

THE COPING PROCESS OF THE UNACKNOWLEDGED RAPE VICTIM

by

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Abstract

Unacknowledged rape- having an experience that, if true, legally would be considered rape, but not conceptualizing it as rape, or sometimes even a victimization, is a common and understudied phenomenon. The present study sought to examine a coping model regarding unacknowledged rape. In this model, not acknowledging rape is viewed, in part, as a response to experiencing a number of negative consequences as a result of the assault, such as negative social reactions and feelings of responsibility. In addition, it is hypothesized that unacknowledged victims may turn to maladaptive coping techniques to cope with this assault, and not acknowledging the rape may aid in facilitating and justifying these attempts at coping, once initiated. Therefore, it was hypothesized that unacknowledged victims, compared to acknowledged victims, would suffer more negative consequences after the assault and they would use more maladaptive, avoidance coping. To test these hypotheses, an online survey was developed. A total of 1,253 university women drawn from the psychology department participant pool over three semesters, completed the survey. Of these, 256, or 20.4% of the sample reported having an experience consistent with a legal definition of rape. Sixty percent did not consider this experience to be a victimization and thus were classified as unacknowledged rape victims. Replicating previous research, unacknowledged victims suffered less violent assaults and also had consumed more alcohol during the assault. However, the results overall did not support the proposed model. There were few differences in the amount of negative consequences experienced by acknowledged and unacknowledged victims. In addition, the results suggested that being an unacknowledged victim was not associated with increased reliance on avoidance coping. Instead, acknowledged victims engaged in more of all coping strategies, perhaps because acknowledged assaults tended to produce slightly more severe posttraumatic symptoms. Several possible future directions were therefore proposed including a focus on cognitive and memory variables in rape acknowledgment as well as a focus on what leads women to acknowledge an assault, given that not acknowledging rape is the normative response to this type of victimization.

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Aims

Research suggests that many victims of sexual assault are unacknowledged. An unacknowledged victim is one who endorses having an experience that, if true, meets the legal definition of rape (e.g., experiencing unwanted sexual intercourse from a man who used physical force), but does not label this experience as rape. Despite its ubiquity, very little research has been conducted into the phenomenon of unacknowledged rape. The present study seeks to examine comprehensively this phenomenon using a coping model. In this model, not acknowledging rape is viewed as part of the coping process. Not acknowledging rape is seen as, in part, a product of experiencing negative consequences following a sexual assault. Additionally, not acknowledging a rape experience is hypothesized to aid in maladaptive coping efforts initiated in response to experiencing negative consequences of an assault. Finally, it is hypothesized that not acknowledging rape leads to further negative consequences for the victim, such as re-victimization. The present investigation seeks to test three main hypotheses based on this model: 1. compared to acknowledged victims, unacknowledged victims will suffer more negative consequences following their assaults such as being blamed by others, losing a sense of internal control, and making internal attributions for the assault, 2. rape acknowledgment mediates the relationship between negative consequences of the assault and maladaptive coping, 3. unacknowledged victims will be more likely than acknowledged victims to suffer further negative consequences following the assault such as re-victimization and lowered self-esteem.

Background and Significance

Koss's (1989) groundbreaking work in the 1980's assessing the prevalence of sexual assault among college women led to the first widespread recognition of the problem of unacknowledged rape. Unacknowledged rape victims are defined as those who answer affirmatively to having had an experience of unwanted, forced sex consistent with legal definitions of rape, but who do not label their experience rape. Instead, they give the experience a more benign label, that in many cases would not be considered a crime at all, such as a miscommunication.

The prevalence of unacknowledged rape has primarily been investigated using college samples. These studies have found that unacknowledged rape is highly prevalent, with estimates ranging from 42 to 73 percent of all rape victims (Bondurant, 2001; Botta & Pingree, 1997;

Frazier & Seales, 1997; Kahn, Mathie, & Torgler, 1994; Kalof, 2000; Layman, Gidycz, & Lynn, 1996; Pitts & Schwartz, 1997; Reilly, Lott, Caldwell, & DeLuca, 1992). The largest study of unacknowledged rape conducted by Koss (1989), found that among a national sample of college women, 73 percent of rape victims were unacknowledged.

Conceptualization of Unacknowledged Rape

Researchers have attempted to determine what leads some victims to acknowledge a rape experience while other victims do not. Some of these studies have focused on attempting to identify personality or attitudinal differences between acknowledged and unacknowledged victims. These have not found any substantial differences between these two victim groups on any of these dimensions, including social presence, dominance, attitudes toward sexuality, acceptance of rape myths, attitudes toward relationships, attributional style, defense mechanisms, and romantic beliefs (Bondurant, 2001; Koss, 1985; Layman et al., 1996). Though, these results must be interpreted with caution as most of these studies had low power to detect medium or small differences. The most fruitful perspective for investigating this phenomenon thus far has been the definitional/script perspective. This perspective focuses on a mismatch between a victim's rape experience and her conceptualization of rape. Individuals studying unacknowledged rape from this perspective have focused on both the mismatch with societal definitions of rape (Layman et al.) and with the victim's personal rape script (Bondurant, 2001; Kahn et al., 1994; Littleton & Axsom, in press).

Supporting this conceptualization, unacknowledged rapes, compared to acknowledged rapes, have indeed been found to be more likely to have characteristics that do not fit with societal definitions of rape, as assessed by numerous experimental studies (Bridges, 1991; Hannon, Kuntz, Van Laar, Williams, & Hall, 1996; Krulewitz & Nash, 1978; Proite, Dannels, & Benton, 1993; Shotland & Goodstein, 1983; Tetreault & Barnett, 1987). For example, unacknowledged victims, compared to acknowledged victims, tend to be more highly acquainted with their assailant and are far more likely to be romantically involved with him (Frazier & Seales, 1997; Kahn, Jackson, Kully, Badger, & Halvorsen, 2002; Koss, 1985; Koss, Dinero, Seibel, & Cox, 1988). Unacknowledged rapes are also less violent. They involve less physical force by the perpetrator (Bondurant, 2001; Botta & Pingree, 1997; Kahn et al., 1994; Layman et al., 1996; Schwartz & Leggett, 1999), less physical injury to the victim (Bondurant, 2001; Layman

et al.), and less resistance by the victim (Bondurant, 2001; Layman et al.). Additionally, unacknowledged rapes are more likely to involve incapacitation of the victim by alcohol or drugs to obtain sex as opposed to the use of a combination of substances and force or force alone (Bondurant, 2001; Botta & Pingree, 1996; Layman et al.; Schwartz & Leggett, 1999).

Supporting the role of the victim's personal script in rape acknowledgment, differences have been found in the rape scripts of acknowledged and unacknowledged victims. Both Kahn et al. (1994), and Bondurant (2001), found that the rape scripts of unacknowledged victims often involved a violent, stranger attack, whereas the rape scripts of acknowledged victims were less violent and generally involved an acquaintance rape. In essence, those individuals whose rape script more closely matched their rape experience acknowledged the rape, while those whose script did not match their rape experience were unacknowledged. However, because these scripts were obtained following the assault, it is also possible that the victims' script may have been altered following the rape. For example, unacknowledged victims may have altered their rape script to provide cognitive justification for not labeling their own assault as rape.

Effects of Unacknowledged Rape

Given the less violent nature of unacknowledged rape, as well as the more benign label given to the experience by the victim, it might be expected that unacknowledged rape would have less of a deleterious effect on the victim's functioning. For example, several studies have shown that factors related to the violence of the rape are associated with more psychological distress (Gidycz & Koss, 1991; Mynatt & Allgeier, 1990; Santello & Leitenberg, 1993; Ullman & Filipas, 2001). However, the research evidence to date suggests that unacknowledged rapes can produce fairly comparable amounts of psychological distress as acknowledged rapes.

The largest study of the psychological effects of unacknowledged rape was conducted by Botta and Pingree (1997). They examined the responses of 123 women who endorsed having an experience that met the legal definition of rape. These women were divided into three groups- those who acknowledged the rape as a sexual assault, those who did not, and those who were not sure if their experience was a sexual assault. Results showed that the unacknowledged victims were significantly more poorly adjusted than the acknowledged victims on every measure. While the Botta and Pingree (1997) study is the only one to find significantly worse adjustment in unacknowledged victims, several other smaller studies have found few or no differences in the

adjustment of unacknowledged and acknowledged victims, despite the lower level of violence in unacknowledged assaults (Frazier & Seales, 1997; Koss, 1985; Layman et al., 1996). Of course, these results must be interpreted with caution given the lack of power in these studies (probability of detecting medium-sized effects around 40%).

Coping Approach to Understanding Unacknowledged Rape

Given the prevalence of unacknowledged rape and the dearth of research into this experience, as well as suggestive evidence that unacknowledged rape may be problematic for the victim, further investigation into this phenomenon seems warranted. Particularly missing from the research literature is a focus on the consequences of not acknowledging rape for the victim, as well as potential reasons, other than script mismatch, for not acknowledging rape. A possible fruitful avenue for such research would be to explore these aspects of unacknowledged rape through the lens of a coping model.

According to the coping literature, a number of consequences of a stressor may lead to enhanced distress and difficulties in coping. These include making self-attributions, a perceived loss of control, and receiving negative social reactions from others. Indeed, these outcomes have been repeatedly associated with more distress following rape and have been found to be stronger predictors of distress than factors involved in the attack itself or individual difference variables (Atkeson, Calhoun, Resick, & Ellis, 1982; Davis, Brickman, & Baker, 1991; Frank, Turner, & Stewart, 1980; Frazier, 1990; 1991; Kilpatrick, Veronen, & Best, 1985; Mackey et al., 1992; Santello & Leitenberg, 1993; Ullman, 1996; Ullman & Filipas, 2001). Negative outcomes are associated with more distress, at least in part, through their links with less adaptive coping (Ruch, Chandler, & Harter, 1980; Santello & Leitenberg, 1993; Ullman, 1996). It seems feasible that outcomes such as making internal attributions and receiving negative social reactions could frequently occur in unacknowledged rapes. Indeed, there is suggestive evidence that this may be the case (e.g. Frazier & Seales, 1997; Pitts & Schwartz, 1993).

If unacknowledged victims experience these negative outcomes following the assault, then it seems possible that they may turn to maladaptive coping techniques as a consequence, as has been found in the coping literature. Further, it is possible that not acknowledging the rape is, in part, a way of facilitating and justifying these coping efforts once initiated and attempting to cope with the negative outcomes of the assault. Thus, while unacknowledged victims may be likely to

suffer more negative consequences following the assault, the act of not acknowledging rape may in turn be an attempt at coping with and minimizing these negative consequences. For example, applying a more benign label to the assault such as a mis-communication could serve as a way of justifying engaging in suppression of thoughts and emotions associated with the assault. It also could facilitate continued interactions with the perpetrator. In another example, a victim may attempt to cope with feelings that they were responsible for the assault by giving the assault a more benign label and thereby reducing her need to ascribe responsibility. However, it is also possible that not acknowledging the rape and engaging in maladaptive coping may lead to more problems for the victim such as social isolation and re-victimization. This then, can lead to further distress and potentially more maladaptive coping. An overview of how such a model could function is presented in Figure 1.

Overview of Coping Model

In describing the proposed model of coping with unacknowledged rape, it is important to first differentiate adaptive from maladaptive coping. C. R. Synder and Pulvers (2001) developed a general model for understanding how individuals cope with stress. They posited that there are two main strategies an individual can utilize when faced with a stressful event. One strategy, approach coping, is chosen when the individual appraises the stressor as one for which she or he has sufficient coping resources. Approach coping involves using active strategies, either environment-directed, focused on the problem at hand, or self-directed, focused on one's emotional reaction to the stressor. Use of either of these active coping strategies would likely be effective and enhance the individual's confidence in her or his ability to cope with the stressor.

In contrast, when an individual appraises a stressor as one for which she or he does not have sufficient coping resources, then s/he is likely to employ avoidance strategies. These strategies are reactive and include such techniques as denying that the stressor exists, avoiding thinking about the stressor, and fantasizing. Use of such strategies is posited as having several negative effects. As suggested by the thought suppression literature, attempts by the individual to suppress thoughts about the stressor paradoxically lead to hyper-attention to this event (Wegner, Schneider, Carter, & White, 1987). Additionally, the ineffectiveness of these reactive strategies leads the individual to focus on her or himself and how s/he is not handling the stressor effectively. This then results in disruptive thoughts and emotions regarding the stressor as well as

the individual's inability to cope successfully with it.

Supporting this model, as well as its applicability to understanding adjustment following rape, use of avoidance coping strategies has been repeatedly associated with more distress and negative outcomes when coping with the stress of rape (Frazier & Burnett, 1994; Gibson & Leitenberg, 2001; Santello & Leitenberg, 1993; Ullman, 1996; Valentiner, Foa, Riggs, & Gershuny, 1996). This presents the possibility that unacknowledged victims' distress may be due in part to their utilization of such maladaptive coping strategies as well.

Factors Leading to Avoidance Coping

Several factors have been associated with increased feelings of distress and increased use of avoidance coping strategies when dealing with an event such as rape. These include a lack of positive social support (Ingledew, Hardy, & Cooper, 1997; Terry, 1991; Ullman, 1996; Vitaliano et al., 1990), receipt of negative social reactions (Atkeson et al., 1982; Campbell, Ahrens, Seftl, Wasco, & Barnes, 2001; Davis et al., 1991; Ullman, 1996; Ullman & Filipas, 2001), perceived lack of internal control over stressors (Collins & French, 1998; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Ingledew et al., 1997; Terry, 1991), feelings of self-blame (Aldwin & Revenson, 1987; Folkman et al., 1986), and multiple victimizations (Leitenberg, Greenwald, & Cado, 1992). While rape victims in general often have to contend with these difficulties when coping with the assault, it is possible that unacknowledged victims may be especially likely to have to contend with these problems. This possibility will be discussed in the next section.

Unacknowledged Rape and Avoidance Coping

Lack of social support/receipt of negative social reactions. There are a number of reasons why unacknowledged victims may have difficulty obtaining positive social support in coping with the assault. For one, they may not feel able to disclose the assault. It is highly probable that unacknowledged victims are aware of negative societal attitudes toward victims of assaults like the one they experienced and so may fear receiving negative social reactions if they disclose. Similarly, unacknowledged victims may already blame themselves for the assault and thus, may fear receiving blaming reactions from others (Frazier & Seales, 1997). Indeed, Botta and Pingree (1997) found that rape victims who were sure they were sexually assaulted were significantly more likely to disclose the assault than victims who were not sure whether what happened was

sexual assault.

Unacknowledged victims who disclose the assault may be more likely to receive primarily or exclusively negative reactions. Numerous experimental studies have shown that the characteristics of the assault that often occur in unacknowledged rapes are associated with the assignment of more victim blame, more victim responsibility, and less perceived damage to the victim by observers (Bell, Kuriloff, & Lottes, 1994; Bridges, 1991; Bridges & McGrail, 1989; Gerdes, Dammann, & Heilig, 1988; Hammock & Richardson, 1997; Johnson & Jackson, 1988; Kanekar & Seksaria, 1992; Kopper, 1996; Kowalski, 1992; Shotland & Goodstein, 1983; Snell & Godwin, 1993; Szymanski, Devlin, Chrisler, & Vyse, 1993; Tetreault & Barnett, 1987; Willis & Wrightsman, 1993). Supporting this contention, Pitts & Schwartz (1993) had rape victims (acknowledged and unacknowledged) report on the most helpful response they had received from others in regards to the assault. While acknowledged victims generally reported supportive responses, all unacknowledged victims reported responses that involved blaming them at least somewhat. Of course, it is possible that unacknowledged victims may have received supportive responses as well, but did not view these responses as helpful because the blaming responses verified their own ideas about the assault (Swann, 1987). However, given the strong evidence that blaming responses are associated with poor recovery, it seems somewhat unlikely that unacknowledged victims would view these responses as the most helpful if they had received supportive responses as well.

Lack of perceptions of internal control. Similarly, there are a number of reasons why the experience of unacknowledged rape may undermine the victim's perception of control. First, unacknowledged victims often do not resist their attacker strongly (Bondurant, 2001; Layman et al., 1996), which could engender a sense of helplessness to prevent assaults from occurring. In addition, unacknowledged victims' acquaintance with their perpetrators, and often romantic involvement with them (Frazier & Seales, 1997; Koss, 1985; Koss et al., 1988), may lead them to question their ability to judge the character of others. Their inability to control the behavior of an intimate could also undermine their sense of control. Finally, unacknowledged victims may be at increased risk for experiencing multiple adult victimizations (Layman et al.). Being victimized multiple times may lead the unacknowledged victim to feel helpless to prevent the attacks and could lead to the perception that she is the "victim type" and likely to experience even more

victimizations.

Internal attributions for the stressor. There are also a number of reasons why unacknowledged victims may be particularly vulnerable to making internal attributions for the assault. First, as previously mentioned, it is probable that unacknowledged victims receive negative, blaming reactions from others if they disclose. Even if the unacknowledged victim does not disclose the assault, she could be aware of societal attitudes toward victims of such assaults and may internalize these societal attitudes.

In addition, there are a number of behaviors unacknowledged victims often engaged in during the assault which could serve to increase the likelihood that she would view herself as responsible or even to blame for the victimization. These include engaging in consensual activity with the perpetrator, not resisting strongly, and drinking alcohol (Bondurant, 2001; Botta & Pingree, 1996; Layman et al., 1996; Schwartz & Leggett, 1999). Unacknowledged rape may also occur in the context of a romantic relationship (Koss, 1985), and if so, the unacknowledged victim could berate herself for falling for the manipulation of her assailant or for trusting him. Interestingly, the empirical evidence in regards to internal attributions and unacknowledged rape is mixed. Two studies have found that unacknowledged victims engaged in significantly more internal attributions than acknowledged victims (Botta & Pingree, 1997; Frazier & Seales, 1997). In contrast, Bondurant (2001) found that acknowledged victims engaged in significantly more self-attributions. Finally, Layman et al. (1996) found no differences in self-attribution between acknowledged and unacknowledged victims.

Multiple victimization. As with all rape victims, unacknowledged victims are often victims of childhood sexual abuse (Layman et al., 1996). In addition, unacknowledged victims may be at increased risk for multiple adult victimizations (Layman et al.). Not labeling the first assault as rape or a victimization may make them less likely to resist further assaults, since they view the behavior as less serious as well as potentially their fault. Additionally, unacknowledged victims are unlikely to receive social support that validates their status as victims, which could decrease the likelihood that they would engage in risk reduction behavior to prevent further victimizations. Unacknowledged victims may also come to view forced sex as a normal sexual activity, particularly if they suffer multiple assaults. Supporting the contention that unacknowledged victims are at increased risk of multiple victimization, Layman et al. found that

35% of unacknowledged victims had been assaulted multiple times, with 22.5% reporting three or more incidents. In contrast, 20% of the acknowledged victims reported multiple assaults with only 5% reporting three or more assaults.

Diminished ascription to cultural beliefs. While little empirical investigation has been conducted, it has also been theorized that damage to victims' cultural beliefs may lead to enhanced distress and increased reliance on maladaptive coping techniques (Cason, Resick, & Weaver, 2002; Gibson & Leitenberg, 2001; Salzman, 2001). Researchers have theorized that there are four main cultural beliefs threatened by traumatic events such as rape. These beliefs are: the world is benign and a source of pleasure; the world is meaningful, controllable, and just; people are trustworthy and worth relating to; and the self is worthy, loveable, good, and competent (Aldwin, 1994; Roth & Newman, 1990). The type of assault experienced by unacknowledged victims may be especially likely to threaten their belief in cultural values. For one, as unacknowledged victims are often assaulted by an intimate (Frazier & Seales, 1997; Koss, 1985), the assault would likely serve as a severe threat to the victim's belief in the trustworthiness of others as well as the benignity of the world. Similarly, it is likely that unacknowledged victims are often attacked in a place where they feel safe, further undermining their belief in the benignity of the world. The experience of multiple victimizations, particularly after the victim attempts to reconcile with the assailant, could also negatively impact the victim's belief in the benignity of the world.

Unacknowledged victims are extremely unlikely to report the assault to authorities or to press charges (Botta & Pingree, 1997; Layman et al., 1996). Unacknowledged victims also seem to be less likely to disclose the assault to members of their social networks (Botta & Pingree, 1997; Koss, 1985), which means the perpetrator would not suffer any legal or social sanctions for his actions. Even if an unacknowledged victim does disclose the assault, this could lead to her being blamed and stigmatized for the assault (Pitts & Schwartz, 1993), as opposed to leading members of her social network to blame and stigmatize the assailant. Therefore, it is unlikely that the assailant would be punished in any way for his actions and thus, it could be quite difficult for the unacknowledged victim to feel that the consequences for his actions were just.

Finally, given that unacknowledged victims are likely to be attacked by an intimate (Koss, 1985), they may be especially likely to internalize the perpetrator's message of objectification and

degradation (Koss & Burkhardt, 1989; Roth & Newman, 1990) and thus, have lower feelings of self-worth. Similarly, the victim's feelings of self-responsibility due to her lack of resistance, intoxication, feelings of manipulation, etc. could serve to lower her sense of self-worth. The receipt of negative blaming and stigmatizing reactions from others could have a similar effect. Additionally, being victimized multiple times (Layman et al., 1996), could be damaging to the victim's self-worth. Indeed, Frazier and Seales (1997) found that unacknowledged victims reported more disruption in their beliefs about themselves, others, and the world.

Based on the empirical and theoretical evidence collected thus far, it seems likely that the unacknowledged victim may find coping with her assault a particular challenge. A lack of social support, enhanced distress, feelings of powerlessness, self-attributions, multiple victimizations, and threat to cultural beliefs may prevent the unacknowledged victim from being able to enact adaptive approach strategies. Faced with what appears to be an overwhelming stressor and a dearth of coping resources, the unacknowledged victim may turn to maladaptive avoidance coping strategies- emotional suppression, substance use, fantasy etc. In this model, not acknowledging the rape may be one way the victim attempts to cope with the negative consequences of the assault. This possibility will be discussed in the next section. However, not acknowledging the rape could also present several additional problems for the victim and may actually lead to long-term negative outcomes. This possibility will similarly be discussed.

Functions and Costs of Not Acknowledging Rape

One potential function of not acknowledging rape would be in aiding in the enactment of avoidance coping strategies once initiated, as well as providing justification for the use of such strategies. For example, by giving the rape experience a more benign label, the victim can justify engaging in cognitive and emotional suppression. The victim may feel that she was not severely psychologically damaged and therefore should have less negative emotions surrounding the assault. This could make the victim feel that it is acceptable for her to suppress her emotions about the assault. In another example, not acknowledging the rape could aid the victim in engaging in wishful thinking. She may continue her relationship with the assailant and fantasize that the assailant will fall in love with her after the assault or that their future intimate activity will not involve force or violence of any kind.

However, in the long-term, use of such strategies is likely to lead to enhanced distress.

Given the severity of the trauma of rape, attempts at cognitive and emotional suppression are likely to be quite difficult. Additionally, if the victim denies the severity of the assault, she may be particularly distressed by her inability to resolve the stressor successfully. Finally, by believing that the assault will ultimately lead to a better relationship between her and the assailant and continuing to have contact with him, she is placing herself at risk for further victimization. She could also be more likely to conceptualize any future assaults or the failure of the relationship as her fault.

The unacknowledged victim may also not label her experience rape in part because it allows her to continue to have interactions with members of her social network. For one, it places her conception of the experience more in line with members of her social network who likely would not view it as rape. Not acknowledging the rape also justifies not disclosing the assault to members of her social network since she views it as a less serious incident. By not disclosing the assault, the victim is protected from blaming or stigmatizing responses of others or outright rejection from members of her social network. It also prevents potential division of her social network into those who support and believe the perpetrator and those who support and believe her. Finally, by not acknowledging the rape, the victim may be more able to continue to have social contact with the perpetrator. This is important since the perpetrator was likely part of the victim's social network and, therefore, it could be difficult for her to avoid social interactions with him.

However, while not disclosing the assault may protect the victim from negative social reactions, it also deprives the victim of potentially helpful reactions. Receipt of such reactions could potentially assist the victim in enacting adaptive coping strategies, strengthen ties with members of her social network, as well as lead her to engage in risk reduction behavior. Not acknowledging the rape may actually ultimately lead to social isolation as well. Hiding the assault from members of her social network could become burdensome for the victim which could result in her withdrawing from others. As an added stressor, she may have regular contact with her assailant. This could likewise serve to enhance her distress and ultimately lead her to withdraw. Finally, despite attempts to do so, unacknowledged victims may have a difficult time hiding their distress from others. This could lead others to withdraw when her distress continues and seems to have no clear source.

As mentioned earlier, while unacknowledged victims may be more likely to experience negative outcomes following the assault, not acknowledging the rape may be an attempt at minimizing the severity of these outcomes. For example, the unacknowledged victim could use not acknowledging the rape as a way of attempting to cope with feelings of self-responsibility. First, by not labeling the experience rape, the victim minimizes the moral implications of the attack and therefore, possibly reduces her perceived need to ascribe responsibility. Also, not acknowledging the rape may help the victim view some of her behavior during the attack as less foolish. Not acknowledging the rape could similarly help reduce some of the victim's self-responsibility for her behavior following the assault. Since the assault was not rape then she should not feel foolish for continuing to have contact with the perpetrator, or continuing to have a relationship with him. Additionally, if she is assaulted again by the same assailant, not acknowledging the rape can reduce her feelings of responsibility for not avoiding the assailant. Finally, not acknowledging the rape may enable the victim to see the assailant's role in the attack by viewing it as less negative but still as causal. By viewing the assault as at least partially caused by the assailant, she could be able to reduce some of her feelings of self-responsibility for her own behavior.

However, such efforts to reduce feelings of self-responsibility likely will ultimately fail, leading to unresolved high levels of self-attributions as discussed earlier. For example, the unacknowledged victim may berate herself not only for her behavior during the attack, but also for her behavior following the attack, such as continuing to have contact with the perpetrator, particularly if this leads to further assaults. These further attacks could also reinforce the victim's belief that the assaults are her fault. Additionally, the process of minimizing the severity of the assault could become challenging to the victim, particularly if she is suffering distress as a result of the assault. In response to this discrepancy between her distress level and perceived severity of the incident, the victim may criticize herself for not being able to "get over" the incident more quickly. Finally, given that unacknowledged victims' cognitive attempts to reduce her distress by viewing the incident as less severe are likely to fail, the victim may continue to place responsibility on herself for her perceived role in producing the experience that has led to such severe distress.

The combination of these difficulties could serve to reduce the unacknowledged victim's

sense of self-worth. For example, the unacknowledged victim's unresolved feelings of self-responsibility, not only for her behavior during the attack but also for her behavior following the assault, such as continuing to have contact with the perpetrator, would likely serve to increase distress and lower her self-esteem. Additionally, the unacknowledged victim is at a large disadvantage in coping with the assault if she does not utilize social support resources for assistance by not disclosing the assault or only discussing the assault in terms of a benign event or one that is her fault. If indeed the process of hiding the assault from others does lead to social isolation, this could also result in the victim being disadvantaged in coping with all stressors, not just the assault. Finally, viewing the assault as normative could lead the victim to continue relationships that involve sexual victimization, damaging her self-worth further.

Thus, while not acknowledging rape may serve several motivational purposes such as facilitating coping efforts and allowing continued social interaction; it also has several potential costs for the victim. These could include social isolation, unresolved feelings of self-responsibility, reduced self-worth, and re-victimization.

Based on the above conceptualization and review, the following hypotheses are proposed.

Rape Victims Versus Non-Victims

H1: Rape victims will report worse psychological adjustment than non-victims. They will report experiencing more fears, more symptoms of distress, and more posttraumatic symptoms.

H2: Rape victims will report less adherence to cultural beliefs than non-victims. They will report believing that the world is less benign, less controllable and just, lower self-control, and lower self-worth.

Unacknowledged Victims Versus Acknowledged Victims

H3: Unacknowledged victims will differ from acknowledged victims in the circumstances of their assault.

H3a: Unacknowledged victims will report fewer forms of physical force were used by the assailant during the assault.

H3b: Unacknowledged victims will report that less severe forms of physical force were used.

H3c: Unacknowledged victims will report using fewer forms of resistance during the assault.

- H3d: Unacknowledged victims will report using less strong methods of resistance.
- H3e: Unacknowledged victims will report that they were drinking more alcohol during the assault.
- H3f: Unacknowledged victims will report a closer relationship with their assailant.
- H4: Unacknowledged victims will suffer more negative consequences than acknowledged victims following the assault.
- H4a: Unacknowledged victims will disclose the assault to fewer individuals.
- H4b: Unacknowledged victims will report more negative social reactions upon disclosure.
- H4c: Unacknowledged victims will report more self-attributions.
- H4d: Unacknowledged victims will report more disruption in their cultural beliefs- i.e. the world is less benign, less controllable, and the self is less worthy.
- H5: Unacknowledged victims will report more psychological distress than acknowledged victims. They will report more fears, more distress, and more posttraumatic symptoms.
- H6: Unacknowledged victims will report using more avoidance coping than acknowledged victims in coping with the assault.
- H7: Unacknowledged victims will be more likely than acknowledged victims to report further negative consequences following the assault.
- H7a: Unacknowledged victims will report that they have a smaller number of individuals in their social support network and will report less satisfaction with their social support network.
- H7b: Unacknowledged victims will report more victimization experiences with the same assailant.
- H7c: Unacknowledged victims will report more victimization experiences with other assailants.
- H7d: Unacknowledged victims will report lower self-esteem.

Acknowledgment Status

- H8: Negative consequences of the assault (e.g. negative social reactions, self-responsibility) will partially mediate the relationship between circumstances of the assault (e.g. force, acquaintance level) and rape acknowledgment.
- H9: Acknowledgment status will partially mediate the relationship between negative

consequences following the assault (e.g., self-responsibility) and avoidance coping.

Exploratory Analyses

Several exploratory analyses were also conducted comparing attempted rape victims to non-victims and rape victims (acknowledged and unacknowledged). Attempted rape victims and rape victims were compared on their psychological adjustment and adherence to cultural values. Additionally, several exploratory analyses were conducted regarding acknowledged and unacknowledged attempted rape. Specifically, the same analyses were conducted using attempted rape victims as were conducted with rape victims. In this way, similarities and differences between unacknowledged and acknowledged attempted rape victims could be elucidated. These analyses also provided information about the potential applicability of the proposed model for understanding acknowledgment of attempted rape.

Finally, several analyses were conducted regarding the role of psychological distress in rape acknowledgment. For example, it is possible that distress similarly mediates the relationship between circumstances of the assault and acknowledgment status, as do other negative consequences of the assault. However, it is also possible that high levels of distress may make it more difficult to not acknowledge a rape experience.

Experimental Design and Methods

Design. A cross-sectional web-based design was chosen. Use of an online study facilitated obtaining sufficient numbers of rape victims to make the proposed comparisons, as well as served to enhance participants' perceived anonymity and comfort with the task. Female participants were recruited from the psychology participant pool at a large, southeastern university through fliers and a psychology department web page developed to post available extra credit opportunities. Potential participants were directed to go to a website to complete the measures. This website was designed so that those who endorsed having an experience that would legally be considered rape or attempted rape would complete several measures about this experience whereas those who did not endorse having these experiences would not be asked about an experience with unwanted sex.

Participants. A total of 1,253 women from the participant pool at Virginia Tech participated for extra course credit during the Spring 2002, Summer 2002, Fall 2002, and Spring 2003 semesters.

Procedures. Fliers advertising the study were posted around campus recruiting women to be in a study about their beliefs, psychological functioning, and sexual history (Appendix A). To enhance anonymity and encourage participation, all measures were completed on-line. Women who agreed to participate received two hours of extra credit.

Following being given a brief description of the study and information about counseling resources available on campus and giving their electronic consent, participants were administered several questions to screen for victimization experiences, specifically experiences of rape or attempted rape. These were six items drawn from the Sexual Experiences Survey (Koss & Gidycz, 1985; Appendix B). Participants who answer affirmatively to any of these items were then given several measures about the experience they regarded as most serious of the ones they endorsed on the SES.

Participants who endorsed having had an experience of rape or attempted rape based on their responses to the SES were then asked to provide several details about the circumstances of the assault on a separate page, adapted from Layman et al. (1996), including information about the force used by the assailant, the resistance strategies used by the victim, and substance use on the part of the participant and the assailant (Appendix C). In addition, participants were asked whether they have had more than one of these experiences. Participants were also given several possible labels for their experience. Rape victims who did not label the assault as a crime (i.e. rape, attempted rape, or another crime) were considered unacknowledged. The same acknowledgment criterion was used for attempted rape victims.

Victims also completed several measures related to negative consequences of the assault. To assess for the receipt of negative social reactions, participants who had disclosed the assault completed the Social Reactions Questionnaire (Ullman, 2000), which has several subscales related to typical negative reactions that rape victims receive (Appendix D). Participants also completed the Meyer and Taylor (1986) scale to assess for internal attributions for the assault (Appendix E). In addition, participants (victims and non-victims) were administered the World Assumptions Scale (Janoff-Bulman, 1989; Appendix F). This measure is designed to assess for adherence to several cultural beliefs likely to be damaged by trauma. It also assesses for perceptions of personal control. Lastly, to assess the victims' coping strategies, they were asked to complete the Coping Strategies Inventory regarding the methods they had employed in coping

with the assault (Tobin, Holroyd, Reynolds, & Wigal, 1989; Appendix G). This measures assesses for several approach and avoidance coping strategies, which are termed engagement and disengagement strategies, respectively.

All participants (victims and non rape victims) completed several measures about their psychological adjustment, self-esteem, and social support network. In this way the functioning of acknowledged and unacknowledged victims could be assessed as well as compared to that of non-victims. Participants completed three measures regarding their current psychological functioning. Participants were given the Veronen-Kilpatrick Modified Fear Survey, which assesses for the presence of a number of fears that have been found to differentiate rape victims from non-victims (Resick, Veronen, Kilpatrick, Calhoun, & Atkeson, 1986; Appendix H). They also completed the self-report version of the PTSD Symptom Scale, which is designed to assess for diagnostic symptoms of post-traumatic stress disorder (Foa, Riggs, Dancu, & Rothbaum, 1993; Appendix I). Finally, participants completed the Personal Disturbance Scale, a brief self-report measure of symptoms of depression and anxiety (Bedford, Foulds, & Sheffield, 1976; Bedford & Deary, 1997; Appendix J).

Finally, participants completed two measures related to the possible negative long-term impact of the assault. Participants were administered the People in Your Life scale (Marziali, 1987), to assess the quantity and perceived quality of individuals' social support network (Appendix K). They also were administered the Rosenberg self-esteem scale to assess their global self-esteem (Rosenberg, 1989; Appendix L).

Measures

Sexual Experiences Survey

The Sexual Experiences Survey (SES) was developed to assess for a range of sexual victimization experiences in women. Since its inception, it has been used to assess for victimizing experiences in thousands of college-aged women. The items assessing for experiences of rape and attempted rape (administered in the present research) were designed to be consistent with the definition of rape and attempted rape in the state of Ohio (Koss & Gidycz, 1985). It should be noted that in the present administration, three items were altered slightly to make them more consistent with definitions of rape and attempted rape in the state of Virginia as well as to resolve previous criticisms of this instrument (e.g., Gyls & McNamara, 1996).

Specifically, these items originally were designed to assess for experiences of unwanted sexual activity through administration of alcohol or drugs by the perpetrator. In the current version, these items assessed for unwanted sexual activity while the victim was incapacitated or unconscious, including from alcohol or drugs. These revised items were more consistent with the law in Virginia which stipulates that the victim was in a helpless state due to use of substances. The revised items also no longer require that the victim was intoxicated by the perpetrator nor require that the victim infer the intent of a perpetrator when giving her substances.

The SES has been found to be reliable and to have good concurrent validity. The SES has been found to have an alpha of .74 and a one week test-retest agreement rate of 93%. Additionally, the correlation between victimization experiences reported on the SES and those reported in an interview several months later was .73 (Koss & Gidycz, 1985). In the present study, the alpha of the items drawn from the SES was .65.

Social Reactions Questionnaire

The Social Reactions Questionnaire (SRQ; Ullman, 2000), was designed to assess common positive and negative social reactions received by sexual assault victims upon disclosure of the assault. Positive forms of social support it purports to tap are instrumental support, emotional support, and information support. Negative social reactions assessed include taking control of the victim's decisions, victim blame, stigmatizing responses, distraction, and egocentric behavior. The questionnaire consists of a list of potential social reactions and victims indicate how often they have received these reactions upon disclosure of their sexual assault experience. In the present study, given the focus on the importance of negative responses from others, only the negative reactions scales were included.

The SRQ appears to be reliable and internally consistent with alphas for the seven subscales of the measure ranging from .77 to .93 and eight-week test-retest reliabilities ranging from .64 to .81. Factor analysis of the SRQ generally supports the theorized types of social reactions the measure was intended to tap with seven social reaction factors emerging in an exploratory analysis with a sample of over 300 sexual assault victims. Supporting the convergent validity of the measure, negative social reactions were found to be related to lower self-esteem and more symptoms of PTSD (Ullman, 2000). In the present study, the alpha of the subscales of the SRQ ranged from .73 to .87.

Meyer and Taylor scale

This measure was based on the work of Janoff-Bulman (1979), which suggested that rape victims can engage in two forms of self-attributions: behavioral and characterological. Behavioral attributions involve attributing the sexual assault to one's behavior (I am too trusting), whereas characterological attributions involve impugning one's character (I got what I deserved). The measure contains several items assessing both behavioral and characterological attributions. For each item, victims are asked to rate the degree to which they felt these factors are to blame for their assault. The measure also includes several items assessing societal attributions which were not included in the current study (Meyer & Taylor, 1986).

Internal consistency and validity data regarding the measure was gathered using a group of 58 recent rape victims. Supporting the internal consistency of these subscales, the behavioral subscale had an alpha of .79 and the characterological subscale had an alpha of .64. Similarly, in the current study, the alpha of the behavioral scale was .76 and the alpha of the characterological scale was .60. An exploratory factor analysis conducted on the measure supported a three-factor solution with factors relating to behavioral attributions, characterological attributions, and societal attributions. Additionally, supporting the concurrent validity of the measure, scores on the two internal subscales were significantly correlated with implicating oneself as the cause of the assault, when given a list of ten potential causes. Finally, supporting the convergent validity of the measure, both behavioral and characterological attributions were associated with worse adjustment among rape victims.

World Assumptions Scale

The World Assumptions Scale (WAS; Janoff-Bulman, 1989), was designed to assess for adherence to several commonly held cultural assumptions that are theorized to be affected by the experience of trauma. Specifically, these assumptions are that the world is benevolent, the world is meaningful, and the self is worthy. Within these three broad assumptions there are assumed to be several more specific beliefs. For example, making up the assumption that the world is benevolent are the beliefs that the world is a good place where misfortune is uncommon and people are basically good, kind, and trustworthy. The scale is made up of four statements about each of eight assumptions about oneself, others, and the world. Individuals rate the degree to which they agree with these statements on a Likert scale.

Supporting the internal consistency of this measure, alpha reliabilities of the subscales have found to range from .67 to .78. In the current study, the alpha coefficients of the subscales ranged from .63 to .86. Additionally, a factor analysis of the measure yielded a seven factor solution consistent with the theorized eight assumptions. It should be noted that the items assessing the two assumptions related to benevolence (benevolence of the world and benevolence of people) loaded on a single benevolence factor. Supporting the construct validity of the measure, three assumptions reliably discriminated individuals who had been victimized from non-victims: self-worth, chance, and the benevolence of the world (Janoff-Bulman, 1989).

Coping Strategies Inventory

The Coping Strategies Inventory (CSI; Tobin et al., 1989), is an expanded version of an existing coping measure, the Ways of Coping Checklist (Folkman & Lazarus, 1980). Specifically, the CSI was developed by drawing items from the Ways of Coping Checklist and generating additional items to tap the same factors as the extant measure. The measure was designed to assess two main types of coping- engagement and disengagement, which appear to be synonymous with Synder and Pulvers' (2001) conceptualization of approach and avoidance coping. Within these two broad types of coping, it was theorized that there would be a number of strategies, some problem-focused and some emotion-focused. The final version of this measure consists of 72 potential coping strategies. Individuals are asked to indicate the extent to which they have used these strategies in coping with a specific stressful event on a Likert scale.

The authors employed a hierarchical factor analysis to assess the factor structure of the CSI. This analysis supported the proposed factor structure of the instrument. Two studies supported the existence of eight primary factors including social withdrawal, problem solving, cognitive restructuring, and expression of emotions. These eight factors clustered into four secondary factors: problem engagement, emotion engagement, problem disengagement, and emotion disengagement. Finally, the two engagement factors made up a tertiary engagement coping factor and the two disengagement factors made up a tertiary disengagement coping factor. Supporting the internal consistency and reliability of the primary factors, alpha coefficients were found to range from .71 to .94 and two week test-retest reliabilities ranged from .67 to .83. Supporting the construct validity of the CSI, coping scores have been found to differentiate depressed from non-depressed individuals (Tobin, 1984). In the present research, the alpha

coefficients of the secondary factors ranged from .82 to .93.

Veronen-Kilpatrick Modified Fear Survey

The Veronen-Kilpatrick Modified Fear Survey (Veronen & Kilpatrick, 1980), was developed to assess fear responses in victims of sexual assault. This measure was designed using the Fear Survey Schedule III (Wolpe & Lange, 1964). Additional items were then added based on fears generated by a sample of rape victims.

Supporting the reliability of this instrument, the two month test-retest reliability among non-victims was .73. Supporting the construct validity of the measure, 6 of the 8 factors were found to significantly differentiate rape victims from non-victims. These were vulnerability fears, sexual fears, social evaluative fears, agoraphobic fears, fear of loud noises, and fear of weapons (Resick, et. al, 1986). The items that make up these 6 factors are included in the present study. In the current research, the alpha coefficients of five of these subscales were acceptable, ranging from .71 to .90. However, the alpha coefficient of the three-item fear of loud noises subscale was not acceptable (.33), and so analyses were not conducted on this subscale.

PTSD Symptom Scale

The PTSD Symptom Scale (PSS; Foa et al., 1993), is a brief interview or self-report measure designed to assess for the presence of post-traumatic stress disorder (PTSD). The items were developed to be consistent with diagnostic criteria for PTSD according to the DSM system. The measure contains three subscales to assess the three types of symptoms of PTSD: re-experiencing, avoidance, and arousal.

Supporting the internal consistency and reliability of the measure, a study with 118 female assault victims yielded a Cronbach's alpha for the whole scale of .91 and alpha coefficients of the three subscales ranging from .78 to .82. The one month test-retest reliability was found to be .74. Supporting the concurrent validity of the measure, scores on the PSS correlated significantly with several other measures of psychological distress including the Beck Depression Inventory and the Rape Aftermath Symptom Test. Finally, supporting the construct validity of the measure, the PSS was found to have a sensitivity of 62% and specificity of 100% for diagnosis of PTSD when compared with a structured clinical interview (SCID; Foa et al., 1993). Thus, the PSS appears to be a conservative measure of PTSD. In the present study, the overall alpha of the PSS was .90 and the alpha coefficients of the three subscales ranged from .79 to .81.

Personal Disturbance Scale

The Personal Disturbance Scale (PDS), developed by Bedford et al. (1976), was designed to assess feelings of distress inherent in most forms of psychopathology. The measure is a brief self-report that assesses general distress and symptoms of anxiety and depression. Since its development, this measure has been used in numerous published studies. For each item, individuals rate whether they have had the symptom in the past month and to what degree.

A recent review of the literature regarding this measure was conducted by Bedford and Deary (1997). In addition, they conducted a study of the psychometric properties of this instrument using psychiatric patients. In regards to the internal consistency of the measure, the alpha for the entire scale has been reported to be .85 and both subscales were reported to have alphas close to .90. Two recent confirmatory factor analyses of the instrument supported a three factor solution with a secondary general distress factor and two primary factors of depression and anxiety (Bedford & Deary, 1997; Bedford, Grant, de Pauw, & Deary, 1999). Supporting the construct validity of this measure, children with substance abusing parents have been found to have elevated scores. Similarly, elevated scores have been associated with self-reported unhappiness, loneliness, job loss, and dissatisfaction among individuals with acquired hearing loss. Supporting the predictive validity of the measure, elevated scores among the elderly have been predictive of use of medical services. Similarly, elevated anxiety scores among expectant mothers has been found to be predictive of the development of postpartum depression. In the present study, the alpha coefficient for the PDS was .91.

People in Your Life

The People in Your Life scale (PIYL; Marziali, 1987), was developed to assess the quantity and quality of individuals' social support network with the goal of predicting psychotherapy outcome. The measure assesses the quantity and quality of both casual and intimate relationships and is designed to assess several dimensions of social support. These are: attachment, social integration, opportunity for nurturance, reassurance of worth, sense of reliable alliance, and obtaining of guidance. For each item, individuals indicate the number of people they can rely on for the particular form of support indicated as well as their satisfaction with the support they have.

Scores on the measure are divided into four subscales: friendship availability, friendship

satisfaction, intimate availability, and intimate satisfaction. Supporting the internal consistency of the measure, the Cronbach's alpha for these four scales were found to range from .88 to .94. Additionally, scores on the PIYL were correlated negatively with psychological symptoms, supporting the convergent validity of the measure. Finally, supporting the predictive validity of the PIYL, pre-therapy satisfaction with both friendships and intimate relationships was significantly negatively correlated with depressed mood and social adjustment one year post-treatment, after controlling for clients' scores on these measures pre-therapy (Marziali, 1987). In the current study, the alpha coefficients for the subscales ranged from .89 to .95.

Rosenberg Self-Esteem Scale

The Rosenberg self-esteem scale (RSES; Rosenberg, 1989), is a brief measure of global self-esteem and is one of the most widely used measures in psychological research (Vispoel, Boo, & Bleiler, 2001). It was designed to be easily administered, brief, and unidimensional (Rosenberg, 1989). It consists of 10 self-descriptive items which individuals rate their agreement with on a Likert scale.

Supporting the internal consistency of the measure, a recent study found a Cronbach's alpha of the measure of .91 in a sample of undergraduates (Vispoel et al., 2001). Similarly, the alpha coefficient of the RSES was .90 in the present study. Additionally, two recent confirmatory factor analyses supported the unidimensionality of the measure (Shevlin, Bunting, & Lewis, 1995; Vispoel et al.). In addition, Rosenberg (1989) conducted several studies to provide convergent validity evidence. For example, he found that patients with low scores on the RSES were more likely to be rated as depressed by nurses. Similarly, he found that soldiers with low levels of self-esteem had more psychosomatic symptoms. Finally, high school students with low levels of self-esteem were more likely to be described as inactive in class by their peers.

Pilot Testing

The on-line measures were developed and initially piloted with 14 Abnormal Psychology students and four Introductory Psychology students. Pilot participants reported that they were comfortable completing the measures on-line and several reported that they felt more comfortable completing the measures on-line than they would have in a traditional paper and pencil format. They reported that completing the survey took between ten minutes and a little over an hour. Most participants reported that they felt the items were clear and easy to complete. Several

participants made suggestions as to how the survey could be improved and these were implemented when possible. However, none of these changes were substantive. For example, on the PTSD Symptom Scale, the directions were revised to make it more explicit that participants were to report on the amount of each symptom they had in the past week. Additionally, several of the measures were divided into two or more screens to prevent participants from having to scroll up to read the response options. Other suggestions that could not be implemented were removing items that seemed redundant, providing a response option of neutral on the World Assumptions Scale, and making some of the items more explicit, particularly on the Modified Fear Survey. Thus, pilot results overall suggested that the survey is easy to complete, clear, and that participants are comfortable with the on-line format.

Results

Characteristics of Assaults

A total of 1,253 women completed the survey. Of these, 256, or 20.4% of the sample reported an experience consistent with a legal definition of rape on the SES. These assaults were fairly recent in most cases. The assaults had occurred less than one year ago for 39.4% of the sample, and less than three years ago for 82.8% of victims. The vast majority of the victims knew their assailant; only 4 victims, 1.6%, were assaulted by strangers, although 19% reported that they had just met the man. Indeed, while the majority of victims were acquainted with their assailant, most of these relationships were fairly casual and non-romantic, with less than 30% of victims reporting any type of dating relationship with the attacker. In contrast, Koss (1989), in her national study of sexual assault among college women, found that 57% of victims were romantically involved with the perpetrator.

Looking at the specific items on the SES, sixty-one percent of the victims endorsed having unwanted vaginal intercourse while unconscious or incapacitated and 24.6% endorsed having unwanted vaginal intercourse when the man threatened or used force. In addition, 35.5% reported having had other sexual acts perpetrated against them while incapacitated and 21% reported having had other sexual acts perpetrated through force or threat of force. While a number of victims did not endorse either of the force items on the SES, the majority of victims (73%) did report that the assailant used some type of force when provided with a list of forms of force the assailant may have used. The most common form of force that victims reported was the

man using his superior body weight, reported by 65.6% of victims. However, the assaults of the victims in this sample did appear to be somewhat less violent on average compared to Koss's (1989) sample. For example, nearly two-thirds of her sample reported being held down by their attacker, while only 27% reported being held down in the present sample. This may be due to the fact that victims in the current sample were somewhat more likely to have been drinking alcohol (73.4% vs. 55%), and thus, less force may have been required by the assailant to perpetrate the assault. Indeed, looking at victims who did not report that the assailant used any forms of force, all reported they were drinking alcohol and most reported high levels of alcohol use. Fifty-four percent reported consuming more than six alcoholic drinks and another 37% reported consuming four to six drinks.

Like in Koss's research, the majority of victims, 66%, also reported that the man was using alcohol during the assault, and 21.5% reported that their assailants were using other drugs. Victims (84%) also reported resisting their attacker. The most common forms of resistance used by the victims were turning cold, reasoning with the man, and physically struggling, which were all reportedly used by approximately 40% of victims. As has been found in previous research, the majority of victims, 65%, also reported having engaged in some form of consensual sexual activity with the man prior to the assault. Again, replicating previous research, one hundred fifty-five of these women, 60.5%, did not consider this experience to be a victimization and thus were unacknowledged. These results are summarized in table 1.

Effects of Victimization

Hypothesis one stated that individuals who endorsed having an experience that met the legal definition of rape would have poorer psychological functioning. To test this hypothesis, a MANOVA was first conducted comparing women who had been raped to those who had not on their total score on the three adjustment measures. The result of this MANOVA was significant, $F(3, 1249) = 16.3, p < .005$. Victims reported significantly worse adjustment on all three measures; PDS, $F(1, 1251) = 35.6, p < .005$, PSS, $F(1, 1251) = 41.9, p < .005$, and MFS, $F(1, 1251) = 16.9, p < .005$. MANOVAs were then conducted comparing rape victims to non rape victims on the subscales of the PTSD and fears measures. The MANOVA on the PTSD measure was significant, $F(3, 1249) = 17.7, p < .005$. Victims reported more symptoms on all three subscales of the PTSD measure: re-experiencing, $F(1, 1251) = 14.1, p < .005$, arousal, $F(1,$

1251) = 49.8, $p < .005$, and avoidance, $F(1, 1251) = 35.6$, $p < .005$. The result of the MANOVA on the MFS also was significant, $F(5, 1247) = 10.6$, $p < .005$. Rape victims reported significantly higher levels of fears on two of the subscales of the MFS: vulnerability, $F(1, 1251) = 28.1$, $p < .005$, and social evaluation, $F(1, 1251) = 21.0$, $p < .005$. The effect sizes comparing victims to non rape victims generally were small in size. These results are summarized in table 2. Thus, hypothesis one was supported; experiencing a rape was associated with worse adjustment.

Examining the percentage of rape victims and non rape victims' symptoms that were in the clinical range similarly supports that victims were more distressed. Looking at the percentage of rape victims and non rape victims' scores that were in the clinical range on the PDS (using the guidelines set by the authors of the PDS), 22% of women who had not experienced rape reported clinically elevated anxiety symptoms on the PDS, whereas 36% of rape victims reported clinically elevated anxiety, $X^2(1) = 20.2$, $p < .005$. Similarly, while 11.6% of non-raped women had clinically elevated depressive symptoms, 24.5% of rape victims had clinically elevated symptoms of depression, $X^2(1) = 26.5$, $p < .005$. More dramatically, while the responses of 14% of women who had not been raped suggested that they met criteria for a diagnosis of PTSD, 33% of the rape victims' responses suggested they met criteria for a diagnosis of PTSD, $X = 50.8$, $p < .005$. These individuals reported all three clusters of PTSD symptoms, reported the required number of symptoms in each cluster to meet DSM criteria, and completed the questionnaire regarding an event that was potentially PTSD qualifying (e.g., sexual assault, death of a relative, serious car accident). Of these potentially PTSD positive rape victims, 70.6% reported that their symptoms were in connection to a sexual assault.

While not a specific hypothesis tested, follow-up LSD tests revealed that unacknowledged victims experienced significantly more distress than non-rape victims. Unacknowledged victims reported more psychological distress on the Personal Disturbance Scale, $p < .005$. They also reported more rape-related fears on the Modified Fear Survey, $p < .005$. They reported more post-traumatic symptoms on the PTSD Symptom Scale, $p < .005$, and were significantly more likely to respond in a manner that was suggestive of a diagnosis of PTSD, $p < .005$. Finally, 25% of unacknowledged victims' responses suggested they met criteria for a diagnosis of PTSD, compared to 14% of non-rape victims.

To test hypothesis two that those who had experienced rape would have less adherence to

cultural beliefs compared to individuals who had not been raped, a MANOVA was conducted comparing rape victims to non rape victims on the subscales of the World Assumptions Scale. This MANOVA was significant, $F(8, 1244) = 6.9, p < .005$. Several differences between victims and non-victims emerged on this measure. Specifically, victims reported less belief in the benevolence of people, $F(1, 1251) = 6.1, p < .05$, less belief in their self-worth, $F(1, 1251) = 17.6, p < .005$, less perceived self-control, $F(1, 1251) = 24.6, p < .005$, and less belief in luck, $F(1, 1251) = 17.0, p < .005$. Participants had moderate adherence to these beliefs on average, indicating that they tended to agree with these four beliefs, with victims instead tending toward disagreeing with these beliefs. These results are summarized in table 2. Thus, hypothesis two was partially supported. Experiencing a sexual victimization was associated with less belief in the trustworthiness/benevolence of others and one's self worth. However, being sexually victimized was not associated with less belief in justice and the benignity of the world.

Follow-up LSD tests revealed this same pattern comparing unacknowledged rape victims to non rape victims. Unacknowledged rape victims reported less of a belief in their own worth, $p < .005$, less of a belief in luck, $p < .005$, and felt they had less control over events, $p < .005$.

Finally, while not a specific hypothesis tested, victims reported significantly lower self-esteem, with non-victims on average reporting moderate levels of self-esteem and victims reporting moderate to low self-esteem, $F(1, 1251) = 12.2, p < .005$. However, there were no differences between victims and non-victims in the number of friends and intimates they had, nor their satisfaction with these relationships, $F(4, 1248) = 1.2, ns$. In fact, both groups reported very strong social support networks, stating that they had on average five friendships and four intimate relationships that they could count on for the various forms of social support and that they were very satisfied with these relationships. These results are summarized in table 2 as well.

The Assaults of Acknowledged and Unacknowledged Victims

Several analyses were next conducted to compare the characteristics of the assaults of acknowledged and unacknowledged victims. First, a univariate ANOVA was conducted comparing the number of methods of force that these two victim groups reported that the assailant used during the assault. The result of this ANOVA was significant, $F(1, 254) = 24.2, p < .005$. Supporting hypothesis 3a, acknowledged victims reported that the assailant used significantly more forms of force during the assault, reporting that the assailant used one and a half forms of

force on average whereas unacknowledged victims reported that the assailant used one form of force on average. Similarly, a univariate ANOVA was conducted comparing the highest level of force that the victims reported the assailant used during the assault. This ANOVA was also significant, $F(1, 254) = 19.9, p < .005$, supporting hypothesis 3b, that acknowledged victims would report that their assailant used more severe forms of force than unacknowledged victims. For example, while 80% of acknowledged victims reported that the assailant used his superior body weight during the assault, only 56% of unacknowledged victims reported that the assailant used this tactic. Similarly, while over 40% of acknowledged victims stated that they were held down by their attacker, only 17% of unacknowledged victims reported being held down. Next, to test hypotheses 3c and 3d, univariate ANOVAs were conducted comparing the number of forms of resistance and the level of resistance used by acknowledged and unacknowledged victims. Both of these ANOVAs were significant. Acknowledged victims reported using more forms of resistance, $F(1, 254) = 42.3, p < .005$, reporting using one and a half forms of resistance on average whereas unacknowledged victims reported using one form of resistance on average. Not only did acknowledged victims engage in more forms of resistance, they also engaged in stronger forms of resistance as well, $F(1, 254) = 20.0, p < .005$. For example, while over half of acknowledged victims stated that they struggled with their attacker, less than one third of unacknowledged victims did so. Thus, the hypotheses regarding greater violence in acknowledged assaults were all supported.

Next, to test hypothesis 3e that unacknowledged victims would have reported consuming more alcohol before the assault, a univariate ANOVA was conducted comparing these two victim groups in regards to the amount of alcohol they had consumed. This ANOVA was significant, $F(1, 254) = 10.8, p < .01$; unacknowledged victims were drinking significantly more alcohol during the assault. Indeed, 82% of unacknowledged victims had consumed alcohol prior to the assault, compared to 60% of acknowledged victims. Finally, to test hypothesis 3f that unacknowledged victims would report a closer relationship with the assailant, a univariate ANOVA was conducted comparing the closeness of the relationship with the assailant of unacknowledged and acknowledged victims. This ANOVA was not significant, $F < 1$. In addition, a chi square test of proportion conducted comparing the percentage of individuals who were in a romantic relationship with their assailant in these two victim groups was non-significant, $X^2 < 1$. This

likely reflects a general trend among victims in this sample to have a more casual relationship with the assailant compared to previous studies, with less than one third of victims romantically involved with the attacker. These results are summarized in table 3.

While not related to specific hypotheses, several other differences emerged in the assault characteristics of unacknowledged and acknowledged victims. First, unacknowledged victims reported that their assailants were consumed significantly more alcohol than acknowledged victims, $F(1, 254) = 16.4, p < .005$, with nearly half reporting that the man had consumed more than six drinks, compared to only about one fourth of acknowledged victims who reported that the assailants had been drinking that much. Unacknowledged victims also reported that they had engaged in significantly higher levels of consensual activity with the perpetrator than acknowledged victims, $F(1, 254) = 4.3, p < .05$. For example, 22% of acknowledged victims reported engaging in some form of genital contact with the assailant before the assault, compared to 37% of unacknowledged victims. Unacknowledged assaults were significantly more recent, $F(1, 254) = 21.4, p < .005$, as well, with nearly half having occurred in the past year, compared to only approximately one quarter of acknowledged rapes. However, there were no significant differences between unacknowledged victims and acknowledged victims in their reported use of drugs besides alcohol, $F(1, 254) = 1.2, ns$, or the assailants' reported drug use, $F < 1$. These results are similarly summarized in table 3.

Looking at which of these variables are most influential in the acknowledgment decision, it appears that violence of the assault is most influential. Neither consensual activity between the victim and assailant nor alcohol use by the victim added significant variance to the prediction of acknowledgment status after force and resistance were entered into the equation. However, these two violence variables did add significant variance when either alcohol use or consensual activity were added into the equation first.

The Consequences of Acknowledged and Unacknowledged Rapes

Next, several analyses were conducted comparing the consequences of experiencing an acknowledged versus unacknowledged rape. To test hypothesis 4a that unacknowledged victims would disclose to fewer people, a chi square test of proportion was conducted comparing the percentage of acknowledged and unacknowledged victims who had disclosed the assault. This test was significant, $X^2(1) = 5.7, p < .05$. While 91% of acknowledged victims had disclosed the

assault, 80% of unacknowledged victims had done so. Interestingly, this represents a much larger percentage of victims in this sample that had disclosed the assault compared to Koss's (1989) study, where only approximately 60% of all rape victims had disclosed. Next, a univariate ANOVA was conducted comparing the number of individuals to whom these two victim groups had disclosed (those who had not disclosed were not included in this analysis). The result of this ANOVA was significant, $F(1, 213) = 4.9, p < .005$. Acknowledged victims had disclosed to 7.8 individuals on average, while unacknowledged victims had disclosed to 3.4 individuals on average. After removing two outliers (one of whom reported disclosing to 50 people and one who reported disclosing to 100 people), this trend remained significant, $F(1, 211) = 11.0, p < .005$. However, this reduced the mean number of individuals to whom acknowledged victims had disclosed to 5.2, as compared to 7.8.

To test hypothesis 4b that unacknowledged victims would receive more negative reactions upon disclosure, a MANOVA was then conducted comparing the levels of negative social reactions victims had received. The result of this MANOVA was significant, $F(5, 210) = 8.1, p < .005$. There were several significant differences between these two victim groups on their reported levels of these reactions, but in the opposite direction than predicted. Specifically, acknowledged victims reported receiving significantly more stigmatizing reactions, $F(1, 214) = 8.4, p < .005$, controlling reactions, $F(1, 214) = 9.4, p < .005$, and egocentric reactions, $F(1, 214) = 34.4, p < .005$. However, there were no significant differences between acknowledged and unacknowledged victims in the amount of blaming, $F(1, 214) = 1.0, ns$, and distracting reactions, $F(1, 214) = 1.2, ns$, they received. It should also be noted that victims did not report frequently receiving negative reactions, stating that they received these reactions rarely on average. Thus, while the hypothesis that unacknowledged victims would engage in less disclosure was supported, the hypothesis that unacknowledged victims who do disclose would receive more negative reactions was not supported.

Next, to test hypothesis 4c that unacknowledged victims would report more self-attributions, a univariate ANOVA was conducted comparing the levels of self-attribution reported by unacknowledged and acknowledged victims. This was followed up with a MANOVA comparing these victim groups on their levels of characterological and behavioral self-attributions. The result of the univariate ANOVA was non-significant, $F < 1$. Similarly, there

was no significant difference in the amount of behavioral, $F < 1$, or characterological self-attributions, $F < 1$, reported by these two victim groups, with both reporting moderate levels of these attributions, particularly behavioral attributions. To test hypothesis 4d that unacknowledged victims would suffer more damage to their cultural beliefs, a MANOVA was also conducted comparing unacknowledged and acknowledged victims' cultural beliefs as assessed by the World Assumptions Scale. The result of this MANOVA was non-significant, $F(8, 247) = 1.5, p < .20$. Most of the follow-up ANOVAS were non-significant as well, $F's < 1$. However, acknowledged victims did report significantly lower belief in the benevolence of people, $F(1, 254) = 17.9, p < .01$. There also was a trend for unacknowledged victims to report a less strong belief in justice, $F(1, 254) = 2.8, p < .10$. The size of these effects was small. Thus, contrary to hypotheses, there seem to be few meaningful differences in the cultural beliefs of unacknowledged and acknowledged victims. These results are summarized in table 4.

Psychological Distress and Rape Acknowledgment

Analyses were then conducted to test hypothesis 5 that unacknowledged victims would suffer more psychological distress. A MANOVA was first conducted comparing acknowledged and unacknowledged victims on their total scores on the adjustment measures. This MANOVA was significant, $F(3, 252) = 3.2, p < .05$. Again, however these differences were in the opposite direction then predicted. Acknowledged victims reported more symptoms of PTSD on the PSS, $F(1, 254) = 8.9, p < .005$. There also was a trend for acknowledged victims to report more distress on the PDS, $F(1, 254) = 3.4, p < .10$. A follow-up MANOVA comparing acknowledged and unacknowledged victims on the subscales of the PSS was conducted. This MANOVA was significant, $F(3, 252) = 3.1, p < .05$. Acknowledged victims reported more arousal symptoms, $F(1, 254) = 8.8, p < .01$, avoidance symptoms, $F(1, 254) = 6.4, p < .05$, and re-experiencing symptoms, $F(1, 254) = 5.5, p < .05$. This may be due in part to the fact that acknowledged victims were significantly more likely to report that they completed the PTSD measure in regards to their sexual assault: 62% vs. 46%, $X^2(1) = 6.7, p < .01$. However, unacknowledged victims who did complete this measure in regards to the assault also reported fewer symptoms of PTSD than acknowledged victims who completed the measure in regards to the assault, $F(1, 132) = 5.7, p < .05$. All of these effects were small. These results are summarized in table 6. While not a specific hypothesis tested, it is important to note that there was a trend for acknowledgment status

to add to the prediction of posttraumatic symptoms, above that provided by violence in the assault, $F(1, 253) = 3.7, p < .10$. In other words, being an acknowledged victim was associated with suffering more posttraumatic symptoms, and this could not be entirely accounted for by the more violent nature of acknowledged assaults.

While there was a trend for acknowledged victims to report more psychological distress, both victim groups clearly had elevated symptoms. Forty percent of acknowledged victims and 32 percent of unacknowledged victims reported clinically elevated anxiety, $X^2(1) = 1.9, ns$. In addition, 29 percent of acknowledged victims and 22 percent of unacknowledged victims reported clinically elevated depression, $X^2(1) = 1.8, ns$. Finally, the responses of 46 percent of acknowledged victims suggested they met criteria for PTSD as did 25 percent of unacknowledged victims, $X^2(1) = 11.5, p < .005$.

Coping of Unacknowledged and Acknowledged Victims

A MANOVA was next conducted to test hypothesis 6 that unacknowledged victims would engage in more avoidance coping. The result of this MANOVA was significant, $F(2, 253) = 6.2, p < .005$. However, the ANOVAs conducted showed that acknowledged victims engaged in significantly more avoidance coping. Acknowledged victims engaged in significantly more problem disengagement, $F(1, 254) = 11.9, p < .005$, and there was a trend for them to engage in more emotional disengagement, $F(1, 254) = 3.3, p < .10$. These effects were small in size. In addition, they seemed to reflect a trend for acknowledged victims to engage in more coping in general in dealing with the assault. For example, acknowledged victims used significantly more emotional engagement coping, $F(1, 254) = 3.9, p < .05$, and reported more coping overall, $F(1, 254) = 5.8, p < .05$. In fact, a univariate ANOVA comparing the proportion of avoidance coping reported by acknowledged and unacknowledged victims was not significant, 56% versus 54%; $F(1, 254) = 1.6, ns$. These results are summarized in table 5.

Acknowledgment Status and Persisting Effects of the Assault

Several analyses were conducted to test hypothesis 7 regarding the persisting effects of the assault among acknowledged and unacknowledged victims. These hypotheses were that unacknowledged victims would suffer more damage to their social support network (7a), would have lower self-esteem, and would suffer more sexual victimizations (7c & d). Few significant differences emerged, however. A MANOVA of acknowledged and unacknowledged victims'

scores on the People in Your Life scale was non-significant, $F < 1$, and there were no differences in these two victim groups' scores on any of the subscales of this measure, all F 's < 1 . Thus, hypothesis 7 that unacknowledged victims would suffer more damage to their social support network was not supported. There also was no difference in the self-esteem of acknowledged and unacknowledged victims, $F < 1$. There were no differences in the number of sexual victimizations experienced by these victims with the same man, $F < 1$, with the vast majority of victims reporting having been assaulted once. However, acknowledged victims were significantly more likely to have suffered assaults with other men, $F(1, 254) = 4.1, p < .05$. Twenty-eight percent of acknowledged victims reported sexual victimizations with other assailants compared to 17% of unacknowledged victims. However, unacknowledged victims were significantly more likely to continue a relationship with their assailant following the assault, 39% vs. 26%; $X^2(1) = 5.1, p < .05$, suggesting that they may be at elevated risk for further victimization by the assailant in the future. These results are summarized in table 7.

Mediational Analyses

Finally, the two mediational hypotheses were tested. The first mediational hypothesis, hypothesis 8, was that negative consequences of the assault (e.g. negative social reactions, self-attributions) will partially mediate the relationship between circumstances of the assault (e.g. force, acquaintance level) and rape acknowledgment. As some of the proposed relationships necessary for the mediational analyses were not found, only certain variables could be utilized for these analyses. For step one of a mediational analysis, there must be a relationship between the mediator and the predictor variable. As there were differences between unacknowledged and acknowledged victims in the violence in the assault, a violence index was formed by summing the highest level of force used, number of forms of force used, the highest level of resistance used, and the number of forms of resistance used. This index was used in the prediction of consequences of the assault. However, a logistic regression conducted using the violence index to predict disclosure (one of the two negative consequence variables that differed between acknowledged and unacknowledged victims in the predicted direction), was not significant. Similarly, logistic regressions using the four variables that made up the violence index to predict disclosure were not significant.

While not a variable where it was hypothesized there would be differences between

acknowledged and unacknowledged victims, unacknowledged victims were found to have engaged in more consensual activity with the assailant. Therefore, a logistic regression was conducted using the victim's level of consensual activity with the assailant to predict disclosure. The result of this logistic regression was significant, $X^2(1) = 6.8, p < .01$, satisfying step one of Baron and Kenny's mediational procedure. Step two requires that a significant relation emerge when the criterion variable is regressed on the predictor variable. Therefore, a binomial logistic regression was conducted using the level of consensual activity to predict acknowledgment. The result of this logistic regression was significant, $X^2(1) = 4.3, p < .05$. Thus, engaging in higher levels of consensual activity with the assailant was associated with not acknowledging the rape. Finally, in Step 3, the criterion variable is regressed on both the mediator and the predictor variable. If there is mediation, the mediator should have a significant impact, but the impact of the predictor variable should be significantly decreased. For step 3, Baron and Kenny recommend simultaneous entry of the mediator and the predictor variable because, in this way, the effect of the mediator on the criterion variable is examined after the predictor variable is controlled, and the effect of the predictor variable on the criterion variable is examined after the mediator is controlled. Therefore, the level of consensual activity engaged in and the victim's disclosure status were entered simultaneously in the prediction of rape acknowledgment. The result of this logistic regression supported the mediational role of disclosure. Disclosure significantly predicted acknowledgment, $F(1, 253) = 4.3, p < .05$, such that not disclosing the rape was associated with not acknowledging the rape, but consensual activity with the assailant no longer significantly predicted acknowledgment, $F(1, 253) = 2.9, p < .10$.

These procedures were repeated with the second negative consequence variable that differed among acknowledged and unacknowledged victims, the number of individuals to whom the victim disclosed. However, none of these variables significantly predicted the number of individuals to whom victims had disclosed.

Hypothesis 9 was that acknowledgment status would partially mediate the relationship between further negative consequences of the assault and avoidance coping. However, the proposed differences between acknowledged and unacknowledged victims in negative consequences of the assault generally were not found. Most importantly, there was not the proposed association between acknowledgment status and avoidance coping. Indeed,

acknowledged victims tended to engage in more avoidance coping. Therefore, the mediational analysis could not be logically conducted.

Interestingly, while not a hypothesized relationship, acknowledgment status appeared to moderate the relationship between negative consequences of the assault and avoidance coping. To test this notion, the negative consequence variables and acknowledgment status (using orthogonal coding) were used to predict avoidance coping in a linear regression. An interaction term was then created using the two predictor variables. This interaction term was then added to the prediction of avoidance coping to test whether this interaction term added significant variance to the prediction of avoidance coping. This interaction term was significant for two negative consequence variables that predicted avoidance coping: self-worth, $F(1, 252) = 4.0, p < .05$, and self-attributions, $F(1, 252) = 5.8, p < .05$. This interaction approached significance in the case of self-esteem, $F(1, 252) = 3.8, p < .10$. In all of these cases, the negative consequence variables emerged as better predictors of avoidance coping for unacknowledged victims. However, for other negative consequence variables, the opposite trend emerged where these variables predicted avoidance coping better for acknowledged victims. This was the case for the belief that one can control outcomes, $F(1, 252) = 7.3, p < .01$ negative social reactions, $F(1, 252) = 2.9, p < .10$, and belief in justice, $F(1, 252) = 3.1, p < .10$.

The Attempted Rape Victim

Ninety-four women, or 7.5% of the sample, reported an experience on the SES that legally would be considered attempted rape (this did not include women who had also been raped). Like rape victims, for 39.4% of the attempted rape victims this assault had occurred less than a year ago and for 89% less than three years ago. Again, like rape victims, attempted rape victims generally had a previous relationship with the assailant. Only one attempted rape victim did not know their assailant (1.1%), but again, 15% had just met the assailant. Her relationship with the assailant overall did tend to be fairly casual as well, with only 31% of victims in a romantic relationship with their attackers. Looking at the specific items attempted rape victims endorsed on the SES, 57% reported that the man threatened or used force and 63% reported that they were unconscious or incapacitated when the attempted rape occurred. However, like rape victims, most attempted rape victims, 84%, did endorse that the assailant used some form of force when provided with a list of forms of force. The most common type of force that attempted rape

victims reported was the man using his superior body weight, reported by 68% of victims.

Attempted rape victims appeared to be slightly more active in resisting their assailant than rape victims, although not significantly so. Ninety percent of the attempted rape victims reported using some form of resistance. The most common forms of resistance used by the victims were reasoning with the man and physically struggling, both of which a little less than half of the victims reported using. Attempted rape victims were also slightly less likely to have consumed alcohol during the assault, with 63% having consumed alcohol. Being less incapacitated may have enabled attempted rape victims to engage in more resistance, and thus, avoid being raped.

The vast majority of victims, 65%, also reported that the assailant had consumed alcohol, and 18% reported that their assailants were using other drugs. Like rape victims, the majority of attempted rape victims, 65%, also reported engaging in some form of prior consensual activity with the man. Finally, a similar percentage of attempted rape victims, 67%, were unacknowledged. These results are summarized in table 9.

Several exploratory analyses were conducted examining the effect of experiencing attempted rape. First, rape and attempted rape victims were compared on a number of variables of interest. A MANOVA conducted on these two victim groups' overall scores on the three psychological distress measures. Rape and attempted rape victims scored similarly on the Personal Disturbance Scale, $F(1, 348) = 2.2, p > .05$, and the Modified Fear Survey, $F(1, 348) = 2.7, p > .05$. Fifteen percent of attempted rape victims had clinically elevated depressive symptoms and twenty-eight percent had clinically elevated anxiety symptoms. However, rape victims did have significantly higher scores on the Posttraumatic Symptom Scale, $F(1, 348) = 4.0, p < .05$. A follow-up MANOVA comparing rape and attempted rape victims on the subscales of the PSS revealed that rape victims had significantly higher avoidance symptoms, $F(1, 348) = 3.9, p < .05$. Indeed, twenty-one percent of attempted rape victims appeared to meet criteria for PTSD, compared to 33% of rape victims, $\chi^2(1) = 3.8, p < .05$.

Next, a MANOVA was conducted comparing these two victim groups on their adherence to cultural beliefs. There were no significant differences between rape and attempted rape victims on any of the cultural beliefs assessed with most attempted rape victims reporting moderate to moderately low adherence to these ideas. Finally, there was no significant difference in the self-

esteem of rape and attempted rape victims, $F < 1$, nor in the number of friends or intimates they reported, nor their satisfaction with these relationships. These results are summarized in table 9.

Exploratory analyses were also conducted comparing acknowledged and unacknowledged attempted rape victims. Looking at the characteristics of the assault, like acknowledged rape victims, acknowledged attempted rape victims suffered more violent assaults. Acknowledged victims reported that the assailant used more forms of force, $F(1, 92) = 8.5, p < .005$, higher levels of force, $F(1, 92) = 4.7, p < .05$, and that they engaged in more resistance, $F(1, 92) = 4.6, p < .05$. However, there was no significant difference in the highest level of resistance reported by acknowledged and unacknowledged victims, $F(1, 92) = 2.6, p < .20$. For example, while approximately 80% of acknowledged victims reported that the assailant used his superior body weight, only 60% of unacknowledged victims reported that the assailant used this tactic. Similarly, while 60% of acknowledged victims reported that they struggled with the assailant or reasoned with him, only 40% of unacknowledged victims reported using either of these tactics.

Examining negative consequences of the assault, a MANOVA comparing acknowledged and unacknowledged victims' adherence to cultural beliefs was not significant, $F(8, 85) = 1.6, p < .20$. However, follow-up ANOVAs revealed several differences in the cultural beliefs of acknowledged and unacknowledged victims. Acknowledged victims reported less ascription to a belief in the benevolence of the world, $F(1, 92) = 4.2, p < .05$, as well as less ascription to a belief in the benevolence of people, $F(1, 92) = 4.6, p < .05$, and the possibility of luck, $F(1, 92) = 4.4, p < .05$. Victims tended to report moderate adherence to these three beliefs with acknowledged victims being more likely to report that they tended to disagree with these beliefs. These results suggest that acknowledged attempted rape victims suffered more damage to some of their cultural beliefs. Looking at disclosure and social reactions, there was no significant difference in the percentage of acknowledged and unacknowledged victims who had disclosed the assault, the number of individuals to whom they had disclosed, nor in the amount of negative social reactions they received upon disclosure. However, examining victims' self attributions, acknowledged victims did report engaging in more characterological self-attributions, $F(1, 92) = 4.9, p < .05$, reporting more moderate levels of characterological attributions, whereas unacknowledged attempted rape victims tended to report fairly low levels of these attributions. Finally, the coping patterns of acknowledged and unacknowledged attempted rape victims were

examined. Acknowledged victims engaged in significantly more problem disengagement, $F(1, 92) = 5.2, p < .05$, and total coping, $F(1, 92) = 4.1, p < .05$. Again, though, both acknowledged and unacknowledged attempted rape victims engaged in more avoidance than approach coping. These results are summarized in table 10.

Discussion

Profile of Assaults

As has been found in previous research (Ageton, 1983; Johnson & Sigler, 2000; Koss, 1989; Mills & Granoff, 1992), the rapes experienced by women in the present study did not match societal conceptualizations of rape (i.e., a highly violent assault between individuals with no prior relationship or a minimal relationship; Bridges, 1991; Hannon et al., 1996; Krulewitz & Nash, 1978; Littleton & Axsom, in press; Proite et al., 1993; Shotland & Goodstein, 1983; Tetreault & Barnett, 1987). The vast majority of the victims in this study were assaulted by someone with whom they already had a relationship and with whom they had engaged in some form of consensual sexual activity. The majority of the assaults involved a low to moderate degree of force, i.e., the man using his superior body weight or holding down the victim. Victims were also often impaired or incapacitated by alcohol during the assault; indeed, nearly three-quarters of the women had been consuming some alcohol prior to being assaulted. While many of the victims were impaired, most, 84%, did engage in some resistance, using one or two resistance strategies on average. However, few women used strongly forceful methods of resistance, such as screaming or running away.

There did appear to be some differences between the assaults experienced by victims in the current sample compared to earlier samples, such as that obtained by Koss in the 1980's. Victims in the current sample tended to have a more casual relationship with their assailant, and were much less likely to be romantically involved with them. In addition, the assaults in the current sample tended to be less violent and the victims tended to be drinking more alcohol. It is possible that these differences in violence were fueled by the higher levels of alcohol use by the victim in the assault. An assailant would not have to use as strong levels of force against an intoxicated victim as she would be less able to enact forceful resistance. This increase in alcohol use among victims may be reflective of a general trend of increasing levels of alcohol use among

college women, particularly binge drinking, or consuming several drinks in one sitting. In fact, research does support that a sizable percentage of today's college women engage in binge drinking and that frequent binge drinking has been increasing slightly in the past decade (Clements, 1999; Dowdall, Crawford, & Wechsler, 1998). The increase in binge drinking among victims may also help explain their more casual relationship with the assailant. Binge drinking may make women vulnerable to assaults by acquaintances who they encounter while drinking in bars or at parties. Women who have been binge drinking may also be more likely to agree to engage in casual or unplanned sexual activities, placing themselves at risk for being assaulted if their partner desires intercourse when they do not. Supporting this conjecture, a study by Wechsler, Lee, Kuo and Lee (2000) found that students who binge drank were much more likely to report that they had engaged in unplanned sexual activities after consuming alcohol. Finally, the victim's more casual relationship with the assailant in the present sample may also be due in part to the prevalence of "hooking-up" or engaging in casual sexual relationships (with or without intercourse) among today's college students (Paul & Hayes, 2002; Paul, McManus, & Hayes, 2000; Regan & Dreyer, 1999; Weaver & Herold, 2000).

Attempted rapes were very similar to completed rapes in many respects. They similarly most often involved an attack by someone with whom the victim had a previous relationship, though again, usually not a romantic relationship. Most attempted rape victims also had engaged in some form of consensual activity with the assailant. Ninety percent of attempted rape victims engaged in some form of resistance, using one or two strategies on average. There were some small differences, however. While high levels of force were not common in completed rapes, they were absent completely from attempted rapes. Attempted rape victims also tended to have been drinking less alcohol than rape victims. In addition, attempted rapes appeared to lead to somewhat lower levels of psychological distress.

The Persisting Effects of Victimization

Results of this study suggest that suffering a sexual assault has a negative and persisting impact on the victim's functioning. Of course, as this study is retrospective, and not prospective, causality cannot be determined. However, these results do mirror those of previous prospective studies (Arata & Burkhart, 1996; Atkeson et al., 1982; Becker, Skinner, Abel, & Cichon, 1986; Frank & Anderson, 1987; Gidycz, Coble, Latham, & Layman, 1993; Murphy et al., 1988; Resick

et al., 1986; Zweig, Crockett, Sayer, & Vicary, 1999). As has been found in previous research, rape victims had poorer psychological functioning than women who had not suffered rape (Frank & Anderson, 1987; Kilpatrick, Resick, & Veronen, 1981; Santello & Leitenberg, 1993; Tanzman, 1992; Zweig et al., 1999). This included depression, anxiety, fears, and posttraumatic symptoms.

Victims had quite high levels of posttraumatic symptoms with 33% of rape victims' responses suggesting that they met criteria for current PTSD, at least in regards to the number of symptoms they experienced in the past week. Indeed, previous random population samples have found that rape victims have a higher risk of developing PTSD than victims of many other traumas, with lifetime prevalence rates ranging from 44 to 49% (Breslau et al., 1998; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Perkonigg, Kessler, Storz, & Wittchen, 2000). Similarly, Santello and Leitenberg (1993) found that 59% of college women who had experienced sexual aggression endorsed having all the requisite symptoms of PTSD at some time following this event. In addition, Bownes, O'Gorman, and Sayers (1991) found that 70% of a sample of recent rape victims (9 months after the assault on average) who had reported the assault to the police met criteria for PTSD. The very high current rates of PTSD found in the present sample also are consistent with findings regarding the persistence of this disorder. For example, Breslau et al. (1998) found that the median duration of PTSD in women was 48 months, as it was for individuals who developed PTSD following assaultive violence (sexual or physical).

In addition, victims were functioning more poorly than non-victims in other domains. In particular, rape appeared to have a deleterious effect on several of victims' cultural beliefs, including their belief in the benevolence of others, their perceived control, their belief in the concept of luck, and their self-worth. Future research should continue to examine the effects of a victimizing experience over time, particularly such insidious effects as damage to self-worth or cultural beliefs. Future research should also examine how such outcomes play into risk for further victimization.

Characteristics of Acknowledged and Unacknowledged Rapes

Supporting the theorized role of scripts in rape acknowledgment, as well as replicating previous research (Bondurant, 2001; Botta & Pingree, 1997; Kahn et al., 1994; Layman et al., 1996; Schwartz & Leggett, 1999), clear differences did emerge in the types of assaults experienced by acknowledged and unacknowledged victims. Acknowledged rapes were more

violent than unacknowledged rapes. The assailant used more forms and stronger forms of force. Acknowledged victims also engaged in stronger forms of resistance and used more resistance strategies. Unacknowledged victims were drinking more alcohol than acknowledged victims as well. In addition, unacknowledged rape victims were more likely to have engaged in consensual sexual activity with the assailant and engaged in higher levels of consensual activity with him on average. However, unlike some previous studies (e.g., Frazier & Seales, 1997; Kahn et al., 2002; Koss, 1985; Koss et al., 1988), there were no differences between acknowledged and unacknowledged victims in their relationship with the assailant. While both groups of victims were often in some form of relationship with the assailant, only a minority of either group of victims had a prior romantic relationship with the assailant.

Negative Consequences of the Assault for Acknowledged and Unacknowledged Victims

Contrary to predictions, few sizable differences in the predicted direction emerged in the consequences of the assault for acknowledged and unacknowledged victims. As the study involved such a large sample of victims, this lack of findings cannot be adequately explained by insufficient power. Additionally, the strong psychometrics of the measures speaks against measurement problems as an explanation for this lack of findings, as does the sensitivity of these measures to detect differences between victims and non-victims.

Consistent with predictions, unacknowledged victims were significantly less likely to have disclosed the assault and, those who had disclosed to fewer individuals on average. Unacknowledged victims may have been less likely to disclose the assault because they minimized the severity of the assault and thus felt less need to seek support from others. Unacknowledged victims may also have been more fearful of receiving negative reactions upon disclosure. Unexpectedly, acknowledged victims reported receiving more of certain negative reactions from others. This may be partially a consequence of having disclosed to more individuals, increasing the likelihood that they would encounter someone who reacted in a stigmatizing or egocentric manner. However, the fairly low average reported levels of negative reactions suggests that, for most victims, receiving negative reactions was not the normative response they received. Acknowledged victims also suffered more damage to certain cultural beliefs compared to unacknowledged victims, with these differences being small in size. The more violent nature of acknowledged assaults may have served as a more severe challenge to

these cultural beliefs. In addition, the stigmatization they suffered in response to disclosure, likely by family and friends, may similarly have contributed to damage to their cultural beliefs, particularly belief in the benevolence of others. However, the overall pattern of results of a lack of significant and sizable findings is particularly surprising given acknowledged and unacknowledged victims' radically different conceptualization of the attack.

Functioning of Acknowledged and Unacknowledged Victims

Results supported that rape, acknowledged or not, has a negative impact on victim's psychological functioning. Results also suggested that acknowledged rapes lead to slightly more severe posttraumatic symptoms. Acknowledged victims had small but significantly higher levels of these symptoms. This likely could be due to the more violent nature of acknowledged assaults, as previous research has shown that more violent assaults are associated with more severe posttraumatic symptoms (Acierno, Resnick, Kilpatrick, Saunders, & Best, 1999; Bownes et al., 1991; Ullman & Filipas, 2001). However, it is important to keep in mind limitations in the way this measure assessed for posttraumatic symptoms which could potentially lead to some under-reporting of symptoms among unacknowledged victims. For one, victims were asked to respond to the questionnaire in regards to what they considered to be the most traumatic event they had experienced. Given that unacknowledged victims do not view the assault as a victimization, they may feel that this event did not qualify as traumatic or highly negative. Indeed, significantly more acknowledged victims stated that they responded to this questionnaire in response to a sexual assault. In addition, even if unacknowledged victims did conceptualize the assault as the most difficult event they had experienced, they still may not tie their symptoms of avoidance and arousal to the assault, given that it is likely that they would not expect a non-victimizing event to lead to posttraumatic symptoms.

Coping of Acknowledged and Unacknowledged Victims

Results clearly suggested that unacknowledged victims engage in fewer coping behaviors in regards to the assault, including both approach and avoidance strategies. Given that acknowledged assaults are more violent and seem to be somewhat more distressing, it is not too surprising that acknowledged victims would devote more coping resources to recovering from the assault. In addition, as unacknowledged victims do not regard their assault as a victimization, they may devote fewer resources to coping with the assault. Interestingly, while unacknowledged

victims reported using fewer coping strategies overall, the ratio of approach to avoidance strategies that these two victim groups used was highly similar, with both groups engaging in slightly more disengagement than engagement coping, which is consistent with previous findings regarding coping with rape (Santello & Leitenberg, 1993; Valentiner et al., 1996). This supports the notion that rapes are very difficult to recover from and are often perceived as overwhelming individuals' coping resources. It also suggests that unacknowledged victims are not using more healthy coping strategies than acknowledged victims, and that use of more adaptive coping does not explain those adjustment differences that do exist between acknowledged and unacknowledged victims.

Further Negative Consequences of the Assault

There were few significant differences in long-term negative consequences of the assault. One difference that did exist was that unacknowledged victims were more likely to continue having a relationship with the assailant after the assault. Interestingly, though, unacknowledged victims did not report experiencing more assaults by the assailant, with both victim groups overwhelmingly reporting having experienced only one assault. However, given that unacknowledged victims are more likely to continue to associate with the man who raped them, it suggests that they may be potentially at elevated risk for further victimizations, sexual or otherwise. In addition, acknowledged victims suffered more victimizations with other assailants. There are several possible explanations of this finding. First, it is consistent with previous research suggesting that suffering a more violent assault is associated with an increased risk of future victimizations (Collins, 1998; Gidycz et al., 1993; Gidycz, Hanson, & Layman, 1995; Humphrey & White, 2000). It could also be that having a history of assaults may make it more likely that a woman would label a new assault as a victimization. Finally, this finding could merely be an artifact of the fact that acknowledged assaults were less recent, increasing the probability that acknowledged victims would have been assaulted again. Of course, the overall pattern of results regarding long term consequences of the assault must be interpreted with caution given the relative recency of the assaults in the sample.

Adequacy of the Model

It is clear that the model proposed in the present research is not adequate. The present results do not support the hypothesized notion that not acknowledging rape is partially a response

to experiencing high levels of negative consequences following a sexual assault. Similarly, there was not evidence to suggest that not acknowledging rape aids in justifying and facilitating, and thus perpetuating, avoidance coping efforts. Rather, it appears that not acknowledging rape is associated with less use of all coping strategies. Finally, there is not evidence to support the hypothesis that not acknowledging rape leads to further long term consequences through social isolation, association with the assailant, re-victimization, and feelings of self-responsibility, at least soon after the assault.

The results suggest that not acknowledging a rape is primarily a response to suffering an assault that is not consistent with societal definitions of rape, supporting script theory. The results also support that as these assaults are less violent, they seem to lead to somewhat less psychological distress and less coping. However, the results clearly do not support that unacknowledged rape is a minor event that women quickly overcome. Perhaps it is this inconsistency between victims' normative sexual script and their persisting distress that leads them to ultimately acknowledge the assault over time. Indeed, while only 25% of rape victims who had been raped within the last six months acknowledged the rape, 70.5% of rape victims who had been raped over three years ago were acknowledged.

Thus, not acknowledging rape appears to be initially a largely script-based decision. However, other factors may affect this initial characterization of the assault over time. This could include how others conceptualize the assault or react to the victim. Continued distress, particularly posttraumatic symptoms, could lead victims to re-conceptualize the assault as a victimization. Similarly, strong responses from others to whom the victim discloses, positive or negative, could lead victims to re-conceptualize the event as a rape. Finally, suffering more victimizations could lead to a re-conceptualization of the first assault, particularly if the later assault is initially labeled a victimization. Indeed, examining differences in the characteristics of the assaults of unacknowledged and acknowledged victims reveals that these differences are much more pronounced in victims of less recent assaults. This suggests that if the assault is more consistent with a societal rape script, the victim will likely ultimately acknowledge it, perhaps through the proposed mechanisms.

Finally, the pattern of results regarding sexual victimization are consistent with previous research regarding coping with, and recovery from, rape in general. Several patterns emerged in

the bivariate correlations. Distress following rape was associated with suffering a more violent rape. Distress was also associated with making more self-attributions and receiving more negative reactions from others. Distress was also associated with less of a belief in benevolence of the world or people and less of a belief in one's own worth or control. Supporting Snyder and Pulver's (2001) coping model, use of avoidance coping strategies and utilizing a higher percentage of avoidance coping was associated with suffering psychological distress. Avoidance coping was also associated with making more self-attributions and lower self-worth. Finally, using a higher proportion of approach coping strategies was associated with less distress. Thus, spending a higher percentage of one's coping effort in actively processing the assault does appear to facilitate recovery.

Revised Model

So, based on the present results, the following revised model is proposed. Rape acknowledgment is initially influenced by the violence of the assault. Violence of the assault then influences negative consequences of the assault. Negative consequences and violence both then influence psychological distress. Negative consequences in turn then influence one's acknowledgment status over time. Finally, avoidance coping is influenced by negative consequences and impacts psychological distress. Damage to beliefs about one's self appear to be particularly likely to lead to avoidance coping for unacknowledged victims whereas damage to one's beliefs about others and the world appear to be most likely to lead to avoidance coping for acknowledged victims. This model is depicted in Figure 2.

Limitations

Of course, limitations of the current research should be considered. The primary limitation concerns the online methodology. Conducting research of this nature online is relatively new and so the full impact of this methodology on the results is not clear. There are several possible ways that the online methodology could have impacted results. First, the absence of an empathetic experimenter to administer the study and increase participants' investment in the research may have led to under-reporting or random responding. However, the number of rape victims and the level of psychological distress found in this sample suggests that this methodology did not lead to under-reporting; in fact, participants appear to have been quite open about reporting symptomatology. In addition, the ability of the measures to differentiate victims

and non-victims as well as the high alpha levels found for the measures suggest that participants were not responding randomly. Of course the primary benefit of the online methodology was the gain in sample size which also made more fine-grained comparisons between unacknowledged and acknowledged victims possible.

Another potential issue with the online methodology is the possibility of attrition, particularly systematic attrition. As participants could close the web page at any time and choose not to complete the survey, it was easy for them to end their participation if they were uncomfortable with any of the items. While this helped reduce perceived coercion on the part of participants, it also could have led to systematic attrition, as more distressed participants may have been more likely to choose not to complete the study or victims may have found the survey intrusive and time-consuming and have been more likely not to have completed it. However, participants were informed that they could contact the investigator if they did not feel comfortable with completing any aspect of the survey to be awarded extra credit. No participants contacted the author stating they could not complete the study for this reason, suggesting that attrition was not a major problem. The high levels of victimization and distress reported by women in the study also suggest that distressed women and victims were not more likely to drop-out of the study. In addition, participants during pilot testing reported that they believed that the online methodology made them feel more comfortable about completing the items.

Another limitation of the present research was its exclusive reliance on self-report measures of symptoms. Thus, one must be more cautious making inferences about the prevalence of clinical diagnoses in this sample as a clinical interview was not used. In addition, given that the victimization items were not clarified with an interviewer, it is possible that some women may have reported incidents that legally were not rape or attempted rape. However, given the large percentage of women who reported that the man in the incident used some degree of force as well as the sizable percentage of women who reported having consumed a number of alcoholic drinks during the incident, it seems likely that the vast majority of the victims were reporting incidents that would legally qualify as rape.

Relatedly, as only one measure of each construct was utilized, and in some cases only a few item measure, inferences one can draw from the results are limited. It is possible that there may be relationships among some of the constructs that were not detected due to use of these

single, brief measures, e.g. relationships between negative consequences of the assault and acknowledgment status. It is also possible that if a more comprehensive measure had been used, the relationships would have been stronger, e.g. violence did not emerge as a very strong predictor of PTSD symptoms. Violence of the assault was determined by a checklist of forms of force and forms of resistance used in the assault. However, including such items as injury sustained, length of the assault, sexual acts performed etc. would have provided a more comprehensive assessment of violence.

Future Directions

Results of the present study suggest a number of directions for future research into the phenomenon of unacknowledged rape. First, given the apparent importance of cognitive factors in the acknowledgment decision (e.g., whether the experience matches the individual's rape script), further investigation into the role of cognitive processes in rape acknowledgment seems warranted. This could include investigation of acknowledged and unacknowledged victims' memory for the assault. For example, unacknowledged victims may have less vivid and disturbing memories for this event due to the lower levels of violence in the assault as well as their higher levels of substance use during the assault. Indeed, Koss, Figueredo, Bell, Tharan, and Tromp (1996) found that being an unacknowledged victim was associated with less clear memories for the assault, lower levels of affect associated with these memories, and less sensory memories. Having a less vivid memory for the assault may help explain why unacknowledged victims do not see the event as a victimization.

Similarly, another possible future direction would be studying in depth how unacknowledged victims conceptualize their experience. It is still not entirely apparent how exactly these victims do conceptualize their assault and the implications of their conceptualization for recovery. For example, in the present study, a little less than half labeled their experience a mis-communication and a bit less than half stated that they were not sure how to label the assault. It certainly seems possible that there are a number of ways these victims conceptualize their assault and that these different conceptualizations may have implications for coping, adjustment, and recovery. Indeed, there were some differences between these two groups. Victims who were unsure about the label for their assault, compared to those who labeled it a mis-communication, suffered more violent assaults, tended to engage in more avoidance coping, were more likely to

receive egocentric reactions from others (perhaps because of the greater violence), and were somewhat less satisfied with their friendship relationships.

In a similar vein, future research should focus on whether victims' acknowledgment status changes over time, and what factors lead to this change. The fact that unacknowledged victims' assaults tended to be more recent suggests that unacknowledged victims may, over time, re-conceptualize the assault as a victimization. As stated earlier, perhaps persisting levels of psychological symptoms may lead victims to re-characterize their assault. There also was some preliminary evidence to suggest that suffering repeated assaults may similarly affect how victims conceptualize the attack, though the small number of multiply victimized women in the present sample limit the conclusions that can be drawn regarding the role of re-victimization in rape acknowledgment. The compounded distress and difficulties in coping for multiple victims may lead them to view these incidents as more serious. Similarly, how others to whom the victim discloses view the assault may also influence victims' conceptualization. If these individuals have a very strong reaction, this may impress upon the victim that what happened to them was very serious. Perhaps this may partially account for the finding that acknowledged victims were more likely to have disclosed the assault and had disclosed to more people on average. Indeed, logistic regressions conducted to predict acknowledgment status showed that both coping and social reactions added significantly to the prediction of acknowledgment status above that provided by circumstances of the assault (i.e., violence in the assault and consensual activity between the victim and perpetrator).

Future research should also study the long-term effects of suffering an unacknowledged rape on victim functioning. The results of the present study showed few significant differences in the long-term consequences of the assault between these two victim groups, despite the less violent nature of these assaults. However, the majority of the victims in this study were fairly recent victims, and thus these findings should be interpreted with caution. One finding of note, as unacknowledged victims are more likely to continue a relationship with the assailant, it seems plausible that they may be at risk for further victimization; sexual, physical, and emotional. In addition, given the lower levels of coping engaged in by unacknowledged victims, as well as evidence that they rely heavily on avoidance strategies like acknowledged victims, it seems plausible that they may not recover easily from the assault. Thus, overall, the results suggest that

both acknowledged and unacknowledged rapes have a persistent, negative impact on the victim.

Another potential focus for future research is studying the coping of unacknowledged victims in more depth. The present results suggest that unacknowledged victims engage in less coping with the assault. This likely is due, at least in part, to the fact that unacknowledged rapes produce somewhat lower levels of distress. In addition, this may be because they cognitively appraise the assault as a less serious event and thus do not feel that it is necessary to devote as much coping resources to the assault and its effects. However, it is also plausible that unacknowledged victims devote more coping resources to the assault over time as their distress continues. Changes in coping may also be a response to a change in acknowledgment status.

Finally, the present results suggest that a focus on unacknowledged rape as a non-normative response may be misguided. Instead, it may be more appropriate to focus on what leads rape victims to view the assault as a victimization. After all, the present study and a number of others suggest that acknowledged victims make up a minority of all rape victims (Bondurant, 2001; Frazier & Seales, 1997; Kalof, 2000; Koss, 1989; Layman et al., 1996; Pitts & Schwartz, 1997; Reilly et al., 1992). The present results suggest that several factors may lead a victim to acknowledge her assault. First, and perhaps most importantly, the closer the victim's experience matches traditional rape scripts likely influences the acknowledgment decision. In particular, the present results suggest that the violence of the assault is influential in leading a victim to acknowledge the assault. In addition, not being highly intoxicated during the assault and thus perhaps better able to quickly form a clear memory for the assault may increase the likelihood that she will conceptualize the assault as a victimization. Victims who are less intoxicated are also able to enact stronger resistance and thus feel more confident that they made it clear to the assailant that they did not want to engage in sex with him. Suffering more severe psychological symptoms in the immediate aftermath (which is associated with suffering a more violent assault) may also increase the likelihood that a victim will consider herself to be victimized (Gidycz & Koss, 1991; Mynatt & Allgeier, 1990; Santello & Leitenberg, 1993; Ullman & Filipas, 2001). It seems logical that the more distressed the victim is by the assault, the more serious she will view the event. Finally, how others respond to the victim following disclosure may impact her conceptualization of the assault. For example, if the individual to whom she discloses responds in an egocentric manner, such as becoming extremely upset or angry at the assailant, suggesting that

they view the assault as a serious event, this may influence how she conceptualizes the assault as well. In another example, if the individual to whom the victim discloses responds in a stigmatizing manner such as by acting more distant, this may similarly impress upon the victim that what happened was a serious event since it so greatly impacted how this other individual viewed her.

Conclusion

It appears that the crime of rape is one which is extremely difficult for women to overcome, regardless of whether it is acknowledged. The effects of rape on the victim appear to include psychological distress, lowered self-esteem, and damage to cultural beliefs. Indeed, supporting the overwhelming nature of this crime, victims on average used more maladaptive, avoidance coping strategies than approach coping strategies. It also appears that the effects of unacknowledged and acknowledged victims are more similar than they are different, including effects on psychological functioning, cultural beliefs, and self-attributions. In addition, those differences that do exist between the two victim groups tend to be small in size. This is particularly surprising given the differences in the assault itself, particularly the level of violence present.

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Study 9

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Appendix B

For each of the following questions, answer whether you have had this experience since age 14.

1. Have you had a man attempt sexual intercourse (get on top, attempt to insert his penis) when you didn't want to by threatening or using some degree of force (twisting your arm, holding you down etc.) but intercourse did not occur?
Yes No
2. Have you had a man attempt sexual intercourse (get on top, attempt to insert his penis) when you didn't want to and you were incapacitated or unconscious (for example, due to alcohol or drugs), but intercourse did not occur?
Yes No
3. Have you had sexual intercourse when you didn't want to because you were incapacitated or unconscious (for example, due to alcohol or drugs)? Yes No
4. Have you had sexual intercourse when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down etc.) to make you? Yes No
5. Have you had sexual acts (anal or oral intercourse or penetration by objects other than the penis) when you didn't want to because a man threatened or used some degree of physical force (twisting your arm, holding you down etc.) to make you? Yes No
6. Have you had sexual acts (anal or oral intercourse or penetration by objects other than the penis) when you didn't want to because you were incapacitated or unconscious (for example, due to alcohol or drugs)? Yes No

Appendix C

Please take a few minutes to think about your experience with unwanted sexual contact. If you have had more than one experience, think about the most serious experience and please answer the following questions about your experience to the best of your ability.

What was your relationship with the man at the time of this experience?

- ☐ Stranger
- ☐ Just met
- ☐ Acquaintance (classmate, member of brother fraternity etc.)
- ☐ Friend
- ☐ Dating casually
- ☐ Steady date
- ☐ Romantic partner
- ☐ Relative

What consensual physical activities had you engaged in with this man before this experience?

- ☐ None
- ☐ Kissing only
- ☐ Petting above the waist
- ☐ Petting below the waist
- ☐ Sexual intercourse

How much alcohol had you consumed at the time of the experience (1 drink = 1 pint of beer, 1 shot or 1 small mixed drink)?

- ☐ None
- ☐ 1-3 alcoholic drinks
- ☐ 4-6 alcoholic drinks
- ☐ >6 alcoholic drinks

Were you using illegal substances at the time of the experience?

- ☐ None
- ☐ Marijuana only
- ☐ Other illegal drugs

How much alcohol do you think the man had consumed at the time of the experience (1 drink = 1 pint of beer, 1 shot or 1 small mixed drink)?

- ☐ None or don't know
- ☐ 1-3 alcoholic drinks
- ☐ 4-6 alcoholic drinks
- ☐ >6 alcoholic drinks

What illegal substances do you think he was using at the time of the experience?

- ☐ None or don't know
- ☐ Marijuana only
- ☐ Other illegal drugs

What methods of force did he use during the incident (mark all that apply)?

- ☐ Verbal threats to harm you or others
- ☐ Using his superior body weight
- ☐ Twisting your arm or holding you down
- ☐ Hitting or slapping you
- ☐ Choking or beating you
- ☐ Showing or using a weapon

What did you do during the incident to show that you did not want to engage in that activity (mark all that apply)?

- ☐ Turned cold
- ☐ Reasoned with him or pleaded with him
- ☐ Cried
- ☐ Screamed for help
- ☐ Ran away
- ☐ Physically struggled

How many times did you have this type of experience with this man?

- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ more (write how many times)

After this incident, did you continue to have a relationship with the man? Yes No

How many times have you had this type of experience with other men?

- ☐ never
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ more (write how many times)

How long ago did this incident occur?

- ☐ less than 6 months ago
- ☐ 6 months to 1 year ago
- ☐ 1 to 2 years ago
- ☐ 2 to 3 years ago
- ☐ more (please write how many years)

What term do you think best describes your experience?

- ☐ Rape
- ☐ Attempted rape
- ☐ Some other type of crime
- ☐ Mis-communication
- ☐ Seduction
- ☐ Not sure

Appendix D

Have you disclosed the event you described to anyone else? Yes No

Approximately how many people have you told about this event? _____

If you have disclosed this event, please indicate how often you have received the following reactions from others regarding this event.

	never	rarely	sometimes	frequently	always
1. Acted as if you were damaged goods or somehow different now.	0	1	2	3	4
2. Told you to stop talking about it.	0	1	2	3	4
3. Made decisions or did things for you.	0	1	2	3	4
4. Told you that you could have done more to prevent this experience from occurring.	0	1	2	3	4
5. Expressed so much anger at the other person involved that you had to calm him/her down.	0	1	2	3	4
6. Pulled away from you.	0	1	2	3	4
7. Tried to take control of what you did/ decisions you made.	0	1	2	3	4
8. Told you that you were irresponsible or not cautious enough.	0	1	2	3	4
9. Said he/she feels personally wronged by your experience.	0	1	2	3	4
10. Treated you differently in some way than before you told him/her that made you feel uncomfortable.	0	1	2	3	4
11. Told you to stop thinking about it.	0	1	2	3	4
12. Tried to discourage you from talking about the experience.	0	1	2	3	4
13. Said he/she knew how you felt when he/she really did not.	0	1	2	3	4
14. Told you that you were to blame or shameful because of this experience.	0	1	2	3	4
15. Has been so upset that he/she needs reassurance from you.	0	1	2	3	4
16. Avoided talking to you or spending time with you.	0	1	2	3	4
17. Told you to go on with your life.	0	1	2	3	4
18. Told others your experience without your permission.	0	1	2	3	4
19. Wanted to seek revenge on the other person involved.	0	1	2	3	4
20. Focused on his/her own needs and neglected yours.	0	1	2	3	4
21. Encouraged you to keep the experience a secret.	0	1	2	3	4
22. Treated you as if you were a child or somehow incompetent.	0	1	2	3	4
23. Said he/she feels you're tainted by this experience.	0	1	2	3	4
24. Distracted you with other things.	0	1	2	3	4
25. Minimized the importance or seriousness of your experience.	0	1	2	3	4
26. Made you feel like you didn't know how to take care of yourself.	0	1	2	3	4

Appendix E

For each of the factors, please indicate how much you feel it is to blame for the event you have described.

	not at all	a little	somewhat	a great deal	completely
1. I am too trusting.	1	2	3	4	5
2. I got what I deserved.	1	2	3	4	5
3. I made a rash decision.	1	2	3	4	5
4. I can't take care of myself.	1	2	3	4	5
5. I should have been more cautious.	1	2	3	4	5
6. I am a poor judge of character.	1	2	3	4	5
7. I am a victim type.	1	2	3	4	5
8. I am too impulsive.	1	2	3	4	5
9. I have bad luck.	1	2	3	4	5

Appendix F

Below are a number of statements regarding beliefs that people may have. For each item, please indicate the degree to which you agree or disagree with the statement.

	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
1. Misfortune is least likely to strike worthy, decent people.	1	2	3	4	5	6
2. People are naturally unfriendly and unkind.	1	2	3	4	5	6
3. Bad events are distributed to people at random.	1	2	3	4	5	6
4. Human nature is basically good.	1	2	3	4	5	6
5. The good things that happen in this world far outnumber the bad.	1	2	3	4	5	6
6. The course of our lives is largely determined by chance.	1	2	3	4	5	6
7. Generally, people deserve what they get in this world.	1	2	3	4	5	6
8. I often think I am no good at all.	1	2	3	4	5	6
9. There is more good than evil in this world.	1	2	3	4	5	6
10. I am basically a lucky person.	1	2	3	4	5	6
11. People's misfortunes result from mistakes they have made.	1	2	3	4	5	6
12. People don't really care what happens to the next person.	1	2	3	4	5	6
13. I usually behave in ways that are likely to maximize good results for me.	1	2	3	4	5	6
14. People will experience good fortune if they themselves are good.	1	2	3	4	5	6
15. Life is too full of uncertainties that are determined by chance.	1	2	3	4	5	6
16. When I think about it, I consider myself very lucky.	1	2	3	4	5	6
17. I almost always make an effort to prevent bad things from happening to me.	1	2	3	4	5	6
18. I have a low opinion of myself.	1	2	3	4	5	6
19. By and large, good people get what they deserve in this world.	1	2	3	4	5	6
20. Through our actions, we can prevent bad things from happening to us.	1	2	3	4	5	6
21. Looking at my life, I realize that chance events have worked out well for me.	1	2	3	4	5	6
22. If people took preventive actions, most misfortunes could be avoided.	1	2	3	4	5	6
23. I take the actions necessary to protect myself against misfortune.	1	2	3	4	5	6
24. In general, life is mostly a gamble.	1	2	3	4	5	6
25. The world is a good place.	1	2	3	4	5	6
26. People are basically kind and helpful.	1	2	3	4	5	6
27. I usually behave so as to bring out the greatest good for me.	1	2	3	4	5	6

	strongly disagree	disagree	somewhat disagree	somewhat agree	agree	strongly agree
28. I am very satisfied with the kind of person I am.	1	2	3	4	5	6
29. When bad things happen, it is typically because people have not taken the necessary actions to protect themselves.	1	2	3	4	5	6
30. If you look closely enough, you will see the world is full of goodness.	1	2	3	4	5	6
31. I have reason to be ashamed of my personal character.	1	2	3	4	5	6
32. I am luckier than most people.	1	2	3	4	5	6

Appendix G

Once again, take a few minutes to think about the event you have just described. Please read each item below and determine the extent to which you used it in handling this event both during and after the actual event.

	not at all	a little	somewhat	much	very much
I just concentrated on what I had to do next; the next step.	1	2	3	4	5
I tried to get a new angle on the situation.	1	2	3	4	5
I found ways to blow off steam.	1	2	3	4	5
I accepted sympathy and understanding from someone.	1	2	3	4	5
I slept more than usual.	1	2	3	4	5
I hoped the problem would take care of itself.	1	2	3	4	5
I told myself that if I wasn't so careless, things like this wouldn't happen.	1	2	3	4	5
I tried to keep my feelings to myself.	1	2	3	4	5
I changed something so that things would turn out all right.	1	2	3	4	5
I looked for the silver lining, so to speak; tried to look on the bright side of things.	1	2	3	4	5
I did some things to get it out of my system.	1	2	3	4	5
I found somebody who was a good listener.	1	2	3	4	5
I went along as if nothing were happening.	1	2	3	4	5
I hoped a miracle would happen.	1	2	3	4	5
I realized that I brought the problem on myself.	1	2	3	4	5
I spent more time alone.	1	2	3	4	5
I stood my ground and fought for what I wanted.	1	2	3	4	5
I told myself things that helped me feel better.	1	2	3	4	5
I let my emotions go.	1	2	3	4	5
I talked to someone about how I was feeling.	1	2	3	4	5
I tried to forget the whole thing.	1	2	3	4	5
I wished that I never let myself get involved with that situation.	1	2	3	4	5
I blamed myself.	1	2	3	4	5
I avoided my family and friends.	1	2	3	4	5
I made a plan of action and followed it.	1	2	3	4	5
I looked at things in a different light and tried to make the best of what was available.	1	2	3	4	5
I let out my feelings to reduce the stress.	1	2	3	4	5
I just spent more time with people I liked.	1	2	3	4	5
I didn't let it get to me; I refused to think about it too much.	1	2	3	4	5
I wished that the situation would go away or somehow be over with.	1	2	3	4	5
I criticized myself for what happened.	1	2	3	4	5
I avoided being with people.	1	2	3	4	5
I tackled the problem head-on.	1	2	3	4	5

	not at all	a little	somewhat	much	very much
I asked myself what was really important, and discovered that things weren't so bad after all.	1	2	3	4	5
I let my feelings out somehow.	1	2	3	4	5
I talked to someone that I was very close to.	1	2	3	4	5
I decided that it was really someone else's problem and not mine.	1	2	3	4	5
I wished that the situation had never started.	1	2	3	4	5
Since what happened was my fault, I really chewed myself out.	1	2	3	4	5
I didn't talk to other people about the problem.	1	2	3	4	5
I knew what had to be done, so I doubled my efforts and tried harder to make things work.	1	2	3	4	5
I convinced myself that things aren't quite as bad as they seem.	1	2	3	4	5
I let my emotions out.	1	2	3	4	5
I let my friends help out.	1	2	3	4	5
I avoided the person who was causing the trouble.	1	2	3	4	5
I had fantasies or wishes about how things might turn out.	1	2	3	4	5
I realized that I was personally responsible for my difficulties and really lectured myself.	1	2	3	4	5
I spent some time by myself.	1	2	3	4	5
It was a tricky problem, so I had to work around the edges to make things come out OK.	1	2	3	4	5
I stepped back from the situation and put things into perspective.	1	2	3	4	5
My feelings were overwhelming and they just exploded.	1	2	3	4	5
I asked a friend or relative I respect for advice.	1	2	3	4	5
I made light of the situation and refused to get too serious about it.	1	2	3	4	5
I hoped that if I waited long enough, things would turn out OK.	1	2	3	4	5
I kicked myself for letting this happen.	1	2	3	4	5
I kept my thoughts and feelings to myself.	1	2	3	4	5
I worked on solving the problems in the situation.	1	2	3	4	5
I reorganized the way I looked at the situation, so things didn't look so bad.	1	2	3	4	5
I got in touch with my feelings and just let them go.	1	2	3	4	5
I spent some time with my friends.	1	2	3	4	5
Every time I thought about it I got upset; so I just stopped thinking about it.	1	2	3	4	5
I wished I could have changed what happened.	1	2	3	4	5
It was my mistake and I needed to suffer the consequences.	1	2	3	4	5
I didn't let my family and friends know what was going on.	1	2	3	4	5
I struggled to resolve the problem.	1	2	3	4	5
I went over the problem again and again in my mind and finally saw things in a different light.	1	2	3	4	5
I was angry and really blew up.	1	2	3	4	5

	not at all	a little	somewhat	much	very much
I talked to someone who was in a similar situation.	1	2	3	4	5
I avoided thinking or doing anything about the situation.	1	2	3	4	5
I thought about fantastic or unreal things that made me feel better.	1	2	3	4	5
I told myself how stupid I was.	1	2	3	4	5
I did not let others know how I was feeling.	1	2	3	4	5

Appendix H

Listed below are a number of things that people find fear-provoking or disturbing. For each item, please indicate how disturbing you find it to be.

	not at all	a little	somewhat	greatly	very much
1. Parking lots	1	2	3	4	5
2. Being in a car alone	1	2	3	4	5
3. Being on an elevator alone	1	2	3	4	5
4. Noise of vacuum cleaners	1	2	3	4	5
5. Guns	1	2	3	4	5
6. Darkness	1	2	3	4	5
7. Closed spaces	1	2	3	4	5
8. Being teased	1	2	3	4	5
9. Answering phones	1	2	3	4	5
10. Being criticized	1	2	3	4	5
11. Failure	1	2	3	4	5
12. Feeling disapproved of	1	2	3	4	5
13. Being in a strange place	1	2	3	4	5
14. Weapons	1	2	3	4	5
15. Knives	1	2	3	4	5
16. Watching sex on TV or movies	1	2	3	4	5
17. Walking on a dimly lit street	1	2	3	4	5
18. Being alone	1	2	3	4	5
19. Not being believed	1	2	3	4	5
20. Sudden noises	1	2	3	4	5
21. A man's penis	1	2	3	4	5
22. Sexual intercourse	1	2	3	4	5
23. Dreams	1	2	3	4	5
24. Looking foolish	1	2	3	4	5
25. Strangers	1	2	3	4	5
26. People talking about you	1	2	3	4	5
27. People behind you	1	2	3	4	5
28. Shadows	1	2	3	4	5
29. Sexual fantasies	1	2	3	4	5
30. Making mistakes	1	2	3	4	5
31. Testifying in court	1	2	3	4	5
32. Journeys by train	1	2	3	4	5
33. Journeys by car	1	2	3	4	5
34. Losing control	1	2	3	4	5
35. Medical odors	1	2	3	4	5
36. People in authority	1	2	3	4	5
37. Dull weather	1	2	3	4	5
38. Large open spaces	1	2	3	4	5
39. Ugly people	1	2	3	4	5
40. One person bullying another	1	2	3	4	5
41. Nude men	1	2	3	4	5

Appendix I

Below is a list of problems that people sometimes have after experiencing a negative event. Negative events include being in a major accident, having unwanted sexual activity, observing the death or injury of another, or learning that you or a loved one had a serious illness. For each item, indicate how often that problem has bothered you in the LAST week (not the week after the event happened). Rate each problem with respect to the most stressful negative event you have ever experienced.

- | 0 | 1 | 2 | 3 |
|---|---------------------------------------|--------------------------------------|--|
| Not at all or
only one time | Once a week or
less/once in awhile | 2-4 times per week/
half the time | 5 or more times per
week/ almost always |
| ☐ 1. Having upsetting thoughts or images about the event that came into your head when you didn't want them to. | | | |
| ☐ 2. Having bad dreams or nightmares about the event. | | | |
| ☐ 3. Reliving the event, acting or feeling as if it was happening again. | | | |
| ☐ 4. Feeling very emotionally upset when you were reminded of the event (for example, feeling scared, angry, sad, guilty, etc.) | | | |
| ☐ 5. Experiencing physical reactions when you were reminded of the event (for example, breaking out in a sweat, heart beating fast). | | | |
| ☐ 6. Trying not to think about, talk about, or have feelings about the event. | | | |
| ☐ 7. Trying to avoid activities, people, or places that remind you of the event. | | | |
| ☐ 8. Not being able to remember an important part of the event. | | | |
| ☐ 9. Having much less interest or participating much less often in important activities. | | | |
| ☐ 10. Feeling distant or cut off from people around you. | | | |
| ☐ 11. Feeling emotionally numb (for example, being unable to cry or unable to have loving feelings). | | | |
| ☐ 12. Feeling as if future plans or hopes will not come true (for example, will have no career, marriage, children, or long life). | | | |
| ☐ 13. Having trouble falling or staying asleep. | | | |
| ☐ 14. Feeling irritable or having fits of anger. | | | |
| ☐ 15. Having trouble concentrating (for example, drifting in and out of conversations, losing track of a story on television, forgetting what you read). | | | |
| ☐ 16. Being overalert (for example, checking to see who is around you, being uncomfortable with your back to a door, etc.). | | | |
| ☐ 17. Being jumpy or easily startled (for example, when someone walks up behind you). | | | |

What event were you describing when completing the questionnaire? _____

Appendix J

For each item, please indicate how much you have been bothered by that problem in the past month.

	not at all	a little	a lot	unbearably
1. Recently I have been worried about every little thing.	0	1	2	3
2. Recently I have been so miserable I have had difficulty with my sleep.	0	1	2	3
3. Recently I have been breathless or had a pounding of my heart.	0	1	2	3
4. Recently I have been so worked up that I couldn't sit still.	0	1	2	3
5. Recently I have been depressed without knowing why.	0	1	2	3
6. Recently I have gone to bed not caring if I never woke up.	0	1	2	3
7. Recently, for no good reason, I have had feelings of panic.	0	1	2	3
8. Recently I have been so low in spirits that I have sat for ages doing absolutely nothing.	0	1	2	3
9. Recently I have had a pain or tense feeling in my neck or head.	0	1	2	3
10. Recently the future has seemed hopeless.	0	1	2	3
11. Recently worrying has kept me awake at night.	0	1	2	3
12. Recently I have lost interest in just about everything.	0	1	2	3
13. Recently I have been so anxious that I couldn't make up my mind about the simplest thing.	0	1	2	3
14. Recently I have been so depressed that I have thought of doing away with myself.	0	1	2	3

Appendix K

Read each question carefully and then answer each part of each question.

1. How many people from school or your job do you see socially, for example, on evenings or weekends?

0 1 2 3 4 5 6 7 8 9 10

Now check one item below to indicate how this suits you.

- ☐ very satisfied
☐ some improvement desired
☐ a lot of improvement desired
☐ very dissatisfied

2. How many neighbors (people in your dorm, apartment complex etc.) do you socialize with (for example, have over for a meal or party, go to a movie with)?

0 1 2 3 4 5 6 7 8 9 10

Now check one item below to indicate how this suits you.

- ☐ very satisfied
☐ some improvement desired
☐ a lot of improvement desired
☐ very dissatisfied

3. Apart from contacts with people from school or your job and neighbors, how many acquaintances whom you know casually do you have contact with in an ordinary week?

0 1 2 3 4 5 6 7 8 9 10

Now check one item below to indicate how this suits you.

- ☐ very satisfied
☐ some improvement desired
☐ a lot of improvement desired
☐ very dissatisfied

4. How many people with similar interests to you do you have contact with (for example, interests in sports, music, political activity etc.)?

0 1 2 3 4 5 6 7 8 9 10

Now check one item below to indicate how this suits you.

- ☐ very satisfied
☐ some improvement desired
☐ a lot of improvement desired
☐ very dissatisfied

5. How many friends do you have who could come to your apartment/dorm at any time and take things as they find them (for example, they wouldn't be embarrassed if your place was untidy or you were in the middle of a meal)?

0 1 2 3 4 5 6 7 8 9 10

Now check one item below to indicate how this suits you.

- ☐ very satisfied
☐ some improvement desired
☐ a lot of improvement desired
☐ very dissatisfied

6. How many friends do you have whom you could visit at any time without waiting for an invitation?

0 1 2 3 4 5 6 7 8 9 10

Now check one item below to indicate how this suits you.

- ☐ very satisfied
- ☐ some improvement desired
- ☐ a lot of improvement desired
- ☐ very dissatisfied

7. How many friends do you have that are part of a group of people who see a lot of each other and that you keep in close touch with?

0 1 2 3 4 5 6 7 8 9 10

Now check one item below to indicate how this suits you.

- ☐ very satisfied
- ☐ some improvement desired
- ☐ a lot of improvement desired
- ☐ very dissatisfied

8. How many friends do you have whom you could turn to when you are in trouble or need help?

0 1 2 3 4 5 6 7 8 9 10

Now check one item below to indicate how this suits you.

- ☐ very satisfied
- ☐ some improvement desired
- ☐ a lot of improvement desired
- ☐ very dissatisfied

9. How many people are there who really appreciate what you do for them?

0 1 2 3 4 5 6 7 8 9 10

Now check one item below to indicate how this suits you.

- ☐ very satisfied
- ☐ some improvement desired
- ☐ a lot of improvement desired
- ☐ very dissatisfied

10. How many people are there who depend on you to care about them, provide help, and/or offer guidance in day-to-day-life?

0 1 2 3 4 5 6 7 8 9 10

Now check one item below to indicate how this suits you.

- ☐ very satisfied
- ☐ some improvement desired
- ☐ a lot of improvement desired
- ☐ very dissatisfied

11. How many people are there who are immediately available to you, with whom you can talk openly without having to watch what you say?

0 1 2 3 4 5 6 7 8 9 10

Now check one item below to indicate how this suits you.

- ☐ very satisfied
- ☐ some improvement desired
- ☐ a lot of improvement desired
- ☐ very dissatisfied

12. If something unpleasant or irritating happens and you get upset or angry about it, how many people are there whom you can go to and tell them just how you feel?

0 1 2 3 4 5 6 7 8 9 10

Now check one item below to indicate how this suits you.

- ☐ very satisfied
☐ some improvement desired
☐ a lot of improvement desired
☐ very dissatisfied

13. How many people are available to you whom you consider to be the most important in your life (for example, parent, sibling, sexual partner, other relative, or very close friend)?

0 1 2 3 4 5+

Please list their first names only:

14. Considering the people you thought of in item 13, how many of them do you feel most free to be yourself?

0 1 2 3 4 5+

Now check one item below to indicate how this suits you.

- ☐ very satisfied
☐ some improvement desired
☐ a lot of improvement desired
☐ very dissatisfied

15. Considering the people you listed in item 13, how many know you well as a person, i.e., know you better than most people know you?

0 1 2 3 4 5+

Now check one item below to indicate how this suits you.

- ☐ very satisfied
☐ some improvement desired
☐ a lot of improvement desired
☐ very dissatisfied

16. Considering the people you listed in item 13, how many do you feel you can lean on?

0 1 2 3 4 5+

Now check one item below to indicate how this suits you.

- ☐ very satisfied
☐ some improvement desired
☐ a lot of improvement desired
☐ very dissatisfied

17. Considering the people you listed in item 13, how many feel very close to you?

0 1 2 3 4 5+

Now check one item below to indicate how this suits you.

- ☐ very satisfied
☐ some improvement desired
☐ a lot of improvement desired
☐ very dissatisfied

18. Considering the people you listed in item 13, with how many can you share your most private feelings (confide in)?

0 1 2 3 4 5+

Now check one item below to indicate how this suits you.

- ☐ very satisfied
- ☐ some improvement desired
- ☐ a lot of improvement desired
- ☐ very dissatisfied

19. Considering the people you listed in item 13, with how many can you be affectionate with, i.e., freely show them how much you care about them?

0 1 2 3 4 5+

Now check one item below to indicate how this suits you.

- ☐ very satisfied
- ☐ some improvement desired
- ☐ a lot of improvement desired
- ☐ very dissatisfied

20. When you don't feel like doing things that need to get done because you are feeling too upset about something, how many of the persons you listed in item 13 could you call on to help out?

0 1 2 3 4 5+

Now check one item below to indicate how this suits you.

- ☐ very satisfied
- ☐ some improvement desired
- ☐ a lot of improvement desired
- ☐ very dissatisfied

21. When something happens to you that has never happened to you before, how many of the people you listed in item 13 could you go to to get help in understanding what is happening to you, and to get help in feeling less confused?

0 1 2 3 4 5+

Now check one item below to indicate how this suits you.

- ☐ very satisfied
- ☐ some improvement desired
- ☐ a lot of improvement desired
- ☐ very dissatisfied

22. When you are happy, how many of the people you listed in item 13 could you share your pleasure with, i.e., persons who will feel happy simply because you are?

0 1 2 3 4 5+

Now check one item below to indicate how this suits you.

- ☐ very satisfied
- ☐ some improvement desired
- ☐ a lot of improvement desired
- ☐ very dissatisfied

23. Considering the people you listed in item 13, how many do you expect to have lasting relationships with?

0 1 2 3 4 5+

Now check one item below to indicate how this suits you.

- ☐ very satisfied
- ☐ some improvement desired
- ☐ a lot of improvement desired
- ☐ very dissatisfied

Appendix L

Below are several statements about yourself. For each statement, indicate the extent to which you agree or disagree with it.

	strongly disagree	disagree	agree	strongly agree
1. On the whole, I am satisfied with myself.	1	2	3	4
2. At times I think I am no good at all.	1	2	3	4
3. I feel that I have a number of good qualities.	1	2	3	4
4. I am able to do things as well as most other people.	1	2	3	4
5. I feel I do not have much to be proud of.	1	2	3	4
6. I certainly feel useless at times.	1	2	3	4
7. I feel that I am a person of worth, at least on an equal plane with others.	1	2	3	4
8. I wish I could have more respect for myself.	1	2	3	4
9. All in all, I am inclined to feel that I am a failure.	1	2	3	4
10. I take a positive attitude toward myself.	1	2	3	4

Table 1

Characteristics of rapes

Time since assault	
less than 6 months	19.1%
6 months to 1 year	20.3%
1 to 2 years	22.7%
2 to 3 years	20.7%
more than three years	17.2%
Relationship with assailant	
stranger	1.6%
just met	19.1%
acquaintance	21.9%
friend	26.2%
dating casually	14.8%
steady date	7.0%
romantic partner	7.0%
relative	2.3%
Consensual activity in past with assailant	
none	35.2%
kissing	28.1%
petting above the waist	5.9%
petting below the waist	18.8%
sexual intercourse	12.1%
Types of force	
verbal threats	18.4%
using superior body weight	65.6%
twisting arm or holding down	27.0%
hitting or slapping	5.1%
choking or beating	2.7%
showing or using a weapon	1.2%

Resistance strategies	
turned cold	39.8%
reasoned or pleaded	44.9%
cried	21.5%
screamed for help	6.6%
physically struggled	40.2%
ran away	6.6%
Alcohol use by victim	
none	26.6%
1 to 3 alcoholic drinks	10.2%
4 to 6 alcoholic drinks	29.7%
more than 6 alcoholic drinks	33.6%
Substance use by victim	
none	85.2%
marijuana	13.3%
other drugs	1.6%
Alcohol use by assailant	
none or unknown	33.6%
1 to 3 alcoholic drinks	10.2%
4 to 6 alcoholic drinks	18.8%
more than 6 alcoholic drinks	37.5%
Substance use by assailant	
none or unknown	78.5%
marijuana	16.0%
other drugs	5.5%
Label for assault	
rape	23.8%
attempted rape	7.4%
some other type of crime	8.2%
mis-communication	27.0%
seduction	6.6%
not sure	27.0%

Table 2

Adjustment of rape victims versus non-victims

Measure	Victims M (<i>SD</i>)	Non-victims M (<i>SD</i>)	Effect size (<i>d</i>)
Psychological distress (PDS)	9.6 (8.9)	6.8 (6.0)	.42***
Posttraumatic symptoms (PSS)	12.2 (10.0)	8.2 (8.0)	.45***
Arousal	4.6 (4.2)	2.8 (3.3)	.49***
Avoidance	4.8 (4.4)	3.2 (3.8)	.42***
Re-experiencing	2.8 (2.7)	2.2 (2.4)	.26***
Fears (MFS)	99.2 (24.4)	92.9 (21.0)	.29***
Vulnerability	34.2 (10.5)	30.9 (8.2)	.37***
Social evaluative	26.7 (8.1)	24.3 (7.1)	.32***
Sexual	13.9 (4.8)	13.7 (4.5)	.04
Agoraphobic	9.8 (3.6)	9.5 (3.2)	.08
Weapons	10.5 (3.4)	10.5 (3.3)	.00
World Assumptions			
Justice	13.1 (3.2)	13.1 (3.0)	.00
Benevolence of people	17.2 (3.4)	17.7 (2.9)	.17*
Benevolence of the world	16.3 (3.8)	16.6 (3.4)	.09
Randomness	14.6 (3.7)	14.4 (3.5)	.08
Control	13.9 (3.3)	13.5 (3.0)	.13
Self-control	16.1 (3.1)	17.0 (2.8)	.35***
Worth	16.7 (4.4)	17.9 (3.9)	.29***
Luck	15.0 (4.2)	16.1 (3.8)	.28***

* $p < .05$, ** $p < .01$, *** $p < .005$

Table 3

Characteristics of the assaults of acknowledged and unacknowledged victims

	Acknowledged	Unacknowledged
Types of force		
verbal threats	23.8%	14.8%
using superior body weight	80.2%	56.1%
twisting arm or holding down	41.6%	17.4%
hitting or slapping	8.9%	2.6%
choking or beating	4.0%	1.9%
showing or using a weapon	9.9%	1.3%
Resistance strategies		
turned cold	40.6%	39.4%
reasoned or pleaded	59.4%	35.5%
cried	37.6%	11.0%
screamed for help	14.9%	1.3%
physically struggled	55.5%	30.3%
ran away	9.9%	4.5%
Alcohol use by victim		
none	39.6%	18.1%
1 to 3 alcoholic drinks	9.9%	10.3%
4 to 6 alcoholic drinks	20.8%	35.5%
more than 6 alcoholic drinks	29.7%	36.1%

	Acknowledged	Unacknowledged
Relationship with assailant		
stranger	1.0%	1.9%
just met	24.8%	15.5%
acquaintance	12.9%	27.7%
friend	28.7%	24.5%
dating casually	15.8%	14.2%
steady date	7.9%	6.5%
romantic partner	4.0%	9.0%
relative	5.0%	0.6%
Alcohol use by assailant		
none or unknown	44.6%	26.5%
1 to 3 alcoholic drinks	15.8%	6.5%
4 to 6 alcoholic drinks	13.9%	21.9%
more than 6 alcoholic drinks	25.7%	45.2%
Consensual activity in past with assailant		
none	36.6%	34.2%
kissing	34.7%	23.9%
petting above the waist	6.9%	5.2%
petting below the waist	13.9%	21.9%
sexual intercourse	7.9%	14.8%
Substance use by victim		
none	88.1%	83.2%
marijuana	10.9%	14.8%
other drugs	1.0%	1.9%
Substance use by assailant		
none	83.2%	75.5%
marijuana	10.9%	19.4%
other drugs	5.9%	5.2%

	Acknowledged	Unacknowledged
Time since assault		
less than 6 months	11.9%	23.9%
6 months to 1 year	13.9%	24.5%
1 to 2 years	23.8%	21.9%
2 to 3 years	19.8%	21.3%
more than three years	30.7%	8.4%

Table 4

Consequences of the assault for acknowledged and unacknowledged victims

	Acknowledged M (SD)	Unacknowledged M (SD)	Effect size
Percent who disclosed	91%	80%	.32
Number of individuals disclosed to	5.2 (4.2)	3.3 (2.3)	.31
Negative social reactions			
Blaming	2.5 (2.9)	2.2 (2.5)	.14
Taking control	6.2 (5.4)	4.2 (4.6)	.42***
Egocentric	6.5 (3.8)	3.7 (3.2)	.81***
Distraction	6.0 (4.7)	5.3 (4.2)	.15
Stigmatizing	4.2 (4.9)	2.5 (3.8)	.40***
Self-attributions	23.1 (7.2)	22.9 (7.0)	.03
Behavioral self-attribution	15.1 (4.5)	15.3 (4.6)	.04
Characterological self-attribution	8.0 (3.4)	7.6 (3.2)	.12
World Assumptions			
Justice	13.5 (3.1)	12.9 (3.3)	.21
Benevolence of people	16.5 (3.5)	17.6 (3.2)	.36**
Benevolence of the world	15.9 (3.8)	16.5 (3.8)	.15
Randomness	14.8 (3.5)	14.5 (3.8)	.07
Control	14.0 (2.9)	13.9 (3.6)	.06
Self-control	16.1 (3.0)	16.1 (3.2)	.03
Worth	16.5 (4.3)	16.8 (4.4)	.06
Luck	14.9 (3.7)	15.1 (4.5)	.04

* $p < .05$, ** $p < .01$, *** $p < .005$

Table 5

Coping strategies of acknowledged and unacknowledged victims

Strategy	Acknowledged M (SD)	Unacknowledged M (SD)	Effect size (d)
Emotional engagement	47.1 (15.8)	43.4 (14.3)	.25*
Problem engagement	43.9 (11.5)	45.5 (12.7)	.13
Emotional disengagement	54.5 (15.2)	50.8 (16.4)	.23
Problem disengagement	58.5 (9.8)	53.8 (11.0)	.44***
Total coping	204.0 (29.8)	193.5 (37.1)	.31*

* $p < .05$, ** $p < .01$, *** $p < .005$

Table 6

Adjustment of acknowledged and unacknowledged victims

Measure	Acknowledged M (SD)	Unacknowledged M (SD)	Effect size (<i>d</i>)
Psychological distress (PDS)	10.9 (9.0)	8.8 (8.8)	.23
Posttraumatic symptoms (PSS)	14.4 (11.6)	10.7 (8.6)	.38**
Arousal	5.5 (4.9)	3.9 (3.6)	.38**
Avoidance	5.6 (4.8)	4.2 (4.0)	.32*
Re-experiencing	3.3 (2.7)	2.5 (2.6)	.30*
Fears (MFS)			
Vulnerability	35.4 (10.6)	33.4 (10.5)	.19
Social evaluative	26.6 (7.7)	26.7 (8.3)	.01
Sexual	14.3 (4.5)	13.6 (5.0)	.14
Agoraphobic	9.7 (3.3)	9.8 (3.8)	.03
Weapons	10.0 (3.5)	10.9 (3.4)	.27*

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

Table 7

Persisting effects of rape among acknowledged and unacknowledged victims

Variable	Acknowledged M (SD)	Unacknowledged M (SD)	Effect size
Self-esteem	29.3 (5.6)	29.4 (5.8)	.02
Number of acquaintances	5.2 (2.1)	5.4 (2.0)	.09
Satisfaction with acquaintances	1.6 (0.5)	1.5 (0.5)	.04
Number of intimates	3.8 (1.2)	3.9 (1.1)	.10
Satisfaction with intimates	1.3 (0.4)	1.3 (0.4)	.02
Number of times with man			
once	87%	87%	
two times	8%	6%	
three times	3%	3%	
> three times	2%	3%	
Number of times with other men			
none	72%	83%	
once	16%	11%	
two times	7%	4%	
three times	4%	1%	
> three times	1%	1%	

Table 8

Characteristics of attempted rapes

Time since assault	
less than 6 months	14.9%
6 months to 1 year	24.5%
1 to 2 years	30.9%
2 to 3 years	19.1%
more than three years	10.6%
Relationship with assailant	
stranger	1.1%
just met	14.9%
acquaintance	20.2%
friend	31.9%
dating casually	14.9%
steady date	10.6%
romantic partner	5.3%
relative	1.1%
Consensual activity in past with assailant	
none	35.1%
kissing	23.4%
petting above the waist	5.3%
petting below the waist	23.4%
sexual intercourse	12.8%
Types of force	
verbal threats	10.6%
using superior body weight	68.1%
twisting arm or holding down	35.1%
showing or using a weapon	1.1%

Resistance strategies	
turned cold	36.2%
reasoned or pleaded	48.9%
cried	13.8%
screamed for help	4.3%
physically struggled	47.9%
ran away	7.4%
Alcohol use by victim	
none	37.2%
1 to 3 alcoholic drinks	24.5%
4 to 6 alcoholic drinks	19.1%
more than 6 alcoholic drinks	19.1%
Substance use by victim	
none	92.6%
marijuana	6.4%
other drugs	1.1%
Alcohol use by assailant	
none or unknown	35.1%
1 to 3 alcoholic drinks	16.0%
4 to 6 alcoholic drinks	20.2%
more than 6 alcoholic drinks	28.7%
Substance use by assailant	
none or unknown	81.9%
marijuana	16.0%
other drugs	2.1%
Label for assault	
rape	1.1%
attempted rape	25.5%
some other type of crime	6.4%
miscommunication	27.0%
seduction	6.6%
not sure	27.0%

Table 9

Rape victims compared to attempted rape victims

Measure	Rape M (SD)	Attempted rape M (SD)	Effect size
Personal Disturbance Scale	9.6 (8.9)	8.1 (7.0)	.18
Modified Fear Survey	99.2 (24.4)	94.4 (22.3)	.20
Posttraumatic Stress Scale	12.2 (10.0)	9.8 (9.6)	.24*
Re-experiencing	2.8 (2.7)	2.4 (2.6)	.16
Avoidance	4.8 (4.4)	3.8 (4.2)	.24*
Arousal	4.6 (4.2)	3.6 (3.9)	.23
Self-esteem	29.4 (5.7)	29.7 (5.6)	.06
Number of acquaintances	5.4 (2.0)	5.4 (2.2)	.02
Satisfaction with acquaintances	1.6 (0.4)	1.5 (0.5)	.13
Number of intimates	3.8 (1.1)	4.0 (1.3)	.13
Satisfaction with intimates	1.3 (0.4)	1.2 (0.3)	.13
World Assumptions			
Justice	13.1 (3.2)	12.9 (2.8)	.08
Benevolence of people	17.2 (3.4)	17.3 (3.1)	.05
Benevolence of the world	16.3 (3.8)	15.9 (3.3)	.11
Randomness	14.6 (3.7)	14.7 (3.3)	.02
Control	13.9 (3.3)	13.4 (3.2)	.16
Self-control	16.1 (3.1)	16.5 (3.2)	.14
Worth	16.7 (4.4)	17.2 (4.6)	.10
Luck	15.0 (4.4)	14.0 (4.2)	.23

* $p < .05$

Table 10

Acknowledged and unacknowledged attempted rape victims

Measure	Acknowledged M (SD)	Unacknowledged M (SD)	Effect size
World Assumptions			
Justice	12.4 (2.8)	13.1 (2.8)	.28
Benevolence of people	16.4 (2.9)	17.8 (3.1)	.47*
Benevolence of the world	14.9 (3.1)	16.4 (3.3)	.45*
Randomness	14.7 (3.8)	14.7 (3.0)	.00
Control	13.7 (3.1)	13.3 (3.3)	.12
Self-control	16.7 (3.1)	16.5 (3.2)	.12
Worth	6.7 (4.6)	17.4 (4.7)	.15
Luck	12.7 (4.5)	14.7 (4.2)	.46*
Self-attributions			
Behavioral self-attributions	14.5 (3.9)	13.0 (4.9)	.33
Characterological self-attributions	8.2 (3.5)	6.7 (2.7)	.48*
Emotional engagement	44.4 (14.3)	40.5 (13.5)	.28
Problem-focused engagement	43.7 (12.2)	43.7 (10.9)	.02
Emotional disengagement	48.0 (16.7)	41.5 (15.3)	.42
Problem disengagement	54.4 (10.0)	48.3 (13.0)	.50*
Total coping	190.5 (31.8)	174.4 (38.3)	.45*

* $p < .05$

Figure one

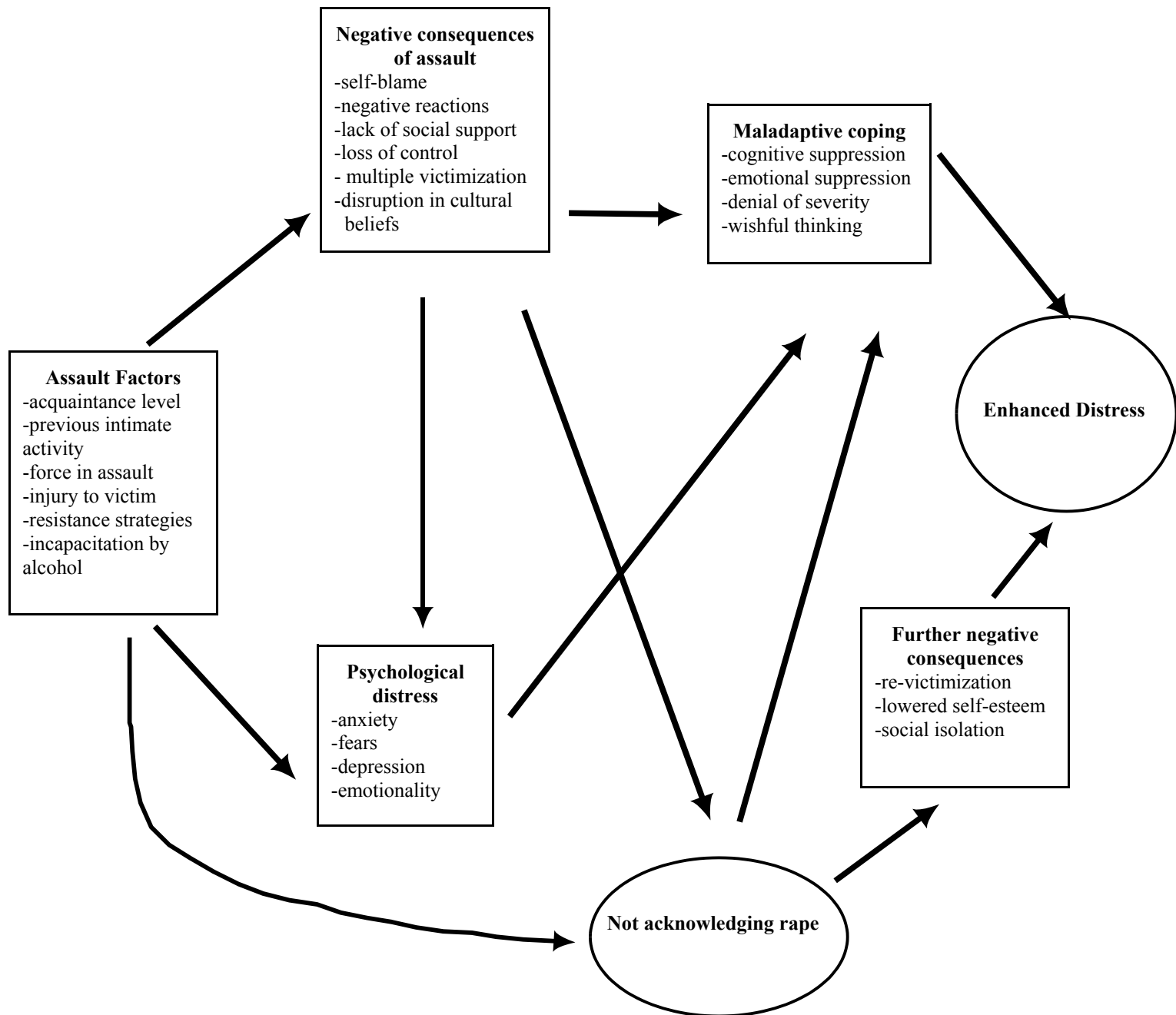
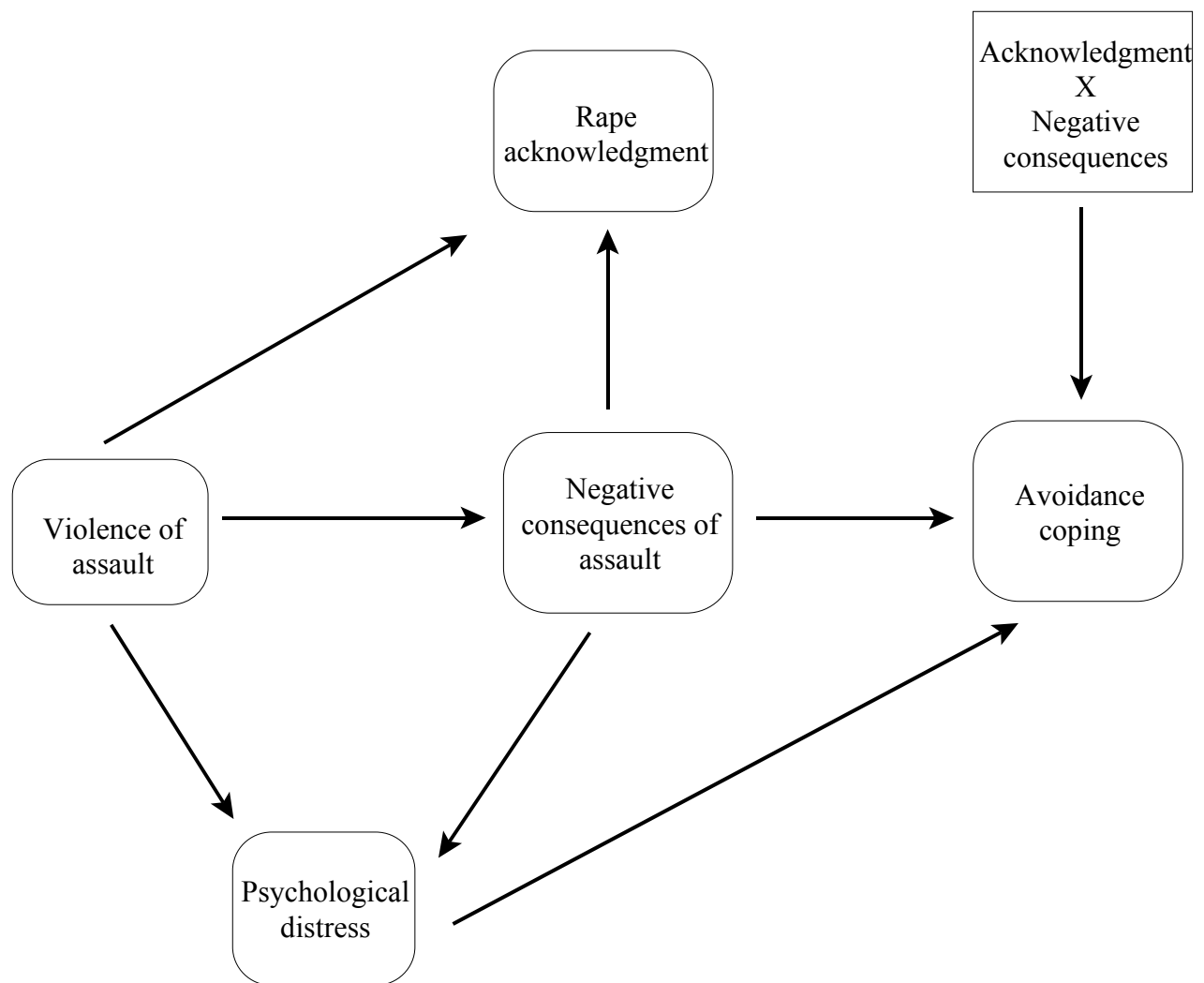


Figure 2



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Current Position: Psychology Intern
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Education:

1999-present Virginia Tech (APA Approved)
 Blacksburg, VA
 Degree Earned: Master of Science in Psychology (May of 2001)
 Degree Expected: Doctor of Philosophy (May of 2004)
 Program: Clinical Psychology
 Specialization: Clinical-Adult Psychology
 Advisor: Dr. Danny Axsom
 Thesis title: *When is it rape? The role of rape and seduction scripts*
 Dissertation title: *The coping process of the unacknowledged rape victim*

1995-1999 Clemson University
 Clemson, SC
 Degree earned: Bachelor of Arts in Psychology
 Minor: Womens Studies
 Advisor: Dr. Cynthia Pury
 Thesis title: *The relationship between body dysmorphic, eating disordered, and obsessive-compulsive symptoms*

Awards and Honoraries:

2003 Graduate Student of the Year, College of Arts and Sciences of Virginia Tech
2002 Mensa Member (The High IQ Society)
2002 Graduate Research Development Award for Doctoral research from Graduate Student Assembly of Virginia Tech

2001	American Psychological Association Conference Travel Award
2001	Graduate Student Assembly of Virginia Tech Conference Travel Award
2000	Graduate Research Development Award for Masters research from Graduate Student Assembly of Virginia Tech
1999	Graduated Summa Cum Laude from Clemson University with Senior Departmental Honors
1999	Moore Outstanding Senior in Psychology from Clemson University
1999	Psi Chi Undergraduate Research Award from Clemson University
1999	Phi Kappa Phi Outstanding Student Award from Clemson University
1999	Phi Kappa Phi Member
1999	Mortarboard Member
1998	American Psychological Association undergraduate internship at the University of Miami working on SMART2 grant- stress management for individuals with HIV
1997	Golden Key Member
1997	Attendee of American Psychological Association Summer Science Institute
1996	Psi Chi Member

Affiliations: American Psychological Association, Student Affiliate
 Association for Advancement of Behavior Therapy, Student Member

Teaching Experience:

1/02-6/03	Graduate Instructor Virginia Tech, Blacksburg, VA. Course: Abnormal Psychology, 4 sections Recipients: Junior and senior undergraduates
5/02-6/02	Graduate Instructor Virginia Tech, Blacksburg, VA. Course: Social Psychology, 1 section Recipients: Sophomore and junior undergraduates
8/00-12/01	Graduate Instructor Virginia Tech, Blacksburg, VA. Course: Advanced Social Psychology, 1 section

Recipients: Junior and senior undergraduates

8/99-5/99

Graduate Instructor

Virginia Tech, Blacksburg, VA.

Course: Introductory Psychology recitation, 4 sections

Recipients: Freshman and sophomore undergraduates

Clinical Training:

9/03-present

Psychology Internship (APA approved)

Boston VA Medical Center Consortium

Duties: Conducted cognitive-behaviorally oriented individual, group, and couples psychotherapy. Conducted psychological and psycho-educational assessments. Provide supervision to psychology externs

Population: Combat and non-combat veterans

Rotations to be completed:

Outpatient Clinic

Duties: Individual, group, and couples psychotherapy for veterans with mood disorders, anxiety disorders, and PTSD. Conduct assessments for PTSD and ADHD in veterans.

National Center for PTSD

Duties: Individual and group psychotherapy for male and female veterans with PTSD. Conduct assessments for PTSD in veterans.

Medical Psychology

Duties: Individual and group psychotherapy for veterans with medical conditions- cardiac disease, renal insufficiency, spinal cord injury, HIV.

8/00- 5/01; 8/02-5/03 PSC/CSC Assistant

Virginia Tech

Duties: Conducted psycho-educational assessments of intellectual, achievement, and psychological functioning of children and adults.

Populations: children from the community from ages 7 to 16

Supervision: Thomas Ollendick, Ph.D.

8/99-5/01; 8/02-5/03 Graduate Clinician

Virginia Tech

Duties: Conducted cognitive-behaviorally oriented individual, couples, and group therapy, served as graduate supervisor for junior graduate clinicians, assisted in providing general clinical training for junior graduate clinicians.

Populations: mixed, child and adult outpatients

Supervision: Richard Eisler, Ph.D., Robert Stephens, Ph.D., Lee Cooper, Ph.D., George Clum, Ph.D.

5/01-12/01

Adult Sexual Assault Intern

Women's Resource Center, Radford, VA

Duties: Received training in crisis intervention skills and CARE companion training (rape crisis assistance), conducted individual and group therapy, served as a CARE companion, assisted with outreach programming

Populations: women and children who were primary or secondary victims of sexual assault or abuse

Supervision: Shannon May, M.S. and Lee Cooper, Ph.D.

7/01-8/01

Assessment Technician

Crossroads Counseling Center, Christiansburg, VA

Duties: Conducted psychological and intellectual assessments of children and adults applying for disability benefits and for vocational rehabilitation purposes

Populations: mixed, children and adults

Supervision: David P. Ribbe, Ph.D.

Administrative experience:

2000-2001; 2003 Graduate student representative to clinical psychology faculty committee

Editorial experience:

2003 Ad Hoc Reviewer for *Sex Roles*

2002 Ad Hoc Reviewer for *Clinical Child and Family Psychology Review*

Professional presentations

- 5/01** *The unacknowledged sexual assault victim.* Presentation on unacknowledged rape for staff of the Women's Resource Center and members of the community.
- 9/02** *Date rape drugs.* Presentation for Virginia Tech freshman regarding dangers of rape drugs as part of residential programming.

Publications:

- Littleton, H. L., & Axsom, D. (2003).** The rape and seduction scripts of university students: Implications for rape attributions and unacknowledged rape. *Sex Roles, 49*, 465-475.
- Littleton, H. L., & Ollendick, T. (2003).** Negative body image and disordered eating: What places youth at risk and how can these problems be prevented? *Clinical Child and Family Psychology Review, 6*, 51-66.
- Littleton, H. L., & Stephens, B. R. (1999).** How gender affects perceptions of aggression in negative campaign advertising. *Psi Chi Undergraduate Research Journal, 4*, 33-36.

Presentations and Posters:

- Littleton, H. L., & Axsom, D. (November 2003).** *Coping with the consequences of rape: Unacknowledged versus acknowledged victims.* Paper presented at annual meeting of Association for Advancement of Behavior Therapy, Boston, MA.
- Littleton, H. L., & Axsom, D. (August 2002).** *Effects of priming rape and seduction scripts on rape attributions.* Paper presented at annual meeting of American Psychological Association, Chicago, IL.
- Axsom, D., Littleton, H. L., & Tiedeman, K. (August 2002).** *Attributions of self-blame following victimization: A meta-analysis.* Paper presented at annual meeting of American Psychological Association, Chicago, IL.

Blier, H. K., Fox, L. D., Scarpa-Friedman, A., Ollendick, T. H., **Littleton, H.**, & Seligman, L. (November 2001). *School-based group intervention for aggressive adolescents: Treatment outcomes and implications*. Paper presented at annual meeting of Association for Advancement of Behavior Therapy, Philadelphia, PA.

Littleton, H. L., Axsom, D., & Pury, C. L. S. (August 2001). *Development of a body dysmorphic questionnaire*. Paper presented at annual meeting of American Psychological Association, San Francisco, CA.

Blier, H. K., Fox, L. D., **Littleton, H.** & Scarpa-Friedman, A. (July 2001). *School-based group treatment of aggressive youth: Outcomes and applications*. Paper presented at 2001 World Congress of Behavioral and Cognitive Therapies, Vancouver, B. C.

Littleton, H. L., & Axsom, D. (March 2001). *The rape and seduction scripts of college students*. Paper presented at the annual meeting of the Southeastern Psychological Association, Atlanta, GA.

Littleton, H. L., & Stephens, B. R. (April 1997). *How gender affects perceptions of aggression in negative campaign advertising*. Paper presented at the annual meeting of the Southeastern Psychological Association, Atlanta, GA.

Patton, C.W., Allen, D. K., Bundrick, C. L., **Littleton, H. L.**, Sloan, P. A., & Tyrrell, R. A. (April 1997). *Pedestrian estimations of their own visibility under different nighttime conditions*. Paper presented at the annual meeting of the Southeastern Psychological Association, Atlanta, GA.

In progress:

Littleton, H. L., Axsom, D., & Pury, C. L. S. *Development of the brief body dysmorphic questionnaire*. Manuscript submitted for publication.

In preparation:

Littleton, H. L., Tiedeman, K., & Axsom, D. *Attributions of self-blame following three types of trauma: Sexual victimization, illness, and injury*.

Littleton, H. L., Rhatigan, D., & Axsom, D. *Unacknowledged rape: How much do we know about the hidden sexual assault victim?*

Littleton, H. L., & Axsom, D. *Priming of rape and seduction scripts: An empirical test of the role of scripts in rape attributions.*

Littleton, H. L. *The coping process of the unacknowledged rape victim.* Unpublished doctoral dissertation.