

# RAPE ACKNOWLEDGMENT AND SEXUAL VICTIMIZATION

by

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(Under the Direction of Karen S. Calhoun)

## ABSTRACT

Sexual assault is very prevalent and leads to a number of negative psychological consequences. In attempting to identify risk factors for sexual assault, research has consistently found that a history of previous sexual victimization increases risk for future sexual assault. Previous research has also shown that women with a history of sexual victimization have difficulty identifying risky cues and might not perceive their own vulnerability for future assaults. This study investigates how acknowledgment of previous experiences with interpersonal violence is related to risk perception and rates of victimization. Two hundred eighty-three college women completed assessments of victimization, personal risk appraisal, and acknowledgment. Analyses indicated some differences in rates of victimization based on labeling of experiences and differences in efforts to change behaviors to reduce risk for future assaults based on level of acknowledgment. Also, there were a number of situational factors associated with assaults that were significantly related to likelihood of acknowledgment. These results differed for physical and sexual violence, which is an important consideration because many women experience multiple types of victimization. This study suggests that acknowledgment is an important factor to consider in studies of sexual and physical revictimization.

INDEX WORDS: Revictimization, Sexual assault, Physical assault, Rape acknowledgment, Risk perception

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## DEDICATION

I would like to dedicate this dissertation to my grandmother, Mary L. Blair. Thank you for your support and always believing in me.

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## CHAPTER 1

### INTRODUCTION

Sexual assault is a prevalent problem in today's society and significant research has been directed toward the question of what increases risk for sexual assault. Studies have yet to provide a definitive answer, but a consistently strong predictor of future sexual assault is history of sexual victimization. One possible explanation for this connection is that sexual assault history leads to poorer risk recognition through the mechanism of lower perceived personal vulnerability to future assaults. This study explored how labeling sexually coercive experiences as rape could be related to perceptions of personal vulnerability and revictimization.

#### *Prevalence and Consequences of Sexual Assault*

A nationally representative study reported that 15% of college women have been raped and 24% have experienced either attempted rape or sexual coercion during the ages of 14 to 24 (Koss, Gidycz, & Wisniewski, 1987). More recent reports have indicated slightly different rates of sexual assault depending on screening questions, population characteristics, and referenced timespan; however, these reports still indicate a significant problem. A sample of 8,000 women randomly surveyed by telephone indicated a lifetime prevalence rate of 14.8% for completed rapes and 2.8% for attempted rapes (Tjaden & Thoennes, 2000). A survey of 4,446 college women reported a victimization rate of 27.7 rapes per 1,000 female students, with 1.7% experiencing completed rape and 1.1% attempted rape in the past 6 months (Fisher, Cullen, & Turner, 2000). The majority of these assaults were perpetrated by acquaintances with 9 out of 10 offenders being known to their victims (Fisher et al., 2000).

In addition to the social and moral reasons that sexual victimization should be prevented, history of sexual assault has been related to suicidal behavior (Ullman, 2004), interpersonal problems (Cloitre, Scarvalone, & Difede, 1997), somatic symptoms (Marhoefer-Dvorak, Resick,

Hutter, & Girelli, 1988; Kimerling & Calhoun, 1994), poorer physical health (Kimerling & Calhoun, 1994; Stein & Barrett-Connor, 2000), posttraumatic stress disorder (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993), anxiety and anxiety disorders, depression (Resick, 1993), substance abuse (Kilpatrick, Acierno, Resnick, Saunders, & Best, 1997), sexual problems, and sleep disturbances (Follette, Polusny, Bechtle, & Naugle, 1996).

### *Revictimization*

Numerous studies have attempted to identify vulnerability factors for future sexual victimization. A variety of possibilities have been identified, but two factors that are consistently related to future victimization are alcohol use and previous victimization experiences (Fisher et al., 2000; Koss & Dinero, 1989; Himelein, Vogel, & Wachowiak, 1994). The latter has been the focus of recent work because of its consistently strong, significant effect and the uncertainty about the mechanisms of its effect. Mandoki and Burkhart (1989) were among the first to identify a “vicious cycle” of sexual victimization. A more recent review article also found significant relationships between childhood sexual abuse and adult sexual and physical assault (Polusny & Follette, 1995) and a national survey found that women who were raped before age 18 were more than twice as likely to be raped as adults (Tjaden & Thoennes, 2000).

Although the majority of studies linking sexual victimization history with future sexual assault have used retrospective designs, a study with a prospective design found similar results. Specifically, over a 3-month period, women who experienced a rape or attempted rape in childhood were more than twice as likely as nonvictims to be sexually revictimized in some manner (Gidycz, Coble, Latham, & Layman, 1993). The childhood experience influenced adult victimization directly and through its relationship to adolescent victimization – namely that childhood victimization was strongly linked to adolescent victimization which was then significantly predictive of adult victimization. A subsequent study with a 9-month follow-up showed that a woman’s chances of being victimized in one time period increased with greater severity of victimization in the previous time period (Gidycz, Hanson, & Layman, 1995). A

prospective study with a community population reported similar findings (Siegel & Williams, 2003).

### *Theories of Revictimization*

A few theories have been posited to account for this high risk among a subset of the population, especially with regard to women sexually abused in childhood. Van der Kolk (1989) proposed that individuals with a history of victimization react to future traumas with hyperarousal symptoms that prevent calm, rational decision making. Also, because of the need for attachment, adults with a history of intrafamilial child abuse are attracted to abusive individuals and then fail to protect themselves because of the physiological arousal experienced from their previous exposure to traumatic events. Research studies have found a link between some posttraumatic symptoms and revictimization, but no studies have found a relationship between abuse history and partner choice.

Chu (1992) also identified emotional symptoms such as numbing and dissociation as a link between previous trauma history and revictimization, stating that these difficulties are related to an unawareness of danger cues and a blocking of protective emotional reactions such as anxiety. Chu also described an impairment in relationships and self-image resulting from abuse that lead to the formation of emotional bonds with abusers and a sense of powerlessness. Similar to Van der Kolk's theory, research has found support for the relationship between emotional symptoms and revictimization, but no support for Chu's hypotheses about self-image and interpersonal relationships.

Messman and Long (1996) build on Finkelhor and Browne's (1985) model of traumatic sexualization by suggesting that childhood sexual abuse experiences lead to an inappropriate repertoire of sexual behavior and experiences that increase vulnerability (such as sex role stereotyping, relationship choices, and poor self-protection). Also individuals with a history of child sexual abuse may not view sexual victimization as unusual in relationships and may see fewer options for coping with unwanted advances.

Polusny & Follette (1995) identified emotional avoidance as a key effect of child abuse that leads to a number of psychological problems such as substance abuse, dissociation, compulsive sexual behavior, and self-mutilation. This emotional avoidance could also interfere with danger recognition and using effective behavioral strategies to protect oneself if confronted with a sexually coercive situation. Also, substance abuse might increase subsequent risk for victimization by placing individuals in risky situations and reducing awareness of danger cues.

Cloitre (1998) adopted a social developmental perspective where child sexual abuse prevents the attainment of important skills such as affect regulation and interpersonal skills. These skill deficits will lead to difficulties with identifying feelings, emotional flooding, emotional numbing, and substance use. These impairments could increase risk by reducing awareness of danger and ability to respond to threat. Also, weaknesses in interpersonal skills could lead to either expectations for negative treatment by others or difficulties with extricating oneself from potentially dangerous situations.

Gold (1999) proposed a model with similar elements in which child sexual abuse leads to problems with attachment, psychological symptoms, negative attributions, and coping behavior. Child sexual abuse results in an internal, global, and stable attributional style and avoidant coping style, both of which have been linked with increased substance use and more sexual partners, and which could also directly lead to revictimization. Difficulties with attachment style could lead to hyperfemininity, a trait that is related to poor relationship choices and many sexual partners. Research has found support for the role that self-blame plays in sexual revictimization and multiple studies have shown how alcohol use increase risk for victimization, but no studies have yet shown a connection between attachment and risk for sexual victimization.

Finally, Grauerholz (2000) used an ecological model to consider factors at the ontogenic, microsystem, exosystem, and macrosystem levels that could be related to sexual revictimization. This model expands on those previously discussed by considering not only

contributions at the individual level, such as dissociation or family history, but also a climate that increases exposure to potential perpetrators, social structures such as being economically disadvantaged, and societal impacts such as a tendency to blame the victim or a judicial system that does not adequately deal with perpetrators. The majority of research on sexual revictimization has been conducted at an ontogenic level, but this ecological model encourages consideration of the numerous other factors that could be involved.

#### *Vulnerability Factors for Revictimization*

Although the number of models and theories attempting to explain the relationship between child sexual abuse and sexual revictimization have increased significantly over the past ten years, there is limited empirical support for any of the proposed contributing factors. Researchers have attempted to identify correlates and predictors of revictimization, but the results are unclear and the temporal relationship of these factors is uncertain.

In the realm of demographic and personal history characteristics, unemployment and transiency are related to revictimization (Miller et al., 1978). Women with multiple sexual partners and brief sexual relationships are likely to report more than one incident of sexual victimization (Wyatt, Guthrie, and Notgrass, 1992; Arata, 2000; Mandoki & Burkhart, 1989). Studies also found that history of physical abuse was a potential vulnerability factor for adult sexual assault (Cloitre, Tardiff, Marzuk, Leon, & Portera, 1996; Collins, 1998). However, other studies have shown that demographic and personal history characteristics do not differentiate single and multiple incident victims (Sorenson, Siegel, Golding, & Stein, 1991).

Consequently, more emphasis has been placed on identifying possible psychological vulnerabilities, similar to those proposed in the various theories of revictimization. Some coping styles might mediate the relationship between childhood abuse and victimization in adulthood and attachment styles possibly moderate this relationship (Irwin, 1999). Shame and self-blame were significant predictors of adult victimization among survivors of childhood sexual abuse, but dissociation was not (Kessler & Bieschke, 1999; Sandberg, Matorin, & Lynn, 1999; Arata, 2000).

Other studies have found that posttraumatic symptomatology moderated the link between previous and subsequent victimization (Sandberg et al., 1999; Arata, 2000). However, a number of studies have found null results, failing to find connections between assertiveness, dependency, self-esteem, attributional style, mental disorders, general functioning, interpersonal functioning, or family environment, and revictimization, leaving investigators puzzled about what is leading to this phenomenon (Gidycz et al., 1995; Sorenson et al., 1991; Mandoki & Burkhart, 1989).

The discrepancy in these results may reflect differences in the methods of the various studies. There are inconsistencies across researchers as to the definition of revictimization, some focusing on any type of unwanted sexual contact while others only including rape and attempted rape as measures of victimization. Also, there are differences in populations, with a number of studies conducted on mainly white college students, who are at high risk but who are also higher functioning, and other studies focusing on clinical populations or help seeking victims from rape crisis centers. Discrepancies also exist in the definitions of child, adolescent, and adult sexual assault, with some researchers counting any unwanted sexual experience under the age of 18 as child sexual abuse and others including an adolescent age category. Differences in assessment measures and operational definitions of the concepts could affect results. Finally, this literature suffers from a paucity of prospective studies, relying heavily on retrospective designs that sometimes have a significant time lag since the victimization experience. The retrospective nature of the studies could significantly affect recall as well as not allowing the differentiation of causes from effects.

Breitenbecher (2001) recently reviewed empirical investigations of sexual revictimization in an attempt to draw some conclusions. She stated that “vulnerability-enhancing past experiences and vulnerability-enhancing situational variables have received the strongest empirical support (p. 417).” She found partial support for situational variables, such as alcohol and drug use by perpetrators and victims and the victim’s history of multiple sexual partners, as



vulnerability factors. Among interpersonal variables, there was mixed support for higher risk among dependent women or those with dysfunctional interpersonal schemas. No support existed for traumatic bonding or a compulsion to repeat the trauma as vulnerability factors and empirical support was weak for attributional style, self-esteem, or self-blame as vulnerability factors. Also, coping strategies did not differentiate revictimized from non-revictimized women. Poor psychological adjustment, typically operationalized as outcomes on depression, anxiety, social adjustment, and global distress measures, was related to revictimization.

### *Threat Perception*

The strongest finding from the Breitenbecher (2001) review was the connection between diminished threat perception and sexual revictimization. This is interesting with regard to theories of sexual revictimization because multiple authors identified symptoms or coping styles that might negatively impact awareness of dangerous or threatening cues. Results from this literature are mixed, but it shows promise as an area for further research. A paper by Wilson, Calhoun, & Bernat (1999) used an audiotaped sexually coercive scenario and tested when sexual revictimized women, in comparison to nonvictimized and singly victimized women, thought the situation had “gone too far” and would leave the situation. They measured this willingness to leave by reaction time latency. They found that revictimized women would leave significantly later than the other two groups.

However a similar study with videotaped scenarios did not show any differences based on victimization history. Women either viewed a videotape of a couple on a date that had numerous risk factors for sexual assault or viewed a control videotape and then identified any experiences that would have made them “uncomfortable” if they had been in the portrayed scenario. Women with histories of sexual victimization did not differ from women without such histories in the perception of general or rape-related threat cues. The recognition of threat cues was also not significantly correlated with subsequent sexual victimization in a 5-month follow-up period (Breitenbecher, 1999). A final study found no differences between recently victimized

and non-victimized women in appraising the risk of a dating situation in a written scenario (Cue, George, and Norris, 1996).

### *Theory of risk perception*

One possible way to reconcile the inconsistent results from analogue studies of risk perception about victimized individuals and the proposed role that recognition of threatening cues plays in sexual revictimization is to consider the differences between judgments about risk on a population and individual level. Numerous studies have detailed how individuals can understand and recognize risk when considering it abstractly (such as the risk for developing lung cancer or being hurt in a car accident because of failure to wear a seatbelt), but fail to apply those same principles of risk on a personal level (Weinstein, 1987; Jeffery, 1989).

Nurius (2000) applied concepts about risk perception from the cognitive and social psychology fields to the experience of sexual aggression. First, she noted that the question of whether *women* will experience some form of sexual aggression over their lifetime is very different from the question of how likely any *individual* will experience sexual aggression and that women regularly judge their personal risk to be significantly lower than the population risk. One contributing psychological factor to this discrepancy is individuals' optimistic bias where they consider themselves to have more control over situations than is realistic. This can lead people to place themselves in risky situations, misinterpret sexually aggressive cues, and overestimate their efficacy in resisting advances. Nurius (2000) also points out that in the social situations where sexual assaults typically occur, individuals are often processing information at a more automatic level and have goals focused on forming relationships and having fun, rather than protecting themselves. This can lead to missing or misinterpreting important cues about risk.

Some research has suggested that personal assessment of risk and ability to pay attention to cues about risk is affected by previous experiences, so that a woman who was raped would rate herself as more likely to be raped in the future and would be more attuned to

threatening cues. Studies assessing other types of traumatic experiences have found some support for this proposal (Weinstein, 1989). However, a number of studies have not found support for this prediction in the area of sexual assault. Norris, Nurius, & Graham (1999) found that women with a history of sexual assault did see their global risk for sexual victimization as higher than those without a sexual victimization history, but were actually less sensitive to threat cues and needed to perceive more risk factors to feel uneasy or on guard. Brown, Messman-Moore, Miller, & Strasser (2005) examined how women with different victimization histories make judgments about their personal risk as compared to general population risk for sexual assault and discovered that women with a sexual assault history judged themselves to be at comparatively less risk for sexual assault than the general population, not differing from a non-victimized group in these comparative judgments. These two studies suggest that previous experience might not alter personal risk perceptions for sexual assault victims.

In both the previous studies investigating the relationship between sexual assault history and personal risk perception, researchers used the Sexual Experiences Scale to measure history of sexual victimization. This scale uses behavioral questions to assess sexually coercive experiences, but does not require women to label themselves as rape victims. In fact, the measure was designed with behavioral questions in order to avoid using the label “rape” because researchers had observed that a significant percentage of women who have experiences that meet the legal definition of rape do not identify themselves as “victims of rape.” Therefore, the samples from these two studies combined women who do and do not consider themselves to have experienced a rape and asked them to rate their personal vulnerability to being raped in the future.

Perhaps labeling oneself as a rape victim is part of the process of how a previous sexual victimization experience can change one’s assessment of personal vulnerability to rape and in turn lead to better risk recognition skills and more protective behavior. This would be a similar process to the one identified in the health behavior literature where an individual has to become

aware of the negative aspects associated with a certain behavior (such as smoking) in order to feel vulnerable and then begin the process of change. Indeed, one interesting finding from the Brown et al. (2005) study is that women who perceived themselves as more similar to sexual assault victims rated their personal vulnerability as higher. Preliminary support about the link between risk recognition and rape acknowledgment can be found in a recent study by Marx and Soler-Baillo (2005) which found that women who did not label their sexual assault experiences as rape did more poorly in recognizing risk on an audiotape vignette.

*Acknowledgment of sexual assault experience.*

The empirical literature on the process of labeling one's experience as rape began when researchers changed how prevalence rates of sexual assault were measured. In the early 1980s, Koss and colleagues developed the Sexual Experiences Survey that used behaviorally specific questions about sexually coercive experiences to measure rates of sexual assault (Koss & Oros, 1982). They developed the measure because they saw weaknesses in the previous approaches to measuring rape that relied on statistics from police reports and self-identification as a rape victim. Police reports and judicial statistics consistently underreported the rate of sexual assaults because a considerable percentage of women did not report their experiences to authorities. As discussed above, asking men and women to self-identify as rape victims also led to underestimates because many individuals did not label their experience as rape even if it met legal definitions for a rape or sexual assault. Also, only allowing participants to be categorized dichotomously as "rape victims" or "non-victims" meant that important information about the severity of their assault would not be gathered (Koss & Oros, 1982) and this information was theorized to be important with regard to psychological outcomes.

Because the Sexual Experiences Survey did not use the label "rape," but instead asked people behavioral questions about their experiences, it enabled researchers to further investigate the phenomenon of "unacknowledged rape". This is most commonly defined as individuals who endorse a sexual assault experience such as "had sexual intercourse with a

man when you didn't want to because he used some degree of physical force", but then respond in the negative to questions about having a history of "rape".

Initial research studies focused on measuring the rate of unacknowledged rape to determine if it was a common or unusual occurrence. Koss (1985) conducted the first research study in this area and found that 43% of victims did not label their forced sexual experience as rape even though it met the legal definition for sexual assault. Some studies have found similar prevalence rates of about 50% (Kahn, Andreoli, & Torgler, 1994; Fisher, Daigle, Cullen, & Michael, 2003) whereas other research reports estimated that closer to 65-75% of women did not label their forced sexual experiences as rape (Layman, Gidycz, & Lynn, 1996; Bondurant, 2001; Harned, 2004; Peterson & Muehlenhard, 2004). Researchers have begun expanding the study of the prevalence of unacknowledged rapes by assessing labeling as a continuous variable, giving participants the option of expressing uncertainty about whether or not they experienced a rape. When Botta & Pingree (1997) first did this, they found that 22% of women opted to report that "maybe" they had been raped rather than an absolute yes or no. However, when Kahn and colleagues (2003) used a similar response set, they found that only 8% of participants with a history of rape expressed uncertainty.

*Factors that could influence acknowledgment.*

*Schemas about rape*

Researchers have also considered different reasons that victims might not assign the label of rape to their experience. One set of hypotheses has focused on how the experiences of unacknowledged victims might differ from the stereotypical view of rape or the schemas of rape that the victims hold. For example, if a victim views rape as a forceful experience perpetrated by a stranger and involving a weapon and injury, then she or he would be less likely to view the experience of an assault by an intoxicated boyfriend as a rape.

Kahn, Andreoli, & Torgler (1994) originally researched this hypothesis by asking acknowledged and unacknowledged victims to write a description of what would occur before,

during, and after a hypothetical rape. They found that unacknowledged victims wrote scenarios more consistent with a “blitz rape” which is a more violent rape involving a stranger, outdoor place of attack, no intoxication, and significant struggling and resistance on the part of the victim. The authors discussed how in reality a “blitz rape” is a much less frequent sexual assault experience than one involving intoxication and a familiar perpetrator. They hypothesized that the tendency of unacknowledged victims to think of rape *only* as the “blitz rape” might explain their failure to label their forced sexual experience as rape. One weakness of the study is that researchers relied on imaginary rape scenarios developed by participants and did not measure details of the victims’ forced sexual experiences.

Other research studies have measured aspects of the women’s experiences that might fit with a “blitz rape” scenario and considered them in the context of rape acknowledgment. Overall, the findings have been mixed with regard to familiarity with the perpetrator, violence level of the assault, use of a weapon, involvement of alcohol, and resistance by the victim. Some studies have found that acknowledged victims were less likely to know or be acquainted with the perpetrator of their assault (Koss, 1985; Kahn et al., 2003; Harned, 2005). However, other research has found no differences between acknowledged and unacknowledged victims with regard to their relationship with the perpetrator, extent of their acquaintance with the perpetrator, or even previous sexual intimacy with the perpetrator (Layman et al., 1996; Bondurant, 2001; Fisher et al., 2003). Most studies have found that acknowledged assaults were more violent and more likely to include a weapon (Layman et al., 1996; Bondurant, 2001; Fisher et al., 2003; Kahn et al., 2003; McMullin & White, 2006), but one study found no differences with regard to violence between labeled and unlabeled rapes (Koss, 1985). The one study that examined alcohol use found that perpetrators in unacknowledged assaults were more likely to have used alcohol, but there was no difference for victim’s alcohol use (Kahn et al., 2003). Finally, victims who acknowledged their assaults tended to resist and struggle more and

be more clear in their non-consent (Koss, 1985; Layman et al., 1996; Bondurant, 2001; Fisher et al., 2003).

*Victim's beliefs.*

Some researchers have hypothesized that victims who acknowledge the assault will have less self-blame and more perpetrator blame. Botta & Pingree (1997) reported that women who labeled their experiences as rape blamed themselves less and the perpetrator more for the forced sexual experience. Harned (2005) noted in a qualitative study that women who did not label the experience as rape were more likely to believe they had done something to cause it and that it was their fault either because of their intoxicated condition or their failure to resist sufficiently. Sometimes the relationship was complex between acknowledgment and blame, such as Layman et al.'s (1996) finding of no differences between acknowledged and unacknowledged victims on self-blame, but a higher likelihood for acknowledged victims to blame the perpetrator or the study by Bondurant (2001) which found that women who labeled the forced sexual experience as rape blamed themselves more. And finally sometimes no relationship was found between blame and acknowledgment (Kahn et al., 2003). Whatever the results, the directionality of this proposed relationship is unclear – whether victims who experience less self-blame are more likely to acknowledge the assault or the process of labeling one's experience as rape leads to less self-blame and placement of more responsibility on the perpetrator for the sexual assault.

A related study considered how a victim's adherence to rape myths might be related to acknowledgment of rape experiences. Peterson & Muehlenhard (2004) reported that participants who endorsed agreement with the rape myth that women who were sexually teasing deserved rape and who thought their actions during an unwanted sexual experience were sexually teasing were less likely to acknowledge their assault. Also, women who stated that they did not fight back during their assault and who also endorsed the rape myth that not fighting back means it was not rape were also less likely to label their experience as rape.

Finally, other beliefs of the victims such as their acceptance of aggression in relationships, their romantic beliefs, and views about sexuality have been investigated with the thought that perhaps these types of beliefs prevent labeling of sexual assault experiences. However, no studies have found support for this hypothesis across a wide range of beliefs and attitudes (Bondurant, 2001; Koss, 1985).

#### *Social networks.*

Some researchers have suggested that one's social network can influence the likelihood of acknowledgment in a negative or positive way. For example, if one has a number of sexually aggressive friends, one would be less likely to label an unwanted sexual experience as rape because the behavior would be legitimized and tolerated in one's social circle. However, if a victim has friends and family who are open about discussing rape and sharing personal experiences with rape, individuals would be more likely to acknowledge their own assaults. There is some support for this hypothesis in that two studies found that victims who acknowledge their assaults have more friends who were rape victims (Bondurant, 2001; Botta & Pingree, 1997), but two studies found no support for this relationship (Fisher et al., 2003; Kahn et al., 1994). However, the research has found no relationship between acknowledgment and any of the other qualities of a social support system (Bondurant, 2001; Botta & Pingree, 1997).

#### *Qualitative studies.*

Some research studies have attempted to go beyond quantitative studies and explore qualitative aspects of assaults that might contribute to labeling an experience as a rape. Kahn et al. (2003) had participants describe in detail the forced sexual experience that they remembered "best" and then gave the descriptions to coders who devised eight categories for sexual assault. Then different coders determined the appropriate category for each assault and the researchers examined the likelihood of labeling an assault based on the descriptive category to which it was assigned. They found that most women who labeled their assaults as rape matched one of the following categories: 1) the assault occurred in childhood with a caretaker as the perpetrator; 2)



force, threats, or coercion were used by an acquaintance; 3) victim woke up to find a man performing sexual acts on them; or 4) the perpetrator went back on a promise not to penetrate them during sex play. On the other hand, the majority of women who did not label their assaults as rape fit into the following categories: 1) submitting to a boyfriend because of whining, pressure, fear of violence, or a desire to please him; 2) being forced to receive or perform digital or oral sex; 3) having a dominating boyfriend who used threats or force for sex; 4) giving into sex because the man seemed to care for her and she had recently ended a relationship; and 5) being incapacitated from alcohol or drugs and not being able to resist.

Harned (2005) also assessed reasons for labeling and developed several different categories of responses. She found that women who labeled their experience as rape felt that they had clearly communicated their lack of consent through either verbal or physical means and they had negative reactions to the experience. Women who did not label the experience focused more on the ambiguity in their refusal either because it was coerced, they were drunk, they were unclear, or because of their failure to resist sufficiently. Also, women in this group frequently blamed themselves for the incident and removed blame from the perpetrator with reasons such as “he didn’t mean it,” he was intoxicated, “I loved him,” or that the perpetrator did eventually stop when asked. Finally, women who did not acknowledge the assault focused on the lack of force or minimized the experience as not being harmful or being a typical dating relationship with the man following the script of the seducer.

### *Importance of acknowledgment*

#### *Victim distress and acknowledgment*

One important consideration is whether labeling an experience as a rape matters with regard to overall functioning. Many researchers have begun with the assumption that acknowledging one’s experience as a rape is necessary in order to begin the process of recovery (Botta & Pingree, 1997). However, if a woman does not label her experience as rape

then perhaps she will not experience any distress and therefore it is important to not force acknowledgment on individuals.

Research studies examining the level of distress and emotional functioning of victims based on acknowledgment have found mixed results. Koss (1985) reported a similarly strong emotional response to the forced sexual experience regardless of acknowledgment and McMullin and White (2006) found similar results using longitudinal data. Layman et al. (1996) actually found that women who acknowledged the assault had higher levels of PTSD symptoms, but no differences on other measures of psychological functioning. And Botta and Pingree (1997) found that women who labeled their experience as rape had less interference in work and social functioning, less distress, and less alcohol use than those women who had a rape experience they did not label.

Harned (2004) addressed the question of whether women are increasing their distress by labeling the experience as rape rather than the distress resulting from the experience itself. She limited her sample to women who were victimized by a dating partner, but used multiple measures of functioning including depression, anxiety, PTSD, substance use, social functioning, and body image. Using structural equation modeling, she found the best fitting model reflected that the unwanted sexual experience leads to increased levels of distress regardless of whether the experience is labeled or not.

#### *Revictimization and acknowledgment.*

Another important possible consequence of acknowledging one's assault is related to risk of revictimization. As discussed previously, some models of sexual revictimization have proposed that risk perception is an important element when considering risk factors. However, if one did not label a previous experience as rape (and perhaps not negative) then it could lead to not changing one's assessment of personal vulnerability to rape, not improving risk recognition skills, and hence having an increased likelihood of a repeat victimization. Marx and Soler-Baillo

(2005) found initial support for a link between risk recognition and rape acknowledgment, but did not consider revictimization in their study.

Three research studies have considered the effects of previous sexual victimization on acknowledgment of an assault. Layman et al. (1996) found no differences in labeling of rape based on childhood sexual abuse experiences, although she indicated most of the childhood experiences were relatively minor and involved primarily non-contact abuse such as exhibitionism. Kahn et al. (1994) found that victims who labeled at least one of their previous assaults as rape had experienced more sexually coercive situations such as forced sexual contact and attempted rape than those who did not label this experience. Finally, Fisher et al. (2003) did the most thorough evaluation of the relationship between previous sexual assault experience and acknowledgment and found mixed results. Detailed information about assaults during the previous 7 months indicated that women who had experienced multiple assaults were no more likely to acknowledge a rape than women who experienced only a single assault. However, being raped prior to the 7-month assessment period was related to a two-fold increase in likelihood of acknowledging an assault.

Related to sexual revictimization is the personal sexual history of the victims. Some theoretical models of revictimization propose that women with a sexual assault history are more sexually active and this increases their risk for revictimization by the mere increase in opportunity for assaults. However, there are no consistent results about how previous sexual history relates to acknowledgment in that one research study found higher levels of sexual activity in acknowledged victims (Koss, 1985) while one research study found that unacknowledged victims had more sexual intercourse (Layman et al., 1996).

One other facet that could be related to revictimization is whether acknowledgment of an assault leads to cessation of contact with the perpetrator and therefore decreased chance of victimization at least from that individual. Harned (2005) found that 25% of women who did not label their sexual assaults as such were still in romantic relationships with the perpetrator

compared with none of the women who did label the experience as rape. Layman et al. (1996) found similar percentages in that 40% of unacknowledged victims continued a relationship with the perpetrator compared to 15% of acknowledged victims and 32.5% of the unacknowledged group continued to have sexual intercourse with the perpetrator compared to 10% of acknowledged group. However, these differences were not statistically significant due to a Bonferroni correction used in the analyses.

### *Labeling of other violent experiences*

Although the majority of research on acknowledgment has focused on forced sexual experiences, two studies have considered if similar processes might occur in child sexual abuse and physical violence. This is important because people experience multiple types of violence during their lifetime and it is very common for victims to have complex trauma histories. For example, a study by Coker et al. (2000) assessed women seeking medical care from family practitioners and found that five percent of women experienced only sexual violence in some intimate relationship during their lifetime, 19.5% experienced some type of physical violence, and 18.1% experienced physical and sexual violence. Finkelhor, Ormrod, Turner, & Hamby (2005) recently did a national survey of child and adolescents and found that 67% of victims assaulted in the past year experienced another type of victimization as well. Therefore it is entirely possible that the same process of acknowledging an assault and using that information to protect oneself in the future applies across types of violence.

Stander, Olson, & Merrill (2002) examined child sexual abuse experiences in a large sample of Navy recruits. They found a similar prevalence rate of acknowledgment as the adult sexual assault literature in that 39% of participants who had an experience that met the operational definition of child sexual abuse identified themselves as victims. Having a family member as the perpetrator, being younger at the time of the abuse, the involvement of threats or force, and experiences involving penetration all increased the likelihood of participants labeling themselves as victims. Also, women were more likely to acknowledge childhood sexual

abuse than men, but this was somewhat confounded because women also experienced more severe abuse perpetrated more often by family members. It is interesting that the closeness of the relationship with the perpetrator mattered for labeling child sexual abuse, but did not for experiences in adolescence or adulthood as reviewed previously. However, for both types of experiences, the level of force was important in acknowledgment.

Hamby and Gray-Little (2000) explored the process of applying the labels “physical abuse”, “victim of violence”, and “battered woman” to physically forceful incidents within romantic relationships. Using a slightly older sample than many of the previous studies, they found that 38% of women who indicated that physical force had been used against them at least once in a previous or current relationship did not label even their “worst” experience as physical abuse. On a continuum of labels, 22% described the experience as abuse, 17% said they were a victim of violence, and 18% labeled themselves as a battered woman. Interestingly, participants attached the label of abuse to all the different hypothetical acts described by the authors and to the three vignettes they were asked to read, so it appears they were more willing to label non-personal experiences as abusive. A similarity between this study and those looking at acknowledgment in forced sexual experiences is that the level of force was also important. Participants were more likely to label more forceful experiences as abuse. Also, women who labeled the experiences as abusive reported a higher likelihood of having terminated the relationship and being less committed to the relationship than those who did not label. This is an especially interesting finding when considered in concert with the research showing the women who do not acknowledge sexual assaults are more likely to stay in a relationship with the perpetrator.

#### *Weaknesses in previous studies*

The majority of previous research on acknowledgment of sexual assaults has categorized women dichotomously into either “labelers” or “non-labelers” based on their response to the question “Have you ever been raped?” Some researchers have instructed

women to think back to their most recent or severe assault experience when considering the question of acknowledgment whereas other researchers have given no such guidelines to participants. In either case, analyses have been conducted at the level of the person rather than at the incident level. Fisher et al. (2003) conducted the only research to date addressing this concern by asking women to decide whether they considered each incident of sexual assault to be rape. This is an important consideration because many women experience multiple sexual assaults or sexually coercive experiences and one can argue, based on research about the importance of situational factors in acknowledging rape, that the variability in labeling is not at the person level, but rather dependent on details of each sexually coercive experience.

Related to the categorization of participants as either labeling or not labeling their experience, research has also tended to force women to indicate whether or not they considered the experience to be rape and has not allowed any uncertainty on this question. However, the few research studies that have given participants the option of various descriptions of their experiences have found that a percentage of women either are uncertain about how to label their experience or consider it some other type of crime or a miscommunication. Therefore, by restricting participants to only two categorical responses, researchers can miss important information about differentiating factors.

Finally, studies investigating the labeling of sexual assaults often only consider history of one sexual victimization and do not take into account other interpersonal violence experienced by participants. Two preliminary studies have examined how other types of interpersonal violence might also be subjected to a similar labeling process as rape. These studies give some initial evidence that individuals who experience child sexual abuse and physical violence in a relationship vary widely in how they label these assaults, but there have not been the follow-up studies (such as those conducted in the area of sexual assault) to further delineate contributory factors to the labeling process. Also, a few studies have looked at previous sexual assault

history and found some relationship with acknowledgment, but the only study to consider it on an incident level restricted their assessment of labeled experiences to the past seven months.

### *Summary and Rationale for Study*

Consistent research has demonstrated the connection between previous sexual victimization and future sexual assault. Some studies suggest that risk perception, and especially perceptions of personal vulnerability to risky situations, could play a role in the phenomenon of revictimization. One important step in establishing personal vulnerability could be labeling one's previous sexually coercive experiences as rape. However, not labeling a previous sexual assault experience as rape has been shown to be fairly common. Whereas researchers have investigated situational and personality factors that contribute to this failure to acknowledge one's experience, no studies have examined how this might place individuals at risk for future assaults. Also, previous studies have failed to consider the occurrence of labeling across different types of interpersonal violence, which is another important consideration because so many victims experience sexual and physical assault throughout their lifetime. Therefore, this study examined acknowledgment of sexual and physical assaults at an incident level to investigate patterns of labeling experiences and how that relates to perception of risk of assault.

### *Hypotheses*

*Hypothesis 1: Acknowledgment and rates of victimization.* It was predicted that there would be a relationship between level of acknowledgment of sexual assault and rates of sexual victimization. Exploratory analyses examined the relationship between acknowledgment of physical assault and rates of physical victimization as well as how labeling of child sexual abuse experiences contributed to rates of victimization. Also, exploratory analyses investigated whether acknowledgment transferred across types of victimizations (e.g., acknowledging a sexual assault is related to reduced prevalence of physical assault).

*Hypothesis 2: Situational variables and acknowledgment.* It was predicted that situational variables found to be important in previous studies, such as relationship with perpetrator and level of force, would have a significant relationship with likelihood of acknowledgment of sexual victimization. Exploratory analyses examined how situational variables contributed to acknowledgment of physical assault and child sexual abuse.

*Hypothesis 3: Personal risk perception and acknowledgment of victimization.* It was predicted that there would be a relationship between perceived personal risk and acknowledgment of sexual assault. Exploratory analyses investigated how perceived personal risk was related to labeling of physical assaults.

*Exploratory research question: Consistency of labeling assaults.* This study explored whether acknowledgment was consistent across incidents or whether individuals varied significantly in their level of acknowledgment. This study also explored how labeling of one type of violence experience extended to labeling other types of violence experiences (e.g., labeling a sexual assault is related to likelihood of labeling a physical assault).



## CHAPTER 2

### METHOD

#### *Participants*

Participants were 234 undergraduate women enrolled in psychology classes at the University of Georgia and recruited through the research participant pool. Participants were selected from a larger group of about 900 participants after meeting inclusion criteria with regard to trauma history. Their ages ranged from 17 to 31 years ( $M=19.46$  years) and they were primarily in their first (46.2%) and second (26.1%) years of college. The participants ethnic background was primarily Caucasian (80%) and most indicated that they either date casually (45.7%) or are in a long-term monogamous relationship (42.7%). All participants had a history of at least one completed rape since age 14 or one physical assault in a romantic relationship.

#### *Materials*

*Demographic questionnaire.* The self-report questionnaire assessed age, year in school, ethnic background, and relationship status.

*Childhood sexual abuse.* Participants responded to nine items developed by Finkelhor (1979) to screen for childhood sexual abuse. The scale consists of specific questions about experiences before the age of 14 that reflect various degrees of severity. Respondents answer with a yes/no format to questions such as, "Did another person show his/her sex organs to you?" Participants will also answer questions about victim's age at the time of the reported events, age of the perpetrator(s), relationship of perpetrator(s), amount of force used, and duration of sexual abuse. Childhood sexual abuse will be defined as endorsement of one item on the scale perpetrated by someone at least 5 years older than the victim.

To assess acknowledgment of child sexual abuse, participants were asked follow-up questions for each item and were allowed to provide details for up to five separate incidents per

question. They were asked if they consider the experience sexual abuse on a 5-point continuous scale from “definitely not sexual abuse” to “definitely sexual abuse”. If they indicated that they do not label the experience as sexual abuse, they were asked what they do consider the experience (e.g., serious miscommunication, crime other than sexual abuse, or other; options taken from Layman et al., 1996), if they ever disclosed the experience, and if they still have a relationship with the perpetrator.

*Adolescent/adult sexual victimization.* Participants were assessed with the Sexual Experience Survey (SES; Koss & Oros, 1982), a self-report questionnaire that asks behaviorally specific questions about a variety of sexually coercive experiences. Respondents were asked to indicate if they have ever experienced forced sex play, attempted rape, or rape from age 14 to the present. Adolescent or adult victimization was defined as endorsing one of the last 5 items on the SES, which are forced sexual intercourse because of coercion, threats, alcohol, or physical force, or sexual acts perpetrated with physical force.

The items have a two-stage response: respondents were first queried about certain sexual experiences and then asked to note the number of times the situation occurred. A sample item is, “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?” Sexual intercourse was defined in the instructions as “penetration of the woman’s vagina, no matter how slight, by a man’s penis. Ejaculation is not required.”

The SES has good internal consistency ( $\alpha=.74$ ), good 1 week test-retest reliability (.93) and good correlation with interviewer based measures of sexual assault experiences ( $r=.83$ ,  $p<.001$ ; Koss & Gidycz, 1985).

Acknowledgment of adolescent or adult sexual assault was examined with follow-up questions. Participants had the opportunity to answer follow-up questions for five incidents for each question of the Sexual Experiences Survey. They were asked on the 5-point continuous scale if they label the experience as rape and, if not, what label they would attach to the

experience (e.g., serious miscommunication, crime other than rape, or other). Additional questions assessed the victim's age at the time of the assault, relationship with the perpetrator, forcefulness of the assault, continued relationship with the perpetrator since the assault, consensual sexual activity with the perpetrator since the assault, disclosure of the experience, and perpetrator or victim alcohol use at the time of the assault.

*Physical abuse.* The Conflict Tactics Scale-2 (CTS2; Straus & Hamby, 1996) is a 39-item self-report questionnaire that assesses a range of behaviors related to intimate partner violence. Each item has two questions that assess for perpetrating and experiencing various forms of violent behavior. Because this study focused on victimization experiences, the perpetration questions were not used. Participants were given the instructions that there are times when couples disagree and they have many different ways of settling their differences. They were then instructed to circle the number of times their partner did the various acts. Sample items are, "My partner destroyed something belonging to me" and "My partner punched or hit me with something that could hurt." The possible responses ranged from 0 (this has never happened) to 6 (More than 20 times in the past year) with an alternative response being 7 (not in the past year, but it did happen before). Items were scored by adding midpoints for the different response categories. For example, for Category 3 (3-5 times), the midpoint is 4. Only the physical assault subscale was used in this study.

Psychometric results for the CTS-2 were based on a study of 317 undergraduate students in sociology and criminal justice classes who were at least 18 and had one heterosexual romantic relationship of at least 1 month duration in the previous year. Subscales had good internal consistency ( $\alpha=.79-.95$ ), with reliabilities as high or higher than the CTS1. Straus and Hamby (1996) measured construct validity by correlating psychological aggression, physical assault, and sexual coercion, and found the predicted results of a higher correlation for men than for women. They also correlated physical assault and injury scales and psychological aggression and physical assault scales and found correlations in the predicted directions for

gender. Therefore, the scale has good preliminary construct validity. They also found good discriminant validity by showing low correlations between negotiation and sexual coercion and negotiation and injury (Straus & Hamby, 1996).

Acknowledgment of physical abuse was assessed with follow-up questions tied to the minor and severe physical assault subscales of the CTS-2. Participants were asked to complete questions for up to five incidents of minor physical assaults and five incidents of severe physical assaults. They indicated on a 5-point continuous scale whether they considered the experience to be physical abuse and, if not, whether they considered it to be a serious miscommunication, crime other than physical abuse, or another type of experience. They were also asked their age at the time of the assault, relationship with the perpetrator, if their relationship with the perpetrator continued after the assault, if they disclosed the experience to anyone, and whether they or the perpetrator were using alcohol or were intoxicated at the time of the assault.

*Personal risk perception.* The Rape Attribution Questionnaire (RAQ; Frazier, 2003) is a self-report questionnaire that assesses women's attributions about reasons for unwanted sexual experiences, feelings of control over the recovery process, perception of future risk, and sense of control over future risk. The subset of questions about future likelihood of assault and sense of control over risk were used for this study. Women were asked to rate items such as "I feel pretty sure that I won't be assaulted again" and "I have changed certain behaviors to avoid being assaulted again" on a 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree). Also included in the scale were two criterion items that asked "To what extent have you changed your behaviors to avoid being assaulted again" and "How likely is it that you will be assaulted again?" These questions were placed at the end of the Sexual Experiences Survey and the Conflict Tactics Scale-2 to anchor women's responses to the experiences they described.

The RAQ has good test-retest reliability ranging from .64 to .79. It also had good internal consistency with an average alpha coefficient of .87 (Frazier, 2003).

*Definition of rape.* Participants were provided with the following generic legal definition of rape: "The legal definition of criminal sexual assault or rape is any genital, oral, or anal penetration by a part of the accused's body or by an object, using force or without the victim's consent." They were then asked on a scale from 1(strongly disagree) to 10(strongly agree) how much they agreed with this definition.

*Cognitive ability.* The Shipley Institute of Living Scale (SILS) is a 60-item measure of verbal and analytical ability. The 40-item verbal test involves matching target vocabulary words with the correct synonym. For the 20-item abstraction subtest, individuals complete the pattern of a series of numbers, letters, or words varying in difficulty. Participants are given ten minutes to complete each subtest. The total score is calculated by doubling the total correct of the abstraction subtest and adding it to the total correct on the vocabulary subtest.

The SILS was originally standardized on a sample of 1,046 individuals ranging from grade school through college. In a group of 322 army recruits, the split half reliabilities ranged from .89 for the vocabulary test to .92 for the combined test. Test-retest reliabilities were adequate across four samples and retest intervals of 4 to 16 weeks, ranging from .31 to .77 for the vocabulary test, .47 to .88 for abstraction, and .62 to .82 for total score. The SILS also demonstrated good validity with bivariate correlations ranging from .55 to .80 with a range of other tests of cognitive ability.

Zachary (1985) developed a method to estimate individuals' WAIS-R scores from the SILS that involves a series of equations adjusting for age and variability. SILS scores were used to estimate WAIS-R scores for participants in this study.

### *Procedure*

Participants were given an informed consent outlining the details of the study. They then completed the questionnaires in large groups varying in size from 15 to 100 individuals.

## CHAPTER 3

### RESULTS

#### *Description of abuse experiences.*

Participants completed follow-up questions on 184 incidents of child sexual abuse, 214 incidents of completed rape, and 202 incidents of physical violence. For child sexual abuse, 66% of the incidents involved inappropriate touching, 24% forced masturbation, and 10% attempted or completed intercourse. Over half (55.2%) of the incidents were perpetrated by relatives and another 28.6% by acquaintances. The majority of the experiences were perpetrated without force (82.8%) and they tended to occur over time (70.2%) rather than be one-time experiences (29.8%). Finally, participants reported that they disclosed more than half of the experiences (59.9%), but many still have a relationship with the perpetrator (54.2%).

For adolescent or adult sexual assaults, most of the incidents (62.6%) were coerced through continual arguments and pressure or through alcohol or drugs (19.6%), but 7.9% involved physical force. Many were perpetrated by a date (20.1%) or romantic partner (47.7%) and involved some level of aggression (75%). Many women do not have a current relationship with the perpetrator (61.7%) but a significant percentage (42.5%) willingly had sexual intercourse with the perpetrator after the assault. About half of the incidents involved alcohol use by the victim (46.2%) or the perpetrator (47.4%) and in 37.4% of the incidents, both victim and perpetrator were drinking.

Finally, with regard to physical violence, the majority of the incidents involved minor physical violence (81.2%) and no alcohol use by the victim (80%) or the perpetrator (75.8%). Many of the women had been in relationships with the perpetrator over six months at the time of the physical violence (62.3%) and over half (53.5%) reported having current relationships with the perpetrator. Finally, a majority of the incidents (56.4%) were disclosed.

Considering overall violence exposure, one can look at the number of incidents and the number of victims and see that participants experienced about 2.5 assaults per person. Looking at the overlap between sexual and physical assault in this sample, a bivariate correlation ( $r=.10$ ,  $p=.11$ ) did not indicate a significant relationship between frequency of rape and physical assault. However, a number of women (35%) reported they had experienced both a physical and sexual assault during adolescence or adulthood, indicating that exposure to both types of violence was not uncommon.

*Description of pattern of acknowledgment.*

Table 1 lists the acknowledgment of incidents of child sexual abuse and physical and sexual violence according to the continuous 5-point scale of acknowledgment. Collapsing the continuous results into dichotomous categories, 77.9% of child sexual abuse experiences were labeled whereas 13.7% were not. It appears that 17.3% of the rapes were labeled as such and 64.5% were not. The other 39 rapes fell into the category of “unsure” on the continuous scale. For physical assaults, 35.6% were acknowledged, 54.9% were not acknowledged, and 9.4% were marked as “unsure.” Overall, individuals were more likely to acknowledge experiences of child sexual abuse than adolescent/adult sexual assault or physical violence.

Looking at the individual level rather than the incident level, 75 women reported experiencing some type of child sexual abuse, 134 reported adolescent or adult sexual assault, 106 experienced physical assault, and 45 were exposed to both sexual and physical violence. Individuals were divided into four patterns of acknowledgment that were used in later analyses: always acknowledged, sometimes acknowledged, never acknowledged, and unsure about assaults. Of these participants, 57% of women acknowledged all child sexual abuse experiences, 6.3% acknowledged some experiences, 24.1% acknowledged no experiences of child sexual abuse, and 12.7% reported being unsure about how to categorize all of their experiences. A minority of participants (14.2%) labeled all their rapes, 11.2% labeled some of their rapes, 57.5% did not label any rapes, and 17.2% reported being uncertain about all of their

experiences. A similar pattern emerged for physical assault with 23.6% women acknowledging all physical assaults, 16% acknowledging some assaults, 55.7% acknowledging no assaults, and 4.7% being unsure. Among women who experienced both types of violence, 2.2% acknowledged all of their assaults, 64.4% acknowledged some of their assaults, 33% acknowledged no physical or sexual assaults, and no one labeled all their physical and sexual assaults as unsure. For women who experienced both physical and sexual assault, a chi square analysis indicated that acknowledging either physical or sexual assault did not relate significantly to likelihood of acknowledging the other type of assault,  $\chi^2(4, N=38) = 3.35, p=.95$ .

#### *Additional variables*

Because level of acknowledgment might have been related to overall cognitive ability, one-way ANOVAs were run to compare scores on the Shipley Institute of Living Scale (SILS) across levels of acknowledgment. Scores were first entered into the series of equations developed by Zachary (1985) to estimate WAIS-R scores. Overall, participants had average cognitive ability ( $M=106.70, SD=5.91$ ). Results showed no significant differences in cognitive ability between individuals based on their acknowledgment of sexual assault,  $F(3,124) = .47, p=.71$  or physical assault,  $F(3,102) = 1.94, p=.13$ , when comparing across the four categories of acknowledgment.

Also, it is important to consider how participants viewed the construct of rape to see if, perhaps, their reason for failure to acknowledge an assault was related to their disagreement with the legal definition of rape. A one-way ANOVA was run to look at agreement with definition of rape based on the four categories of dividing acknowledgment. Results showed no significant differences among groups on their agreement with the legal definition of rape for any of the four groups of acknowledgment,  $F(3,129) = .92, p=.43$ .

*Hypothesis 1: Relationship between labeling experiences of sexual and physical violence and rates of victimization.*



Analyses supported Hypothesis 1 in that there were statistically significant relationships between level of acknowledgment and rates of victimization.

For child sexual abuse, the sample sizes of the “unsure” and “sometimes acknowledge” group were very small, so these two groups were combined in order to make cell sizes somewhat more equal and reduce unequal variances. A one-way ANOVA indicated significant differences between the three groups,  $F(3,75) = 4.98$ ,  $p < .01$ . Post-hoc analyses using the Tukey’s HSD test showed significant differences between individuals who always acknowledged assaults ( $M=3.11$ ,  $SD=2.69$ ) and never acknowledged assaults ( $M=1.26$ ,  $SD=.93$ ). Figure 1 shows the mean values of the three groups. The adjusted  $R^2 = .10$  for this set of analyses.

For sexual assaults, the variances between the four groups ranged widely, so a log transformation was used to reduce the heterogeneous nature of the variances. A one-way ANOVA revealed significant differences between the groups,  $F(3,130) = 15.91$ ,  $p < .001$ , on rates of victimization based on the four patterns of acknowledgment. Post-hoc Tukey’s HSD tests determined that participants who sometimes acknowledged sexual assaults experienced significantly higher rates of sexual victimization ( $M=.56$ ,  $SD=.24$ ) than the other three groups. Also, the group that never acknowledged sexual assaults had higher rates of victimization ( $M=.23$ ,  $SD=.28$ ) than the group that was unsure about how to label sexually coercive experiences ( $M=.06$ ,  $SD=.14$ ) or the group that always acknowledged rapes ( $M=.06$ ,  $SD=.16$ ). The non-transformed means of the four groups are illustrated in Figure 2. The adjusted  $R^2 = .25$  for this set of analyses.

With regard to physical assaults, the sample sizes of the “sometimes acknowledge” and “unsure” were again much smaller than the other two groups, so they were combined into one category. Also, because the variances of the three groups ranged significantly, a log transformation was used to reduce the heterogeneity of variances. A one-way ANOVA comparing the three types of labeling patterns was statistically significant,  $F(2,103) = 10.42$ ,  $p < .001$ . Post-hoc analyses using the Tukey’s HSD test indicated that participants who always

acknowledged ( $M=.82$ ,  $SD=.48$ ) physical assaults or sometimes acknowledged ( $M=.79$ ,  $SD=.36$ ) physical assaults experienced more physical violence than those individuals who never acknowledged ( $M=.45$ ,  $SD=.37$ ) physical abuse. The non-transformed means of the three groups are shown in Figure 3. The adjusted  $R^2=.15$  for this set of analyses.

Finally, combining the two types of violence, there were only significant sample sizes to compare individuals who never acknowledged and those who sometimes acknowledged interpersonal violence. A one-way ANOVA showed no significant differences in rates of victimization between groups based on their pattern of labeling violence,  $F(1, 42) = 1.28$ ,  $p=.27$ .

One difficulty with these analyses comparing groups is that individuals in the “sometimes acknowledge” group needed to have multiple assaults in order to be placed in that group, which could explain why some analyses showed higher rates of victimization in the “sometimes acknowledge” group. However, when the sample was restricted to only participants with multiple assaults in order to further investigate differences between groups, the sample sizes in a number of the groups dropped to the point that analyses were no longer meaningful and all significant differences between groups on rates of victimization disappeared.

One final note about the relationship between rates of victimization and labeling is the distribution of victimization across the three categories of acknowledgment. Figure 4 shows box plots for people who never acknowledge, sometimes acknowledge, always acknowledge, or are unsure how to label their sexual assault experiences. Almost all the participants in the category of “always acknowledge” had only one assault, so that participants with more than one assault were deemed to be outliers. However, in the “never acknowledge” group, about half of the participants only had one assault and the other individuals ranged from two to six assaults. This pattern is different in the area of physical assault (see Figure 5) where there is a much larger range for individuals who acknowledge all assaults as compared to those who are unsure or label no assaults as physical abuse.

*Hypothesis 2: Contribution of situational variables to acknowledgment of victimization.*

Analyses at the incident level examined how situational variables were related to labeling of the victimization experience. Hypothesis 2 was supported in that the situational variables of relationship to perpetrator and level of force were related to likelihood of acknowledgment for all three types of violence.

For child sexual abuse, continuous ratings of labeling the experience as sexual abuse were regressed onto age of victim, age of perpetrator, relationship with the perpetrator, level of force, duration of the experience, continuation of relationship with perpetrator, disclosure of experience, and severity of the abuse. Table 2 shows the results of the linear regression analysis. The overall model was significant ( $p < .001$ ) and participants who were younger, abused for a longer period of time, experienced more severe and forceful abuse, and no longer have a relationship with the perpetrator were more likely to label their experiences as sexual abuse.

For adolescent or adult sexual assault, continuous ratings of labeling the experience were regressed onto identity of the perpetrator, level of aggression, current relationship with the perpetrator, current sexual relationship with perpetrator, recency of the assault, disclosure of experience, and alcohol use by the victim or perpetrator at the time of the assault. Table 4 shows the results from the linear regression analysis. The overall model was significant ( $p < .001$ ) and less familiar perpetrators, higher levels of aggression, and a less recent assault were all related to increased likelihood of acknowledgment.

Because the measure of adolescent and adult sexual assault does not categorize incidents of rape based on severity, frequencies were run on the data to see if different types of assault were more or less likely to be acknowledged. Among the four types measured on the Sexual Experiences Survey (coercion, alcohol, or physical force), participants were most likely to acknowledge a rape perpetrated by physical force (75.4%). About a third of incidents (37.7%) where alcohol or drugs were used to keep the victim from resisting were labeled as rape, but

only 10% of rapes involving non-vaginal penetration and only 5.6% of rapes involving coercion, continual arguments, or pressure were acknowledged.

Looking at incidents of physical victimization, continuous ratings of acknowledgment were regressed onto level of violence, length of the relationship, current relationship with perpetrator, recency of assault, disclosure of experience, and alcohol use by perpetrator or victim. Table 5 displays the results from the linear regression analysis. The overall model was significant ( $p < .001$ ) and more severe assaults, less recent assaults, and those occurring to people without a current relationship with the perpetrator were more likely to be acknowledged.

Finally, collapsing all types of violence and looking at common predictors, level of acknowledgment was regressed onto identity of perpetrator, level of aggression, disclosure of incident, and current relationship with perpetrator. The overall model was significant ( $< .001$ ) and incidents perpetrated by a less familiar individual were more likely to be acknowledged. Results from these analyses are shown in Table 6.

*Hypothesis 3: Relationship between personal risk perception and acknowledgment of victimization.*

Participants were compared on their level of risk perception based on how they acknowledged adolescent/adult sexual assaults and physical assaults. The measure of risk perception had two 5-item subscales (perceived likelihood of future assault and efforts to control future assault) and two criterion items reflecting similar constructs as the subscales (“How likely is it that you will be assaulted again?” and “To what extent have you changed your behaviors to avoid being assaulted again?”). A series of one-way ANOVAs were conducted to examine differences on these subscales and found partial support for Hypothesis 3. More specifically, women differed significantly on their efforts to control future assaults, but not on their ratings of likelihood of future assault.

For adolescent and adult sexual assault and the four categories of acknowledgment discussed above, a one-way ANOVA showed no differences in perceived likelihood of sexual

assault based on the subscale,  $F(3,120) = .51, p=.68$ ), or the criterion item,  $F(3,121) = 1.21, p=.31$ ). However, there were significant differences between groups for efforts to control future sexual assault on the subscale,  $F(3,121) = 2.65, p=.05$ ), and the criterion item,  $F(3,121) = 3.74, p=.01$ ). Post-hoc analyses with the Tukey's HSD showed that women who acknowledged all sexual assaults reported making more efforts to change behaviors ( $M=19.06, SD=2.60$ ) than women who acknowledged no assaults ( $M=17.04, SD=3.06$ ). Post-hoc analyses on the criterion item showed similar results with women who acknowledged all assaults indicating more efforts to change behaviors ( $M=3.17, SD=.62$ ) than women acknowledging no assaults ( $M=2.35, SD=1.10$ ). The mean levels of risk appraisal ratings for the perceived likelihood of future assault and efforts to control assault subscales are shown in Figures 6 and 7.

For physical assaults, similar to the analyses for Hypothesis 1, there were not enough participants in the "sometimes acknowledge" or "unsure" groups, so they were collapsed into one group leaving three different levels of acknowledgment. A series of one-way ANOVAs were run to examine differences in risk perception based on level of acknowledgment. Results showed no significant differences for likelihood of future assault based on the subscale,  $F(2,89) = 1.70, p=.19$ , or the criterion item,  $F(2,88) = .06, p=.95$ . However there were significant differences on efforts to control future assaults based on the subscale,  $F(2,88) = 5.27, p<.01$ , and post-hoc Tukey's HSD tests revealed that participants who sometimes acknowledged assaults or were unsure ( $M=18.42, SD=2.97$ ) made more efforts to change behavior than individuals who never acknowledged assaults ( $M=15.81, SD=2.69$ ). Ratings on the criterion item showed a similar pattern with significant overall differences,  $F(2,89) = 3.99, p=.02$ , and post-hoc Tukey's HSD tests indicating that individuals who sometimes acknowledged assaults or were unsure made more efforts to control future assault ( $M=2.45, SD=1.19$ ) than those who never acknowledged assaults ( $M=1.71, SD=1.13$ ). These results are shown in Figures 8 and 9.

## CHAPTER 4

### DISCUSSION

This study explored the relationship between labeling an experience of child sexual abuse, adolescent/adult sexual assault, or physical assault and overall rates of sexual or physical victimization. Looking at descriptive data of the patterns of acknowledgment across types of violence and at results of statistical analyses, a number of interesting findings emerged as well as a number of unexpected results.

First, it appears that acknowledgment of child sexual abuse versus physical or sexual violence experiences in adolescence or adulthood follows different patterns. Women in the study were much more likely to acknowledge child sexual abuse experiences with the majority of the incidents being labeled as abuse; however, the opposite was true for incidents of sexual and physical assault, with the majority of those incidents not being labeled as abusive. This is the first study to compare acknowledgment across types of violence and these findings may suggest that different processes are at work when women are considering the labels to attach to childhood or adult experiences. Perhaps aspects that proved to be important in predicting acknowledgment of child sexual abuse incidents, such as the young age of the victim, the familial relationship of the perpetrator, and the length of the abuse, are all factors more common in child sexual abuse than later assault experiences.

Using a continuous scale of acknowledgment revealed that many of the women felt uncertainty about how to label their abuse experiences. Looking at the incident level of response, a majority of incidents (75%) of child sexual abuse were rated at the extremes of the scale (definitely so or definitely not sexual abuse). However, almost half of sexual assaults and about 65% of physical assaults were labeled with less certainty (probably abuse, uncertain, or probably not abuse). Considering responses at the individual level, 5-17% of women reported being unsure about how to label their experiences, with fewer women having this difficulty with regard to child sexual abuse than adolescent/adult sexual assault. The rates of uncertainty for

labeling rapes are similar to those reported by Botta and Pingree (1997). It is interesting to note that participants who indicated uncertainty for all their sexual assault experiences looked similar to women who always acknowledged rapes with regard to their rates of victimization, but on ratings of risk they seemed to be distinct from the other three groups. These findings suggest that previous studies that forced women into dichotomous labels of abuse might have missed important differences. The results also emphasize the differences between acknowledgment of child and adult experiences. Finally, the differences in patterns of uncertainty across types of violence would be interesting to investigate further to see if they are related to other risk factors for victimization.

The relationship between acknowledgment and rates of adolescent/adult sexual victimization was not expected. For sexual assault, women who sometimes acknowledged rapes seemed to be at the highest risk. Perhaps this “sometimes acknowledge” group reflects women who only began to label rapes for later experiences and at that point reduced their risk. However, the cross-sectional nature of the data and the low sample size in this group prevented further analyses to better understand these results. It appears that this would be an important area for follow-up studies to investigate further. Women who never acknowledged rapes did experience more assaults than those who always acknowledged rapes, which suggests acknowledgment could be protective. These results are different than those found by Kahn (1994) and Fisher et al. (2003) and are perhaps due to methodological differences. However, the “unsure” group also experienced a small number of rapes, which raises even more questions about the relationship between labeling and revictimization.

An even more surprising finding was that women who always acknowledged physical assault experienced more physical violence. Studies on acknowledgment of physical assault are almost non-existent, but this finding suggests that different processes may occur in the labeling of physical and sexual assault experiences that are important when considering revictimization. This last point is supported by the fact that there was no significant relationship between

labeling experiences of physical and sexual violence. Results relating acknowledgment to rates of victimization were somewhat similar for physical violence and child sexual abuse with individuals who always acknowledged both types of assaults experiencing the most incidents of violence, suggesting that further research should consider relationships between the two types of interpersonal violence.

One intriguing aspect to the relationship between level of acknowledgment of sexual assault and rates of victimization was the frequency distribution of the categories of acknowledgment. First, in this sample, many more women fell into the “never acknowledged” category, leading to small sample sizes in the other two groups. Among the “never acknowledged”, about half of the participants reported only one assault and half had been assaulted multiple times. Also, almost all of the women who “always acknowledged” sexual assaults experienced only one assault. These results suggest different processes could be at work among the two groups and it would be interesting to follow-up with longitudinal data. These patterns are decidedly different than for physical violence exposure, again raising the question of whether the two types of violence should be examined separately when considering acknowledgment.

Looking at the incident level of analysis, the 234 participants in the study completed follow-up questions on 600 separate incidents of child sexual abuse, adolescent/adult sexual assault, and physical assault. A number of women did not complete follow-up questions about all their abuse experiences which suggests even higher rates of victimization. These results again confirm that women are often victimized multiple times and this victimization can come in the form of different types of violence (Tjaden & Thoennes, 2000; Polusny & Follette, 1995).

Regression analyses examining situational predictors of interpersonal violence found that, across type of violence, severity of the abuse and identity of the perpetrator were important. Also, having a current relationship with the perpetrator appeared to be important for child sexual abuse and physical violence. This supports previous studies indicating that women



seem to have difficulty labeling violence that does not fit with blitz rape scripts (Kahn et al., 2003) or their schemas about violence not being perpetrated by intimate partners (Harned, 2005). These results are concerning when one considers that the majority of violence against women occurs in the context of acquaintance or romantic relationships (Fisher et al., 2000). Related to the finding about situational predictors is the difficulty women had labeling coerced sexual assaults, which again is concerning considering that the majority of assaults reported in this study fit into that category. One final note is to emphasize that, for almost half of the sexual assault incidents, women reported continuing a sexual relationship with the perpetrator. These rates are similar or slightly higher than those reported in previous studies (Harned, 2005; Layman et al., 1996). This is indeed an example of cognitive dissonance because one could imagine the difficulty in continuing to have sex with a partner who has been labeled a rapist.

Finally, this study attempted to examine how the way an individual labels experiences with sexual and physical assault is related to their appraisal of personal risk, which is an important factor in changing risky behaviors and reducing risk for future assault. The results provided partial support for this idea. There did not appear to be a relationship between level of acknowledgment and rating of future personal risk for assaults; however, for sexual assault and physical violence, there was a significant relationship between acknowledgment and making efforts to change behaviors in order to reduce risk for future assaults. These findings have some parallels in the violence literature that suggest behavioral measures such as self-efficacy (Calhoun & Gidycz, 2002; Naugle, 2000; Walsh & Foshee, 1996) are the strongest predictors of revictimization as compared to ratings of risk. It is an interesting disconnect, however, that women are still not seeing themselves at risk for sexual assault but are making important behavioral changes that could reduce risk for future victimization.

### *Limitations*

This study had several limitations beginning with the cross-sectional nature of the data that prohibited a thorough understanding of the process of acknowledgment and how it is

related to future risk. Also, the sample was a relatively young, homogeneous sample of high functioning college women who had relatively low overall rates of physical and sexual victimization. Finally, the distributions of acknowledgment did not permit further analyses of women who varied in the labels they applied to abuse experiences.

### *Future Directions*

Overall, this study provided an attempt to better understand the phenomenon of unacknowledged rape while also expanding this area of research to include physical violence. It seems that many women continue to not label experiences of sexual and physical violence as abuse. The question remains to be answered about whether this failure to acknowledge experiences with violence puts one at higher risk for future assaults or for more negative psychological outcomes. Future studies in this area, however, should continue to look at the totality of a woman's experience with violence by including all incidents of physical and sexual violence. Also, it would be beneficial to follow women longitudinally to see if there is any change over time in patterns of acknowledgment and whether that change is somehow protective. Finally, it is important to better understand women who acknowledge some assaults, but not others, to see what might differentiate the incidents and how that might affect these women in the future.

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Table 1.

*Level of Acknowledgment of Incidents of Sexual and Physical Assault*

	Child Sexual Abuse (%)	Sexual Assault (%)	Physical Assault (%)
Definitely assault	64.7	8.4	8.4
Probably assault	13.2	8.9	27.2
Unsure	8.4	18.2	9.4
Probably not assault	5.3	22.4	27.2
Definitely not assault	8.4	42.1	27.7

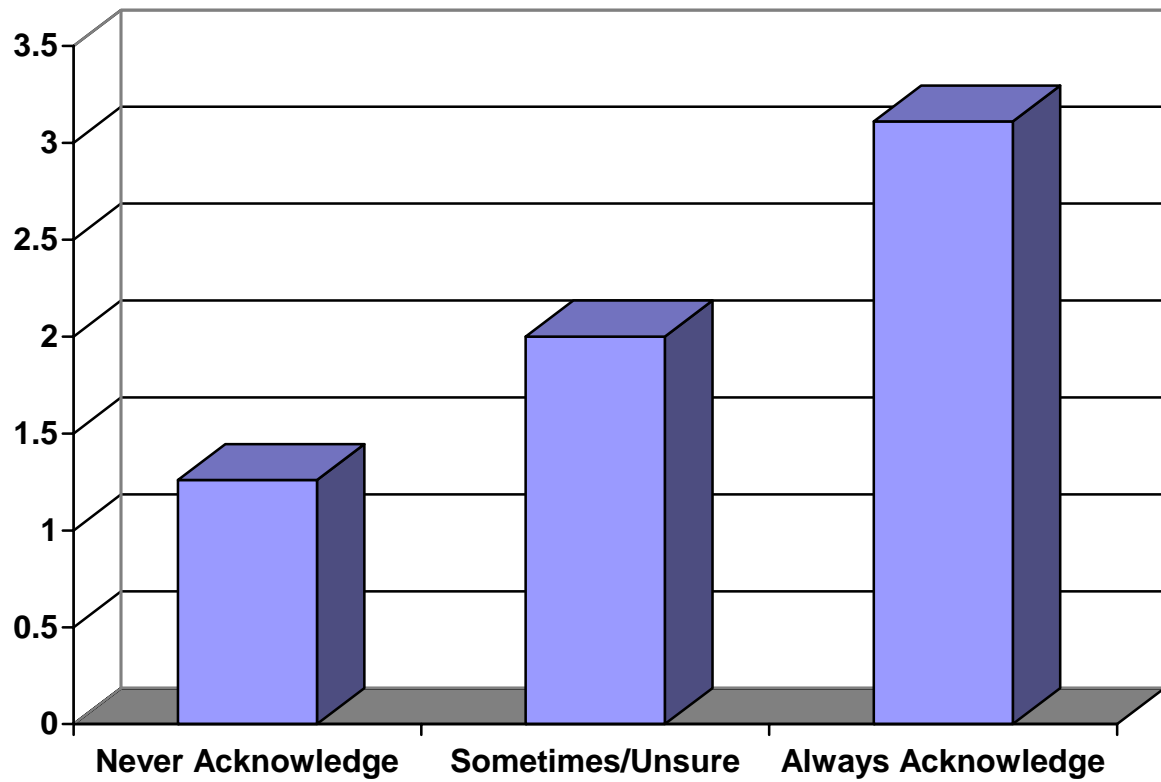


Figure 1. Mean Number of Child Sexual Abuse Experiences by Pattern of Acknowledgment.

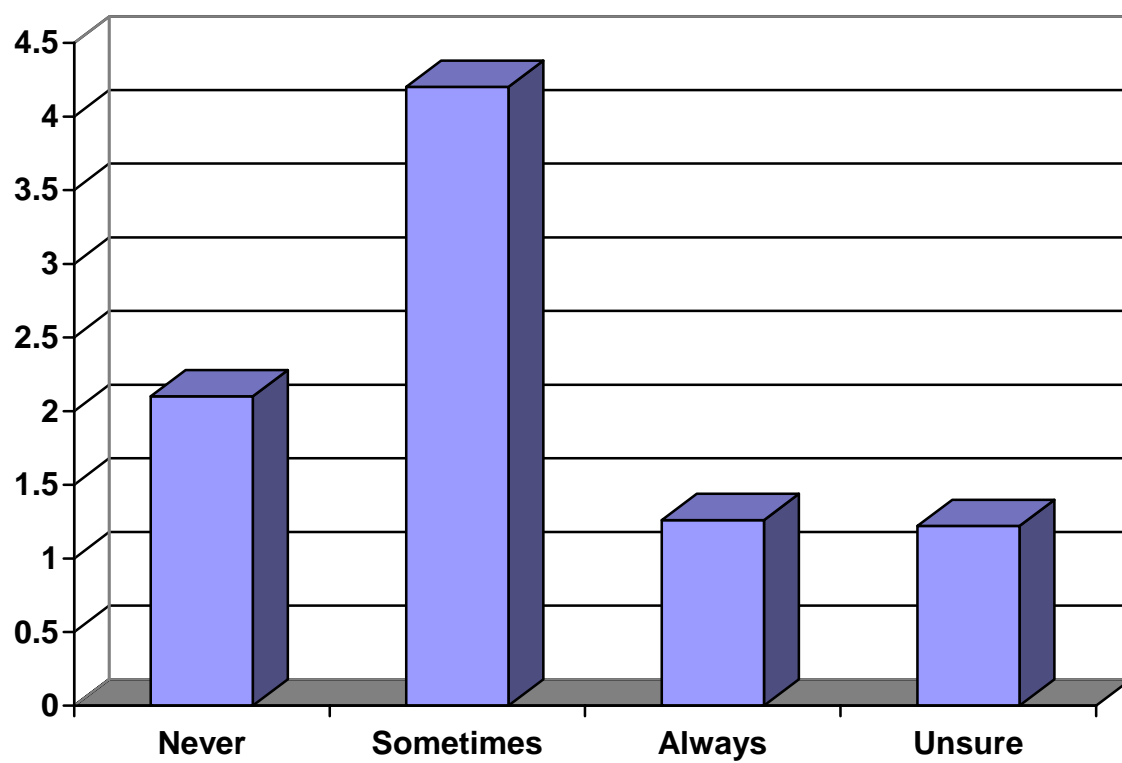


Figure 2. Mean Number of Adolescent/Adult Sexual Assaults Based on Level of Acknowledgment.

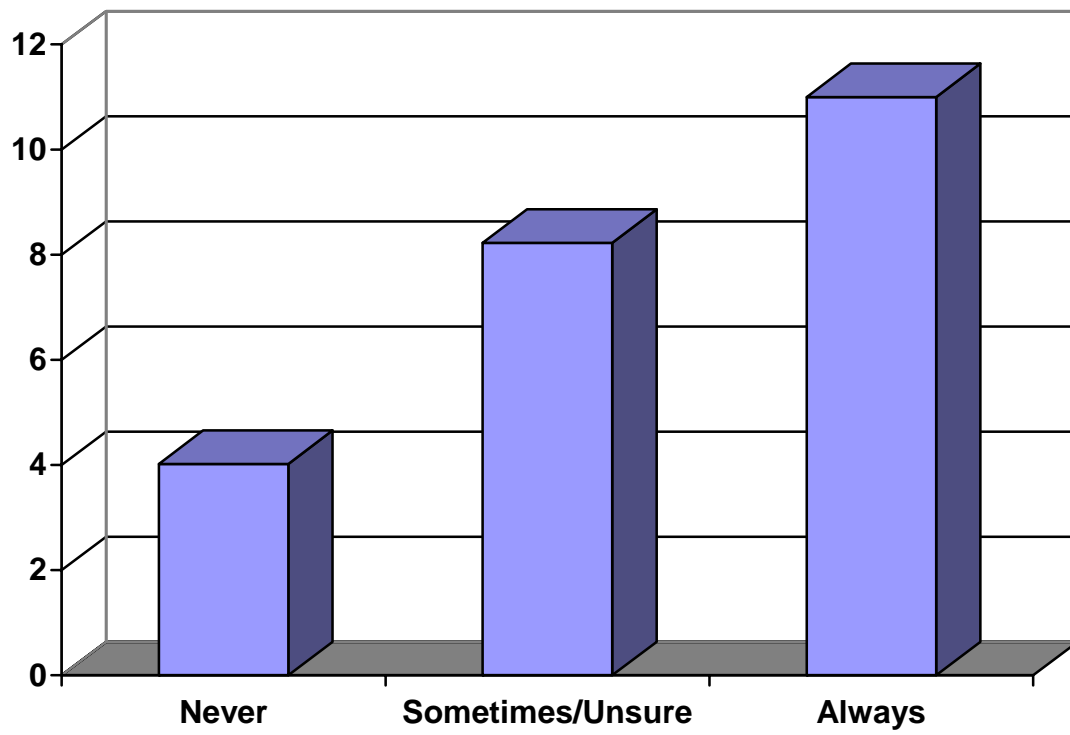
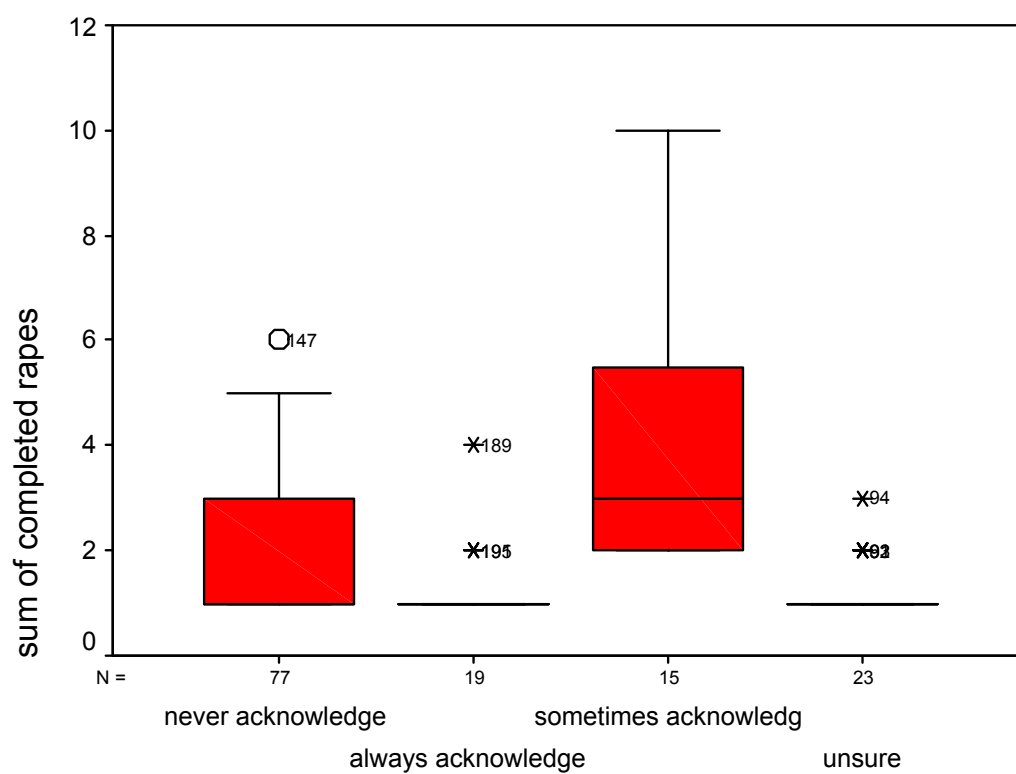


Figure 3. Mean Number of Physical Assaults Based on Level of Acknowledgment.



4 categories of acknowledgment with unsure category

Figure 4. Box Plots of Range of Frequencies of Sexual Victimization Based on Acknowledgment.

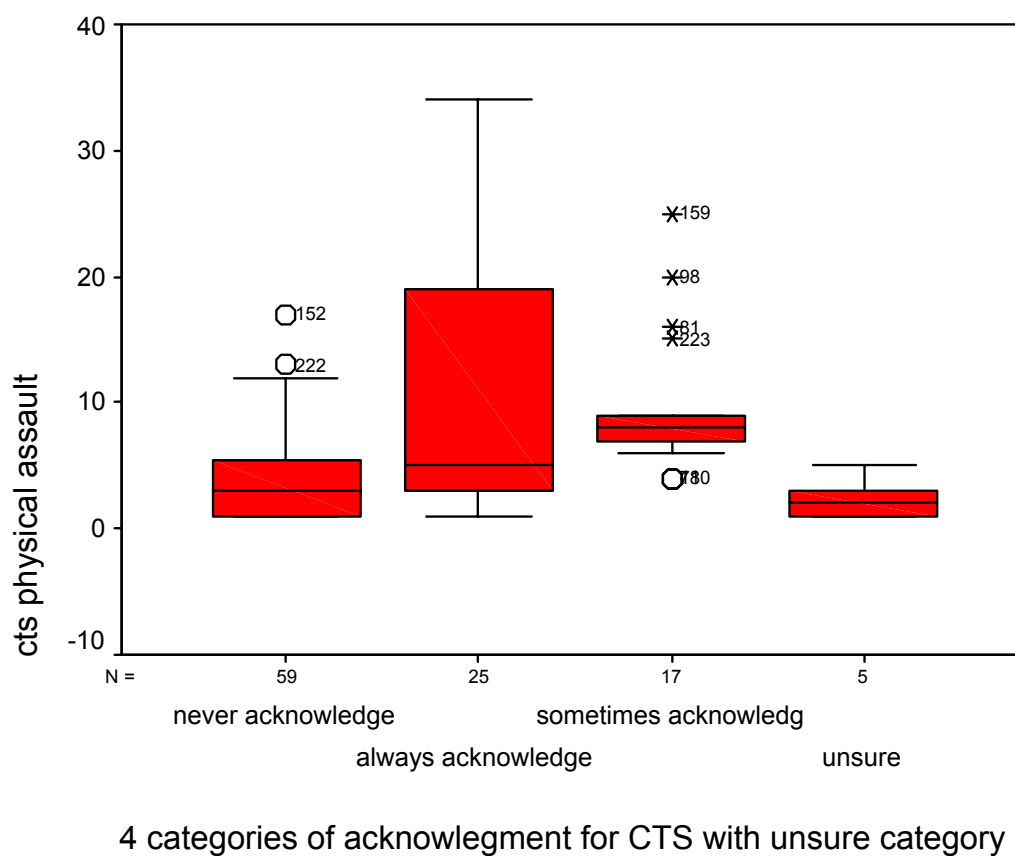


Figure 5. Box Plots of Range of Frequencies of Physical Victimization Based on Level of Acknowledgment.



Table 2

*Summary of Regression Analysis for Variables Predicting Acknowledgment of Child Sexual Abuse (N=184)*

Variable	B	SE B	$\beta$
Age of victim	-.11	.03	-.22**
Age of perpetrator	.01	.01	.09
Identity of perpetrator	-.03	.14	-.02
Amount of force	.45	.16	.18**
Length of experience	.45	.07	.44***
Current relationship with perpetrator	-.38	.18	-.15*
Severity of abuse	.25	.10	.16*

*Note.*  $R^2=.28$ ; \* $p<.05$ . \*\* $p<.01$ . \*\*\* $p<.001$

Table 3

*Summary of Regression Analysis for Variables Predicting Acknowledgment of Adolescent or Adult Sexual Assault (N=208)*

Variable	B	SE B	$\beta$
Identity of perpetrator	-.21	.09	-.16*
Level of aggression	.75	.09	.50***
Current relationship with perpetrator	-.22	.18	-.08
Intercourse with perpetrator after assault	-.01	.19	-.01
Recency of assault	.10	.05	.13*
Disclosure of experience	-.27	.16	-.10
Alcohol use by victim	.35	.20	-.14
Alcohol use by perpetrator	-.11	.20	-.04

*Note.*  $R^2=.32$ ; \* $p<.05$ . \*\* $p<.01$ . \*\*\* $p<.001$

Table 4

*Summary of Regression Analysis for Variables Predicting Acknowledgment of Physical Assault*  
(N=179)

Variable	B	SE B	$\beta$
Length of relationship	.10	.10	.07
Current relationship with perpetrator	-.43	.19	-.16*
Disclosure of experience	.31	.19	.11
Severity of assault	.67	.23	.20**
Recency of assault	.18	.04	.30***
Alcohol use by victim	.06	.27	.02
Alcohol use by perpetrator	<.01	.27	<.01

Note.  $R^2=.20$ ; \* $p<.05$ . \*\* $p<.01$ . \*\*\* $p<.001$

Table 5

*Summary of Regression Analysis for Variables Predicting Acknowledgment of All Violence*  
*(N=601)*

Variable	B	SE B	$\beta$
Identity of perpetrator	-.37	.08	-.21***
Current relationship with perpetrator	-.20	.13	-.06
Disclosure of experience	.09	.13	.03
Level of force	-.04	.07	-.02

*Note.*  $R^2=.05$ ; \* $p<.05$ . \*\* $p<.01$ . \*\*\* $p<.001$

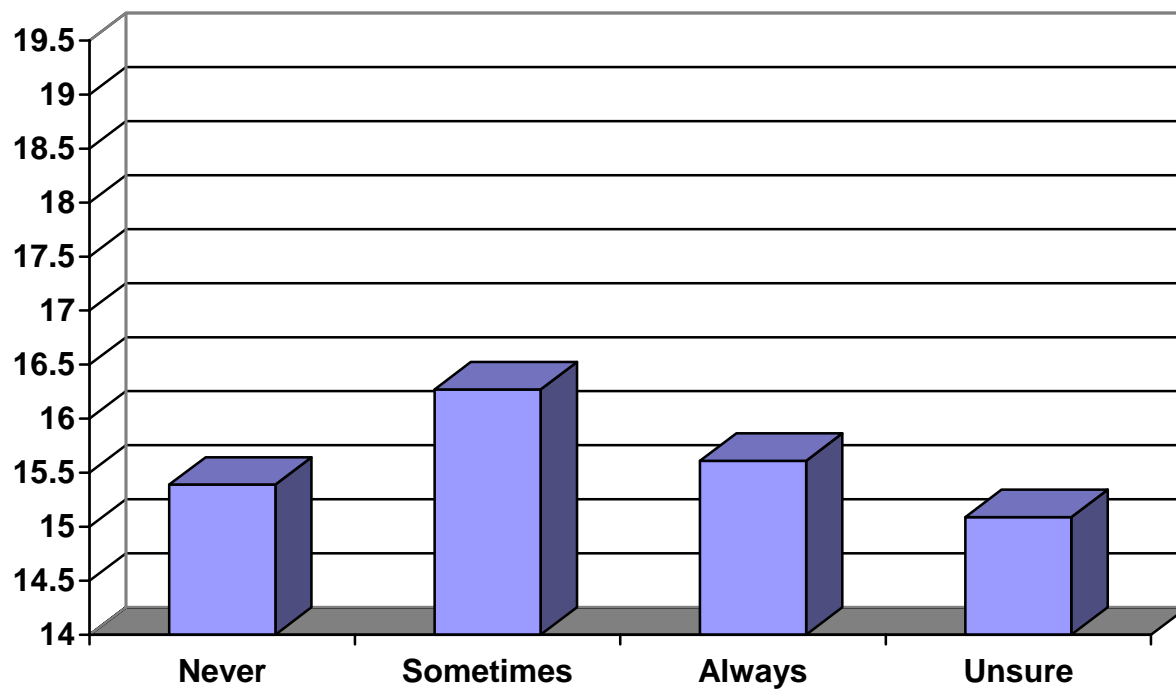


Figure 6. Mean Levels of Ratings of Likelihood of Future Sexual Assaults Based on Level of Acknowledgment.

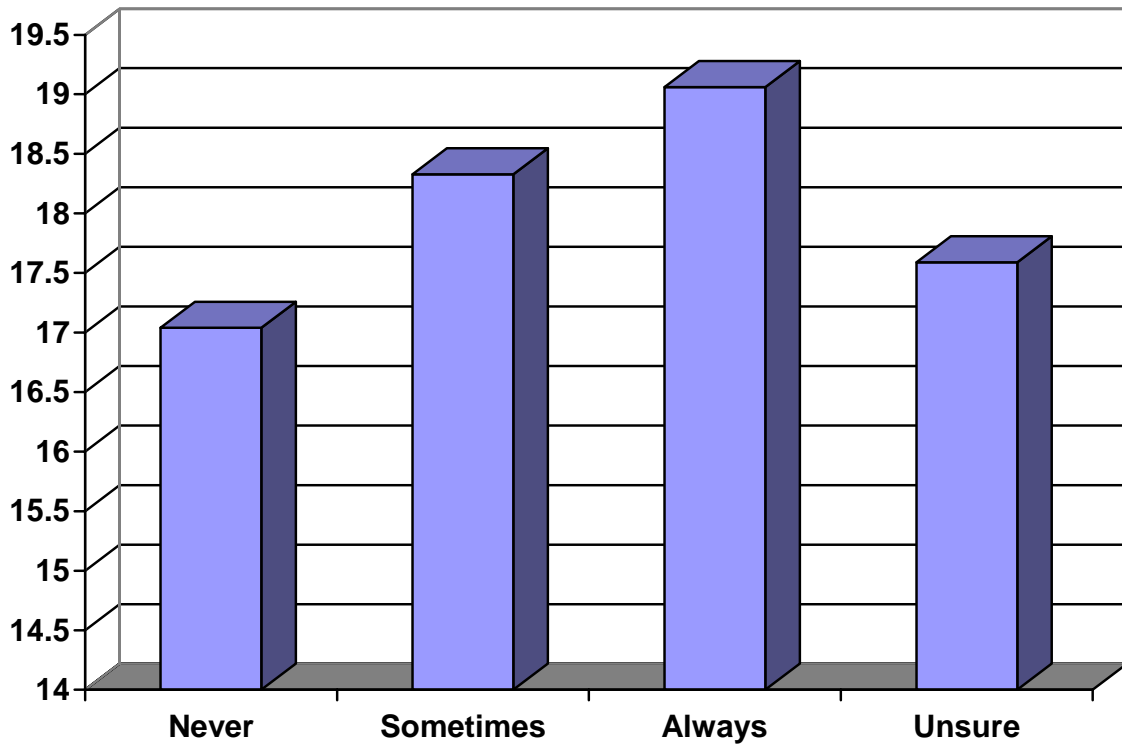


Figure 7. Mean Levels of Ratings of Efforts to Control Future Sexual Assaults Based on Level of Acknowledgment.

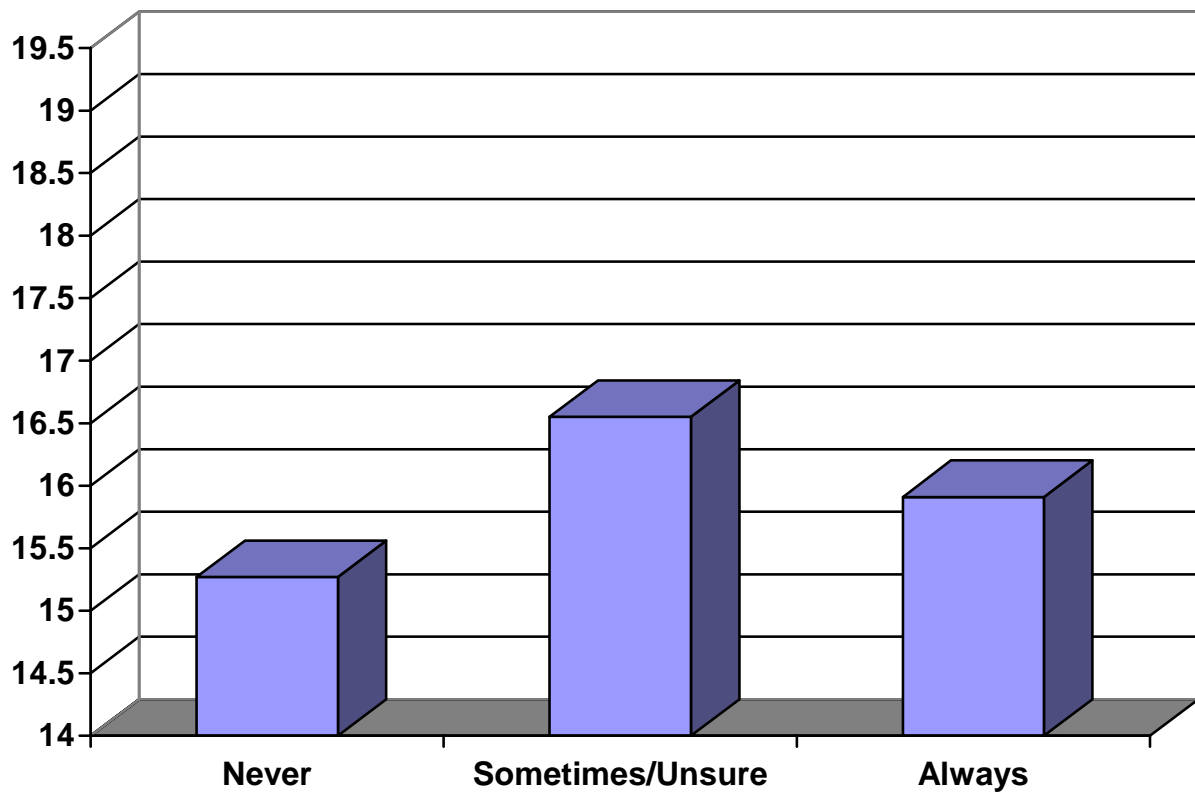


Figure 8. Mean Levels of Ratings of Future Likelihood of Physical Assaults Based on Level of Acknowledgment.

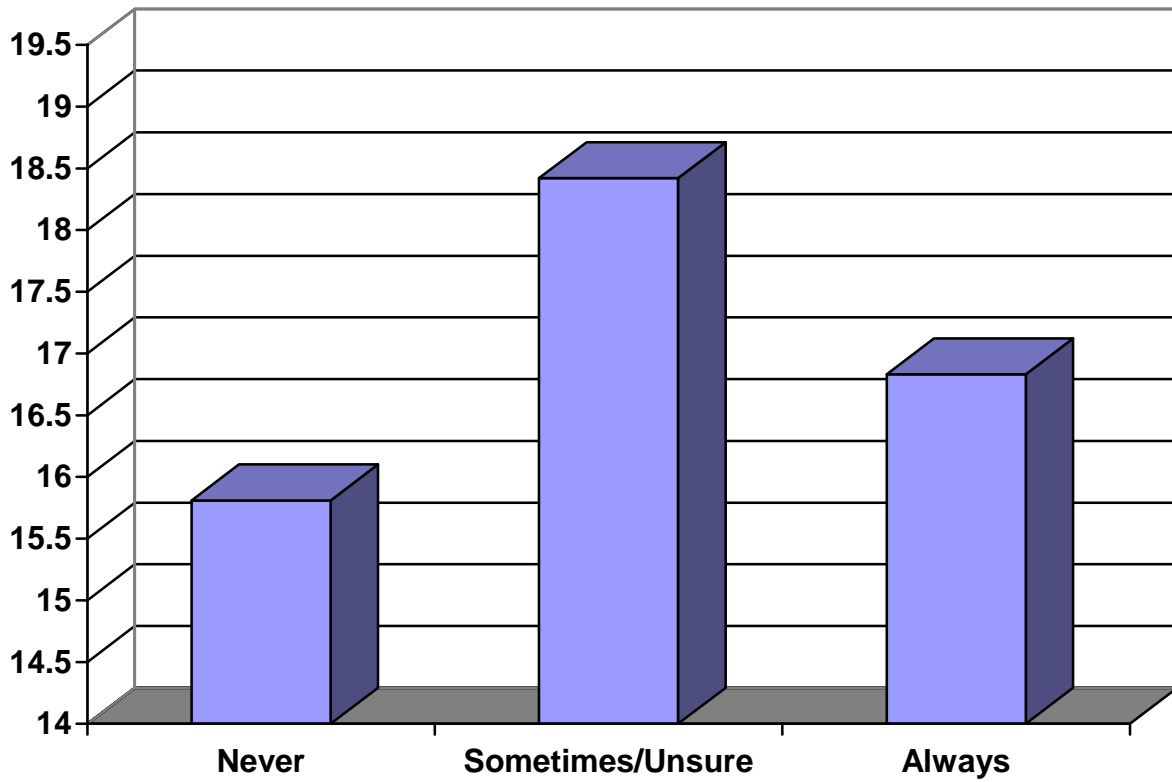


Figure 9. Mean Levels of Ratings of Efforts to Control Future Physical Assaults Based on Level of Acknowledgment.