resources on campus. We have the UNF Women center along with the Counseling Center are **available to listen and offer their assistance**.

Jacksonville Rape Crisis Hotlines (Women Center of Jacksonville) have rape crisis centers with hotlines for people to call and finally, there is the national network at RAINN which has both an online chat and telephone hotline at RAINN.org
All of this information is on the resource card that we have for you.

There are a few other things I need to talk to you about. In order for us to draw any conclusions, we will have to combine the data we got from you with the data we get from other people. What this means is, it is necessary for us to ask you not **to discuss our study hypotheses with anyone else.**

Why does it matter? Several reasons.

1. If you talk to someone else about the study purpose, it would be the same as if I told her the purpose of the study at the beginning. Their responses would not be spontaneous and natural.

2. If this happened, we wouldn't have enough valid data to draw any conclusions about the average person.

3. What this means is **that the study would be wasted; your time would be wasted and our time would be wasted.**

4. Although we do not want you to discuss the study purpose and hypotheses with other people, we do understand that you may need to express some of your thoughts and feelings regarding the study to close others. In particular, if this study resonated with you, it may be helpful to talk to others about your thoughts and feelings in order to process them and engage in positive coping.

This is important research that could potentially impact the lives of many people. We believe that boosting self-compassion in women who have been sexually assaulted may help them be kinder to themselves and help them move forward in a happy and healthy way. This study is the first step to learning more about self-compassion in this domain.

Again, please feel free to ask any questions or offer comments or suggestions. We are really interested in your feedback.

[In addition, if you want to know the results of the study (what we found), feel free to contact me. We should know some of the results at the end of the year.]

Thanks again for your participation.

Appendix C
Questionnaire

Instructions: Welcome to the Reading Comprehension Part of the study. Thank you for helping us out and taking this survey! Please answer every question on this survey to the best of your ability.

Self-Compassion Condition 1

In this study, the researchers are interested in your ability to read and answer questions regarding the provided reading materials.

We are interested in how people follow instructions and answer different types of questions. Please answer each question to the best of your ability.

The first part of this study involves a self-reflection exercise. Please read through the information below and think about how it applies to your daily life.

You will be asked questions about this exercise.

The purpose of this exercise is to learn about a topic called Self-Compassion. Although self-compassion may be a new term, most people are familiar with the concept of compassion. If you see a friend or loved one suffering, you may offer them your compassion and support. *Self-compassion is the same idea, but you are directing that compassion inward.*

Being self-compassionate means treating yourself with care, concern, and kindness when you are going through a difficult situation. Self-compassion also involves understanding that difficulties are part of the human condition, and no one is completely alone in his or her suffering. *Overall, self-compassion is about taking care of yourself, not letting your emotions get the best of you, and keeping your challenges in perspective.*

Numerous research studies show that self-compassion is linked to well-being, life satisfaction, happiness, etc. In addition, research shows that people who lack self-compassion can learn self-compassionate techniques with practice. *We want to encourage you to adopt a more self-compassionate mindset as you go through your daily activities. With practice, we are confident that you will become more self-compassionate over time*

Please **Summarize/Define** what **self-compassion** is in your <u>own words</u>.

Questions regarding the self-reflection exercise

All of these are characteristics of self-compassion **Except** for:

      a. Caring for oneself
      b. Feeling less responsible
      c. Treating oneself kindly
      d. Keeping your emotions in balance

Research has shown that self-compassion is linked:
      a. Happiness
      b. Life Satisfaction
      c. Psychological Well-being
      d. None of the Above
      e. All of the Above

Self-compassion is direction compassion inward
      a. True
      b. False

Thank you for completing the first passage, click Next to read the second passage. Please answer each question to the best of your ability.

The purpose of this exercise is to learn about a topic called verbal learning. Two types of verbal learning tasks typically seen in the classroom have been identified and studied extensively: the serial learning task, and the free recall learning task.

Serial Learning involves learning a list of terms in a particular order. For example, if you memorize the notes on the musical staff or the words to the Pledge of Allegiance, you are practicing serial learning. Serial learning tasks occur less often in classroom instruction than one might think, but you can practice this type of task on your own.

Free-Recall Learning involves memorizing a list, but not in a special order. Recalling the names of the fifty states, types of reinforcement, and the organ systems in the body are examples of free-recall tasks. Free-Recall learning may be a bit more challenging; however, you will be able to recall one item from a free-recall learning task faster than an item for a serial learning task.

Numerous research studies show that using these verbal learning tasks can be helpful in a college setting. We want to encourage you to use these tasks in your everyday life.

Please be sure that you read the passage carefully because you will NOT be able to return back to the passage once you begin answering the questionnaire.

Please Summarize/Define the two types of verbal learning tasks.

Questions regarding the self-reflection exercise

Serial learning involves:
    a. Pairing words together
    b. Using analogies
    c. Memorizing words in a particular order
    d. Memorizing words randomly

Learning the ABC song would be an example of serial learning
    a. True
    b. False

All of the following are examples of free recall learning except:
    a. Memorizing the 50 states
    b. Memorizing a poem
    c. Memorizing the organs
    d. Memorizing types of reinforcement

Thank you for your participation in the reading comprehension study. Please click Next to be directed to the second study.

Control Condition

The purpose of this exercise is to learn about a topic called verbal learning. Two types of verbal learning tasks typically seen in the classroom have been identified and studied extensively: the serial learning task, and the free recall learning task.

Serial Learning involves learning a list of terms in a particular order. For example, if you memorize the notes on the musical staff or the words to the Pledge of Allegiance, you are practicing serial learning. Serial learning tasks occur less often in classroom instruction than one might think, but you can practice this type of task on your own.

Free-Recall Learning involves memorizing a list, but not in a special order. Recalling the names of the fifty states, types of reinforcement, and the organ systems in the body are examples of free-recall tasks. Free-Recall learning may be a bit more challenging; however, you will be able to recall one item from a free-recall learning task faster than an item for a serial learning task.

Numerous research studies show that using these verbal learning tasks can be helpful in a college setting. We want to encourage you to use these tasks in your everyday life.

Please be sure that you read the passage carefully because you will NOT be able to return back to the passage once you begin answering the questionnaire.

Please Summarize/Define the two types of verbal learning tasks.

Questions regarding the self-reflection exercise

Serial learning involves:
- e. Pairing words together
- f. Using analogies
- g. Memorizing words in a particular order
- h. Memorizing words randomly

Learning the ABC song would be an example of serial learning
- c. True
- d. False

All of the following are examples of free recall learning except:
- e. Memorizing the 50 states
- f. Memorizing a poem
- g. Memorizing the organs
- h. Memorizing types of reinforcement

Thank you for your participation in the reading comprehension study. Please click Next to

Welcome to the Psychological Part of the survey. Please answer every question on this survey to the best of

your ability. Your answers are completely anonymous

Imagined Scenario

Although the following scenario describes a disturbing event, we ask that you try <u>to imagine yourself</u> in the following situation:

Your best friend Melissa and her boyfriend are throwing a party at his house. You catch a ride with Melissa to the party. You felt shy at first, but then Melissa introduced you to some of her boyfriend's friends. You really hit it off with one guy; he was really cute and very nice. The two of you spent the whole night talking, laughing, and enjoying each other's company. At the end of the night, he offered to drive you home. You hesitated at first, but he seemed so nice and sweet, and since you had had a drink or two, you agreed to go with him. Once you were in the car, you explained to him how to get to your house, but you noticed he was going a different way. You asked him where he was going, and he insisted he was taking a shortcut. When he pulled into an empty parking lot, you started looking for your phone and realized it was in your purse on the floorboard. When you reached for it, he grabbed your arm, not letting you get to it. He started trying to kiss you and attempted to take off your clothes. You kept saying no and tried to fight him off, but the more you said no, the angrier he would get. He overpowered you, pulled your dress up, ripped your underwear and raped you. You begged him to take you home. Once he was done, he acted as though he had done nothing wrong and dropped you off at home.

Please be sure that you read the scenario carefully because you will NOT be able to return back to this scenario after you begin answering the questionnaire.

Self-compassion Condition: Think back to the event you just imagined. Imagine you are talking to yourself about this event from a *compassionate* and *understanding perspective.* What would you say?

Control Condition: Imagine that you were talking to yourself about the event that took place in the scenario. Please take a minute a two **to write about the event described on the previous page.**

Emotions Following the Imagined Scenario

1. **If the rape described in the scenario had happened to <u>YOU</u>, how would you feel <u>after</u> this event?**

Not at all nervous	1	2	3	4	5	6	7	extremely nervous
Not at all sad	1	2	3	4	5	6	7	extremely sad
Not at all guilty	1	2	3	4	5	6	7	extremely guilty
Not at all calm	1	2	3	4	5	6	7	extremely calm
Not at all confused	1	2	3	4	5	6	7	extremely confused
Not at all afraid	1	2	3	4	5	6	7	extremely afraid
Not at all ashamed	1	2	3	4	5	6	7	extremely ashamed
Not at all relieved	1	2	3	4	5	6	7	extremely relieved
Not at all humiliated	1	2	3	4	5	6	7	extremely humiliated
Not at all vulnerable	1	2	3	4	5	6	7	extremely vulnerable
Not at all worried	1	2	3	4	5	6	7	extremely worried
Not at all embarrassed	1	2	3	4	5	6	7	extremely embarrassed
Not at all comfortable	1	2	3	4	5	6	7	extremely comfortable
Not at all scared	1	2	3	4	5	6	7	extremely scared
Not at all hopeless	1	2	3	4	5	6	7	extremely hopeless
Not at all self-conscious	1	2	3	4	5	6	7	extremely self-conscious
Not at all overwhelmed	1	2	3	4	5	6	7	extremely overwhelmed
Not at all frustrated	1	2	3	4	5	6	7	extremely frustrated
Not at all emotional	1	2	3	4	5	6	7	extremely emotional
Not at all hostile	1	2	3	4	5	6	7	extremely hostile
Not at all betrayed	1	2	3	4	5	6	7	extremely betrayed
Not at all angry		1	2	3	4	5	6	7 extremely angry

Self-Compassion Questions Following the Imagined Scenario

If the rape described in the scenario had happened to me:

2. I would try to be kind to myself.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

3. I would think that my problems were worse than most people's problems.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

4. I would think that these things only happen to me.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

5. I would think my life is a mess.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me
6. I would try to make myself feel better.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me
7. I would have trouble thinking about anything other than the rape.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

8. I would want to be alone.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

9. I would be really hard on myself.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

10. I would try not to think about it.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

11. I would feel like a different person.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

12. I would feel like people are talking about me.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

Likelihood to Share Sexual Assault Event Following the Imagined Scenario

Imagine the rape described in the scenario had happened to YOU. Rate the likelihood of the following items.

13. I would try to forget it happened.

Not at all likely   1   2   3   4   5   6   7   Extremely likely

14. I would tell a friend.

Not at all likely   1   2   3   4   5   6   7   Extremely likely

15. I would tell a family member.

Not at all likely   1   2   3   4   5   6   7   Extremely likely

16. I would tell my current romantic relationship partner. (If you are NOT currently in a romantic relationship, skip to #23.)

Not at all likely   1   2   3   4   5   6   7   Extremely likely

17. I would keep moving forward with my day-to-day life.

Not at all likely   1   2   3   4   5   6   7   Extremely likely

18. I would seek psychological therapy.

Not at all likely   1   2   3   4   5   6   7   Extremely likely

19. I would contact a rape crisis center.

Not at all likely   1   2   3   4   5   6   7   Extremely likely

20. I would call the police to press charges.

Not at all likely   1   2   3   4   5   6   7   Extremely likely

21. Rather than seek out the help of others, I would try to cope with what had happened on my own.

Not at all likely   1   2   3   4   5   6   7   Extremely likely

22. I would deny it ever happened.

Not at all likely   1   2   3   4   5   6   7   Extremely likely

At Fault Questions Following the Scenario
If the rape described in the scenario had happened to me:

23. I would think I should have been able to predict that this would have happened.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

24. I would think I had bad luck.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

25. I would judge myself.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

26. I would feel as though I was completely at fault.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

27. I would think that sometimes a bad thing can happen to a good person.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

28. I would believe I deserved this.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

29. I would believe this happened to me because of something I did in the past.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

30. I would think that I could have avoided the rape.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

31. I would criticize myself.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

32. I would think I should have made smarter decisions.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

33. I would think that the rape was not my fault.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

34. I would believe this had happened to me because of the kind of person I am.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

Other People's Thoughts Following the Imagined Scenario
If the rape described in the scenario had happened to me:

35. I think **other people** would say I should have been able to predict that this would have happened.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

36. I think **other people** would say I had bad luck.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

37. I think **other people** would judge me.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

38. I think **other people** would say I was completely at fault.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

39. I think **other people** would say that sometimes a bad thing can happen to a good person.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

40. I think **other people** would believe I deserved this.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

41. I think **other people** would say this happened to me because of something I did in the past.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

42. I think **other people** would say that I could have avoided the rape.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

43. I think **other people** would say I should have made smarter decisions.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

44. I think **other people** would criticize me.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

45. I think **other people** would say that the rape was not my fault.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

46. I think **other people** would say this had happened to me because of the kind of person I am.

Not at all true of me   1   2   3   4   5   6   7   Extremely true of me

Identities Following Imagined Scenario
47. If the rape described in the scenario had happened to me, **I would view myself as:**

Not at all Weak   1   2   3   4   5   6   7   Extremely Weak

Not at all Damaged   1   2   3   4   5   6   7   Extremely Damaged

Not at all Powerful   1   2   3   4   5   6   7   Extremely Powerful

Not at all Foolish   1   2   3   4   5   6   7   Extremely Foolish

Not at all Strong   1   2   3   4   5   6   7   Extremely Strong

Not at all Worthless   1   2   3   4   5   6   7   Extremely Worthless

Not at all Careful   1   2   3   4   5   6   7   Extremely Careful

Not at all Irresponsible   1   2   3   4   5   6   7   Extremely Irresponsible

Not at all Powerless   1   2   3   4   5   6   7   Extremely Powerless

Not at all Stupid   1   2   3   4   5   6   7   Extremely Stupid

Not at all Cautious   1   2   3   4   5   6   7   Extremely Cautious

Not at all Smart   1   2   3   4   5   6   7   Extremely Smart

Not at all Used   1   2   3   4   5   6   7   Extremely Used

Not at all Misleading 1   2   3   4   5   6   7   Extremely Misleading

48. If the rape described in the scenario had happened to me, I believe I would view myself as a victim.

Not at all True of me 1   2   3   4   5   6   7   Extremely True of me

49. If the rape described in the scenario had happened to me, I believe I would view myself as a survivor.

Not at all True of me 1   2   3   4   5   6   7   Extremely True of me

50. If the rape described in the scenario had happened to me, I would view myself as a risk taker.

Not at all True of me 1   2   3   4   5   6   7   Extremely True of me

51. If the rape described in the scenario had happened to me, I would view myself as a tease.

Not at all True of me 1   2   3   4   5   6   7   Extremely True of me

Other People's Views Questions Following the Imagined Scenario

52. If the rape described in the scenario had happened to me**, I would think other people would view me as:**

Not at all Weak   1   2   3   4   5   6   7   Extremely Weak

Not at all Damaged   1   2   3   4   5   6   7   Extremely Damaged

Not at all Powerful   1   2   3   4   5   6   7   Extremely Powerful

Not at all Foolish   1   2   3   4   5   6   7   Extremely Foolish

Not at all Strong   1   2   3   4   5   6   7   Extremely Strong

Not at all Worthless   1   2   3   4   5   6   7   Extremely Worthless

Not at all Careful   1   2   3   4   5   6   7   Extremely Careful

Not at all Irresponsible 1   2   3   4   5   6   7   Extremely Irresponsible

Not at all Powerless   1   2   3   4   5   6   7   Extremely Powerless

Not at all Stupid   1   2   3   4   5   6   7   Extremely Stupid

Not at all Cautious   1   2   3   4   5   6   7   Extremely Cautious

Not at all Smart   1   2   3   4   5   6   7   Extremely Smart

Not at all Used   1   2   3   4   5   6   7   Extremely Used

Not at all Misleading   1   2   3   4   5   6   7   Extremely Misleading

53. If the rape described in the scenario had happened to me, I believe **other people** would view me as a victim.

Not at all True of me 1   2   3   4   5   6   7   Extremely True of me

54. If the rape described in the scenario had happened to me, I believe **other people** would view me as a survivor.

Not at all True of me 1   2   3   4   5   6   7   Extremely True of me

55. If the rape described in the scenario had happened to me, I believe **other people** would view me as a risk taker.

Not at all True of me   1   2   3   4   5   6   7   Extremely True of me

56. If the rape described in the scenario had happened to me, I believe **other people** would view me as a tease.

Not at all True of me   1   2   3   4   5   6   7   Extremely True of me

Feelings about Guy in the Imagined Scenario

Imagine the rape described in the scenario had happened to YOU. On the following items, <u>rate the likelihood</u> that describes how you would feel about the <u>guy in the scenario.</u>

57. I would think he took advantage of me.

Not at all Likely   1   2   3   4   5   6   7   Extremely Likely

58. I would think he misled me.

Not at all Likely   1   2   3   4   5   6   7   Extremely Likely

59. I would view him as a typical guy.

Not at all Likely   1   2   3   4   5   6   7   Extremely Likely

60. I would view him as powerful.

Not at all Likely   1   2   3   4   5   6   7   Extremely Likely

61. I would view him as nice.

Not at all Likely   1   2   3   4   5   6   7   Extremely Likely

62. I would view him as aggressive.

Not at all Likely   1   2   3   4   5   6   7   Extremely Likely

63. I would think he was crazy.

Not at all Likely   1   2   3   4   5   6   7   Extremely Likely

64. I would think he was confused.

Not at all Likely   1   2   3   4   5   6   7   Extremely Likely

65. I would view him as a rapist.

Not at all Likely   1   2   3   4   5   6   7   Extremely Likely

Future Behavior

The following questions ask about your future intentions following the scenario. Please answer to the best of your ability.

If this scenario had happened to me:

1. **In the future,** I would avoid attending parties.

Not at all True of me 1   2   3   4   5   6   7   Very True of Me

2. **In the future,** I would dress more conservatively.

Not at all True of me 1   2   3   4   5   6   7   Very True of Me

3. **In the future,** I would avoid walking alone at night.

Not at all True of me 1   2   3   4   5   6   7   Very True of Me

4. **In the future,** I would avoid drinking at parties.

Not at all True of me 1   2   3   4   5   6   7   Very True of Me

5. **In the future,** I would avoid talking to unfamiliar guys.

Not at all True of me 1   2   3   4   5   6   7   Very True of Me

6. **In the future,** I would avoid going out with guys.

Not at all True of me 1   2   3   4   5   6   7   Very True of Me

Questions about Current/ Future Relationship

The following questions ask about your current and future romantic relationships. Please answer to the best of your ability.

66. Are you currently in a romantic relationship? (circle one)   No   Yes

67. Please mark **one** of the following options that best describes your relationship status:

     _____ Not currently in a committed relationship
     _____ Monogomous Dating Relationship Less than 1 Year

_____ Monogomous Dating Relationship Over 1 Year
_____ Married
_____ Other: (specify) _____

68. If you are currently in a romantic relationship, rate how close you are to your partner. (If you are not currently in a romantic relationship, skip this item.)

Not at all Close 1   2   3   4   5   6   7   Extremely Close

69. If the rape scenario had happened to you, what is the likelihood that you would tell a future romantic relationship partner what had happened?

Not at all Likely   1   2   3   4   5   6   7   Extremely Likely

70. If the rape scenario had happened to you, what is the likelihood that you would be able to have a healthy sexual relationship in the future?

Not at all Likely   1   2   3   4   5   6   7   Extremely Likely

71. If the rape scenario had happened to you, what is the likelihood that you would be able to trust men the same as you had prior to the rape?

Not at all Likely   1   2   3   4   5   6   7   Extremely Likely

Believability of the Imagined Scenario

72. Please answer the following questions about the rape scenario to the best of your ability.

1. In my opinion, the rape scenario was:

Not at all Believable   1   2   3   4   5   6   7   Extremely Believable

Not at all Realistic   1   2   3   4   5   6   7   Extremely Realistic

Not at all Typical   1   2   3   4   5   6   7   Extremely Typical

Not at all Possible   1   2   3   4   5   6   7   Extremely Possible

2. To what extent were you able to imagine yourself in the rape scenario?

Not at all   1   2   3   4   5   6   7   Completely

Please recall as much about the rape scenario as you can and write all that you remember below:

Instructions: The next set of questions that you are about to answer <u>DO NOT relate to the scenario</u>. Please answer them as you would normally describe yourself.

Self-Compassion Scale

HOW I TYPICALLY ACT TOWARDS MYSELF IN DIFFICULT TIMES

Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost never				Almost always
1	**2**	**3**	**4**	**5**

_____ 1. I'm disapproving and judgmental about my own flaws and inadequacies.

_____ 2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.

_____ 3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.

_____ 4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.

_____ 5. I try to be loving towards myself when I'm feeling emotional pain.

_____ 6. When I fail at something important to me I become consumed by feelings of inadequacy.

_____ 7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.

_____ 8. When times are really difficult, I tend to be tough on myself.

_____ 9. When something upsets me I try to keep my emotions in balance.

_____ 10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.

_____ 11. I'm intolerant and impatient towards those aspects of my personality I don't like.

_____ 12. When I'm going through a very hard time, I give myself the caring and tenderness I need.

_____ 13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.

_____ 14. When something painful happens I try to take a balanced view of the situation.

_____ 15. I try to see my failings as part of the human condition.

_____ 16. When I see aspects of myself that I don't like, I get down on myself.

_____ 17. When I fail at something important to me I try to keep things in perspective.

_____ 18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.

_____ 19. I'm kind to myself when I'm experiencing suffering.

_____ 20. When something upsets me I get carried away with my feelings.

_____ 21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.

_____ 22. When I'm feeling down I try to approach my feelings with curiosity and openness.

_____ 23. I'm tolerant of my own flaws and inadequacies.

_____ 24. When something painful happens I tend to blow the incident out of proportion.

_____ 25. When I fail at something that's important to me, I tend to feel alone in my failure.

_____ 26. I try to be understanding and patient towards those aspects of my personality I don't like.

Fear of Negative Evaluation Scale

Respond to each item as honestly as you can using the scale below. There are no right or wrong answers, and your answers will be confidential to the extent provided by law.

1	2	3	4	5
Not at all characteristic	Slightly characteristic	Moderately characteristic	Very characteristic	Extremely characteristic

1. _____ I worry about what other people will think of me even when I know it doesn't make any difference.

2. _____ I am unconcerned even if I know people are forming an unfavorable impression of me.

3. _____ I am frequently afraid of other people noticing my shortcomings.

4. _____ I rarely worry about what kind of impression I am making on someone.

5. _____ I am afraid that others will not approve of me.

6. _____ I am afraid that other people will find fault with me.

7. _____ Other people's opinions of me do not bother me.

8. _____ When I am talking to someone, I worry about what they may be thinking of me.

9. _____ I am usually worried about what kind of impression I make.

10. _____ If I know someone is judging me, it has little effect on me.

11. _____ Sometimes I think I am too concerned with what other people think of me.

12. _____ I often worry that I will say or do the wrong things.

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Empowerment Scale

The following statements identify feelings or experiences that some people use to describe themselves. Please answer each question in terms of any aspects of your personal identity that are important to you as a woman. Write your answers in the space to the left of each question using the scale below.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Almost never   **Sometimes true**   **Almost always**

___ 1. I have equal relationships with important others in my life.
___ 2. It is important to me to be financially independent.
___ 3. It is difficult for me to be assertive with others when I need to be.
___ 4. I can speak up for my needs instead of always taking care of other people's needs.
___ 5. I feel prepared to deal with the discrimination I experience in today's society.
___ 6. It is difficult for me to recognize when I am angry.
___ 7. I feel comfortable in confronting my instructor/counselor/supervisor when we see things differently.
___ 8. I now understand how my cultural heritage has shaped who I am today.
___ 9. I give into others so as not to displease or anger them.
___ 10. I don't feel good about myself as a woman.
___ 11. When others criticize me, I do not trust myself to decide if they are right or if I should ignore their comments.
___ 12. I realize that given my current situation, I am coping the best I can.
___ 13. I am feeling in control of my life.
___ 14. In defining for myself what it means for me to be attractive, I depend on the opinions of others.
___ 15. I can't seem to make good decisions about my life.
___ 16. I do not feel competent to handle the situations that arise in my everyday life.
___ 17. I am determined to become a fully functioning person.
___ 18. I do not believe that is anything I can do to make things better for women like me in today's society.
___ 19. I believe that a woman like me can succeed in any job or career that I choose.
___ 20. When making decisions about my life, I do not trust my own experience.
___ 21. It is difficult for me to tell others when I feel angry.
___ 22. I am able to satisfy my own sexual needs in a relationship.
___ 23. It is difficult for me to be good to myself.
___ 24. It is hard for me to ask for help or support from others when I need it.
___ 25. I want to help other women like me improve the quality of their lives.
___ 26. I feel uncomfortable in confronting important others in my life when we see things differently.
___ 27. I want to feel more appreciated for my cultural background.
___ 28. I am aware of my own strengths as a woman.

Satisfaction with Life Scale

Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number in the line preceding that item. Please be open and honest in your responding.

1   2   3   4   5   6   7

Strongly Disagree   Neither Agree or Disagree   Strongly Agree

_____1. In most ways my life is close to my ideal.

_____2. The conditions of my life are excellent.

_____3. I am satisfied with life.

_____4. So far I have gotten the important things I want in life.

_____5. If I could live my life over, I would change almost nothing.

Sexual Activity/Sexual Assault History

We recognize that the next series of questions are highly sensitive. We want you to feel comfortable responding to the questionnaire items, and confident in the <u>anonymity</u> of your responses; thus, there is <u>no identifying information</u> on this questionnaire, nor is there any way to link your responses back to you. Your responses will be entered into a group data set so that we can look at the average responses among all participants.

1. I am/have been sexually active. (Sexual activity includes vaginal/anal or oral sex.) No   Yes

So that you can answer the following questions accurately, we want to clarify a few definitions.

Sexual Assault is defined as **"unwanted sexual contact that stops short of rape or attempted rape. This includes *unwanted* sexual touching and fondling"** (www.rainn.org, 2013, "Types of Sexual Violence")
Rape is defined as "**forced sexual intercourse, including vaginal, anal, or oral penetration. Penetration may be by a body part or an object."** (www.rainn.org, 2013, "Types of Sexual Violence")

2. Have you ever been sexually assaulted?   No   Yes

3. Have you ever been raped?   No   Yes

4.   Do you know someone who has been sexually assaulted?   No   Yes

5. Do you know someone who has been raped?   No   Yes

6. Have you ever volunteered at a rape crisis center or hotline? No   Yes

Demographics

Respond to each item as honestly as you can. There are no right or wrong answers. Your answers will be completely <u>anonymous</u>; thus, there is <u>no way</u> to trace the responses back to you.

Demographic Information:

1. Age: _____

2. Ethnicity: (Mark all that apply.)

   Arab/Middle Eastern   _____
   Asian/ Pacific Islander   _____
   Black/African-American   _____
   Hispanic/Latino   _____
   Native American   _____
   White/Caucasian   _____
   Biracial/Multiethnic   _____
   Other: (please specify)   _____
   _____

3. Sexual Orientation: (circle your response)

   Heterosexual   Homosexual   Bisexual   Transgender

4. If you are currently a college student, what is your year in school?: (Circle one)

   1st   2nd   3rd   4th   5th   other:_____

5. What is your major(s)?   _____

6. If you have a minor, please specify.   _____

References

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Stephanie Cazeau

EDUCATION/DEGREES

University of North Florida, Jacksonville, FL   **May, 2015**
Master of Arts in General Psychology
Thesis Topic: Self- Compassion & Domestic Violence

St. Thomas University, Miami Gardens, FL   **December, 2012**
Bachelor of Arts in Psychology
Minor in Biology

RESEARCH

Delores Barr Weaver Policy Center
Joan Amery Van Vleck Research Fellowship   **Jan 2015-Present**
- Develop and maintain resource libraries, including articles bibliography, impact bibliography, measures library, and assessment tools library
- Attend and observe Youth Mental Health and Juvenile Court
- Enter data for multiple projects including direct service interventions, community based evaluation, training and technical assistance
- Conduct preliminary data analysis including qualitative data coding
- Conduct literature reviews and assisted with drafting position statements
- Develop support materials for research and evaluation (summary data, tables, charts)

Graduate Research Assistant   **August 2013 – Present**
- Assisted Dr. Ashley Allen on researching Self- compassion and Performance and Persistence
- Created IRB protocol for follow-up study data collection
- Assisted in the creation of the survey for two follow-up studies
- Presented research at the Society of Southeastern Social Psychologist (SSSP) Conference

Undergraduate Research Assistant   **February – June 2013**
Assisted Dr. Jodi Grace at St. Thomas University on researching possible coping interventions for sexual assaults survivors.
- Assisted in the creation of the survey
- Organized laboratory space for data collection
- Assisted in data collection and data entry
- Trained new research assistants on creating data templates
- Used SPSS to analyze data
- Presented research at St. Thomas University Undergraduate Symposium

TEACHING EXPERIENCE

Florida First Coast Young Men's Christian Association (YMCA)
Teacher Assistant - Summer Learning Loss Program – DuPont   **June 2015-August 2015**
- Provide quality supervision to students in program.
- Provide academic tutoring to struggling students.
- Carry out planned enrichment activities, and coordinates developmentally appropriate activities to foster individual growth and development of children
- Assist students during fieldtrips or special events
- Serve as a positive role model to students.

Graduate Teaching Assistant

Course: Research Method Laboratory at the University of North Florida   **Fall 2014 - Spring 2015**
Primary course instructor for undergraduate students
- Effectively taught two courses per semester
- Organized and facilitated class lectures, and activities
- Created weekly lectures and lab assignments
- Helped students analyzed data using the Statistical Package for the Social Sciences
- Administered exams
- Graded students homework, exams, lab assignments
- Provided weekly individual guidance for students through tutoring

Teaching Assistant

Course: Introduction to Psychology at the University of North Florida   **Spring, 2014**
Faculty Supervisor: Dr. Gabriel Ybarra
- Monitored student's discussions on blackboard
- Conducted exam study sessions
- Responded to student's email inquiry
- Guest Lectured
- Graded Student's extra credit and in-class participation assignments.

Course: Psychobiology at the University of North Florida   **Fall, 2013**
Faculty Supervisor: Dr. Lori Lange
- Monitored Brain Design Project on Blackboard
- Responded to student's email inquiry
- Graded Student's MyLab Chapter test
- Graded Student's Brain Design Feedback

CONFERENCE PRESENTATIONS

Peer- Reviewed

Cazeau, S. I., Castillo, E., Ford, R., & Grace, J. L. (2012, October). *Should I Do This On My Own? Depression and the Self-Presentational Predicament of Seeking Help.* Poster presented at the Society of Southeastern Social Psychologist (SSSP), Gainesville, Florida.

Steffano, A., **Cazeau, S. I.,** & Grace, J. L. (2013, November). *Would You Be Kind To Yourself? An Investigation of Self-Compassion and Anticipated Coping Following an Imagined Sexual Assault.* Poster presented at the Society of Southeastern Social Psychologist (SSSP), Augusta, Georgia.

Cazeau, S. I., & Allen, A., B. (2013, November). *When Will Self-Compassion Predict Better Performance and Persistence.* Poster presented at the Society of Southeastern Social Psychologist (SSSP), Augusta, Georgia.

Rodriguez, R., **Cazeau, S. I**., Lahierre, A., Averelo, L., & Grace, J. L. (2014, October). *"Own up to it", But "don't Beat yourself up for it": Taking responsibility for wrongdoings Following a Moral Transgression.* Poster presented at the Society of Southeastern Social Psychologist (SSSP), Athens, Georgia.

Peer- Reviewed Oral Presentation
Cazeau, S. I., Barton, J. M., Allen, A. B., Wirth, J. H. (2014, October). *Lay that Burden Down: Self-compassion as a Buffer against the Negative Effects of Burdensomeness.* Poster presented at the Society of Southeastern Social Psychologist (SSSP), Athens, Georgia.

On-Campus Poster Presentation

Castillo, E., Ford, R. A., **Cazeau**, **S. I.,** Delfani, A., Peraza, J. O., Caspanello, A. J., Rosso, C., Lambert, N. M., Townsend, C., Mirthil, E., Solorzano, H., Veras, M., Sanchez, D., Ochoa, D. (2012, April). *Should I Do This on my Own? Depression and the Self-Presentational Predicament of Seeking Help.* Poster presented at the Undergraduate Research Symposium at St. Thomas University.
* Presentation awarded the Dean's Excellence for Research in Undergraduate.

Steffano, A., **Cazeau, S.,** & Grace, J. L. (2013, April). *Would You Be Kind To Yourself? An Investigation of Self-Compassion and Anticipated Coping Following an Imagined Sexual Assault.* Poster presented at   the Undergraduate Research Symposium at St. Thomas University.
* Presentation Awarded the Provost Excellence for Research in Undergraduate.

Cazeau, S. I., Azar, D., & Allen, A., B. (2014, April). *When Will Self-Compassion Predict Better Performance and Persistence.* Poster presented at the 13th Annual Showcase of Osprey Advancements in Research & Scholarship (SOARS) at the University of North Florida.

On-Campus Oral Presentation

Steffano, A., **Cazeau, I. S.,** & Grace, J. L. (2013, April). *Would You Be Kind To Yourself? An Investigation of Self-Compassion and Anticipated Coping Following an Imagined Sexual Assault.* Poster presented at   the Undergraduate Research Symposium at St. Thomas University.

Cazeau, S. I., & Allen, A., B. (2015, April). *Taking the Victim out of Sexual Assault: The Effect of Self-compassion on Sexual Assault Survivors.* Poster presented at the 14th Annual Showcase of Osprey Advancements in Research & Scholarship (SOARS) at the University of North Florida.